

## **BILL ANALYSIS**

S.B. 1257  
By: Hughes  
Insurance  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

According to a 2022 study published in *Fundamental & Clinical Pharmacology* and a 2024 study published in *The New Journal of Urology*, gender transition treatments and procedures have the potential to cause adverse side effects. The bill sponsor has informed the committee that individuals who have reversed their transition have reported to the bill sponsor that they chose to do so due to these types of adverse consequences. S.B. 1257 seeks to ensure adequate health care coverage and assistance to those individuals dealing with adverse effects from undergoing gender transition treatment or procedures or those who have decided to reverse their transition by requiring any health benefit plan that provides coverage for any gender transition procedures and treatment to also provide coverage for any adverse consequences, certain testing or screening, and any procedure, treatment, or therapy related to an enrollee's gender transition procedure or treatment.

### **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**

S.B. 1257 amends the Insurance Code to require an applicable health benefit plan that provides or has ever provided coverage for an enrollee's gender transition procedure or treatment to provide coverage for the following, including for any applicable diagnostic or billing code:

- all possible adverse consequences related to the enrollee's gender transition procedure or treatment, including any short-term or long-term side effects of the procedure or treatment;
- any baseline and follow-up testing or screening necessary to monitor the mental and physical health of the enrollee on at least an annual basis without regard to the sex or gender identity designation in the enrollee's medical record; and
- any procedure, treatment, or therapy necessary to manage, reverse, reconstruct from, or recover from the enrollee's gender transition procedure or treatment.

The bill requires the health benefit plan to also provide such coverage to any enrollee who has undergone a gender transition procedure or treatment regardless of whether the enrollee was enrolled in the plan at the time of the procedure or treatment.

S.B. 1257 defines "gender transition" as a medical process by which an individual's anatomy, physiology, or mental state is treated or altered, including by the removal of otherwise healthy organs or tissue, the introduction of implants or performance of other plastic surgery, hormone

treatment, or the use of drugs, counseling, or therapy, for the purpose of furthering or assisting the individual's identification as a member of the opposite biological sex or group or demographic category that does not correspond to the individual's biological sex. The bill defines "gender transition procedure or treatment" as a medical procedure or treatment performed or provided for the purpose of assisting an individual with a gender transition.

S.B. 1257 specifies the types of plans to which its provisions apply and excepts from that applicability a self-funded health benefit plan as defined by the federal Employee Retirement Income Security Act of 1974. If before implementing any provision of this bill a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision must request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted. The bill applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2026.

**EFFECTIVE DATE**

September 1, 2025.