

1-1 By: Smithee, et al. (Senate Sponsor - Creighton) H.B. No. 214
 1-2 (In the Senate - Received from the House August 9, 2017;
 1-3 August 9, 2017, read first time and referred to Committee on
 1-4 Business & Commerce; August 11, 2017, reported favorably by the
 1-5 following vote: Yeas 6, Nays 2; August 11, 2017, sent to printer.)

1-6 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-7				
1-8	X			
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 A BILL TO BE ENTITLED
 1-18 AN ACT

1-19 relating to health plan and health benefit plan coverage for
 1-20 elective abortion.

1-21 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-22 SECTION 1. Title 8, Insurance Code, is amended by adding
 1-23 Subtitle M to read as follows:

1-24 SUBTITLE M. FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT

1-25 CHAPTER 1695. LEGISLATIVE CONSIDERATIONS

1-26 Sec. 1695.001. CONSTITUTIONALITY OF PATIENT PROTECTION AND
 1-27 AFFORDABLE CARE ACT. This subtitle does not constitute an
 1-28 acknowledgment by the legislature of the legitimacy of the Patient
 1-29 Protection and Affordable Care Act (Pub. L. No. 111-148) as a
 1-30 constitutional exercise of the power of the United States Congress.

1-31 CHAPTER 1696. COVERAGE FOR ELECTIVE ABORTION; PROHIBITIONS AND
 1-32 REQUIREMENTS

1-33 Sec. 1696.001. DEFINITIONS. In this chapter:

1-34 (1) "Elective abortion" means an abortion, as defined
 1-35 by Section 245.002, Health and Safety Code, other than an abortion
 1-36 performed due to a medical emergency as defined by Section 171.002,
 1-37 Health and Safety Code.

1-38 (2) "Health benefit exchange" means an American Health
 1-39 Benefit Exchange administered by the federal government or created
 1-40 under Section 1311(b) of the Patient Protection and Affordable Care
 1-41 Act (42 U.S.C. Section 18031(b)).

1-42 (3) "Qualified health plan" has the meaning assigned
 1-43 by Section 1301(a) of the Patient Protection and Affordable Care
 1-44 Act (42 U.S.C. Section 18021(a)).

1-45 Sec. 1696.002. PROHIBITED COVERAGE THROUGH HEALTH BENEFIT
 1-46 EXCHANGE. (a) A qualified health plan offered through a health
 1-47 benefit exchange may not provide coverage for elective abortion.

1-48 (b) This section does not prevent a person from purchasing
 1-49 optional or supplemental coverage for elective abortion under a
 1-50 health benefit plan other than a qualified health plan offered
 1-51 through a health benefit exchange.

1-52 SECTION 2. Subtitle A, Title 8, Insurance Code, is amended
 1-53 by adding Chapter 1218 to read as follows:

1-54 CHAPTER 1218. COVERAGE FOR ELECTIVE ABORTION; PROHIBITIONS AND
 1-55 REQUIREMENTS

1-56 Sec. 1218.001. DEFINITION. In this chapter, "elective
 1-57 abortion" means an abortion, as defined by Section 245.002, Health
 1-58 and Safety Code, other than an abortion performed due to a medical
 1-59 emergency as defined by Section 171.002, Health and Safety Code.

1-60 Sec. 1218.002. APPLICABILITY OF CHAPTER. (a) This chapter
 1-61 applies only to a health benefit plan that provides benefits for

