

By: Meza

H.B. No. 496

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for conversion therapy.

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

SECTION 1. Subtitle E, Title 8, Insurance Code, is amended by adding Chapter 1372 to read as follows:

CHAPTER 1372. PROHIBITION ON COVERAGE OF CONVERSION THERAPY

Sec. 1372.001. 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) "Sexual orientation" means the actual or perceived status of a person with respect to the person's sexuality.

Sec. 1372.002. APPLICABILITY OF CHAPTER. (a) This chapter

1 applies only to a health benefit plan that provides benefits for
2 medical or surgical expenses incurred as a result of a health
3 condition, accident, or sickness, including an individual, group,
4 blanket, or franchise insurance policy or insurance agreement, a
5 group hospital service contract, or an individual or group evidence
6 of coverage or similar coverage document that is offered by:

7 (1) an insurance company;

8 (2) a group hospital service corporation operating
9 under Chapter 842;

10 (3) a health maintenance organization operating under
11 Chapter 843;

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

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

16 (6) a stipulated premium company operating under
17 Chapter 884;

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

20 (8) a Lloyd's plan operating under Chapter 941; or

21 (9) an exchange operating under Chapter 942.

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;

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

- 1 (3) a basic coverage plan under Chapter 1551;
- 2 (4) a basic plan under Chapter 1575;
- 3 (5) a primary care coverage plan under Chapter 1579;
- 4 (6) a plan providing basic coverage under Chapter
5 1601;
- 6 (7) health benefits provided by or through a church
7 benefits board under Subchapter I, Chapter 22, Business
8 Organizations Code;
- 9 (8) the state Medicaid program, including the Medicaid
10 managed care program operated under Chapter 533, Government Code;
- 11 (9) the child health plan program under Chapter 62,
12 Health and Safety Code;
- 13 (10) a regional or local health care program operated
14 under Section 75.104, Health and Safety Code;
- 15 (11) a self-funded health benefit plan sponsored by a
16 professional employer organization under Chapter 91, Labor Code;
- 17 (12) county employee group health benefits provided
18 under Chapter 157, Local Government Code; and
- 19 (13) health and accident coverage provided by a risk
20 pool created under Chapter 172, Local Government Code.

21 Sec. 1372.003. PROHIBITED COVERAGE. A health benefit plan
22 issuer may not provide coverage for conversion therapy.

23 SECTION 2. If before implementing any provision of this Act
24 a state agency determines that a waiver or authorization from a
25 federal agency is necessary for implementation of that provision,
26 the agency affected by the provision shall request the waiver or
27 authorization and may delay implementing that provision until the

1 waiver or authorization is granted.

2 SECTION 3. The change in law made by this Act applies only
3 to a health benefit plan that is delivered, issued for delivery, or
4 renewed on or after January 1, 2024. A health benefit plan that is
5 delivered, issued for delivery, or renewed before January 1, 2024,
6 is governed by the law as it existed immediately before the
7 effective date of this Act, and that law is continued in effect for
8 that purpose.

9 SECTION 4. This Act takes effect September 1, 2023.