

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 89TH LEGISLATIVE REGULAR SESSION

April 22, 2025

TO: Honorable Jay Dean, Chair, House Committee on Insurance

FROM: Jerry McGinty, Director, Legislative Budget Board

IN RE: HB3057 by Landgraf (Relating to network standards for Chimeric Antigen Receptor T-Cell (CAR T) therapy.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB3057, As Introduced: an impact of \$0 through the biennium ending August 31, 2027.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five- Year Impact:

<i>Fiscal Year</i>	Probable Net Positive/(Negative) Impact to <i>General Revenue Related Funds</i>
2026	\$0
2027	\$0
2028	\$0
2029	\$0
2030	\$0

All Funds, Five-Year Impact:

<i>Fiscal Year</i>	Probable Savings/(Cost) from <i>RETIRED SCHOOL EMP GROUP INSURANCE</i> 989	Probable (Cost) from <i>School Employees UGIP Trust</i> <i>Fund</i> 855
2026	(\$3,415,467)	\$0
2027	(\$3,644,303)	(\$3,374,592)
2028	(\$3,888,472)	(\$3,509,576)
2029	(\$4,148,999)	(\$3,649,959)
2030	(\$4,426,982)	(\$3,795,957)

Fiscal Analysis

The bill would expand access to Chimeric Antigen Receptor T-Cell (CAR T) therapy. Health benefit plans that cover CAR T therapy would be required to allow CAR T to be provided at any treatment center that qualifies as a certified healthcare facility in accordance with Food and Drug Administration standards.

The bill would take effect on September 1, 2025, and apply to health care plans issued or renewed on or after January 1, 2026.

Methodology

The Teacher Retirement System (TRS) indicates that the cost to TRS-Care, the retired school employee group insurance program, would be \$3.4 million in fiscal year 2026, \$3.6 million in fiscal year 2027, increasing to \$4.4 million in fiscal year 2030. TRS estimates the cost to TRS-ActiveCare, the school employees uniform group insurance program, would be \$3.4 million beginning in fiscal year 2027, increasing to \$3.8 million in fiscal year 2030. Estimated annual cost increases are based on current medical trends.

According to the Health and Human Services Commission (HHSC), Medicaid managed care organizations (MCOs) are required to provide access to all medically necessary Medicaid covered services through an adequate provider network. MCOs are also responsible for negotiating contracts with providers for all covered services. HHSC has not indicated an expected cost to implement the provisions of the bill.

Other state agencies and institutions of higher education are already in compliance with the provisions of the bill, and their costs could be absorbed using existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 323 Teacher Retirement System, 327 Employees Retirement System, 454 Department of Insurance, 529 Health and Human Services Commission, 710 Texas A&M University System Administrative and General Offices, 720 The University of Texas System Administration

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