By: Hughes S.B. No. 1257

(In the Senate - Filed February 13, 2025; February 28, 2025, read first time and referred to Committee on Health & Human Services; April 7, 2025, reported adversely, with favorable Committee Substitute by the following vote: Yeas 6, Nays 3; April 7, 2025, sent to printer.)

COMMITTEE VOTE

	Yea	Nay	Absent	PNV
Kolkhorst	X			
Perry	X			
Blanco		X		
Cook		X		
Hall	X			
Hancock	X			
Hughes	X			
Miles		X		
Sparks	X			

COMMITTEE SUBSTITUTE FOR S.B. No. 1257 By: Perry

A BILL TO BE ENTITLED
AN ACT

relating to required health benefit plan coverage for gender transition adverse effects and reversals.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subtitle E, Title 8, Insurance Code, is amended by adding Chapter 1373 to read as follows:

CHAPTER 1373. REQUIRED COVERAGE OF GENDER TRANSITION ADVERSE EFFECTS AND REVERSALS

Sec. 1373.001. DEFINITIONS. In this chapter:

(1) "Gender transition" means a medical process by which an individual's anatomy, physiology, or mental state is treated or altered, including by the removal of otherwise healthy organs or tissue, the introduction of implants or performance of other plastic surgery, hormone treatment, or the use of drugs, counseling, or therapy, for the purpose of furthering or assisting the individual's identification as a member of the opposite biological sex or group or demographic category that does not correspond to the individual's biological sex.

(2) "Gender transition procedure or treatment" means a medical procedure or treatment performed or provided for the purpose of assisting an individual with a gender transition.

Sec. 1373.002. APPLICABILITY OF CHAPTER. (a) This chapter applies only to a health benefit plan that provides benefits for medical or surgical expenses or pharmacy benefits incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is issued by:

(1) an insurance company;

(2) a group hospital service corporation operating under Chapter 842;

(3) a health maintenance organization operating under Chapter 843;

(4) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844;

(5) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846;

(6) a stipulated premium company operating under Chapter 884;

(7) a fraternal benefit society operating under

Chapter 885;

(8) a Lloyd's plan operating under Chapter 941; or

(9) an exchange operating under Chapter 942.

(b) Notwithstanding any other law, this chapter applies to:

(1) a small employer health benefit plan subject to Chapter 1501, including coverage provided through a health group cooperative under Subchapter B of that chapter;

(2) a standard health benefit plan issued under Chapter 1507;

(3) a basic coverage plan under Chapter 1551;

(4) a basic plan under Chapter 1575;

(5) a primary care coverage plan under Chapter 1579;

(6) a plan providing basic coverage under Chapter 1601;

(7) nonprofit agricultural organization health benefits offered by a nonprofit agricultural organization under Chapter 1682;

(8) alternative health benefit coverage offered by a subsidiary of the Texas Mutual Insurance Company under Subchapter M, Chapter 2054;

(9) group health coverage made available by a school district in accordance with Section 22.004, Education Code;

(10) the state Medicaid program, including the Medicaid managed care program operated under Chapter 540, Government Code;

(11) the child health plan program under Chapter 62, Health and Safety Code;

(12) a regional or local health care program operated under Section 75.104, Health and Safety Code;

(13) a self-funded health benefit plan sponsored by a professional employer organization under Chapter 91, Labor Code;

(14) county employee group health benefits provided under Chapter 157, Local Government Code; and

(15) health and accident coverage provided by a risk pool created under Chapter 172, Local Government Code.

(c) This chapter applies to coverage under a group health benefit plan provided to a resident of this state regardless of whether the group policy, agreement, or contract is delivered, issued for delivery, or renewed in this state.

(d) This chapter does not apply to a self-funded health benefit plan as defined by the Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.).

Sec. 1373.003. REQUIRED COVERAGE. (a) A health benefit plan that provides or has ever provided coverage for an enrollee's gender transition procedure or treatment shall provide coverage for, including for any applicable diagnostic or billing code:

(1) 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;

(2) any baseline and follow-up testing or screening necessary to monitor the mental and physical health of the enrollee on at least an annual basis without regard to the sex or gender identity designation in the enrollee's medical record; and

(3) any procedure, treatment, or therapy necessary to manage, reverse, reconstruct from, or recover from the enrollee's gender transition procedure or treatment.

(b) A health benefit plan that offers coverage for a gender transition procedure or treatment shall also provide the coverage described by Subsection (a) to any enrollee who has undergone a gender transition procedure or treatment regardless of whether the enrollee was enrolled in the plan at the time of the procedure or treatment.

SECTION 2. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 3. Section 1373.003, Insurance Code, as added by

this Act, applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2026.

SECTION 4. This Act takes effect September 1, 2025.

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