

House Bill 1649
Senate Amendments
Section-by-Section Analysis

HOUSE VERSION

No equivalent provision.

No equivalent provision.

SECTION 1. Chapter 1366, Insurance Code, is amended by adding Subchapter C to read as follows:
SUBCHAPTER C. COVERAGE FOR CERTAIN FERTILITY PRESERVATION SERVICES

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SECTION __. Chapter 161, Health and Safety Code, is amended by adding Subchapter X to read as follows:
SUBCHAPTER X. INFORMATION REGARDING RISK OF IMPAIRED FERTILITY FROM CANCER TREATMENTS
Sec. 161.681. NOTICE FOR CHILDREN RECEIVING CHEMOTHERAPY OR RADIATION. (a) A health care facility at which a child will begin receiving chemotherapy or radiation that may directly or indirectly cause impaired fertility must, before the treatment begins, notify the child's parents or legal guardians of the risk of impaired fertility from treatment.
(b) The department shall develop and make available a written notice for a health care facility to use for purposes of this section. [FA3(2)]

SECTION __. Subchapter X, Chapter 161, Health and Safety Code, as added by this Act, applies only to a child who will begin chemotherapy or radiation on or after the effective date of this Act. [FA3(2)]

SECTION 1. Chapter 1366, Insurance Code, is amended by adding Subchapter C to read as follows:
SUBCHAPTER C. COVERAGE FOR CERTAIN FERTILITY PRESERVATION SERVICES
Sec. 1366.101. DEFINITION. In this subchapter, "fertility preservation services":
a) means the collection and preservation of sperm, unfertilized oocytes, and ovarian tissue; and

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Sec. 1366.101. APPLICABILITY OF SUBCHAPTER. (a) 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;
- (3) a health maintenance organization operating under Chapter 843;
- (4) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844;
- (5) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846;
- (6) a stipulated premium company operating under Chapter 884;
- (7) a fraternal benefit society operating under Chapter 885;
- (8) a Lloyd's plan operating under Chapter 941; or
- (9) an exchange operating under Chapter 942.

(b) Notwithstanding any other law, this subchapter applies to:

- (1) a small employer health benefit plan subject to Chapter 1501, including coverage provided through a health group cooperative under Subchapter B of that chapter; and
- (2) a standard health benefit plan issued under Chapter 1507.

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b) does not include the storage of such unfertilized genetic materials. [FA2]

Sec. 1366.101. APPLICABILITY OF SUBCHAPTER. (a) 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;
- (3) a health maintenance organization operating under Chapter 843;
- (4) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844;
- (5) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846;
- (6) a stipulated premium company operating under Chapter 884;
- (7) a fraternal benefit society operating under Chapter 885;
- (8) a Lloyd's plan operating under Chapter 941; or
- (9) an exchange operating under Chapter 942.

(b) Notwithstanding any other law, this subchapter applies to:

- (1) a small employer health benefit plan subject to Chapter 1501, including coverage provided through a health group cooperative under Subchapter B of that chapter; and
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Sec. 1366.102. EXCEPTIONS. 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, Government Code;

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

(4) the state child health plan operated under Chapter 62 or 63, Health and Safety Code.

Sec. 1366.103. REQUIRED COVERAGE. (a) Subject to Subsection (b), a health benefit plan must 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) The fertility preservation services described by Subsection (a) must 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. This Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2024.

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Sec. 1366.102. EXCEPTIONS. 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, Government Code;

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

(4) the state child health plan operated under Chapter 62 or 63, Health and Safety Code.

Sec. 1366.103. REQUIRED COVERAGE. (a) Subject to Subsection (b), a health benefit plan must provide coverage for fertility preservation services to a covered person who will receive a medically necessary treatment for cancer, including surgery, chemotherapy, or radiation, that the American Society of Clinical Oncology or the American Society for Reproductive Medicine has established may directly or indirectly cause impaired fertility. [FA1(1-2)]

(b) The fertility preservation services described by Subsection (a) must 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. Subchapter C, Chapter 1366, Insurance Code, as added by this Act, applies only to a health benefit plan that

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is delivered, issued for delivery, or renewed on or after
January 1, 2024. [FA3(1)]

SECTION 3. This Act takes effect September 1, 2023.

SECTION 3. Same as House version.