

1-1 By: Taylor of Galveston, et al. S.B. No. 20  
 1-2 (In the Senate - Filed January 6, 2017; January 24, 2017,  
 1-3 read first time and referred to Committee on Business & Commerce;  
 1-4 March 16, 2017, reported adversely, with favorable Committee  
 1-5 Substitute by the following vote: Yeas 7, Nays 1; March 16, 2017,  
 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. 20 By: Taylor of Galveston

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 M to read as follows:

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

1-27 CHAPTER 1695. LEGISLATIVE CONSIDERATIONS

1-28 Sec. 1695.001. 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 1696. COVERAGE FOR ABORTION; PROHIBITIONS AND REQUIREMENTS

1-34 Sec. 1696.001. 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. 1696.002. 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) This section does not prevent a person from purchasing  
 1-49 optional or supplemental coverage for abortions under a health  
 1-50 benefit plan other than a qualified health plan offered through a  
 1-51 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 ABORTION; PROHIBITIONS AND REQUIREMENTS

1-55 Sec. 1218.001. DEFINITIONS. In this chapter, "abortion"  
 1-56 and "medical emergency" have the meanings assigned by Section  
 1-57 171.002, Health and Safety Code.

1-58 Sec. 1218.002. APPLICABILITY OF CHAPTER. (a) This chapter  
 1-59 applies only to a health benefit plan that provides benefits for  
 1-60 medical or surgical expenses incurred as a result of a health

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

3-1 benefit plan issuer;  
3-2 (2) the premium cost for coverage for abortion is a  
3-3 premium paid separately from, and in addition to, the premium for  
3-4 other health benefit plan coverage offered by the health benefit  
3-5 plan issuer; and

3-6 (3) the enrollee may enroll in a health benefit plan  
3-7 that provides coverage other than coverage for abortion without  
3-8 obtaining coverage for abortion.

3-9 SECTION 3. This Act applies only to a qualified health plan  
3-10 offered through a health benefit exchange or a health benefit plan  
3-11 that is delivered, issued for delivery, or renewed on or after  
3-12 January 1, 2018. A qualified health plan offered through a health  
3-13 benefit exchange or a health benefit plan that is delivered, issued  
3-14 for delivery, or renewed before January 1, 2018, is governed by the  
3-15 law as it existed immediately before the effective date of this Act,  
3-16 and that law is continued in effect for that purpose.

3-17 SECTION 4. This Act takes effect September 1, 2017.

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