

BILL ANALYSIS

H.B. 1649
By: Button
Insurance
Committee Report (Unamended)

BACKGROUND AND PURPOSE

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.

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. 1649 amends the Insurance Code to require certain health benefit plans to 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. The bill requires those fertility preservation services to 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.

H.B. 1649 specifies the types of plans to which its provisions apply and establishes exceptions to that applicability for CHIP, Medicaid, Medicaid managed care, or a health benefit plan that provides coverage 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 that provides coverage only for hospital expenses. 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.