BILL ANALYSIS

Senate Research Center

H.B. 3057
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Health & Human Services
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Chimeric Antigen Receptor T-cell (CAR T) therapy is a groundbreaking cancer treatment that uses a patient's own immune cells to destroy cancer. It can be curative for critically ill patients, reducing the need for less effective treatments. CAR T requires timely access and caregiver support for pre-treatment visits, a 7-day hospital stay, and up to 30 days of monitoring near an Authorized Treatment Center (ATC).

However, some commercial insurers limit CAR T access by requiring treatment at facilities accredited by the Foundation for the Accreditation of Cellular Therapy (FACT), which are only located in Houston, Dallas, San Antonio, Austin, and Belton. This forces patients in other regions to travel long distances for extended stays.

In 2019, the Centers for Medicare and Medicaid Services ruled FACT accreditation unnecessary for qualified centers following FDA standards. Still, insurers use outdated transplant-focused standards to restrict CAR T expansion into community settings, limiting access and discouraging provider participation.

H.B. 3057 expands CAR T access in Texas by requiring health plans to cover medically necessary therapy from certified, in-network providers—not just FACT-accredited centers. It applies to most health plans, excluding Medicaid and CHIP, and aims to reduce travel burdens and increase timely access to this lifesaving treatment.

H.B. 3057 amends current law relating to health benefit plan coverage for chimeric antigen receptor T-cell therapy.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the commissioner of insurance in SECTION 1 (Section 1369.224, Insurance Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 1369, Insurance Code, by adding Subchapter E-2, as follows:

SUBCHAPTER E-2. COVERAGE FOR CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY

Sec. 1369.221. 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 by certain entities.

(b) Provides that, notwithstanding any other law, this subchapter applies to certain health benefit plans.

Sec. 1369.222. EXCEPTIONS TO APPLICABILITY OF SUBCHAPTER. Provides that this subchapter does not apply to an issuer or provider of health benefits under or a pharmacy benefit manager administering pharmacy benefits under the state Medicaid program, including the Medicaid managed care program under Chapter 540 (Medicaid Managed Care Program), Government Code or the child health plan program under Chapter 62 (Child Health Plan for Certain Low-Income Children), Health and Safety Code.

Sec. 1369.223. COVERAGE REQUIREMENTS. Requires that a health benefit plan that provides coverage for chimeric antigen receptor T-cell therapy provide coverage for chimeric antigen receptor T-cell therapy that is medically necessary and administered by a health care provider that is qualified as a certified health care facility in accordance with the procedure for the chimeric antigen receptor T-cell therapy product license approved by the United States Food and Drug Administration and participating in the health benefit plan's network with respect to any other service.

Sec. 1369.224. RULES. Requires the commissioner of insurance to adopt rules as necessary to administer this subchapter.

SECTION 2. Makes application of this Act prospective to January 1, 2026.

SECTION 3. Effective date: September 1, 2025.