

BILL ANALYSIS

H.B. 214
By: Smithee
State Affairs
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Interested parties suggest that the state should do more to ensure that taxpayer funds are not used to cover the costs associated with health benefit plans that cover elective abortions and to provide choices for private insurance marketplace consumers who prefer not to purchase a plan that covers elective abortions. H.B. 214 seeks to prohibit certain qualified health plans from providing coverage for elective abortion.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

H.B. 214 amends the Insurance Code to prohibit a qualified health plan offered through a health benefit exchange administered by the federal government or created under the federal Patient Protection and Affordable Care Act from providing coverage for elective abortion. That prohibition expressly does not prevent a person from purchasing optional or supplemental coverage for elective abortion under a health benefit plan other than a qualified health plan offered through a health benefit exchange. The bill defines "elective abortion" as an abortion as that term is defined by the Texas Abortion Facility Reporting and Licensing Act other than an abortion performed due to a medical emergency, as that term is defined by the Woman's Right to Know Act. The bill also provides for the meaning of "health benefit exchange" and "qualified health plan."

H.B. 214 authorizes a health benefit plan to provide coverage for elective abortion only if the coverage is provided to an enrollee separately from other health benefit plan coverage offered by the health benefit plan issuer; the enrollee pays the premium for coverage for elective abortion separately from, and in addition to, the premium for other health benefit plan coverage, if any; and the enrollee provides a signature for coverage for elective abortion, separately and distinct from the signature required for other health benefit plan coverage, if any, provided to the enrollee by the health benefit plan issuer. The bill requires a health benefit plan issuer that provides coverage for elective abortion to calculate the premium for the coverage so that the premium fully covers the estimated cost of elective abortion per enrollee, determined on an actuarial basis. The bill prohibits the plan issuer, in calculating such a premium, from taking into account any cost savings in other health benefit plan coverage offered by the health benefit plan issuer that is estimated to result from coverage for elective abortion. The bill prohibits a plan issuer from providing a premium discount to or reducing the premium for an enrollee for other health benefit plan coverage on the basis that the enrollee has coverage for elective abortion.

H.B. 214 requires a health benefit plan issuer that provides coverage for elective abortion, at the time of enrollment in other health benefit plan coverage, to provide each enrollee with a notice that coverage for elective abortion is optional and separate from other health benefit plan coverage offered by the health benefit plan issuer; that the premium cost for coverage for elective abortion is a premium paid separately from, and in addition to, the premium for other health benefit plan coverage offered by the health benefit plan issuer; and that the enrollee may enroll in a health benefit plan without obtaining coverage for elective abortion. The bill establishes the applicability of its provisions and specifies that certain of its provisions do not apply to health benefit plan coverage provided to an enrollee for any abortion other than an elective abortion.

H.B. 214 applies only to a qualified health plan offered through a health benefit exchange or a health benefit plan that is delivered, issued for delivery, or renewed on or after April 1, 2018.

EFFECTIVE DATE

December 1, 2017.