By: Howard H.B. No. 609

A BILL TO BE ENTITLED

1	AN ACT
2	relating to health benefit plan coverage for laparoscopic removal
3	of uterine fibroids.
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	SECTION 1. Subtitle E, Title 8, Insurance Code, is amended
6	by adding Chapter 1372 to read as follows:
7	CHAPTER 1372. COVERAGE FOR LAPAROSCOPIC REMOVAL OF UTERINE FIBROIDS
8	Sec. 1372.001. APPLICABILITY OF CHAPTER. (a) This chapter
9	applies only to a health benefit plan that provides benefits for
10	medical or surgical expenses incurred as a result of a health
11	condition, accident, or sickness, including an individual, group,
12	blanket, or franchise insurance policy or insurance agreement, a
13	group hospital service contract, or an individual or group evidence
14	of coverage or similar coverage document that is offered by:
15	(1) an insurance company;
16	(2) a group hospital service corporation operating
17	under Chapter 842;
18	(3) a health maintenance organization operating under
19	Chapter 843;
20	(4) an approved nonprofit health corporation that
21	holds a certificate of authority under Chapter 844;
22	(5) a multiple employer welfare arrangement that holds
23	a certificate of authority under Chapter 846;
24	(6) a stipulated premium company operating under

H.B. No. 609

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   Chapter 884;
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               (7) a fraternal benefit society operating under
   Chapter 885;
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               (8) a Lloyd's plan operating under Chapter 941; or
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               (9) an exchange operating under Chapter 942.
         (b) Notwithstanding any other law, this chapter applies to:
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               (1) a small employer health benefit plan subject to
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   Chapter 1501, including coverage provided through a health group
   cooperative under Subchapter B of that chapter;
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               (2) a standard health benefit plan issued under
   Chapter 1507;
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               (3) a basic coverage plan under Chapter 1551;
               (4) a basic plan under Chapter 1575;
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               (5) a primary care coverage plan under Chapter 1579;
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               (6) a plan providing basic coverage under Chapter
16
   1601;
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               (7) health benefits provided by or through a church
   benefits board under Subchapter I, Chapter 22, Business
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   Organizations Code;
               (8) the state Medicaid program, including the Medicaid
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   managed care program operated under Chapter 533, Government Code;
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               (9) the child health plan program under Chapter 62,
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   Health and Safety Code;
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               (10) a regional or local health care program operated
25
   under Section 75.104, Health and Safety Code;
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               (11) a self-funded health benefit plan sponsored by a
   professional employer organization under Chapter 91, Labor Code;
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H.B. No. 609

- 1 (12) county employee group health benefits provided
- 2 under Chapter 157, Local Government Code; and
- 3 (13) health and accident coverage provided by a risk
- 4 pool created under Chapter 172, Local Government Code.
- 5 Sec. 1372.002. COVERAGE REQUIRED. A health benefit plan
- 6 that provides coverage for hysterectomy or myomectomy must provide
- 7 coverage for laparoscopic removal of uterine fibroids, including
- 8 intraoperative ultrasound guidance and monitoring and
- 9 radiofrequency ablation.
- 10 SECTION 2. Chapter 1372, Insurance Code, as added by this
- 11 Act, applies only to a health benefit plan that is delivered, issued
- 12 for delivery, or renewed on or after January 1, 2022. A health
- 13 benefit plan delivered, issued for delivery, or renewed before
- 14 January 1, 2022, is governed by the law as it existed immediately
- 15 before the effective date of this Act, and that law is continued in
- 16 effect for that purpose.
- 17 SECTION 3. This Act takes effect September 1, 2021.