88R7287 JES-F

By:  Cortez H.B. No. 4505

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for treatment of autism spectrum disorders.

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

SECTION 1.  Section 1355.001(3), Insurance Code, is amended to read as follows:

(3)  "Autism spectrum disorder" means:

(A)  a neurobiological disorder or developmental disability that significantly affects verbal communication, nonverbal communication, and social interaction and that meets the diagnostic criteria for autism spectrum disorder specified by the Diagnostic and Statistical Manual of Mental Disorders, 5th edition, or a later edition; or

(B)  a diagnosis made using a previous edition of the Diagnostic and Statistical Manual of Mental Disorders of [~~includes~~] autism, Asperger's syndrome, or Pervasive Developmental Disorder--Not Otherwise Specified.

SECTION 2.  Section 1355.015, Insurance Code, is amended by amending Subsections (a-1), (c), and (c-1) and adding Subsections (a-2) and (c-2) to read as follows:

(a-1)  At a minimum, a health benefit plan must provide coverage for any medically necessary treatment of autism spectrum disorder as provided by this section to an enrollee who is diagnosed with autism spectrum disorder from the date of diagnosis[~~, only if the diagnosis was in place prior to the child's 10th birthday~~].

(a-2)  For purposes of Subsection (a-1):

(1)  "Medically necessary" means a service or product that:

(A)  addresses the specific needs of a patient;

(B)  is provided for the purpose of screening for, preventing, diagnosing, managing, or treating an illness, injury, or condition, or the symptoms of that illness, injury, or condition, including by minimizing the progression of an illness, injury, condition, or symptom;

(C)  is delivered in accordance with the generally recognized independent standards of mental health and substance use disorder care;

(D)  is clinically appropriate in terms of type, frequency, extent, site, and duration, as applicable, for the service or product; and

(E)  is not provided primarily for:

(i)  the economic benefit of the health benefit plan issuer or person who purchases the service or product; or

(ii)  the convenience of the patient, treating physician, or other health care provider.

(2)  "Generally recognized independent standards of mental health and substance use disorder care" means a standard of care and clinical practice that:

(A)  is generally recognized by health care providers practicing in the applicable clinical specialty, including in psychiatry, psychology, clinical sociology, addiction medicine, counseling, or behavioral health treatment; and

(B)  is based on valid, evidence-based sources reflecting generally accepted standards of mental health and substance use disorder care, including:

(i)  peer-reviewed scientific studies or medical literature; and

(ii)  the recommendation of a governmental agency or relevant nonprofit health care provider professional association or specialty society, including:

(a)  patient placement criteria promulgated by the National Library of Medicine;

(b)  clinical practice guidelines promulgated by the National Center for Complementary and Integrative Health;

(c)  the recommendation of a federal governmental agency; and

(d)  drug labeling approved by the United States Food and Drug Administration.

(c)  For purposes of Subsections [~~Subsection~~] (b) and (c-2), "generally recognized services" may include services such as:

(1)  evaluation and assessment services;

(2)  applied behavior analysis;

(3)  behavior training and behavior management;

(4)  speech therapy;

(5)  occupational therapy;

(6)  physical therapy; or

(7)  medications or nutritional supplements used to address symptoms of autism spectrum disorder.

(c-1)  The health benefit plan may [~~is~~] not require [~~required to provide coverage under Subsection (b) for benefits for~~] an enrollee to be evaluated for autism spectrum disorder more than once every 10 years [~~of age or older for applied behavior analysis in an amount that exceeds $36,000 per year~~].

(c-2)  The health benefit plan may not:

(1)  prohibit or place a limitation on a health care practitioner described by Subsection (b)(1) from performing an evaluation or reevaluation, or soliciting a confirmation of diagnosis of autism spectrum disorder from a primary care physician or a diagnostician who has previously provided a diagnosis of autism spectrum disorder for an enrollee; or

(2)  restrict the setting in which generally recognized services prescribed in relation to autism spectrum disorder are provided to the enrollee, including assessments, evaluation, therapeutic intervention, or observations, except for a setting in which the enrollee qualifies for reimbursable services under the state Medicaid program, including under the school health and related services program.

SECTION 3.  The changes in law made by this Act apply only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2024. A health benefit plan delivered, issued for delivery, or renewed before January 1, 2024, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 4.  This Act takes effect September 1, 2023.