

1-1 By: Hall, et al. S.B. No. 1029
 1-2 (In the Senate - Filed February 17, 2023; March 3, 2023,
 1-3 read first time and referred to Committee on State Affairs;
 1-4 April 17, 2023, reported favorably by the following vote: Yeas 7,
 1-5 Nays 3; April 17, 2023, sent to printer.)

1-6 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-7				
1-8	X			
1-9	X			
1-10	X			
1-11	X			
1-12		X		
1-13		X		
1-14	X			
1-15	X			
1-16			X	
1-17	X			
1-18		X		

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to civil liability for, governmental health plan coverage
 1-22 of, and public funding for gender modification procedures and
 1-23 treatments.

1-24 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-25 SECTION 1. The legislature finds that:

1-26 (1) as evidenced by a 2018 video of a Vanderbilt
 1-27 University Medical Center administrator who promoted gender
 1-28 modification surgeries as financially beneficial and stated that
 1-29 entire clinics are being financed by phalloplasties, the medical
 1-30 community has knowledge that many so-called "gender affirming"
 1-31 treatments are not in the best interest of the health of the patient
 1-32 but rather are being promoted for the monetary gain the health care
 1-33 facilities will receive from providing those treatments; and

1-34 (2) the medical community has a conflict of interest
 1-35 in offering gender modification treatments and procedures because
 1-36 those treatments and procedures create lifelong patients as a
 1-37 result of required follow-up visits after those treatments and
 1-38 procedures.

1-39 SECTION 2. Title 4, Civil Practice and Remedies Code, is
 1-40 amended by adding Chapter 74B to read as follows:

1-41 CHAPTER 74B. LIABILITY FOR GENDER MODIFICATION PROCEDURES AND
 1-42 TREATMENTS

1-43 Sec. 74B.001. DEFINITION. In this chapter, "gender
 1-44 modification procedure or treatment" means a health care procedure
 1-45 or treatment provided for the purpose of transitioning a patient's
 1-46 biological sex, as determined by the patient's sex organs,
 1-47 chromosomes, and endogenous profiles, or affirming the patient's
 1-48 perception of the patient's sex if that perception is inconsistent
 1-49 with the patient's sex. The term includes:

1-50 (1) a surgery that sterilizes the patient, including:

- 1-51 (A) castration;
- 1-52 (B) vasectomy;
- 1-53 (C) hysterectomy;
- 1-54 (D) oophorectomy;
- 1-55 (E) metoidioplasty;
- 1-56 (F) orchiectomy;
- 1-57 (G) penectomy;
- 1-58 (H) phalloplasty; and
- 1-59 (I) vaginoplasty;

1-60 (2) a mastectomy;

1-61 (3) the prescription, administration, or supply of any

2-1 of the following medications that induce transient or permanent
2-2 infertility:
2-3 (A) puberty-blocking medication to stop or delay
2-4 normal puberty;
2-5 (B) supraphysiologic doses of testosterone to
2-6 females; or
2-7 (C) supraphysiologic doses of estrogen to males;
2-8 and
2-9 (4) the removal of any otherwise healthy or
2-10 non-diseased body part or tissue.

2-11 Sec. 74B.002. CONFLICT OF LAWS. To the extent this chapter
2-12 conflicts with another law, this chapter prevails.

2-13 Sec. 74B.003. STRICT LIABILITY FOR HEALTH COVERAGE. A
2-14 health benefit plan issuer is strictly liable to a patient for the
2-15 patient's medical, mental health, and pharmaceutical costs,
2-16 including costs associated with reversing a gender modification
2-17 procedure or treatment, incurred for the life of the patient as a
2-18 result of a gender modification procedure or treatment covered by
2-19 the issuer's plan.

2-20 Sec. 74B.004. LIABILITY FOR PHYSICIAN OR HEALTH CARE
2-21 PROVIDER. A physician or health care provider who provides a gender
2-22 modification procedure or treatment to a patient is:

2-23 (1) liable to the patient for a malpractice claim in
2-24 the provision of the procedure or treatment; and

2-25 (2) strictly liable to the patient for the patient's
2-26 medical, mental health, and pharmaceutical costs, including costs
2-27 associated with reversing a gender modification procedure or
2-28 treatment, incurred for the life of the patient as a result of the
2-29 procedure or treatment.

