

**SUBJECT:** Requiring fertility preservation services coverage for cancer patients

**COMMITTEE:** Insurance — favorable, without amendment

**VOTE:** 6 ayes — Oliverson, A. Johnson, Cortez, Caroline Harris, Julie Johnson, Paul

1 nay — Cain

2 absent — Hull, Perez

**WITNESSES:** For — Elisabeth Potter, Texas Medical Association; Amanda Rice, The Chick Mission (*Registered, but did not testify*: David Lofye, Alliance for Fertility Preservation; James Gray, American Cancer Society Cancer Action Network; Bill Kelly, Mayor’s Office, City of Houston; Maureen Milligan, Teaching Hospitals of Texas; Joe Pojman Ph.D., Texas Alliance for Life; Sara Gonzalez, Texas Hospital Association; Ben Wright, Texas Medical Association; Kyle Mauro, Texas Society of Clinical Oncology; Ware Wendell, Texas Watch; Karen Albritton; Randy Cubriel; Haleigh Curlee; Jason Ryan; Tom Whiteside)

Against — (*Registered, but did not testify*: Annie Spilman, NFIB; Matt Abel, Texas Association of Business; Blake Hutson, Texas Association of Health Plans; John Seago, Texas Right to Life)

On — Terri Woodard, M.D., The University of Texas MD Anderson Cancer Center (*Registered, but did not testify*: Debra Diaz-Lara, Texas Department of Insurance)

**BACKGROUND:** Concerns have been raised that fertility preservation services may be cost prohibitive for many cancer patients, which may create a significant barrier to the patient starting a family.

**DIGEST:** HB 389 would require certain health benefit plans to provide coverage for fertility preservation services to certain covered persons. A covered person would qualify for fertility preservation services coverage if the

person would receive a medically necessary treatment, which could include surgery, chemotherapy, and radiation, that could directly or indirectly cause impaired fertility according to certain national sources.

Covered services would be required to include standard procedures to preserve fertility consistent with established medical practices or professional guidelines published by certain national sources.

The coverage requirement would apply to certain health benefit plans issued by entities identified in the bill and would not apply to:

- a health benefit plan that provided coverage for wages or payments in lieu of wages for a period during which an employee was absent from work due to illness or injury;
- a health benefit plan that provided coverage only for hospital expenses;
- the state Medicaid coverage; or
- the state child health plan, CHIP.

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.