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| BILL ANALYSIS |

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| H.B. 1854 |
| By: Anchia |
| Insurance |
| Committee Report (Unamended) |

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| **BACKGROUND AND PURPOSE** Life insurance companies allow a parent to add a child rider to their policy which will provide a benefit in the event that the child dies. However, most companies require the child to be at least 14 days old for the benefit to apply. As such, a mother whose child is stillborn or otherwise dies before that age may be forced to pay high out-of-pocket costs when burying or cremating the child's remains, which just adds to the stress of an already grieving mother. H.B. 1854 seeks to address this issue by requiring certain entities to provide a benefit or coverage for the costs associated with the disposition of embryonic and fetal tissue remains with a post-fertilization age of 20 weeks or more. |
| **CRIMINAL JUSTICE IMPACT**It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision. |
| **RULEMAKING AUTHORITY** It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution. |
| **ANALYSIS** H.B. 1854 amends the Insurance Code to provide for coverage of the disposition of embryonic and fetal tissue remains under an insurance policy, annuity or other contract, or group benefit plan that provides a death benefit payable for the costs of cremation or burial of a child. The bill requires an applicable entity to provide a benefit or coverage for the cost of disposition of embryonic and fetal tissue remains with a post‑fertilization age of 20 weeks or more, including disposition by interment, cremation, or incineration or steam disinfection followed by interment. The bill establishes, and provides certain exceptions to, the applicability of its provisions and applies only to an insurance policy, evidence of coverage, annuity or other contract, or group benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2022. |
| **EFFECTIVE DATE** September 1, 2021. |