



Texas Association of Health Plans

1001 Congress Ave., Suite 300

Austin, Texas 78701

P: 512.476.2091

www.tahp.org

May 16, 2023

Re: Opposition to House Bill 1649 – Mandating Fertility Preservation Services

Dear Chairwoman Kolkhorst and Members of the Committee on Health & Human Services,

As the statewide trade association representing health insurers, HMOs, Medicaid managed care, and other health plans that serve over 20 million Texans, the Texas Association of Health Plans (TAHP) is committed to ensuring that Texas families and employers have access to affordable, comprehensive, and high-quality coverage.

While we understand the concerns that have led to the creation of House Bill 1649, we respectfully express our opposition to the bill in its current form. We appreciate the intention behind HB 1649 to address the fertility concerns of individuals undergoing medical treatments that may impair fertility. However, we believe the bill, as it stands, lacks necessary guardrails and could lead to unintended consequences.

Fertility preservation services often involve significant upfront costs, exceeding \$10,000, with ongoing monthly storage charges. By mandating these services without comprehensive criteria or limitations, we risk elevating the cost of insurance coverage significantly for private employers and families.

Moreover, the long-term viability of preserved fertility samples, particularly those from very young children stored for multiple decades, remains questionable according to some scientific research. The bill does not sufficiently address these concerns or the complications arising from long-term storage, such as the disposition of embryos when individuals lose coverage or switch to a health plan that isn't regulated under state laws and doesn't cover storage.

We also find it concerning that this mandate would be imposed solely on private employers and families while exempting legislators and state employees from the cost of this coverage mandate. If it is deemed important enough to add to the cost of coverage for small employers, it should equally apply to Teacher Retirement System (TRS) and Employees Retirement System (ERS) coverage.



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To strengthen the bill, we recommend adding guardrails similar to those adopted by other states, such as limiting coverage to cases where cancer treatments may impair fertility. As filed, any treatment that could impact fertility—even if temporarily—would qualify a person for coverage under this mandate. Additionally, a cap on storage costs or even excluding storage costs should be considered since insurance is an annual benefit and may not be sustainable for covering long-term costs. States with this mandate have also limited the coverage requirement only to services that are not experimental.

While we share the goals of preserving and enhancing fertility options for those affected by serious illnesses, we believe that HB 1649, in its current form, may create undue burdens and costs. We urge the committee to oppose the bill in its current form or consider our recommendations. Thank you for your time and consideration. We look forward to working with you on this important issue.

Sincerely,

A handwritten signature in black ink that reads "Jamie Dudensing". The signature is written in a cursive, flowing style.

Jamie Dudensing, RN

CEO

Texas Association of Health Plans