2-30 Sec. 74B.005. EXCEPTIONS. Sections 74B.003 and 74B.004 do
2-31 not apply to the provision by a physician or health care provider,
2-32 with the consent of a child's parent or legal guardian, if
2-33 applicable, and the coverage by a health benefit plan of
2-34 appropriate and medically necessary gender modification procedures
2-35 or treatments to a patient who:

2-36 (1) is born with a medically verifiable genetic
2-37 disorder of sex development, including:

- 2-38 (A) 46,XX chromosomes with virilization;
- 2-39 (B) 46,XY chromosomes with undervirilization; or
- 2-40 (C) both ovarian and testicular tissue; or

2-41 (2) does not have the normal sex chromosome structure
2-42 for male or female as determined by a physician through genetic
2-43 testing.

2-44 SECTION 3. Subtitle F, Title 10, Government Code, is
2-45 amended by adding Chapter 2273A to read as follows:

2-46 CHAPTER 2273A. PROHIBITED USES OF PUBLIC MONEY

2-47 Sec. 2273A.001. DEFINITIONS. In this chapter:

2-48 (1) "Gender modification procedure or treatment" has
2-49 the meaning assigned by Section 74B.001, Civil Practice and
2-50 Remedies Code.

2-51 (2) "Governmental entity" means this state, a state
2-52 agency, or a political subdivision.

2-53 Sec. 2273A.002. USE FOR GENDER MODIFICATION PROCEDURE OR
2-54 TREATMENT. A governmental entity may not use or provide public
2-55 money for the provision or administration of a gender modification
2-56 procedure or treatment.

2-57 SECTION 4. Subtitle E, Title 8, Insurance Code, is amended
2-58 by adding Chapter 1372 to read as follows:

2-59 CHAPTER 1372. PROHIBITED COVERAGE OF GENDER MODIFICATION
2-60 PROCEDURES AND TREATMENTS

2-61 Sec. 1372.001. DEFINITION. In this chapter, "gender
2-62 modification procedure or treatment" has the meaning assigned by
2-63 Section 74B.001, Civil Practice and Remedies Code.

2-64 Sec. 1372.002. APPLICABILITY OF CHAPTER. Notwithstanding
2-65 any other law, this chapter applies only to:

- 2-66 (1) a basic coverage plan under Chapter 1551;
- 2-67 (2) a basic plan under Chapter 1575;
- 2-68 (3) a primary care coverage plan under Chapter 1579;
- 2-69 (4) a plan providing basic coverage under Chapter

3-1 1601;
3-2 (5) the state Medicaid program, including the Medicaid
3-3 managed care program operated under Chapter 533, Government Code;
3-4 and
3-5 (6) the child health plan program under Chapter 62,
3-6 Health and Safety Code.
3-7 Sec. 1372.003. PROHIBITED COVERAGE; EXCEPTION. (a) A
3-8 health benefit plan may not provide coverage for a gender
3-9 modification procedure or treatment.
3-10 (b) This section does not apply to the coverage by a health
3-11 benefit plan of appropriate and medically necessary gender
3-12 modification procedures or treatments to a patient who:
3-13 (1) is born with a medically verifiable genetic
3-14 disorder of sex development, including:
3-15 (A) 46,XX chromosomes with virilization;
3-16 (B) 46,XY chromosomes with undervirilization; or
3-17 (C) both ovarian and testicular tissue; or
3-18 (2) does not have the normal sex chromosome structure
3-19 for male or female as determined by a physician through genetic
3-20 testing.
3-21 SECTION 5. (a) Chapter 74B, Civil Practice and Remedies
3-22 Code, as added by this Act, applies only to a cause of action that
3-23 accrues on or after the effective date of this Act.
3-24 (b) The changes in law made by this Act apply only to a
3-25 health benefit plan delivered, issued for delivery, or renewed on
3-26 or after the effective date of this Act.
3-27 SECTION 6. This Act takes effect September 1, 2023.

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