2-1 medical or surgical expenses incurred as a result of a health
 2-2 condition, accident, or sickness, including an individual, group,
 2-3 blanket, or franchise insurance policy or insurance agreement, a
 2-4 group hospital service contract, or an individual or group evidence
 2-5 of coverage or similar coverage document that is offered by:
 2-6 (1) an insurance company;
 2-7 (2) a group hospital service corporation operating
 2-8 under Chapter 842;
 2-9 (3) a fraternal benefit society operating under
 2-10 Chapter 885;
 2-11 (4) a stipulated premium company operating under
 2-12 Chapter 884;
 2-13 (5) an exchange operating under Chapter 942;
 2-14 (6) a health maintenance organization operating under
 2-15 Chapter 843;
 2-16 (7) a multiple employer welfare arrangement that holds
 2-17 a certificate of authority under Chapter 846; or
 2-18 (8) an approved nonprofit health corporation that
 2-19 holds a certificate of authority under Chapter 844.
 2-20 (b) This chapter applies to group health coverage made
 2-21 available by a school district in accordance with Section 22.004,
 2-22 Education Code.
 2-23 (c) Notwithstanding any provision in Chapter 1551, 1575,
 2-24 1579, or 1601 or any other law, this chapter applies to:
 2-25 (1) a basic coverage plan under Chapter 1551;
 2-26 (2) a basic plan under Chapter 1575;
 2-27 (3) a primary care coverage plan under Chapter 1579;
 2-28 and
 2-29 (4) basic coverage under Chapter 1601.
 2-30 (d) Notwithstanding Section 1501.251 or any other law, this
 2-31 chapter applies to coverage under a small or large employer health
 2-32 benefit plan subject to Chapter 1501.
 2-33 (e) Notwithstanding Section 1507.003 or 1507.053 or any
 2-34 other law, this chapter applies to a standard health benefit plan
 2-35 provided under Chapter 1507.
 2-36 Sec. 1218.003. CERTAIN COVERAGE NOT AFFECTED. This chapter
 2-37 does not apply to health benefit plan coverage provided to an
 2-38 enrollee for any abortion other than an elective abortion as
 2-39 defined by Section 1218.001.
 2-40 Sec. 1218.004. COVERAGE BY HEALTH BENEFIT PLAN. A health
 2-41 benefit plan may provide coverage for elective abortion only if:
 2-42 (1) the coverage is provided to an enrollee separately
 2-43 from other health benefit plan coverage offered by the health
 2-44 benefit plan issuer;
 2-45 (2) the enrollee pays the premium for coverage for
 2-46 elective abortion separately from, and in addition to, the premium
 2-47 for other health benefit plan coverage, if any; and
 2-48 (3) the enrollee provides a signature for coverage for
 2-49 elective abortion, separately and distinct from the signature
 2-50 required for other health benefit plan coverage, if any, provided
 2-51 to the enrollee by the health benefit plan issuer.
 2-52 Sec. 1218.005. CALCULATION OF PREMIUM. (a) A health
 2-53 benefit plan issuer that provides coverage for elective abortion
 2-54 shall calculate the premium for the coverage so that the premium
 2-55 fully covers the estimated cost of elective abortion per enrollee,
 2-56 determined on an actuarial basis.
 2-57 (b) In calculating a premium under Subsection (a), the
 2-58 health benefit plan issuer may not take into account any cost
 2-59 savings in other health benefit plan coverage offered by the health
 2-60 benefit plan issuer that is estimated to result from coverage for
 2-61 elective abortion.
 2-62 (c) A health benefit plan issuer may not provide a premium
 2-63 discount to or reduce the premium for an enrollee for other health
 2-64 benefit plan coverage on the basis that the enrollee has coverage
 2-65 for elective abortion.
 2-66 Sec. 1218.006. NOTICE BY ISSUER. A health benefit plan
 2-67 issuer that provides coverage for elective abortion shall at the
 2-68 time of enrollment in other health benefit plan coverage provide
 2-69 each enrollee with a notice that:

3-1 (1) coverage for elective abortion is optional and
3-2 separate from other health benefit plan coverage offered by the
3-3 health benefit plan issuer;

3-4 (2) the premium cost for coverage for elective
3-5 abortion is a premium paid separately from, and in addition to, the
3-6 premium for other health benefit plan coverage offered by the
3-7 health benefit plan issuer; and

3-8 (3) the enrollee may enroll in a health benefit plan
3-9 without obtaining coverage for elective abortion.

3-10 SECTION 3. This Act applies only to a qualified health plan
3-11 offered through a health benefit exchange or a health benefit plan
3-12 that is delivered, issued for delivery, or renewed on or after April
3-13 1, 2018. A qualified health plan offered through a health benefit
3-14 exchange or a health benefit plan that is delivered, issued for
3-15 delivery, or renewed before April 1, 2018, is governed by the law as
3-16 it existed immediately before the effective date of this Act, and
3-17 that law is continued in effect for that purpose.

3-18 SECTION 4. This Act takes effect December 1, 2017.

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