

By: Menéndez

S.B. No. 959

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;

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

14 (3) a basic coverage plan under Chapter 1551;

15 (4) a basic plan under Chapter 1575;

16 (5) a primary care coverage plan under Chapter 1579;

17 (6) a plan providing basic coverage under Chapter
18 1601;

19 (7) health benefits provided by or through a church
20 benefits board under Subchapter I, Chapter 22, Business
21 Organizations Code;

22 (8) group health coverage made available by a school
23 district in accordance with Section 22.004, Education Code;

24 (9) the state Medicaid program, including the Medicaid
25 managed care program operated under Chapter 533, Government Code;

26 (10) the child health plan program under Chapter 62,
27 Health and Safety Code;

1 (11) a regional or local health care program operated
2 under Section 75.104, Health and Safety Code;

3 (12) a self-funded health benefit plan sponsored by a
4 professional employer organization under Chapter 91, Labor Code;

5 (13) county employee group health benefits provided
6 under Chapter 157, Local Government Code; and

7 (14) health and accident coverage provided by a risk
8 pool created under Chapter 172, Local Government Code.

9 Sec. 1366.102. EXCEPTIONS. This subchapter does not apply
10 to:

11 (1) a plan that provides coverage:

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

15 (B) as a supplement to a liability insurance
16 policy;

17 (C) for credit insurance;

18 (D) only for dental or vision care;

19 (E) only for hospital expenses; or

20 (F) only for indemnity for hospital confinement;

21 (2) a Medicare supplemental policy as defined by
22 Section 1882(g)(1), Social Security Act (42 U.S.C. Section
23 1395ss(g)(1));

24 (3) a workers' compensation insurance policy;

25 (4) medical payment insurance coverage provided under
26 a motor vehicle insurance policy; or

27 (5) a long-term care policy, including a nursing home

1 fixed indemnity policy, unless the commissioner determines that the
2 policy provides benefit coverage so comprehensive that the policy
3 is a health benefit plan as described by Section 1366.001.

4 Sec. 1366.103. REQUIRED COVERAGE. (a) Subject to
5 Subsection (b), a health benefit plan must provide coverage for
6 fertility preservation services to a covered person who will
7 receive a medically necessary treatment, including surgery,
8 chemotherapy, and radiation, that the American Society of Clinical
9 Oncology or the American Society for Reproductive Medicine has
10 established may directly or indirectly cause impaired fertility.

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

16 SECTION 2. This Act applies only to a health benefit plan
17 that is delivered, issued for delivery, or renewed on or after
18 January 1, 2020.

19 SECTION 3. This Act takes effect September 1, 2019.