

**SUBJECT:** Requiring certain health plans to cover craniofacial abnormality treatment

**COMMITTEE:** Insurance — favorable, without amendment

**VOTE:** 9 ayes — Lucio, Oliverson, G. Bonnen, S. Davis, Julie Johnson, Lambert, Paul, C. Turner, Vo

0 nays

**WITNESSES:** For — (*Registered, but did not testify*: Dennis Borel and Chris Masey, Coalition of Texans with Disabilities; Kimberly Avila Edwards, Dell Children's Medical Center, Ascension, Ascension Seton, Ascension Providence; Lauren Spreen, Texas Academy of Family Physicians; Tracy Morehead, Texas Academy of Pediatric Dentistry; Carrie Simmons, Texas Association of Orthodontists; Matt Roberts, Texas Dental Association; Clayton Stewart, Texas Medical Association; Clayton Travis, Texas Pediatric Society; Bradford Holland; Bill Kelberlau)

Against — Jamie Dudensing, Texas Association of Health Plans; (*Registered, but did not testify*: John McCord, NFIB; Jessica Boston, Texas Association of Business)

On — (*Registered, but did not testify*: Rachel Bowden, Texas Department of Insurance)

**BACKGROUND:** Insurance Code sec. 1367.153 defines "reconstructive surgery for craniofacial abnormalities" covered under a health plan as surgery to improve the function of, or to attempt to create a normal appearance of, an abnormal structure caused by congenital defects, developmental deformities, trauma, tumors, infections, or disease.

**DIGEST:** HB 1968 would require health benefit plans that provided coverage for reconstructive surgery for craniofacial abnormalities to individuals younger than 18 years of age to also provide coverage for the primary and secondary conditions of craniofacial abnormalities, including:

- oral and facial surgery, surgical management, and follow-up care;
- prosthetic treatments, including obturators and speech and feeding appliances;
- orthodontic treatment and management;
- preventive and restorative dentistry to ensure good health and adequate dental structures for orthodontic treatment or prosthetic management or therapy;
- speech-language pathology services, including evaluation and therapy;
- audiological assessments and amplification devices;
- otolaryngological treatment and management;
- psychological assessment and counseling; and
- genetic assessment counseling for the parents and child.

The bill would apply only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2020.

The bill would take effect September 1, 2019.

**SUPPORTERS  
SAY:**

HB 1968 would provide needed care to children with craniofacial abnormalities and would lower long-term costs by requiring health plans that covered craniofacial abnormality surgeries to cover follow-up care.

Children who receive surgery for craniofacial abnormalities need extensive follow-up care and treatments after the procedure. Without timely and comprehensive post-surgery care, these children could be more susceptible to complications, including speech pathologies, problems eating, and pneumonia. The bill would ensure the best outcomes for these children by requiring health plans that already covered surgeries for children to cover certain follow-up services.

HB 1968 also would lower long-term costs for the families of children with craniofacial abnormalities and the state. When children do not receive follow-up care to initial corrective surgeries for craniofacial abnormalities, they may suffer from complications and require more extensive surgical procedures in the future. This could necessitate costly

medical care that could be avoided by requiring health plans to cover follow-up services for children with craniofacial abnormalities post-surgery.

The bill would not duplicate existing mandates for health plans, but would simply codify the treatments required to be covered for children with craniofacial abnormalities. Ensuring that these children received comprehensive care after an initial surgery would lower costs for all stakeholders and provide the best outcomes for children.

**OPPONENTS  
SAY:**

HB 1968 could raise overall costs for consumers by creating another mandate for health insurance plans. In addition, many of the treatments that would have to be covered under the bill already are mandated for health plans. Creating a duplicative set of mandates could lead to a large increase in health coverage and costs for health plan members. Any attempt to create additional mandates for health plans should ensure that the costs would not outweigh the public good.