



HOUSE BILL 152: Access to Transcranial Magnetic Stimulation.

2025-2026 General Assembly

Committee:	House Health. If favorable, re-refer to Insurance. If favorable, re-refer to Rules, Calendar, and Operations of the House	Date:	April 1, 2025
Introduced by:	Reps. Huneycutt, Lambeth, Potts, Reeder	Prepared by:	Jason Moran-Bates
Analysis of:	First Edition		Committee Staff

OVERVIEW: *House Bill 152 would require insurers who cover transcranial magnetic stimulation to cover it, regardless of the type of healthcare provider performing the procedure, as long as that healthcare provider is acting within the provider's scope of practice.*

BILL ANALYSIS: House Bill 152 would require insurers who provide coverage to transcranial magnetic stimulation to cover it when performed by any healthcare providers licensed under Chapter 90 whose scope of practice includes ordering, performing, and supervising the treatment of depression and other mental disorders. Insurers may not deny or reduce properly submitted claims for transcranial magnetic stimulation based solely on the type of provider who performed the procedure.

Insurers may decide whether or not to cover transcranial magnetic stimulation, what conditions to cover it for, and the reimbursement rates for performing the procedure. Insurers may vary reimbursement rates based on network participation, the type of facility where the procedure is performed, and the level of training, education, or certification of the provider.

These provisions would also apply to the State Health Plan.

EFFECTIVE DATE: The bill would be effective October 1, 2025, and apply to insurance contracts issued, renewed, or amended on or after that date.

BACKGROUND: Transcranial magnetic stimulation (TMS) is a procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of major depression.

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