

- SUBJECT:** Requiring coverage for gender transition adverse effects and reversals
- COMMITTEE:** Insurance — committee substitute recommended
- VOTE:** 5 ayes — Oliverson, Cain, Caroline Harris, Hull, Paul
- 3 nays — A. Johnson, Julie Johnson, Perez
- 1 absent — Cortez
- WITNESSES:** For — Hailee Harris, Austin Chapter of Parents of Rapid Onset Gender Dysphoric Kids; Kelly Neidert, Protect Texas Kids; Jonathan Covey, Texas Values; Soren Aldaco; Corinna Cohn; Abel Garcia (*Registered, but did not testify*; Mary E Castle, Texas Values; Jaime Capelo; Aether Dixon; Michelle Evans; Dorothy Singhal)
- Against — (*Registered, but did not testify*: Lauren Johnson, ACLU of Texas; Kelsey Kling, Texas AFT; Carisa Lopez, Texas Freedom Network; Cynthia Van Maanen, Travis County Democratic Party; and seven individuals)
- BACKGROUND:** Some have suggested that health benefit plans should provide coverage for short or long term side effects to enrollees who have undergone a gender transition procedure or treatment.
- DIGEST:** CSHB 3502 would require a health plan that provided coverage for an enrollee's gender transition procedure or treatment to provide coverage for:
- all possible adverse consequences related to the enrollee's gender transition procedure or treatment, including any short- or long-term side effects of the procedure or treatment;
  - any testing or screening necessary to monitor the mental and physical health of the enrollee on at least an annual basis; and
  - any procedure or treatment necessary to reverse the enrollee's gender transition procedure or treatment.

A health benefit plan that offered coverage for a gender transition procedure or treatment also would be required to provide the described coverage to any enrollee who had undergone a gender transition procedure or treatment regardless of whether the enrollee had been enrolled in the plan at the time of the procedure or treatment.

The bill also would identify the health plans required to comply with the described coverage, which would include the state Medicaid and child health plan programs and would apply to coverage under a group health plan provided to a resident of Texas regardless of whether the plan was delivered, issued for delivery, or renewed in the state. Self-funded health benefit plans defined by the Employee Retirement Income Security Act of 1974 would be exempt from the requirement.

If a state agency determined that a waiver or authorization from a federal agency would be necessary for implementation of a provision in the bill, the agency would be required to request the waiver or authorization and implementation of that provision could be delayed until it had been received.

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 after January 1, 2024.