

Amend **HB 3124** (senate committee printing) as follows:

(1) Add the following appropriately numbered SECTIONS to the bill:

SECTION \_\_\_\_\_. 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 ABORTION; PROHIBITIONS AND REQUIREMENTS

Sec. 1696.001. 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)).

Sec. 1696.002. PROHIBITED COVERAGE THROUGH HEALTH BENEFIT EXCHANGE. (a) A qualified health plan offered through a health benefit exchange may not provide coverage for an abortion other than coverage for an abortion performed due to a medical emergency.

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

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

CHAPTER 1218. COVERAGE FOR ABORTION; PROHIBITIONS AND REQUIREMENTS

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

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

- (1) an insurance company;
- (2) a group hospital service corporation operating under Chapter 842;
- (3) a fraternal benefit society operating under Chapter 885;
- (4) a stipulated premium company operating under Chapter 884;
- (5) an exchange operating under Chapter 942;
- (6) a health maintenance organization operating under Chapter 843;
- (7) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846; or
- (8) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844.

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

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

- (1) a basic coverage plan under Chapter 1551;
  - (2) a basic plan under Chapter 1575;
  - (3) a primary care coverage plan under Chapter 1579;
- and
- (4) basic coverage under Chapter 1601.

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

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

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

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

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

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

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

Sec. 1218.004. CALCULATION OF PREMIUM. (a) A health benefit plan issuer that provides coverage for abortion shall calculate the premium for the coverage so that the premium fully covers the estimated cost of abortion per enrollee, determined on an actuarial basis.

(b) In calculating a premium under Subsection (a), the health benefit plan issuer may not take 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 abortion.

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

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

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

(2) the premium cost for coverage for 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

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

SECTION \_\_\_\_\_. Chapters 1696 and 1218, Insurance Code, as added by this Act, apply 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 January 1, 2018. A qualified health plan offered through a health benefit exchange or a health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2018, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

(2) In SECTION 9 of the bill adding transition language (page 4, line 65), strike "The change in law made by this Act" and substitute "Chapter 1460, Insurance Code, as amended by this Act,".

(3) Renumber SECTIONS of the bill appropriately.