



Autism Insurance Equity HB 4506 by Cortez & SB 2176 by LaMantia

HB 4506 by Cortez and **SB 2176** by LaMantia address out-of-date Insurance Code provisions that do not align with current health plan practice and mental health parity protections. These bills also include an updated definition of autism covering new diagnostic manuals and older designations in an effort to be consistent and inclusive of the advances in how autism is diagnosed, as there are multiple definitions of Autism in a variety of statutes and administrative codes. Finally, the bill sets a 10-year interval between reevaluations or assessments in order to decrease delays in obtaining reevaluations due to evaluation provider waitlists.

Texas Insurance Code Section 1355.015 requires a health benefit plan to provide coverage for all generally recognized services – typically applied behavioral analysis (ABA) and other therapies – prescribed in relation to autism spectrum disorder by the enrollee's primary care physician in the treatment plan recommended by the physician.

However, Section 1355.015 also currently requires a person to have been diagnosed with autism prior to their 10th birthday and sets an annual maximum cap of \$36,000 per year in benefits for a person who meets coverage qualifications. The age limit and annual cap have meant that many young people and adults would not qualify for coverage and/or receive fewer services or supports than the amount prescribed by a physician in the person's treatment plan.

No other therapies covered by insurance for children and young adults with autism such as speech, occupational and physical therapies include these discriminatory limitations.

Before mental health parity became law in Texas (HB 10 by Price and Zaffirini 85R - 2017), insurance coverage for ABA for children with autism was limited, discriminatory and not equitable. HB 10 ensured that a **health benefit plan may not** include quantitative (age and amounts) or non-quantitative treatment (other criteria such as requiring an evaluation timeframe) limitations on benefits for a mental health or substance use disorder that are more restrictive than treatment limitations imposed on coverage of benefits for medical or surgical expenses.

Mental health parity eliminated discrimination in practice while the policy to exclude older children with autism and restrict the amount of ABA therapies in statute remains.

The bill also sets a 10-year interval between re-evaluations or assessments. Current practice varies by health plan and is burdensome to families due to the lack of diagnosticians and evaluators creating a years-long waitlist. A predictable time frame for a reevaluation that better aligns with the mental health parity laws, and a person's physical and mental growth will ensure there are no unnecessary delays to covered services and supports.