

By: González of Dallas

H.B. No. 838

A BILL TO BE ENTITLED

AN ACT

relating to conditions applicable to health benefit plan coverage of in vitro fertilization procedures.

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

SECTION 1. Section 1366.005, Insurance Code, is amended to read as follows:

Sec. 1366.005. CONDITIONS APPLICABLE TO COVERAGE. The coverage offered under Section 1366.003 is required only if:

(1) the patient for the in vitro fertilization procedure is an individual covered under the group health benefit plan;

~~(2) [the fertilization or attempted fertilization of the patient's oocytes is made only with the sperm of the patient's spouse,~~

~~[(3)]~~ the patient or ~~and~~ the patient's spouse has ~~have~~ a history of infertility of at least three ~~five~~ continuous years' duration or the infertility is associated with:

(A) endometriosis;

(B) exposure in utero to diethylstilbestrol (DES);

(C) blockage of or surgical removal of one or both fallopian tubes; or

(D) oligospermia;

(3) ~~[(4)]~~ the patient has been unable to attain a

1 successful pregnancy through any less costly applicable
2 infertility treatments for which coverage is available under the
3 group health benefit plan; and

4 (4) [~~(5)~~] the in vitro fertilization procedures are
5 performed at a medical facility that conforms to the minimal
6 standards for programs of in vitro fertilization adopted by the
7 American Society for Reproductive Medicine.

8 SECTION 2. Section [1366.005](#), Insurance Code, as amended by
9 this Act, applies only to a health benefit plan delivered, issued
10 for delivery, or renewed on or after January 1, 2024. A health
11 benefit plan delivered, issued for delivery, or renewed before
12 January 1, 2024, is governed by the law as it existed immediately
13 before the effective date of this Act, and that law is continued in
14 effect for that purpose.

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