

BILL ANALYSIS

Senate Research Center
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H.B. 1649
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Health & Human Services
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

According to the Department of State Health Services, approximately 7,800 Texans between the age of 15 and 39 are diagnosed with cancer each year. An unfortunate side effect of necessary lifesaving treatments, such as chemotherapy and radiation, is an increased risk of infertility. Fertility preservation services, such as sperm and egg storage, can be cost-prohibitive. H.B. 1649 seeks to provide cancer patients with increased access to life-altering fertility preservation services by requiring certain health benefit plans to provide coverage for these services to a covered individual who will receive certain medically necessary treatments.

H.B. 1649 amends current law relating to health benefit coverage for certain fertility preservation services under certain health benefit plans.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 1366, Insurance Code, by adding Subchapter C, as follows:

SUBCHAPTER C. COVERAGE FOR CERTAIN FERTILITY PRESERVATION SERVICES

Sec. 1366.101. **APPLICABILITY OF SUBCHAPTER.** (a) Provides that 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 (Group Hospital Service Corporations);
- (3) a health maintenance organization operating under Chapter 843 (Health Maintenance Organizations);
- (4) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844 (Certification of Certain Nonprofit Health Corporations);
- (5) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846 (Multiple Employer Welfare Arrangements);
- (6) a stipulated premium company operating under Chapter 884 (Stipulated Premium Insurance Companies);
- (7) a fraternal benefit society operating under Chapter 885 (Fraternal Benefit Societies);

(8) a Lloyd's plan operating under Chapter 941 (Lloyd's Plan); or

(9) an exchange operating under Chapter 942 (Reciprocal and Interinsurance Exchanges).

(b) Provides that this subchapter, notwithstanding any other law, applies to:

(1) a small employer health benefit plan subject to Chapter 1501 (Health Insurance Portability and Availability Act), including coverage provided through a health group cooperative under Subchapter B (Coalitions and Cooperatives) of that chapter; and

(2) a standard health benefit plan issued under Chapter 1507 (Consumer Choice of Benefits Plans).

Sec. 1366.102. EXCEPTIONS. Provides that this subchapter does not apply to:

(1) a health benefit plan that provides coverage:

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

(B) only for hospital expenses;

(2) Medicaid managed care programs operated under Chapter 533 (Medicaid Managed Care Program), Government Code;

(3) Medicaid programs operated under Chapter 32 (Medical Assistance Program), Human Resources Code; or

(4) the state child health plan operated under Chapter 62 (Child Health Plan for Certain Low-Income Children) or 63 (Health Benefits Plan for Certain Children), Health and Safety Code.

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

(b) Requires that the fertility preservation services described by Subsection (a) be standard procedures to preserve fertility consistent with established medical practices or professional guidelines published by the American Society of Clinical Oncology or the American Society for Reproductive Medicine.

SECTION 2. Makes application of this Act prospective to January 1, 2024.

SECTION 3. Effective date: September 1, 2023.