

1-1 By: Taylor of Galveston, Hall S.B. No. 575  
 1-2 (In the Senate - Filed February 13, 2015; February 23, 2015,  
 1-3 read first time and referred to Committee on State Affairs;  
 1-4 April 29, 2015, reported adversely, with favorable Committee  
 1-5 Substitute by the following vote: Yeas 7, Nays 1; April 29, 2015,  
 1-6 sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10		X		
1-11	X			
1-12	X			
1-13	X			
1-14	X			
1-15	X			
1-16	X			
1-17			X	

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 575 By: Schwertner

1-19 A BILL TO BE ENTITLED  
 1-20 AN ACT

1-21 relating to health plan and health benefit plan coverage for  
 1-22 abortions.

1-23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-24 SECTION 1. Title 8, Insurance Code, is amended by adding  
 1-25 Subtitle L to read as follows:

1-26 SUBTITLE L. FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT

1-27 CHAPTER 1691. LEGISLATIVE CONSIDERATIONS

1-28 Sec. 1691.001. CONSTITUTIONALITY OF PATIENT PROTECTION AND  
 1-29 AFFORDABLE CARE ACT. This subtitle does not constitute an  
 1-30 acknowledgment by the legislature of the legitimacy of the Patient  
 1-31 Protection and Affordable Care Act (Pub. L. No. 111-148) as a  
 1-32 constitutional exercise of the power of the United States Congress.  
 1-33 CHAPTER 1692. COVERAGE FOR ABORTION; PROHIBITIONS AND REQUIREMENTS

1-34 Sec. 1692.001. DEFINITIONS. In this chapter:

1-35 (1) "Abortion" and "medical emergency" have the  
 1-36 meanings assigned by Section 171.002, Health and Safety Code.

1-37 (2) "Health benefit exchange" means an American Health  
 1-38 Benefit Exchange administered by the federal government or created  
 1-39 under Section 1311(b) of the Patient Protection and Affordable Care  
 1-40 Act (42 U.S.C. Section 18031(b)).

1-41 (3) "Qualified health plan" has the meaning assigned  
 1-42 by Section 1301(a) of the Patient Protection and Affordable Care  
 1-43 Act (42 U.S.C. Section 18021(a)).

1-44 Sec. 1692.002. PROHIBITED COVERAGE THROUGH HEALTH BENEFIT  
 1-45 EXCHANGE. (a) A qualified health plan offered through a health  
 1-46 benefit exchange may not provide coverage for an abortion other  
 1-47 than coverage for an abortion performed due to a medical emergency.

1-48 (b) Subsection (a) does not authorize coverage for an  
 1-49 abortion based on a potential future medical condition that may  
 1-50 result from a voluntary act of the woman or minor.

1-51 (c) This section does not prevent a person from purchasing  
 1-52 optional or supplemental coverage for abortions under a health  
 1-53 benefit plan other than a qualified health plan offered through a  
 1-54 health benefit exchange.

1-55 SECTION 2. Subtitle A, Title 8, Insurance Code, is amended  
 1-56 by adding Chapter 1218 to read as follows:

1-57 CHAPTER 1218. COVERAGE FOR ABORTION; PROHIBITIONS AND REQUIREMENTS

1-58 Sec. 1218.001. DEFINITIONS. In this chapter, "abortion"  
 1-59 and "medical emergency" have the meanings assigned by Section  
 1-60 171.002, Health and Safety Code.

