By:Farney, Morrison, Smithee, Burkett,
Harless, et al.H.B. No. 3130Substitute the following for H.B. No. 3130:By:CookCookC.S.H.B. No. 3130

A BILL TO BE ENTITLED

1 AN ACT 2 relating to coverage provided by certain health plans and health 3 benefit plans for abortions. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS: 4 SECTION 1. Title 8, Insurance Code, is amended by adding 5 Subtitle L to read as follows: 6 7 SUBTITLE L. FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT CHAPTER 1692. COVERAGE FOR ABORTION; PROHIBITIONS AND REQUIREMENTS 8 9 Sec. 1692.001. DEFINITIONS. In this chapter: (1) "Abortion" has the meaning assigned by Section 10 171.002, Health and Safety Code. 11 (2) "Health benefit exchange" means an American Health 12 Benefit Exchange administered by the federal government or created 13 14 under Section 1311(b), Patient Protection and Affordable Care Act (42 U.S.C. <u>Section 18031(b))</u>. 15 16 (3) "Qualified health plan" has the meaning assigned by Section 1301(a), Patient Protection and Affordable Care Act (42 17 U.S.C. Section 18021(a)). 18 Sec. 1692.002. PROHIBITED COVERAGE THROUGH HEALTH BENEFIT 19 EXCHANGE. (a) A qualified health plan offered through a health 20 benefit exchange may not provide coverage for an abortion other 21 than coverage for an abortion performed when a life-threatening 22 23 physical condition exists, based on reasonable medical judgment, that complicates the medical condition of the pregnant woman or 24

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1	pregnant minor to an extent that:
2	(1) the immediate abortion of her pregnancy is
3	necessary to avert her death; or
4	(2) a delay in performing the abortion creates a
5	serious risk of substantial and irreversible physical impairment of
6	a major bodily function, other than a psychological or emotional
7	condition.
8	(b) Subsection (a) does not authorize coverage for an
9	abortion based on a potential future medical condition that may
10	result from a voluntary act of the woman or minor.
11	(c) This section does not prevent a person from purchasing
12	optional or supplemental coverage for abortion under a health
13	benefit plan other than a qualified health plan offered through a
14	health benefit exchange.
15	SECTION 2. Subtitle A, Title 8, Insurance Code, is amended
16	by adding Chapter 1218 to read as follows:
17	CHAPTER 1218. COVERAGE FOR ABORTION; PROHIBITIONS AND REQUIREMENTS
18	Sec. 1218.001. DEFINITION. In this chapter, "abortion" has
19	the meaning assigned by Section 171.002, Health and Safety Code.
20	Sec. 1218.002. APPLICABILITY OF CHAPTER. (a) This chapter
21	applies to group health coverage made available by a school
22	district in accordance with Section 22.004, Education Code.
23	(b) Notwithstanding any provision in Chapter 1551, 1575,
24	1579, or 1601 or any other law, this chapter applies to:
25	(1) a basic coverage plan under Chapter 1551;
26	(2) a basic plan under Chapter 1575;
27	(3) a primary care coverage plan under Chapter 1579;

1	and
2	(4) basic coverage under Chapter 1601.
3	Sec. 1218.003. COVERAGE BY HEALTH BENEFIT PLAN. (a) Except
4	as provided by Subsection (b), a health benefit plan may provide
5	coverage for abortion only if:
6	(1) the coverage is provided to an enrollee separately
7	from other health benefit plan coverage offered by the health
8	benefit plan issuer;
9	(2) an enrollee pays separately from, and in addition
10	to, the premium for other health benefit plan coverage a premium for
11	coverage for abortion; and
12	(3) an enrollee provides a signature for coverage for
13	abortion, separately and distinct from the signature required for
14	other health benefit plan coverage offered by the health benefit
15	<u>plan issuer.</u>
16	(b) Notwithstanding Subsection (a), a health benefit plan
17	may provide coverage for an abortion performed when a
18	life-threatening physical condition exists, based on the
19	performing physician's reasonable medical judgment, that
20	complicates the medical condition of a pregnant enrollee to the
21	extent that the abortion of her pregnancy is necessary to prevent
22	her death or a serious risk of substantial and irreversible
23	physical impairment of a major bodily function of the enrollee,
24	other than a psychological or emotional condition.
25	(c) Subsection (b) does not authorize coverage for an
26	abortion based on a potential future medical condition that may
27	result from a voluntary act of the enrollee.

Sec. 1218.004. CALCULATION OF PREMIUM. (a) A health 1 2 benefit plan issuer that provides coverage for abortion shall calculate the premium for the coverage so that the premium fully 3 covers the estimated cost of abortion per enrollee, determined on 4 5 an average actuarial basis. 6 (b) In calculating a premium under Subsection (a), the 7 health benefit plan issuer may not take into account any cost 8 savings in other health benefit plan coverage offered by the health benefit plan issuer that is estimated to result from coverage for 9 10 abortion, including costs associated with prenatal care, delivery, or postnatal care. 11 12 (c) A health benefit plan issuer that provides coverage other than coverage for abortion may not provide a premium discount 13 14 to or reduce the premium for an enrollee for coverage other than 15 coverage for abortion on the basis that the enrollee has health benefit plan coverage for abortion. 16 Sec. 1218.005. NOTICE BY ISSUER. A health benefit plan 17 issuer that provides coverage for abortion shall at the time of 18 19 enrollment in the health benefit plan provide each enrollee with a notice that: 20 21 (1) coverage for abortion is optional and separate from other health benefit plan coverage offered by the health 22 23 benefit plan issuer; 24 (2) the premium cost for coverage for abortion is a premium paid separately from, and in addition to, the premium for 25 26 other health benefit plan coverage offered by the health benefit 27 plan issuer; and

1 (3) the enrollee may enroll in a health benefit plan
2 that provides coverage other than coverage for abortion without
3 obtaining coverage for abortion.

<u>Sec. 1218.006. ACCEPTANCE OR REJECTION OF SUPPLEMENTAL</u>
<u>COVERAGE BY EMPLOYEES AND GROUP MEMBERS. Each employee or group</u>
<u>member participating in a health benefit plan subject to this</u>
<u>chapter must have an opportunity to accept or reject supplemental</u>
<u>coverage for abortion:</u>

9 (1) at the beginning of employment or when the group 10 member's coverage begins, as applicable; and

11 (2) at least one time in each calendar year after the 12 first year of employment or group coverage.

SECTION 3. (a) Chapter 1692, Insurance Code, as added by 13 14 this Act, applies only to a qualified health plan offered through a health benefit exchange that is delivered, issued for delivery, or 15 renewed on or after January 1, 2016. A qualified health plan 16 17 offered through a health benefit exchange that is delivered, issued for delivery, or renewed before January 1, 2016, is governed by the 18 law as it existed immediately before the effective date of this Act, 19 and that law is continued in effect for that purpose. 20

(b) Chapter 1218, Insurance Code, as added by this Act, applies only to a health benefit plan that is delivered, issued for delivery, or renewed for a plan year beginning on or after September 1, 2015. A health benefit plan that is delivered, issued for delivery, or renewed for a plan year beginning before September 1, 26 2015, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for

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1 that purpose.

2 SECTION 4. This Act takes effect September 1, 2015.