

By: Anchia

H.B. No. 4420

A BILL TO BE ENTITLED

AN ACT

relating to insurance coverage for the disposition of embryonic and fetal tissue remains.

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

SECTION 1. Title 9, Insurance Code, is amended by adding Chapter 1702 to read as follows:

CHAPTER 1702. CERTAIN COVERAGE REQUIRED FOR DISPOSITION OF  
EMBRYONIC AND FETAL TISSUE REMAINS

Sec. 1702.001. APPLICABILITY. (a) This chapter applies to any issuer, sponsor, trustee, or third-party administrator of any insurance policy, annuity or other contract, or group benefit plan that provides a death benefit payable for the costs of cremation or burial of a child of a named insured or beneficiary, including:

- (1) an insurance company operating under Chapter 841;
- (2) a statewide mutual assessment company operating under Chapter 881;
- (3) a mutual life insurance company operating under Chapter 882;
- (4) a stipulated premium insurance company operating under Chapter 884;
- (5) a fraternal benefit society operating under Chapter 885;
- (6) a local mutual aid association operating under Chapter 886;

1           (7) a burial association operating under Chapter 888;

2           (8) an employer or other group benefit plan sponsor,  
3 regardless of whether the death benefit is provided through an  
4 insurance policy or is self-insured;

5           (9) a voluntary association that holds a group life  
6 insurance policy under Chapter 1578;

7           (10) a third-party administrator under Chapter 4151  
8 for group benefits that include a death benefit; and

9           (11) a trustee of a trust-funded prepaid funeral  
10 benefits contract regulated under Subchapter F, Chapter 154,  
11 Finance Code.

12           (b) This chapter applies to a health benefit plan that  
13 provides benefits for medical or surgical expenses incurred as a  
14 result of pregnancy, including an individual, group, blanket, or  
15 franchise insurance policy or insurance agreement, a group hospital  
16 service contract, or an individual or group evidence of coverage or  
17 similar coverage document that is issued in this state by:

18           (1) an insurance company;

19           (2) a group hospital service corporation operating  
20 under Chapter 842;

21           (3) a health maintenance organization operating under  
22 Chapter 843;

23           (4) an approved nonprofit health corporation that  
24 holds a certificate of authority under Chapter 844;

25           (5) a multiple employer welfare arrangement that holds  
26 a certificate of authority under Chapter 846;

27           (6) a stipulated premium company operating under

Chapter 884;

(7) a fraternal benefit society operating under Chapter 885;

(8) a Lloyd's plan operating under Chapter 941; or  
(9) an exchange operating under Chapter 942.

(b) Notwithstanding any other law, this chapter applies to:

(1) a small employer health benefit plan subject to Chapter 1501, including coverage provided through a health group cooperative under Subchapter B of that chapter;

(2) a standard health benefit plan issued under Chapter 1507;

(3) health benefits provided by or through a church benefits board under Subchapter I, Chapter 22, Business Organizations Code;

(4) a regional or local health care program operated under Section 75.104, Health and Safety Code; and

(5) a self-funded health benefit plan sponsored by a professional employer organization under Chapter 91, Labor Code.

(c) This chapter does not apply to:

(1) a plan that provides coverage:

(A) for wages or payments in lieu of wages for a period during which an employee is absent from work because of sickness or injury;

(B) as a supplement to a liability insurance policy;

(C) for credit insurance;

(D) only for dental or vision care;

1                   (E) only for hospital expenses; or

2                   (F) only for indemnity for hospital confinement;

3                   (2) a Medicare supplemental policy as defined by  
4 Section 1882(g)(1), Social Security Act (42 U.S.C. Section  
5 1395ss(g)(1));

6                   (3) a workers' compensation insurance policy;

7                   (4) medical payment insurance coverage provided under  
8 a motor vehicle insurance policy; or

9                   (5) a long-term care policy, including a nursing home  
10 fixed indemnity policy, unless the commissioner determines that the  
11 policy provides benefit coverage so comprehensive that the policy  
12 is a health benefit plan as described by Section 1366.001.

13               Sec. 1702.002. REQUIRED COVERAGE. An entity to which this  
14 chapter applies must provide a benefit or coverage for the cost of  
15 disposition of embryonic and fetal tissue remains in the manner  
16 required under Section 697.004, Health and Safety Code.

17               SECTION 2. Chapter 1702, Insurance Code, as added by this  
18 Act, applies only to an insurance policy, evidence of coverage,  
19 annuity or other contract, or group benefit plan that is delivered,  
20 issued for delivery, or renewed on or after January 1, 2020. A  
21 policy, evidence of coverage, annuity or other contract, or group  
22 benefit plan delivered, issued for delivery, or renewed before  
23 January 1, 2020, is governed by the law as it existed immediately  
24 before the effective date of this Act, and that law is continued in  
25 effect for that purpose.

26               SECTION 3. This Act takes effect September 1, 2019.