

- SUBJECT:** Requiring health benefit plans cover autism screening and treatment
- COMMITTEE:** Insurance — committee substitute recommended
- VOTE:** 9 ayes — Smithee, Eiland, G. Bonnen, Creighton, Morrison, Muñoz, Sheets, Taylor, C. Turner
- 0 nays
- WITNESSES:** For — Scott Badesch, Autism Society of America; Jon Hockenyos; Shelby O'Brien; Clayton Travis, Texans Care for Children; (*Registered, but did not testify*: Laura Blanke, Texas Pediatric Society; Patricia Kolodzey, Texas Medical Association; Tanya Lavelle, Easter Seals Central Texas; Susan Milam, National Association of Social Workers/Texas Chapter; Jeff Miller, Disability Rights Texas; Debra Mincher, Texas Occupational Therapy Association; David Reynolds, Texas Medical Association; Rona Statman, The ARC of Texas; Erica Worcester, Center for Autism and Related Disorders, Autism Society of Greater Austin)
- Against — (*Registered, but did not testify*: Kathy Barber, National Federation of Independent Businesses/Texas; Kandice Sanaie, Texas Association of Business)
- On — Doug Danzeiser, Texas Department of Insurance; (*Registered, but did not testify*: Katrina Daniel, Texas Department of Insurance)
- BACKGROUND:** Insurance Code, sec. 1355.015 requires that health benefit plans provide coverage to an enrollee diagnosed with autism spectrum disorder from the date of diagnosis until the enrollee's 10th birthday. Coverage after an enrollee's 10th birthday is optional.
- DIGEST:** CSHB 3276 would require health benefit plans provide coverage for screening a child for autism spectrum disorder at 18 and 24 months of age.
- The bill would permit an individual acting under the supervision of a certified health care practitioner to provide treatment for autism spectrum disorder and would specify that a health benefit plan include treatment of autism in its coverage of the disorder.

CSHB 3276 would exempt health plans from the autism screening mandate should it be determined that its inclusion would create a cost to the state by exceeding the essential health benefits required by the federal Patient Protection and Affordable Care Act of 2010 (ACA).

**SUPPORTERS  
SAY:**

CSHB 3276 would create large savings for families, insurance companies, businesses, and taxpayers, and would better allow children with autism to reach their potentials.

The lifetime treatment costs of an undiagnosed autistic child can exceed \$1 million, two-thirds of which can be reduced through early diagnosis and intensive therapy. Current law requires health benefit plans cover autism treatment, but not autism screening. With more than one percent of all children now having autism spectrum disorder, CSHB 3276 would generate major reductions in long-term health care costs by more quickly diagnosing and treating it.

By increasing early detection and treatment when gains were most possible, the bill would allow more autistic children to live fulfilling lives of independence and self-determination and to become contributing members of society.

Although CSHB 3276 would be a new requirement for health care plans, autism screenings are short and inexpensive. The bill also would not impose any costs on the state due to the essential health benefits requirement of the ACA.

**OPPONENTS  
SAY:**

CSHB 3276 would be an expensive government mandate in the health care market. By increasing autism screening and treatment, the bill would raise insurance premiums and cause more individuals and companies to drop their coverage.

The bill also would be poorly timed. Due to the ACA, the health care system is currently undergoing its biggest changes in decades. Enacting a new mandate now would increase uncertainty and should be considered only after the health insurance market has stabilized.