

By: Meza

H.B. No. 2753

A BILL TO BE ENTITLED

AN ACT

relating to coverage for conversion therapy by a health benefit plan offered by a public employer.

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

SECTION 1. Subtitle E, Title 8, Insurance Code, is amended by adding Chapter 1381 to read as follows:

CHAPTER 1381. PROHIBITION ON COVERAGE OF CONVERSION THERAPY

Sec. 1381.001. DEFINITIONS. In this chapter:

(1) "Conversion therapy" means a practice or treatment provided to a person by a health care provider or nonprofit organization that seeks to:

(A) change the person's sexual orientation, including by attempting to change the person's behavior or gender identity or expression; or

(B) eliminate or reduce the person's sexual or romantic attractions or feelings toward individuals of the same sex.

(2) "Gender identity or expression" means a person's having, or being perceived as having, a gender-related identity, appearance, expression, or behavior, whether or not that identity, appearance, expression, or behavior is different from that commonly associated with the person's assigned sex at birth.

(3) "Public employer" has the meaning assigned by Section 619.001, Government Code.

1 (4) "Sexual orientation" means the actual or perceived
2 status of a person with respect to the person's sexuality.

3 Sec. 1381.002. APPLICABILITY OF CHAPTER. (a) This chapter
4 applies only to a health benefit plan offered to employees by a
5 public employer that provides benefits for medical or surgical
6 expenses incurred as a result of a health condition, accident, or
7 sickness, including an individual, group, blanket, or franchise
8 insurance policy or insurance agreement, a group hospital service
9 contract, or an individual or group evidence of coverage or similar
10 coverage document that is issued by:

11 (1) an insurance company;

12 (2) a group hospital service corporation operating
13 under Chapter 842;

14 (3) a health maintenance organization operating under
15 Chapter 843;

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

18 (5) a multiple employer welfare arrangement that holds
19 a certificate of authority under Chapter 846; or

20 (6) a stipulated premium company operating under
21 Chapter 884.

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

23 (1) a small employer health benefit plan subject to
24 Chapter 1501, including coverage provided through a health group
25 cooperative under Subchapter B of that chapter, if offered by a
26 public employer;

27 (2) a standard health benefit plan issued under

1 Chapter 1507, if offered by a public employer;

2 (3) a basic coverage plan under Chapter 1551;

3 (4) a basic plan under Chapter 1575;

4 (5) a primary care coverage plan under Chapter 1579;

5 (6) a plan providing basic coverage under Chapter
6 1601;

7 (7) a regional or local health care program operated
8 under Section 75.104, Health and Safety Code, if offered by a public
9 employer;

10 (8) county employee group health benefits provided
11 under Chapter 157, Local Government Code; and

12 (9) health and accident coverage provided by a risk
13 pool created under Chapter 172, Local Government Code.

14 Sec. 1381.003. PROHIBITED COVERAGE. A health benefit plan
15 to which this chapter applies may not provide coverage for
16 conversion therapy.

17 SECTION 2. The change in law made by this Act applies only
18 to a health benefit plan that is delivered, issued for delivery, or
19 renewed on or after January 1, 2022. A health benefit plan that is
20 delivered, issued for delivery, or renewed before January 1, 2022,
21 is governed by the law as it existed immediately before the
22 effective date of this Act, and that law is continued in effect for
23 that purpose.

24 SECTION 3. This Act takes effect September 1, 2021.