

BILL ANALYSIS

C.S.H.B. 134
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Insurance
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Cranial remolding orthosis—or a remolding helmet—is an effective treatment for addressing certain conditions, including brachycephaly and plagiocephaly, which refer to flat spots or misshapen heads, but insurers often consider this treatment cosmetic and do not provide coverage. Cranial remolding orthosis is also for craniosynostosis, which is potentially life-threatening and requires surgery that is often followed by cranial orthosis. The surgery performed and the first helmet used to treat craniosynostosis are often covered by insurance, but a child needing a second helmet is often left without coverage. C.S.H.B. 134 seeks to improve the quality of life for affected children by providing Medicaid and CHIP reimbursement for the full cost of a cranial remolding orthosis for a covered child who either has craniosynostosis or who has plagiocephaly or brachycephaly and meets certain other clinical criteria.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 134 amends the Human Resources Code to require the Health and Human Services Commission (HHSC) to ensure Medicaid reimbursement is provided to cover the full cost of a cranial remolding orthosis for a child who is a Medicaid recipient and has been diagnosed with the following:

- craniosynostosis; or
- plagiocephaly or brachycephaly, if the child is not less than three months of age and not more than 18 months of age, has had documented failure to respond to conservative therapy for at least two months, and has one of the following sets of measurements or indications:
 - asymmetrical appearance confirmed by a right/left discrepancy of greater than six millimeters in a craniofacial anthropometric measurement; or
 - brachycephalic or dolichocephalic disproportion in the comparison of head length to head width confirmed by a cephalic index of two standard deviations above or below mean.

The bill prohibits the coverage from being less favorable than coverage for other orthotics under Medicaid. The bill defines "cranial remolding orthosis" as 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.

C.S.H.B. 134 amends the Health and Safety Code to require CHIP to cover in full the cost of a cranial remolding orthosis for a CHIP enrollee in the same manner that Medicaid coverage is provided for that treatment under the bill.

C.S.H.B. 134 provides for the delayed implementation of any provision for which an applicable state agency determines a federal waiver or authorization is necessary for implementation until the waiver or authorization is requested and granted.

EFFECTIVE DATE

September 1, 2023.

COMPARISON OF INTRODUCED AND SUBSTITUTE

While C.S.H.B. 134 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute does not include Insurance Code provisions from the introduced requiring specified health benefit plans, including Medicaid and CHIP, to provide coverage for the full cost of a cranial remolding orthosis for certain children and applying that requirement to a plan that is delivered, issued for delivery, or renewed on or after January 1, 2024.

The substitute instead adds provisions in the Human Resources Code, which are not in the introduced, requiring HHSC to ensure Medicaid reimbursement is provided to cover the full cost of a cranial remolding orthosis for certain children who are Medicaid recipients and adds provisions in the Health and Safety Code, which are not in the introduced, requiring CHIP to provide such coverage for a CHIP enrollee in the same manner that Medicaid coverage is provided for that treatment.

Whereas the introduced required coverage for a child diagnosed with craniostenosis, the substitute requires the reimbursement for a child diagnosed with craniosynostosis.

The substitute does not include a provision from the introduced requiring the health benefit plan coverage to be subject to the same dollar limits, deductibles, and coinsurance as coverage for other orthotics under the plan.