

BILL ANALYSIS

C.S.H.B. 1164
By: Gervin-Hawkins
Insurance
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Concerned constituents and professionals note that patients undergoing treatment for cancer often receive chemotherapy and as a result lose their hair. Wigs or hair prostheses can provide these patients with a higher quality of life following their hair loss, but many insurance plans do not provide coverage for such items. Emotional well-being is linked to physical well-being, and maintaining one's dignity through wearing a wig goes a long way toward helping those who are battling with breast cancer. C.S.H.B. 1164 seeks to require health benefit plans to provide coverage for hair prostheses for breast cancer patients.

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

C.S.H.B. 1164 amends the Insurance Code to require an applicable health benefit plan to provide coverage for a hair prosthesis for an enrollee who is undergoing or has undergone medical treatment for breast 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 minimum benefit amount at \$100 for the hair prosthesis or the repair or replacement of the prosthesis and prohibits the plan from charging an additional premium for the coverage. The coverage 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.

C.S.H.B. 1164 specifies the types of plans to which its provisions apply, including Medicaid and CHIP. The bill provides for the delayed implementation of any provision for which an applicable state agency determines a waiver or authorization is necessary before implementation until the waiver or authorization is requested and granted. The bill applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2024.

EFFECTIVE DATE

September 1, 2023.

COMPARISON OF INTRODUCED AND SUBSTITUTE

While C.S.H.B. 1164 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute omits a provision from the introduced that made the bill's provisions applicable to health benefits provided by or through a church benefits board.