

BILL ANALYSIS

C.S.H.B. 293
By: Collier
Insurance
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Roughly 7,300 Texans between the ages of 15-39 are diagnosed with cancer annually. Survivors often face issues such as infertility, egg or sperm damage, and premature menopause caused by their cancer treatment. Fertility preservation services such as sperm, egg, and embryo freezing and storage can be an effective option for cancer survivors who wish to start a family in the future. However, these services are often unattainable due to their high cost, which can total in the tens of thousands of dollars and is typically not covered by insurance. C.S.H.B. 293 seeks to give cancer survivors and other Texans facing serious medical diagnoses the ability to start a family after their course of treatment by requiring certain health benefit plans to cover fertility preservation services.

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

C.S.H.B. 293 amends the Insurance Code to require certain health benefit plans to provide coverage for fertility preservation services to a covered person who will receive a medically necessary treatment, including surgery, chemotherapy, and radiation, that the American Society of Clinical Oncology or the American Society for Reproductive Medicine has established may directly or indirectly cause impaired fertility. The bill requires those services to be standard procedures to preserve fertility consistent with established medical practices or applicable professional guidelines. The bill establishes and provides certain exceptions to the applicability of its provisions and applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2022.

EFFECTIVE DATE

September 1, 2021.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 293 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute includes an exception from the bill's coverage requirements for a qualified health plan under the federal Patient Protection and Affordable Care Act of 2010 if a determination is made under federal law that:

- the bill requires the plan to offer benefits in addition to the essential health benefits required by federal law; and
- the state must make payments to defray the cost of those additional benefits.

The substitute includes a provision establishing that, if such a determination is made as to a qualified health plan, the bill's provisions also do not apply to a non-qualified health plan that is offered in the same market as the qualified health plan.