2-1           Sec. 1218.002. APPLICABILITY OF CHAPTER. (a) This chapter  
 2-2 applies only to a health benefit plan that provides benefits for  
 2-3 medical or surgical expenses incurred as a result of a health  
 2-4 condition, accident, or sickness, including an individual, group,  
 2-5 blanket, or franchise insurance policy or insurance agreement, a  
 2-6 group hospital service contract, or an individual or group evidence  
 2-7 of coverage or similar coverage document that is offered by:  
 2-8           (1) an insurance company;  
 2-9           (2) a group hospital service corporation operating  
 2-10 under Chapter 842;  
 2-11           (3) a fraternal benefit society operating under  
 2-12 Chapter 885;  
 2-13           (4) a stipulated premium company operating under  
 2-14 Chapter 884;  
 2-15           (5) an exchange operating under Chapter 942;  
 2-16           (6) a health maintenance organization operating under  
 2-17 Chapter 843;  
 2-18           (7) a multiple employer welfare arrangement that holds  
 2-19 a certificate of authority under Chapter 846; or  
 2-20           (8) an approved nonprofit health corporation that  
 2-21 holds a certificate of authority under Chapter 844.  
 2-22           (b) This chapter applies to group health coverage made  
 2-23 available by a school district in accordance with Section 22.004,  
 2-24 Education Code.  
 2-25           (c) Notwithstanding any provision in Chapter 1551, 1575,  
 2-26 1579, or 1601 or any other law, this chapter applies to:  
 2-27           (1) a basic coverage plan under Chapter 1551;  
 2-28           (2) a basic plan under Chapter 1575;  
 2-29           (3) a primary care coverage plan under Chapter 1579;  
 2-30 and  
 2-31           (4) basic coverage under Chapter 1601.  
 2-32           (d) Notwithstanding Section 1501.251 or any other law, this  
 2-33 chapter applies to coverage under a small or large employer health  
 2-34 benefit plan subject to Chapter 1501.  
 2-35           (e) Notwithstanding Section 1507.003 or 1507.053, this  
 2-36 chapter applies to a standard health benefit plan provided under  
 2-37 Chapter 1507.  
 2-38           Sec. 1218.003. COVERAGE BY HEALTH BENEFIT PLAN. (a) A  
 2-39 health benefit plan may provide coverage for abortion only if:  
 2-40           (1) the coverage is provided to an enrollee separately  
 2-41 from other health benefit plan coverage offered by the health  
 2-42 benefit plan issuer;  
 2-43           (2) an enrollee pays separately from, and in addition  
 2-44 to, the premium for other health benefit plan coverage a premium for  
 2-45 coverage for abortion;  
 2-46           (3) an enrollee provides a signature for coverage for  
 2-47 abortion, separately and distinct from the signature required for  
 2-48 other health benefit plan coverage offered by the health benefit  
 2-49 plan issuer; and  
 2-50           (4) the coverage provides benefits only for an  
 2-51 abortion performed due to a medical emergency.  
 2-52           (b) Subsection (a)(4) does not authorize coverage for an  
 2-53 abortion based on a potential future medical condition that may  
 2-54 result from a voluntary act of the enrollee.  
 2-55           Sec. 1218.004. CALCULATION OF PREMIUM. (a) A health  
 2-56 benefit plan issuer that provides coverage for abortion shall  
 2-57 calculate the premium for the coverage so that the premium fully  
 2-58 covers the estimated cost of abortion per enrollee, determined on  
 2-59 an average actuarial basis.  
 2-60           (b) In calculating a premium under Subsection (a), the  
 2-61 health benefit plan issuer may not take into account any cost  
 2-62 savings in other health benefit plan coverage offered by the health  
 2-63 benefit plan issuer that is estimated to result from coverage for  
 2-64 abortion, including costs associated with prenatal care, delivery,  
 2-65 or postnatal care.  
 2-66           (c) A health benefit plan issuer that provides coverage  
 2-67 other than coverage for abortion may not provide a premium discount  
 2-68 to or reduce the premium for an enrollee for coverage other than  
 2-69 coverage for abortion on the basis that the enrollee has health

3-1 benefit plan coverage for abortion.

3-2 Sec. 1218.005. NOTICE BY ISSUER. A health benefit plan  
3-3 issuer that provides coverage for abortion shall at the time of  
3-4 enrollment in the health benefit plan provide each enrollee with a  
3-5 notice that:

3-6 (1) coverage for abortion is optional and separate  
3-7 from other health benefit plan coverage offered by the health  
3-8 benefit plan issuer;

3-9 (2) the premium cost for coverage for abortion is a  
3-10 premium paid separately from, and in addition to, the premium for  
3-11 other health benefit plan coverage offered by the health benefit  
3-12 plan issuer; and

3-13 (3) the enrollee may enroll in a health benefit plan  
3-14 that provides coverage other than coverage for abortion without  
3-15 obtaining coverage for abortion.

3-16 Sec. 1218.006. ACCEPTANCE OR REJECTION OF SUPPLEMENTAL  
3-17 COVERAGE BY EMPLOYEES AND GROUP MEMBERS. If a small or large  
3-18 employer health benefit plan or group health benefit plan offers  
3-19 coverage for abortion, the employer offering the employer health  
3-20 benefit plan or the entity offering the group health benefit plan  
3-21 shall provide each employee or group member with an opportunity to  
3-22 accept or reject supplemental coverage for abortion:

3-23 (1) at the beginning of employment or when the group  
3-24 member's coverage begins, as applicable; and

3-25 (2) at least one time in each calendar year after the  
3-26 first year of employment or group coverage.

3-27 SECTION 3. This Act applies only to a qualified health plan  
3-28 offered through a health benefit exchange or a health benefit plan  
3-29 that is delivered, issued for delivery, or renewed on or after  
3-30 January 1, 2016. A qualified health plan offered through a health  
3-31 benefit exchange or a health benefit plan that is delivered, issued  
3-32 for delivery, or renewed before January 1, 2016, is governed by the  
3-33 law as it existed immediately before the effective date of this Act,  
3-34 and that law is continued in effect for that purpose.

3-35 SECTION 4. This Act takes effect September 1, 2015.

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