

By: Landgraf

H.B. No. 3057

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for chimeric antigen
receptor T-cell therapy.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 1369, Insurance Code, is amended by
adding Subchapter E-2 to read as follows:

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

Sec. 1369.221. 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 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;

(2) a standard health benefit plan issued under Chapter 1507;

(3) a basic coverage plan under Chapter 1551;

(4) a basic plan under Chapter 1575;

(5) a primary care coverage plan under Chapter 1579;

(6) a plan providing basic coverage under Chapter 1601; and

(7) a self-funded health benefit plan sponsored by a professional employer organization under Chapter 91, Labor Code.

Sec. 1369.222. EXCEPTIONS TO APPLICABILITY OF SUBCHAPTER.

This subchapter does not apply to an issuer or provider of health benefits under or a pharmacy benefit manager administering pharmacy benefits under:

(1) the state Medicaid program, including the Medicaid managed care program under Chapter 540, Government Code; or

1 (2) the child health plan program under Chapter 62,
2 Health and Safety Code.

3 Sec. 1369.223. COVERAGE REQUIREMENTS. A health benefit
4 plan that provides coverage for chimeric antigen receptor T-cell
5 therapy must provide coverage for chimeric antigen receptor T-cell
6 therapy that is:

7 (1) medically necessary; and

8 (2) administered by a health care provider that is:

9 (A) qualified as a certified health care facility
10 in accordance with the procedure for the chimeric antigen receptor
11 T-cell therapy product license approved by the United States Food
12 and Drug Administration; and

13 (B) participating in the health benefit plan's
14 network with respect to any other service.

15 Sec. 1369.224. RULES. The commissioner shall adopt rules
16 as necessary to administer this subchapter.

17 SECTION 2. This Act applies only to a health benefit plan
18 delivered, issued for delivery, or renewed on or after January 1,
19 2026.

20 SECTION 3. This Act takes effect September 1, 2025.