By: Hinojosa

S.B. No. 1835

A BILL TO BE ENTITLED

AN ACT 2 relating to certain contract and notice requirements for the 3 cancellation of a health spa membership.

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

5 SECTION 1. Section 702.304, Occupations Code, is amended to 6 read as follows:

7 Sec. 702.304. CANCELLATION AND REFUND NOTICE. (a) Except 8 as provided by Subsection (b), a contract must state in at least 9 10-point type that is boldfaced, capitalized, underlined, or 10 otherwise conspicuously distinguished from surrounding written 11 material:

12 (1) "NOTICE TO PURCHASER: DO NOT SIGN THIS CONTRACT13 UNTIL YOU READ IT OR IF IT CONTAINS BLANK SPACES."

14 (2) "IF YOU DECIDE YOU DO NOT WISH TO REMAIN A MEMBER
15 OF THIS HEALTH SPA, YOU MAY CANCEL THIS CONTRACT BY <u>PROVIDING NOTICE</u>
16 [MAILING] TO THE HEALTH SPA BY MIDNIGHT OF THE THIRD BUSINESS DAY
17 AFTER THE DAY YOU SIGN THIS CONTRACT [A NOTICE] STATING YOUR DESIRE
18 TO CANCEL THIS CONTRACT. [THE WRITTEN NOTICE MUST BE MAILED BY
19 CERTIFIED MAIL TO THE FOLLOWING ADDRESS:

20

[(Address of the health spa home office).]"

(3) "IF AFTER MIDNIGHT OF THE THIRD BUSINESS DAY AFTER
 THE DAY YOU SIGN THIS CONTRACT YOU DECIDE YOU DO NOT WISH TO REMAIN A
 MEMBER OF THIS HEALTH SPA, YOU MAY CANCEL THIS CONTRACT BY PROVIDING
 30 DAYS' NOTICE TO THE HEALTH SPA."

(4) [(3)] "IF THE HEALTH SPA GOES OUT OF BUSINESS AND
 DOES NOT PROVIDE FACILITIES WITHIN 10 MILES OF THE FACILITY IN WHICH
 YOU ARE ENROLLED OR IF THE HEALTH SPA MOVES MORE THAN 10 MILES FROM
 THE FACILITY IN WHICH YOU ARE ENROLLED, YOU MAY:

5 (A) CANCEL THIS CONTRACT BY <u>PROVIDING</u> [MAILING BY 6 CERTIFIED MAIL A WRITTEN] NOTICE STATING YOUR DESIRE TO CANCEL THIS 7 CONTRACT, ACCOMPANIED BY PROOF OF PAYMENT ON THE CONTRACT TO THE 8 HEALTH SPA [AT THE FOLLOWING ADDRESS:

9

[(Address of the health spa home office)]; AND

(B) FILE A CLAIM FOR A REFUND OF YOUR UNUSED 10 MEMBERSHIP FEES AGAINST THE BOND OR OTHER SECURITY POSTED BY THE 11 HEALTH SPA WITH THE TEXAS SECRETARY OF STATE. TO MAKE A CLAIM 12 AGAINST THE SECURITY PROVIDE A COPY OF YOUR CONTRACT TOGETHER WITH 13 PROOF OF PAYMENTS MADE ON THE CONTRACT TO THE TEXAS SECRETARY OF 14 STATE. THE REQUIRED CLAIM INFORMATION MUST BE RECEIVED BY THE 15 16 SECRETARY OF STATE NOT LATER THAN THE 90TH DAY AFTER THE DATE NOTICE OF THE CLOSURE OR RELOCATION IS FIRST POSTED ON THE SECRETARY OF 17 STATE'S INTERNET WEBSITE." 18

19 (5) "IF YOU MOVE YOUR RESIDENCE MORE THAN 25 MILES FROM 20 <u>A HEALTH SPA OPERATED BY (insert: the name of the health spa</u> 21 registration holder), YOU MAY CANCEL THIS CONTRACT BY PROVIDING 22 <u>NOTICE TO THE HEALTH SPA STATING YOUR DESIRE TO CANCEL THIS</u> 23 <u>CONTRACT."</u>

(6) "IF ON A DOCTOR'S ORDER, YOU CANNOT PHYSICALLY
 RECEIVE THE SERVICES PROVIDED BY THE HEALTH SPA FOR A PERIOD OF MORE
 THAN THREE MONTHS BECAUSE OF A SIGNIFICANT PHYSICAL DISABILITY, YOU
 MAY CANCEL THIS CONTRACT BY PROVIDING NOTICE TO THE HEALTH SPA."

