

By: Cole

H.B. No. 3586

A BILL TO BE ENTITLED

1 AN ACT
2 relating to the coverage and provision of abortion and
3 contraception under a health benefit plan and certain programs
4 administered by this state.

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

6 SECTION 1. Section 32.024, Human Resources Code, is amended
7 by amending Subsection (e) and adding Subsection (mm) to read as
8 follows:

9 (e) The commission may not authorize the provision of any
10 service to any person under the program unless federal matching
11 funds are available to pay the cost of the service, except that the
12 commission shall provide abortion services and all FDA approved
13 forms of contraception, including device insertion and removal and
14 voluntary sterilization including vasectomies regardless of
15 whether federal matching funds are available to pay for the cost of
16 those services.

17 (mm) The commission shall provide abortion services and
18 contraception under the medical assistance program in accordance
19 with applicable state and federal law.

20 (1) Notwithstanding any other provision in this code,
21 abortion contraception and sterilization services shall not be
22 subject to:

23 (a) any cost sharing for those services,
24 including deductible or coinsurance. [B1]

1 (b) utilization review

2 (c) prior authorization or step-therapy
3 requirements; or

4 (d) any restrictions or delays on the coverage.

5 SECTION 2. Chapter 1218 Insurance Code, is amended to read
6 as follows:

7 CHAPTER 1218. COVERAGE FOR ELECTIVE ABORTION AND CONTRACEPTION;
8 ~~PROHIBITIONS AND REQUIREMENTS~~

9 Sec. 1218.001. DEFINITION. In this chapter, "elective
10 abortion" means an abortion, as defined by Section 245.002, Health
11 and Safety Code, other than an abortion performed due to a medical
12 emergency as defined by Section 171.002, Health and Safety Code.

13 Sec. 1218.002. APPLICABILITY OF CHAPTER. (a) This chapter
14 applies only to a health benefit plan that provides benefits for
15 medical or surgical expenses incurred as a result of a health
16 condition, accident, or sickness, including an individual, group,
17 blanket, or franchise insurance policy or insurance agreement, a
18 group hospital service contract, or an individual or group evidence
19 of coverage or similar coverage document that is offered by:

20 (1) an insurance company;

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

23 (3) a fraternal benefit society operating under
24 Chapter 885;

25 (4) a stipulated premium company operating under
26 Chapter 884;

27 (5) an exchange operating under Chapter 942;

1 (6) a health maintenance organization operating under
2 Chapter 843;

3 (7) a multiple employer welfare arrangement that holds
4 a certificate of authority under Chapter 846; or

5 (8) an approved nonprofit health corporation that
6 holds a certificate of authority under Chapter 844.

7 (b) This chapter applies to group health coverage made
8 available by a school district in accordance with Section 22.004,
9 Education Code.

10 (c) Notwithstanding any provision in Chapter 1551, 1575,
11 1579, or 1601 or any other law, this chapter applies to:

12 (1) a basic coverage plan under Chapter 1551;

13 (2) a basic plan under Chapter 1575;

14 (3) a primary care coverage plan under Chapter 1579;

15 and

16 (4) basic coverage under Chapter 1601.

17 (d) Notwithstanding Section 1501.251 or any other law, this
18 chapter applies to coverage under a small or large employer health
19 benefit plan subject to Chapter 1501.

20 (e) Notwithstanding Section 1507.003 or 1507.053 or any
21 other law, this chapter applies to a standard health benefit plan
22 provided under Chapter 1507.

23 Sec. 1218.003. CERTAIN COVERAGE NOT AFFECTED. This chapter
24 does not apply to health benefit plan coverage provided to an
25 enrollee for any abortion other than an elective abortion as
26 defined by Section 1218.001.

27 Sec. 1218.004. COVERAGE REQUIRED ~~BY HEALTH BENEFIT PLAN~~. A

1 health benefit plan shall ~~may~~ provide coverage for elective
2 abortion and all FDA approved forms of contraception, including
3 device insertion and removal and voluntary sterilization including
4 vasectomies ~~only if:~~ not subject to

5 (1) any cost sharing for those services, including
6 deductible or coinsurance. [B2] ~~the coverage is provided to an~~
7 ~~enrollee separately from other health benefit plan coverage offered~~
8 ~~by the health benefit plan issuer;~~

9 (2) utilization review ~~the enrollee pays the premium~~
10 ~~for coverage for elective abortion separately from, and in addition~~
11 ~~to, the premium for other health benefit plan coverage, if any; and~~

12 (3) prior authorization or step-therapy requirements;
13 ~~or the enrollee provides a signature for coverage for elective~~
14 ~~abortion, separately and distinct from the signature required for~~
15 ~~other health benefit plan coverage, if any, provided to the~~
16 ~~enrollee by the health benefit plan issuer.~~

17 (4) any restrictions or delays on the coverage.

18 ~~Sec. 1218.005. CALCULATION OF PREMIUM. (a) A health~~
19 ~~benefit plan issuer that provides coverage for elective abortion~~
20 ~~shall calculate the premium for the coverage so that the premium~~
21 ~~fully covers the estimated cost of elective abortion per enrollee,~~
22 ~~determined on an actuarial basis.~~

23 ~~(b) In calculating a premium under Subsection (a), the~~
24 ~~health benefit plan issuer may not take into account any cost~~
25 ~~savings in other health benefit plan coverage offered by the health~~
26 ~~benefit plan issuer that is estimated to result from coverage for~~
27 ~~elective abortion.~~

1 ~~(c) A health benefit plan issuer may not provide a premium~~
2 ~~discount to or reduce the premium for an enrollee for other health~~
3 ~~benefit plan coverage on the basis that the enrollee has coverage~~
4 ~~for elective abortion.~~

5 ~~Sec. 1218.006. NOTICE BY ISSUER. A health benefit plan~~
6 ~~issuer that provides coverage for elective abortion shall at the~~
7 ~~time of enrollment in other health benefit plan coverage provide~~
8 ~~each enrollee with a notice that:~~

9 ~~(1) coverage for elective abortion is optional and~~
10 ~~separate from other health benefit plan coverage offered by the~~
11 ~~health benefit plan issuer;~~

12 ~~(2) the premium cost for coverage for elective~~
13 ~~abortion is a premium paid separately from, and in addition to, the~~
14 ~~premium for other health benefit plan coverage offered by the~~
15 ~~health benefit plan issuer; and~~

16 ~~(3) the enrollee may enroll in a health benefit plan~~
17 ~~without obtaining coverage for elective abortion.~~

18 SECTION 3. The following provisions are repealed:

- 19 (1) Section 32.005, Health and Safety Code;
20 (2) Section 32.024(c-1), Human Resources Code;
21 (3) Subtitle M, Title 8, Insurance Code.

22 SECTION 4. If before implementing any provision of this Act
23 a state agency determines that a waiver or authorization from a
24 federal agency is necessary for implementation of that provision,
25 the agency affected by the provision shall request the waiver or
26 authorization and may delay implementing that provision until the
27 waiver or authorization is granted.

1 SECTION 5. This Act takes effect September 1, 2023.