

BILL ANALYSIS

C.S.H.B. 3057
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Insurance
Committee Report (Substituted)

BACKGROUND AND PURPOSE

The bill author has informed the committee that Chimeric Antigen Receptor T-cell (CAR T) therapy is a transformational treatment that harnesses the T-cells in a person's immune system to target and destroy cancer cells and may hold the potential to be curative for severely ill patients and eliminate rounds of less effective treatments. However, the bill author has also informed the committee that because timely patient access is required to enable the greatest chance of survival, patients must be accompanied by a caregiver for preparation visits to an authorized treatment center for testing, with a weeklong inpatient stay followed by monitoring at a nearby health care facility for 28 to 30 days. The bill author has further informed the committee that some commercial payers are preventing the expansion of CAR T therapy to qualified community centers despite proven safety and efficacy outside of academic centers by requiring the completion of the treatment to take place at accredited facilities that currently only exist in Texas in Houston, Dallas, San Antonio, Austin, and Belton, leaving people in other parts of the state to travel to one of these cities for 28-30 days to complete the therapy. C.S.H.B. 3057 seeks to increase access to CAR T therapy by requiring a health benefit plan that provides coverage for the therapy to provide coverage that is medically necessary and administered by certain certified health care facilities enrolled in an approved risk evaluation and mitigation strategy for the therapy.

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 rulemaking authority is expressly granted to the commissioner of insurance in SECTION 1 of this bill.

ANALYSIS

C.S.H.B. 3057 amends the Insurance Code to require a health benefit plan that provides coverage for chimeric antigen receptor T-cell therapy to provide coverage for such therapy that is medically necessary and administered by a health care provider that meets the following criteria:

- is a certified health care facility enrolled in an approved risk evaluation and mitigation strategy under applicable federal law for the therapy being administered; and
- is participating in the health benefit plan's network.

C.S.H.B. 3057 specifies the types of plans to which its provisions apply and establishes exceptions to that applicability. The bill requires the commissioner of insurance to adopt rules as necessary to administer the bill's provisions. The bill applies to any health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2026.

EFFECTIVE DATE

September 1, 2025.

COMPARISON OF INTRODUCED AND SUBSTITUTE

While C.S.H.B. 3057 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 the following provisions from the introduced:

- a prohibition against a health benefit plan in Texas that provides coverage for chimeric antigen receptor T-cell (CAR T) therapy refusing to contract for the administration of any CAR T therapy by any provider that qualifies as a certified healthcare facility in accordance with approved procedure under the CAR-T product license by the FDA; and
- a prohibition against a health benefit plan in Texas that covers such therapy denying coverage for the administration of the therapy by any such provider.

The substitute instead includes a requirement absent from the introduced for a health benefit plan that provides coverage for chimeric antigen receptor T-cell therapy to provide coverage for such therapy that is medically necessary and administered by a health care provider that meets the following criteria:

- is a certified health care facility enrolled in an approved risk evaluation and mitigation strategy under applicable federal law for the therapy being administered; and
- is participating in the health benefit plan's network.

The substitute establishes exceptions to the applicability of its provisions, whereas the introduced did not establish those exceptions. The substitute omits the introduced version's provision establishing the purpose of the bill's provisions.