

BILL ANALYSIS

Senate Research Center
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H.B. 426
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Health & Human Services
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

There are currently three major medical conditions for which a cranial remolding orthosis—or a remolding helmet—is considered the most effective treatment by pediatricians. Two conditions, brachycephaly and plagiocephaly, often called flat or misshapen heads, are considered by state health insurance plans to not qualify a child for coverage because orthosis is purely cosmetic. The third condition, craniosynostosis, is potentially life-threatening and requires surgery followed by two separate cranial orthosis to correct. In this situation, often the surgery and first helmet are covered by insurance but the second modeling device is deemed purely cosmetic by large insurance plans.

The purpose of this legislation is to allow a child's doctor to determine whether or not the remolding orthosis is medically-necessary for a child's development and establishes that the cosmetic nature of a remolding orthosis is more aligned with that of other prosthesis (like a glass eye, for example) than other purely cosmetic procedures (such as Botox or veneers). If a child's quality of life would be negatively impacted by insurance denial of a helmet, then the orthotic should be covered in full by a child's state insurance.

H.B. 426 adds Section 62.1512 to Subchapter D, Chapter 62 of the Health and Safety Code to create a section that would require a child's health plan to fully cover the cost of a child's cranial remolding orthosis if deemed medically necessary by the child's physician.

Further, H.B. 426 adds Section 32.03126 to Subchapter B, Chapter 32 of the Human Resources Code—creating a section that would ensure medical assistance reimbursement is provided to cover in full the cost of cranial remolding orthosis for a child.

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.

The bill would require full coverage or reimbursement if a child is diagnosed with the following: craniostenosis; 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 the plan and requires the coverage to be subject to the same dollar limits, deductibles, and coinsurance factors as coverage for other orthotics under the plan.

H.B. 426 amends current law relating to Medicaid and child health plan program coverage and reimbursement for childhood cranial remolding orthosis.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter D, Chapter 62, Health and Safety Code, by adding Section 62.1512, as follows:

Sec. 62.1512. COVERAGE FOR CHILDHOOD CRANIAL REMOLDING ORTHOSIS.

(a) Defines "cranial remolding orthosis."

(b) Requires that the child health plan cover in full the cost of a cranial remolding orthosis for an enrollee in the same manner that Medicaid coverage is provided for that treatment under Section 32.03126, Human Resources Code.

SECTION 2. Amends Subchapter B, Chapter 32, Human Resources Code, by adding Section 32.03126, as follows:

Sec. 32.03126. REIMBURSEMENT FOR CHILDHOOD CRANIAL REMOLDING ORTHOSIS. (a) Defines "cranial remolding orthosis."

(b) Requires the Health and Human Services Commission to ensure medical assistance reimbursement is provided to cover in full the cost of a cranial remolding orthosis for a child who is a medical assistance recipient and has been diagnosed with craniosynostosis or plagiocephaly or brachycephaly if the child meets certain criteria.

(c) Prohibits the coverage required under this section from being less favorable than the coverage required for other orthotics under the medical assistance program.

SECTION 3. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes a delay of implementation until such a waiver or authorization is granted.

SECTION 4. Effective date: September 1, 2025.