

By: Walle

H.B. No. 618

A BILL TO BE ENTITLED

1 AN ACT
2 relating to health benefit plan coverage of certain in vitro
3 fertilization procedures for certain governmental employees and
4 retirees.

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

6 SECTION 1. Section 1366.001, Insurance Code, is amended to
7 read as follows:

8 Sec. 1366.001. APPLICABILITY OF SUBCHAPTER. Except as
9 otherwise provided by this subchapter, this [~~This~~] subchapter
10 applies only to a group health benefit plan that provides benefits
11 for hospital, medical, or surgical expenses incurred as a result of
12 accident or sickness, including a group health insurance policy,
13 health care service contract or plan, or other provision of group
14 health benefits, coverage, or services in this state that is
15 issued, entered into, or provided by:

- 16 (1) an insurer;
- 17 (2) a group hospital service corporation operating
18 under Chapter 842;
- 19 (3) a health maintenance organization operating under
20 Chapter 843; or
- 21 (4) an employer, multiple employer, union,
22 association, trustee, or other self-funded or self-insured welfare
23 or benefit plan, program, or arrangement.

24 SECTION 2. Subchapter A, Chapter 1366, Insurance Code, is

1 amended by adding Section 1366.0045 to read as follows:

2 Sec. 1366.0045. COVERAGE FOR CERTAIN GOVERNMENTAL
3 EMPLOYEES AND RETIREES. (a) Notwithstanding any other law, this
4 section applies only to:

- 5 (1) a basic coverage plan under Chapter 1551;
6 (2) a basic plan under Chapter 1575;
7 (3) a primary care coverage plan under Chapter 1579;
8 and
9 (4) a plan providing basic coverage under Chapter
10 1601.

11 (b) Subject to Section 1366.005, a health benefit plan that
12 provides pregnancy-related benefits for individuals covered under
13 the plan must provide coverage for outpatient expenses that arise
14 from in vitro fertilization procedures.

15 (c) A health benefit plan must provide benefits for in vitro
16 fertilization procedures required under this section to the same
17 extent that the plan provides benefits for other pregnancy-related
18 procedures.

19 SECTION 3. Section 1366.005, Insurance Code, is amended to
20 read as follows:

21 Sec. 1366.005. CONDITIONS APPLICABLE TO COVERAGE. The
22 coverage offered under Section 1366.003 or provided under Section
23 1366.0045 is required to be offered or provided only if:

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

27 (2) the fertilization or attempted fertilization of

1 the patient's oocytes is made only with the sperm of the patient's
2 spouse;

3 (3) the patient and the patient's spouse have a history
4 of infertility of at least five continuous years' duration or the
5 infertility is associated with:

6 (A) endometriosis;

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

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

11 (D) oligospermia;

12 (4) the patient has been unable to attain a successful
13 pregnancy through any less costly applicable infertility
14 treatments for which coverage is available under the group health
15 benefit plan; and

16 (5) the in vitro fertilization procedures are
17 performed at a medical facility that conforms to the minimal
18 standards for programs of in vitro fertilization adopted by the
19 American Society for Reproductive Medicine.

20 SECTION 4. Subchapter A, Chapter 1366, Insurance Code, as
21 amended by this Act, applies only to a health benefit plan that is
22 delivered, issued for delivery, or renewed on or after January 1,
23 2026. A health benefit plan delivered, issued for delivery, or
24 renewed before January 1, 2026, is governed by the law as it existed
25 immediately before the effective date of this Act, and that law is
26 continued in effect for that purpose.

27 SECTION 5. This Act takes effect September 1, 2025.