

FACT SHEET

INSURANCE REQUIREMENTS: SB 1257



SB 1257 requires health insurance companies to cover “all possible adverse consequences related to [someone’s] gender transition procedure or treatment, including any short- or long-term side effects of the procedure or treatment.” The law also requires insurers to cover testing and screening, and “any procedure, treatment, or therapy necessary to manage, reverse, reconstruct from, or recover from [someone’s] gender transition procedure or treatment.”

- This law discriminates against transgender Texans and potentially spreads fear and misinformation about transgender health care. While every person deserves access to healthcare, SB 1257 singles out gender-affirming care and imposes unique requirements on health insurance providers that differ from all other types of healthcare. Regret rates for gender-affirming care are lower than most other types of medical care, with 99% of people who receive this care feeling happier, healthier, and able to live their authentic lives.¹
- SB 1257 does not usurp federal nondiscrimination protections. Although this law singles out gender-affirming care, it does not change the Affordable Care Act’s requirements that no insurance company can discriminate against someone based on sex, which multiple courts have found to include gender identity. Insurance companies cannot deny someone coverage for being transgender or discriminate against transgender Texans.

If you are impacted by SB 1257, please reach out to us at intake.aclutx.org.