By: Anchía

H.B. No. 1452

	A BILL TO BE ENTITLED
1	AN ACT
2	relating to insurance coverage for the disposition of embryonic and
3	fetal tissue remains.
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	SECTION 1. Title 9, Insurance Code, is amended by adding
6	Chapter 1702 to read as follows:
7	CHAPTER 1702. CERTAIN COVERAGE REQUIRED FOR DISPOSITION OF
8	EMBRYONIC AND FETAL TISSUE REMAINS
9	Sec. 1702.001. APPLICABILITY. (a) This chapter applies to
10	any issuer, sponsor, trustee, or third-party administrator of any
11	insurance policy, annuity or other contract, or group benefit plan
12	that provides a death benefit payable for the costs of cremation or
13	burial of a child of a named insured or beneficiary, including:
14	(1) an insurance company operating under Chapter 841;
15	(2) a statewide mutual assessment company operating
16	under Chapter 881;
17	(3) a mutual life insurance company operating under
18	Chapter 882;
19	(4) a stipulated premium insurance company operating
20	under Chapter 884;
21	(5) a fraternal benefit society operating under
22	Chapter 885;
23	(6) a local mutual aid association operating under
24	Chapter 886;

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1	(7) a burial association operating under Chapter 888;
2	(8) an employer or other group benefit plan sponsor,
3	regardless of whether the death benefit is provided through an
4	insurance policy or is self-insured;
5	(9) a voluntary association that holds a group life
6	insurance policy under Chapter 1578;
7	(10) a third-party administrator under Chapter 4151
8	for group benefits that include a death benefit; and
9	(11) a trustee of a trust-funded prepaid funeral
10	benefits contract regulated under Subchapter F, Chapter 154,
11	Finance Code.
12	(b) This chapter applies to a health benefit plan that
13	provides benefits for medical or surgical expenses incurred as a
14	result of a health condition, accident, or sickness, including an
15	individual, group, blanket, or franchise insurance policy or
16	insurance agreement, a group hospital service contract, or an
17	individual or group evidence of coverage or similar coverage
18	document that is issued in this state by:
19	(1) an insurance company;
20	(2) a group hospital service corporation operating
21	under Chapter 842;
22	(3) a health maintenance organization operating under
23	Chapter 843;
24	(4) an approved nonprofit health corporation that
25	holds a certificate of authority under Chapter 844;
26	(5) a multiple employer welfare arrangement that holds
27	a certificate of authority under Chapter 846;

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1	(6) a stipulated premium company operating under
2	Chapter 884;
3	(7) a fraternal benefit society operating under
4	Chapter 885;
5	(8) a Lloyd's plan operating under Chapter 941; or
6	(9) an exchange operating under Chapter 942.
7	(c) Notwithstanding any other law, this chapter applies to:
8	(1) a small employer health benefit plan subject to
9	Chapter 1501, including coverage provided through a health group
10	cooperative under Subchapter B of that chapter;
11	(2) a standard health benefit plan issued under
12	Chapter 1507;
13	(3) nonprofit agricultural organization health
14	benefits offered by a nonprofit agricultural organization under
15	Chapter 1682;
16	(4) alternative health benefit coverage offered by a
17	subsidiary of the Texas Mutual Insurance Company under Subchapter
18	<u>M, Chapter 2054;</u>
19	(5) health benefits provided by or through a church
20	benefits board under Subchapter I, Chapter 22, Business
21	Organizations Code;
22	(6) a regional or local health care program operated
23	under Section 75.104, Health and Safety Code; and
24	(7) a self-funded health benefit plan sponsored by a
25	professional employer organization under Chapter 91, Labor Code.
26	(d) This chapter does not apply to:
27	(1) a plan that provides coverage:

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1	(A) for wages or payments in lieu of wages for a
2	period during which an employee is absent from work because of
3	sickness or injury;
4	(B) as a supplement to a liability insurance
5	policy;
6	(C) for credit insurance;
7	(D) only for dental or vision care;
8	(E) only for hospital expenses; or
9	(F) only for indemnity for hospital confinement;
10	(2) a Medicare supplemental policy as defined by
11	Section 1882(g)(1), Social Security Act (42 U.S.C. Section
12	<u>1395ss(g)(1));</u>
13	(3) a workers' compensation insurance policy;
14	(4) medical payment insurance coverage provided under
15	a motor vehicle insurance policy;
16	(5) a long-term care policy, including a nursing home
17	fixed indemnity policy, unless the commissioner determines that the
18	policy provides benefit coverage so comprehensive that the policy
19	is a health benefit plan as described by Subsection (b) or (c); or
20	(6) the state Medicaid program, including the Medicaid
21	managed care program operated under Chapter 533, Government Code.
22	Sec. 1702.002. REQUIRED COVERAGE. (a) An entity to which
23	this chapter applies must provide a benefit or coverage for the cost
24	of disposition of embryonic and fetal tissue remains with a
25	post-fertilization age of 20 weeks or more.
26	(b) The manner of disposition for which coverage is required
27	by Subsection (a) includes:

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2 <u>(2)</u> cremation;

(1) interment;

3 (3) incineration followed by interment; and

4 (4) steam disinfection followed by interment.

SECTION 2. Chapter 1702, Insurance Code, as added by this 5 6 Act, applies only to an insurance policy, evidence of coverage, annuity or other contract, or group benefit plan that is delivered, 7 issued for delivery, or renewed on or after January 1, 2024. A 8 policy, evidence of coverage, annuity or other contract, or group 9 benefit plan delivered, issued for delivery, or renewed before 10 January 1, 2024, is governed by the law as it existed immediately 11 before the effective date of this Act, and that law is continued in 12 effect for that purpose. 13

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SECTION 3. This Act takes effect September 1, 2023.

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