

SUBJECT: Providing health coverage for hair prostheses for breast cancer patients

COMMITTEE: Insurance — committee substitute recommended

VOTE: 5 ayes — Oliverson, A. Johnson, Cortez, Julie Johnson, Perez

4 nays — Cain, Caroline Harris, Hull, Paul

WITNESSES: For — Britt Garner (*Registered, but did not testify*: Bill Kelly, Mayor's Office, City of Houston; Christine Yanas, Methodist Healthcare Ministries; Sara Gonzalez, Texas Hospital Association; Ben Wright, Texas Medical Association; Jill Sutton, Texas Osteopathic Medical Association; Ware Wendell, Texas Watch)

Against — (*Registered, but did not testify*: Blake Hutson, Texas Association of Health Plans)

On — (*Registered, but did not testify*: Latif Almanzan, Texas Department of Insurance)

BACKGROUND: Some have suggested that requiring health plans to provide coverage for hair prosthesis could help maintain a breast cancer patient's dignity and improve well-being.

DIGEST: CSHB 1164 would require a health benefit plan to provide coverage for a hair prosthesis for certain cancer patients. An insured person would qualify for coverage if the person was undergoing or had undergone medical treatment for breast cancer and the treating physician determined the prosthesis would be appropriate for the patient given the treatment side effects.

Required coverage also would include repair or replacement of the prosthesis unless the repair or replacement was necessitated by misuse or loss by the enrollee. The benefit amount could be no less than \$100 for the prosthesis or replacement.

A health plan would be prohibited from requiring an additional premium for the coverage but could require that the prosthesis be subject to the annual deductible and any copayment and coinsurance consistent with other coverage by the plan.

The coverage requirement would apply to health benefit plans identified in the bill, including the state Medicaid and CHIP programs.

If a state agency determined that a waiver or authorization from a federal agency would be necessary for implementation of a provision, the agency affected by the provision would be required to request the waiver or authorization and would be allowed to delay implementation until the waiver or authorization had been granted.

The bill would take effect September 1, 2023 and would apply only to a health benefit plan that was delivered, issued for delivery, or renewed on or after January 1, 2024.