

By: Bernal

H.B. No. 2134

A BILL TO BE ENTITLED

AN ACT

relating to coverage for childhood cranial remolding orthosis under certain health benefit plans.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 1367, Insurance Code, is amended by adding Subchapter G to read as follows:

SUBCHAPTER G: CHILDHOOD CRANIAL REMOLDING ORTHOSIS

Sec. 1367.301. DEFINITIONS. In this chapter:

(1) "Cranial remolding orthosis" means a custom-fitted or custom-fabricated medical device that is applied to the head to correct a deformity, improve function, or relieve symptoms of a structural cranial disease.

Sec. 1367.302. APPLICABILITY OF CHAPTER. (a) This chapter applies to a health benefit plan, including a small employer health benefit plan written under Chapter 1501 or coverage that is provided by a health group cooperative under Subchapter B of that chapter, that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document offered by:

(1) an insurance company;

(2) a group hospital service corporation operating

1 under Chapter 842;

2 (3) a health maintenance organization operating under
3 Chapter 843;

4 (4) an approved nonprofit health corporation that
5 holds a certificate of authority under Chapter 844;

6 (5) a multiple employer welfare arrangement that holds
7 a certificate of authority under Chapter 846;

8 (6) a stipulated premium company operating under
9 Chapter 884;

10 (7) a fraternal benefit society operating under
11 Chapter 885;

12 (8) a Lloyd's plan operating under Chapter 941; or

13 (9) an exchange operating under Chapter 942.

14 (b) This chapter applies to coverage under a group health
15 benefit plan described by Subsection (a) provided to a resident of
16 this state, regardless of whether the group policy or contract is
17 delivered, issued for delivery, or renewed within or outside this
18 state.

19 (c) This chapter applies to group health coverage made
20 available by a school district in accordance with Section
21 22.004(b), Education Code.

22 (d) This chapter applies to a self-funded health benefit
23 plan sponsored by a professional employer organization under
24 Chapter 91, Labor Code.

25 (e) Notwithstanding Section 22.409, Business Organizations
26 Code, or any other law, this chapter applies to a church benefits
27 board established under Chapter 22, Business Organizations Code.

1 (f) Notwithstanding Section 75.104, Health and Safety Code,
2 or any other law, this chapter applies to a regional or local health
3 care program established under Chapter 75, Health and Safety Code.

4 (g) Notwithstanding any provision in Chapter 1551, 1575,
5 1579, or 1601 or any other law, this chapter applies to:

6 (1) a basic coverage plan under Chapter 1551;

7 (2) a basic plan under Chapter 1575;

8 (3) a primary care coverage plan under Chapter 1579;

9 and

10 (4) basic coverage under Chapter 1601.

11 (h) Notwithstanding any other law, a standard health
12 benefit plan provided under Chapter 1507 must provide the coverage
13 required by this chapter.

14 (i) To the extent allowed by federal law, this chapter
15 applies to:

16 (1) the state Medicaid program operated under Chapter
17 32, Human Resources Code; and

18 (2) a Medicaid managed care program operated under
19 Chapter 533, Government Code.

20 Sec. 1367.303. APPLICABILITY OF GENERAL PROVISIONS OF OTHER
21 LAW. The provisions of Chapter 1201, including provisions relating
22 to the applicability, purpose, and enforcement of that chapter,
23 construction of policies under that chapter, rulemaking under that
24 chapter, and definitions of terms applicable in that chapter, apply
25 to this chapter.

26 Sec. 1367.304. EXCEPTION. This chapter does not apply to a
27 plan that provides coverage only for a specified disease or for

1 another limited benefit.

2 Sec. 1367.305. COVERAGE REQUIRED. (a) A health benefit
3 plan is required to cover in full the cost of a cranial remolding
4 orthosis for a child diagnosed with a cranial deformity that:

5 (1) is deemed medically necessary for treatment of the
6 child's condition; or

7 (2) for which an orthotic will result in the
8 improvement of the child's quality of life as determined by the
9 child's physician.

10 (b) Coverage required by this section:

11 (1) may not be less favorable than coverage for other
12 orthotics under the plan; and

13 (2) must be subject to the same dollar limits,
14 deductibles, and coinsurance factors as coverage for other
15 orthotics under the plan.

16 SECTION 2. If before implementing any provision of this Act
17 a state agency determines that a waiver or authorization from a
18 federal agency is necessary for implementation of that provision,
19 the agency affected by the provision shall request the waiver or
20 authorization and may delay implementing that provision until the
21 waiver or authorization is granted.

22 SECTION 3. This Act applies only to a health benefit plan
23 that is delivered, issued for delivery, or renewed on or after
24 January 1, 2022. A health benefit plan that is delivered, issued for
25 delivery, or renewed before January 1, 2022, is governed by the law
26 as it existed immediately before the effective date of this Act, and
27 that law is continued in effect for that purpose.

1 SECTION 4. This Act takes effect September 1, 2021.