

BILL ANALYSIS

H.B. 1356
By: Gervin-Hawkins
Insurance
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Patients undergoing treatment for cancer often receive chemotherapy, which can result in hair loss. It has been noted that emotional well-being is linked to physical well-being and that maintaining one's dignity through the use of a wig or other hair prosthesis during and after chemotherapy can improve the quality of life for individuals diagnosed with cancer. However, many insurers do not currently provide coverage for wigs or other hair prostheses. H.B. 1356 seeks to require health benefit plans to provide coverage for hair prostheses for certain enrollees who are undergoing or have undergone cancer treatment.

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. 1356 amends the Insurance Code to require applicable health benefit plans to provide coverage for a hair prosthesis for an enrollee who is undergoing or has undergone medical treatment for cancer if the prosthesis is determined by the enrollee's treating physician to be appropriate in connection with the side effects of treatment. The bill requires the plan to provide coverage for repair or replacement of the prosthesis unless necessitated by misuse or loss by the enrollee. The bill sets the benefit amount for the coverage at \$100 for a hair prosthesis or the repair or replacement of a hair prosthesis and prohibits a plan from charging an additional premium for the coverage. The coverage for hair prostheses may be subject to the annual deductibles, copayments, and coinsurance that are consistent with annual deductibles, copayments, and coinsurance for other coverage under the plan.

H.B. 1356 establishes the applicability of its coverage requirements and excepts an otherwise applicable qualified health plan from those coverage requirements if a determination is made that the plan would be required to offer benefits in addition to the essential health benefits required under federal law and that the state is required to defray the cost of those additional benefits. The bill applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2022.

EFFECTIVE DATE

September 1, 2021.