

By: Taylor of Galveston, et al.

S.B. No. 575

A BILL TO BE ENTITLED

AN ACT

relating to health plan and health benefit plan coverage for abortions.

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

SECTION 1. Title 8, Insurance Code, is amended by adding Subtitle L to read as follows:

SUBTITLE L. FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT

CHAPTER 1691. LEGISLATIVE CONSIDERATIONS

Sec. 1691.001. CONSTITUTIONALITY OF PATIENT PROTECTION AND AFFORDABLE CARE ACT. This subtitle does not constitute an acknowledgment by the legislature of the legitimacy of the Patient Protection and Affordable Care Act (Pub. L. No. 111-148) as a constitutional exercise of the power of the United States Congress.

CHAPTER 1692. COVERAGE FOR ABORTION; PROHIBITIONS AND REQUIREMENTS

Sec. 1692.001. DEFINITIONS. In this chapter:

(1) "Abortion" and "medical emergency" have the meanings assigned by Section 171.002, Health and Safety Code.

(2) "Health benefit exchange" means an American Health Benefit Exchange administered by the federal government or created under Section 1311(b) of the Patient Protection and Affordable Care Act (42 U.S.C. Section 18031(b)).

(3) "Qualified health plan" has the meaning assigned by Section 1301(a) of the Patient Protection and Affordable Care Act (42 U.S.C. Section 18021(a)).

1 Sec. 1692.002. PROHIBITED COVERAGE THROUGH HEALTH BENEFIT
2 EXCHANGE. (a) A qualified health plan offered through a health
3 benefit exchange may not provide coverage for an abortion other
4 than coverage for an abortion performed due to a medical emergency.

5 (b) Subsection (a) does not authorize coverage for an
6 abortion based on a potential future medical condition that may
7 result from a voluntary act of the woman or minor.

8 (c) This section does not prevent a person from purchasing
9 optional or supplemental coverage for abortions under a health
10 benefit plan other than a qualified health plan offered through a
11 health benefit exchange.

12 SECTION 2. Subtitle A, Title 8, Insurance Code, is amended
13 by adding Chapter 1218 to read as follows:

14 CHAPTER 1218. COVERAGE FOR ABORTION; PROHIBITIONS AND REQUIREMENTS

15 Sec. 1218.001. DEFINITIONS. In this chapter, "abortion"
16 and "medical emergency" have the meanings assigned by Section
17 171.002, Health and Safety Code.

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

25 (1) an insurance company;

26 (2) a group hospital service corporation operating
27 under Chapter 842;

1 (3) a fraternal benefit society operating under
2 Chapter 885;

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

5 (5) an exchange operating under Chapter 942;

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

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

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

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

15 (c) Notwithstanding any provision in Chapter 1551, 1575,
16 1579, or 1601 or any other law, this chapter applies to:

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

18 (2) a basic plan under Chapter 1575;

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

20 and

21 (4) basic coverage under Chapter 1601.

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

25 (e) Notwithstanding Section 1507.003 or 1507.053, this
26 chapter applies to a standard health benefit plan provided under
27 Chapter 1507.

1 Sec. 1218.003. COVERAGE BY HEALTH BENEFIT PLAN. (a) A
2 health benefit plan may provide coverage for abortion only if:

3 (1) the coverage is provided to an enrollee separately
4 from other health benefit plan coverage offered by the health
5 benefit plan issuer;

6 (2) an enrollee pays separately from, and in addition
7 to, the premium for other health benefit plan coverage a premium for
8 coverage for abortion;

9 (3) an enrollee provides a signature for coverage for
10 abortion, separately and distinct from the signature required for
11 other health benefit plan coverage offered by the health benefit
12 plan issuer; or

13 (4) the coverage provides benefits only for an
14 abortion performed due to a medical emergency.

15 (b) Subsection (a)(4) does not authorize coverage for an
16 abortion based on a potential future medical condition that may
17 result from a voluntary act of the enrollee.

18 Sec. 1218.004. CALCULATION OF PREMIUM. (a) A health
19 benefit plan issuer that provides coverage for abortion shall
20 calculate the premium for the coverage so that the premium fully
21 covers the estimated cost of abortion per enrollee, determined on
22 an average 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 abortion, including costs associated with prenatal care, delivery,

1 or postnatal care.

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

7 Sec. 1218.005. NOTICE BY ISSUER. A health benefit plan
8 issuer that provides coverage for abortion shall at the time of
9 enrollment in the health benefit plan provide each enrollee with a
10 notice that:

11 (1) coverage for abortion is optional and separate
12 from other health benefit plan coverage offered by the health
13 benefit plan issuer;

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

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

21 Sec. 1218.006. ACCEPTANCE OR REJECTION OF SUPPLEMENTAL
22 COVERAGE BY EMPLOYEES AND GROUP MEMBERS. If a small or large
23 employer health benefit plan or group health benefit plan offers
24 coverage for abortion, the employer offering the employer health
25 benefit plan or the entity offering the group health benefit plan
26 shall provide each employee or group member with an opportunity to
27 accept or reject supplemental coverage for abortion:

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

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

5 SECTION 3. This Act applies only to a qualified health plan
6 offered through a health benefit exchange or a health benefit plan
7 that is delivered, issued for delivery, or renewed on or after
8 January 1, 2016. A qualified health plan offered through a health
9 benefit exchange or a health benefit plan that is delivered, issued
10 for delivery, or renewed before January 1, 2016, is governed by the
11 law as it existed immediately before the effective date of this Act,
12 and that law is continued in effect for that purpose.

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