

By: Collier

H.B. No. 389

A BILL TO BE ENTITLED

AN ACT

relating to health benefit coverage for certain fertility preservation services under certain health benefit plans.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 1366, Insurance Code, is amended by adding Subchapter C to read as follows:

SUBCHAPTER C. COVERAGE FOR CERTAIN FERTILITY PRESERVATION SERVICES

Sec. 1366.101. APPLICABILITY OF SUBCHAPTER. (a) This subchapter applies only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is issued in this state by:

(1) an insurance company;

(2) a group hospital service corporation operating under Chapter 842;

(3) a health maintenance organization operating under Chapter 843;

(4) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844;

(5) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846;

1 (6) a stipulated premium company operating under
2 Chapter 884;

3 (7) a fraternal benefit society operating under
4 Chapter 885;

5 (8) a Lloyd's plan operating under Chapter 941; or

6 (9) an exchange operating under Chapter 942.

7 (b) Notwithstanding any other law, this subchapter applies
8 to:

9 (1) a small employer health benefit plan subject to
10 Chapter 1501, including coverage provided through a health group
11 cooperative under Subchapter B of that chapter; and

12 (2) a standard health benefit plan issued under
13 Chapter 1507.

14 Sec. 1366.102. EXCEPTIONS. This subchapter does not apply
15 to:

16 (1) a health benefit plan that provides coverage:

17 (A) for wages or payments in lieu of wages for a
18 period during which an employee is absent from work because of
19 sickness or injury; or

20 (B) only for hospital expenses;

21 (2) Medicaid managed care programs operated under
22 Chapter 533, Government Code;

23 (3) Medicaid programs operated under Chapter 32, Human
24 Resources Code; or

25 (4) the state child health plan operated under Chapter
26 62 or 63, Health and Safety Code.

27 Sec. 1366.103. REQUIRED COVERAGE. (a) Subject to

1 Subsection (b), a health benefit plan must provide coverage for
2 fertility preservation services to a covered person who will
3 receive a medically necessary treatment, including surgery,
4 chemotherapy, and radiation, that the American Society of Clinical
5 Oncology or the American Society for Reproductive Medicine has
6 established may directly or indirectly cause impaired fertility.

7 (b) The fertility preservation services described by
8 Subsection (a) must be standard procedures to preserve fertility
9 consistent with established medical practices or professional
10 guidelines published by the American Society of Clinical Oncology
11 or the American Society for Reproductive Medicine.

12 SECTION 2. This Act applies only to a health benefit plan
13 that is delivered, issued for delivery, or renewed on or after
14 January 1, 2024.

15 SECTION 3. This Act takes effect September 1, 2023.