

By: Creighton, et al.

S.B. No. 8

A BILL TO BE ENTITLED

AN ACT

relating to health plan and health benefit plan coverage for  
elective abortion.

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

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

SUBTITLE M. FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT

CHAPTER 1695. LEGISLATIVE CONSIDERATIONS

Sec. 1695.001. 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 1696. COVERAGE FOR ELECTIVE ABORTION; PROHIBITIONS AND  
REQUIREMENTS

Sec. 1696.001. DEFINITIONS. In this chapter:

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



1 under Chapter 842;

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

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

6 (5) an exchange operating under Chapter 942;

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

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

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

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

16 (c) Notwithstanding any provision in Chapter 1551, 1575,  
17 1579, or 1601 or any other law, this chapter applies to:

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

19 (2) a basic plan under Chapter 1575;

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

21 and

22 (4) basic coverage under Chapter 1601.

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

26 (e) Notwithstanding Section 1507.003 or 1507.053 or any  
27 other law, this chapter applies to a standard health benefit plan

1 provided under Chapter 1507.

2 Sec. 1218.003. CERTAIN COVERAGE NOT AFFECTED. This chapter  
3 does not apply to health benefit plan coverage provided to an  
4 enrollee for any abortion other than an elective abortion as  
5 defined by Section 1218.001.

6 Sec. 1218.004. COVERAGE BY HEALTH BENEFIT PLAN. A health  
7 benefit plan may provide coverage for elective abortion only if:

8 (1) the coverage is provided to an enrollee separately  
9 from other health benefit plan coverage offered by the health  
10 benefit plan issuer;

11 (2) the enrollee pays the premium for coverage for  
12 elective abortion separately from, and in addition to, the premium  
13 for other health benefit plan coverage, if any; and

14 (3) the enrollee provides a signature for coverage for  
15 elective abortion, separately and distinct from the signature  
16 required for other health benefit plan coverage, if any, provided  
17 to the enrollee by the health benefit plan issuer.

18 Sec. 1218.005. CALCULATION OF PREMIUM. (a) A health  
19 benefit plan issuer that provides coverage for elective abortion  
20 shall calculate the premium for the coverage so that the premium  
21 fully covers the estimated cost of elective abortion per enrollee,  
22 determined on an 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 elective abortion.

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

5        Sec. 1218.006. NOTICE BY ISSUER. A health benefit plan  
6 issuer that provides coverage for elective abortion shall at the  
7 time of enrollment in other health benefit plan coverage provide  
8 each enrollee with a notice that:

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

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

16            (3) the enrollee may enroll in a health benefit plan  
17 without obtaining coverage for elective abortion.

18        SECTION 3. This Act applies only to a qualified health plan  
19 offered through a health benefit exchange or a health benefit plan  
20 that is delivered, issued for delivery, or renewed on or after April  
21 1, 2018. A qualified health plan offered through a health benefit  
22 exchange or a health benefit plan that is delivered, issued for  
23 delivery, or renewed before April 1, 2018, is governed by the law as  
24 it existed immediately before the effective date of this Act, and  
25 that law is continued in effect for that purpose.

26        SECTION 4. This Act takes effect December 1, 2017.