Leach, Neave, Holland, King of Hemphill, H.B. No. 1588 By: et al.

Substitute the following for H.B. No. 1588:

By: Oliverson C.S.H.B. No. 1588

## A BILL TO BE ENTITLED

AN ACT

2 relating to health benefit plan coverage for scalp cooling systems,

- applications, and procedures for certain cancer patients. 3
- BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS: 4
- SECTION 1. Subtitle E, Title 8, Insurance Code, is amended 5
- by adding Chapter 1380 to read as follows: 6
- CHAPTER 1380. COVERAGE FOR SCALP COOLING FOR CANCER PATIENTS 7
- Sec. 1380.001. DEFINITIONS. In this chapter: 8
- (1) "Enrollee" means an individual entitled to 9
- coverage under a health benefit plan. 10
- 11 (2) "Scalp cooling" means a system, application, or
- 12 procedure approved by the United States Food and Drug
- Administration for reducing hair loss in an individual undergoing 13
- 14 chemotherapy treatment.

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- Sec. 1380.002. APPLICABILITY OF CHAPTER. (a) This chapter 15
- 16 applies only to a health benefit plan that provides benefits for
- medical or surgical expenses incurred as a result of a health 17
- condition, accident, or sickness, including an individual, group, 18
- blanket, or franchise insurance policy or insurance agreement, a 19
- group hospital service contract, or an individual or group evidence 20
- of coverage or similar coverage document that is offered by: 21
- 22 (1) an insurance company;
- 23 (2) a group hospital service corporation operating
- 24 under Chapter 842;

1 (3) a health maintenance organization operating under 2 Chapter 843; 3 (4) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844; 4 5 (5) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846; 6 7 (6) a stipulated premium company operating under 8 Chapter 884; 9 (7) a fraternal benefit society operating under 10 Chapter 885; 11 (8) a Lloyd's plan operating under Chapter 941; or 12 (9) an exchange operating under Chapter 942. (b) Notwithstanding any other law, this chapter applies to: 13 14 (1) a small employer health benefit plan subject to 15 Chapter 1501, including coverage provided through a health group cooperative under Subchapter B of that chapter; and 16 17 (2) a standard health benefit plan issued under Chapter 1507. 18 19 Sec. 1380.003. CONDITIONAL EXCEPTION. (a) This chapter does not apply to a qualified health plan if a determination is made 20 under 45 C.F.R. Section 155.170 that: 21 (1) this chapter requires the plan to offer benefits 22 in addition to the essential health benefits required under 42 23 24 U.S.C. Section 18022(b); and (2) this state is required to defray the cost of the 25 26 benefits mandated under this chapter.

(b) If a determination described by Subsection (a) is made

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- 1 as to a qualified health plan, this chapter does not apply to a
- 2 non-qualified health plan if the non-qualified health plan is
- 3 offered in the same market as the qualified health plan.
- 4 Sec. 1380.004. COVERAGE REQUIRED. (a) A health benefit
- 5 plan must provide coverage for scalp cooling:
- 6 (1) for an enrollee who is undergoing or has undergone
- 7 medical treatment for cancer; and
- 8 (2) that is determined by the enrollee's treating
- 9 physician to be appropriate for the enrollee in connection with the
- 10 side effects of the medical treatment for cancer.
- 11 (b) An additional premium may not be charged for the
- 12 coverage required by Subsection (a).
- 13 (c) Coverage required under Subsection (a):
- 14 (1) must be provided in a manner determined to be
- 15 appropriate in consultation with the treating physician and the
- 16 <u>enrollee;</u>
- 17 (2) may be subject to annual deductibles, copayments,
- 18 and coinsurance consistent with annual deductibles, copayments,
- 19 and coinsurance required for other coverage under the health
- 20 benefit plan; and
- 21 (3) may not be subject to annual dollar limits.
- Sec. 1380.005. PREAUTHORIZATION. A health benefit plan may
- 23 require prior authorization for scalp cooling in the same manner
- 24 that the health benefit plan requires prior authorization for any
- 25 <u>other health benefit</u>.
- 26 SECTION 2. Chapter 1380, Insurance Code, as added by this
- 27 Act, applies only to a health benefit plan that is delivered, issued

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- 1 for delivery, or renewed on or after January 1, 2022.
- 2 SECTION 3. This Act takes effect September 1, 2021.