

BILL ANALYSIS

C.S.H.B. 426
By: Bernal
Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

The bill author has informed the committee that a cranial remolding orthosis—or a remolding helmet—is considered an effective treatment by pediatricians 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. Another condition, craniosynostosis, is potentially life-threatening and requires surgery that is often followed by two separate cranial orthoses. The bill author has further informed the committee that 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. 426 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. 426 amends the Human Resources Code to require the Health and Human Services Commission 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 3 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 the coverage required 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. 426 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.

If before implementing any provision of the bill a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision must request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

EFFECTIVE DATE

September 1, 2025.

COMPARISON OF INTRODUCED AND SUBSTITUTE

C.S.H.B. 426 differs from the introduced only by including a Texas Legislative Council draft number in the footer.