1 (7) [(4)] "IF YOU DIE OR BECOME TOTALLY AND 2 PERMANENTLY DISABLED AFTER THE DATE THIS CONTRACT TAKES EFFECT, YOU OR YOUR ESTATE MAY CANCEL THIS CONTRACT AND RECEIVE A PARTIAL REFUND 3 OF YOUR UNUSED MEMBERSHIP FEE BY PROVIDING [MAILING A] NOTICE TO THE 4 HEALTH SPA STATING YOUR DESIRE TO CANCEL THIS CONTRACT. THE HEALTH 5 SPA MAY REQUIRE PROOF OF DISABILITY OR DEATH. [THE WRITTEN NOTICE 6 7 MUST BE MAILED BY CERTIFIED MAIL TO THE FOLLOWING ADDRESS:

8

[(Address of the health spa home office).]"

9 (b) A health spa operator is required to include the 10 statement under Subsection <u>(a)(4)(B)</u> [(a)(3)(B)] in a contract only 11 if the operator is required to post security with the secretary of 12 state under Subchapter D.

13 (c) A health spa operator shall include a statement in a 14 contract that any notice provided by a member to cancel a contract 15 may be given to a health spa:

16 <u>(1) in person, by e-mail, by certified mail, or by</u> 17 <u>telephone; and</u>

18 (2) for a contract entered into through an Internet
19 website, through an Internet website.

20 SECTION 2. Section 702.307, Occupations Code, is amended to 21 read as follows:

Sec. 702.307. CANCELLATION OF CONTRACT FOR FULL REFUND. (a) A member may cancel a contract and receive a full refund of the payments made under the contract by <u>providing to the certificate</u> <u>holder for the health spa</u> [sending], not later than midnight of the third business day after the contract date, [written] notice of cancellation, accompanied by proof of payment made under the

1 contract[, by certified mail to the certificate holder's home
2 office].

3 (b) A certificate holder who receives notice under 4 Subsection (a) shall refund the payments made under the contract 5 not later than <u>48 hours</u> [the <u>30th day</u>] after the date notice is 6 received.

SECTION 3. Section 702.308, Occupations Code, is amended by amending Subsections (a), (b), and (c) and adding Subsections (a-1) and (a-2) to read as follows:

10 (a) <u>A member may cancel a contract and receive a refund of</u> 11 <u>unearned payments made under the contract by providing to the</u> 12 <u>certificate holder for the health spa 30 days' notice accompanied</u> 13 <u>by proof of payment made under the contract.</u>

14 <u>(a-1)</u> A member may cancel a contract and receive a refund of 15 unearned payments made under the contract by <u>providing</u> [sending 16 written] notice of cancellation, accompanied by proof of payment 17 made under the contract, [by certified mail] to the certificate 18 <u>holder for the health spa</u> [holder's home office] if the certificate 19 holder:

(1) closes the health spa and fails to provide alternative facilities not more than 10 miles from the location of the health spa;

(2) relocates the health spa more than 10 miles fromits location preceding the relocation; or

(3) fails to provide advertised services.
 (a-2) A member may cancel a contract and receive a refund of
 unearned payments made under the contract by providing notice of

1 cancellation, accompanied by proof of payment made under the 2 contract to the certificate holder for the health spa, if the 3 member:

4 (1) moves the member's residence more than 25 miles 5 from any health spa operated by the seller; or

6 (2) on a doctor's order, cannot physically receive the
7 services provided by the health spa for more than three months
8 because of a significant physical disability.

9 (b) A member who dies or becomes totally and permanently 10 disabled after the date a contract is entered into, or the member's estate, may cancel the contract and receive a refund of the unearned 11 payments made under the contract by providing to the certificate 12 13 holder for the health spa [sending written] notice of cancellation [by certified mail to the certificate holder's home office]. 14 The 15 certificate holder may require the member, or the member's estate, to provide reasonable proof of the member's death or disability. 16

(c) A certificate holder who receives notice under Subsection (a), (a-1), (a-2), or (b) shall refund the unearned payments made under the contract to the member, or the member's estate, as appropriate, not later <u>than 48 hours</u> [that the 30th day] after the date notice is received.

22

SECTION 4. This Act takes effect September 1, 2023.