

By: Eckhardt

S.B. No. 1623

A BILL TO BE ENTITLED

AN ACT

relating to the coverage and provision of abortion and
contraception under a health benefit plan and certain programs
administered by this state.

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

SECTION 1. Section 32.024, Human Resources Code, is amended
by amending Subsection (e) and adding Subsection (mm) to read as
follows:

(e) The commission may not authorize the provision of any
service to any person under the program unless federal matching
funds are available to pay the cost of the service, except that the
commission shall provide abortion services and all FDA approved
forms of contraception, including device insertion and removal and
voluntary sterilization including vasectomies regardless of
whether federal matching funds are available to pay for the cost of
those services.

(mm) The commission shall provide abortion services and
contraception under the medical assistance program in accordance
with applicable state and federal law.

(1)Notwithstanding any other provision in this code,
abortion contraception and sterilization services shall not be
subject to:

(a) any cost sharing for those services, including
deductible or coinsurance.

1 (b) utilization review

2 (c) prior authorization or step-therapy requirements;

3 or

4 (d) any restrictions or delays on the coverage.

5 SECTION 2. Chapter [1218](#) Insurance Code, is amended to read
6 as follows:

7 CHAPTER [1218](#). COVERAGE FOR ELECTIVE ABORTION AND
8 CONTRACEPTION; PROHIBITIONS AND REQUIREMENTS

9 Sec. 1218.001. DEFINITION. In this chapter, "elective
10 abortion" means an abortion, as defined by Section [245.002](#), Health
11 and Safety Code, other than an abortion performed due to a medical
12 emergency as defined by Section [171.002](#), Health and Safety Code.

13 Sec. 1218.002. APPLICABILITY OF CHAPTER. (a) This
14 chapter applies only to a health benefit plan that provides
15 benefits for medical or surgical expenses incurred as a result of a
16 health condition, accident, or sickness, including an individual,
17 group, blanket, or franchise insurance policy or insurance
18 agreement, a group hospital service contract, or an individual or
19 group evidence of coverage or similar coverage document that is
20 offered by:

21 (1) an insurance company;

22 (2) a group hospital service corporation operating under
23 Chapter [842](#);

24 (3) a fraternal benefit society operating under Chapter [885](#);

25 (4) a stipulated premium company operating under Chapter
26 [884](#);

27 (5) an exchange operating under Chapter [942](#);

1 (6) a health maintenance organization operating under
2 Chapter [843](#);

3 (7) a multiple employer welfare arrangement that holds a
4 certificate of authority under Chapter [846](#); or

5 (8) an approved nonprofit health corporation that holds a
6 certificate of authority under Chapter [844](#).

7 (b) This chapter applies to group health coverage made
8 available by a school district in accordance with Section [22.004](#),
9 Education Code.

10 (c) Notwithstanding any provision in Chapter [1551](#), [1575](#),
11 [1579](#), or [1601](#) or any other law, this chapter applies to:

12 (1) a basic coverage plan under Chapter [1551](#);

13 (2) a basic plan under Chapter [1575](#);

14 (3) a primary care coverage plan under Chapter [1579](#); and

15 (4) basic coverage under Chapter [1601](#).

16 (d) Notwithstanding Section [1501.251](#) or any other law, this
17 chapter applies to coverage under a small or large employer health
18 benefit plan subject to Chapter [1501](#).

19 (e) Notwithstanding Section [1507.003](#) or [1507.053](#) or any
20 other law, this chapter applies to a standard health benefit plan
21 provided under Chapter [1507](#).

22 Sec. 1218.003. CERTAIN COVERAGE NOT AFFECTED. This chapter
23 does not apply to health benefit plan coverage provided to an
24 enrollee for any abortion other than an elective abortion as
25 defined by Section [1218.001](#).

26 Sec. 1218.004. COVERAGE ~~REQUIRED BY HEALTH BENEFIT PLAN~~. A
27 health benefit plan shall ~~may~~ provide coverage for elective

1 abortion and all FDA approved forms of contraception, including
2 device insertion and removal and voluntary sterilization including
3 vasectomies only if: not subject to

4 (1) any cost sharing for those services, including
5 deductible or coinsurance. the coverage is provided to an enrollee
6 separately from other health benefit plan coverage offered by the
7 health benefit plan issuer,

8 (2) utilization review the enrollee pays the premium for
9 coverage for elective abortion separately from, and in addition to,
10 the premium for other health benefit plan coverage, if any; and

11 (3) prior authorization or step-therapy requirements; or
12 the enrollee provides a signature for coverage for elective
13 abortion, separately and distinct from the signature required for
14 other health benefit plan coverage, if any, provided to the
15 enrollee by the health benefit plan issuer.

16 (4) any restrictions or delays on the coverage.

17 ~~Sec. 1218.005. CALCULATION OF PREMIUM. (a) A health~~
18 ~~benefit plan issuer that provides coverage for elective abortion~~
19 ~~shall calculate the premium for the coverage so that the premium~~
20 ~~fully covers the estimated cost of elective abortion per enrollee,~~
21 ~~determined on an actuarial basis.~~

22 ~~(b) In calculating a premium under Subsection (a), the~~
23 ~~health benefit plan issuer may not take into account any cost~~
24 ~~savings in other health benefit plan coverage offered by the health~~
25 ~~benefit plan issuer that is estimated to result from coverage for~~
26 ~~elective abortion.~~

27 ~~(c) A health benefit plan issuer may not provide a~~

~~premium discount to or reduce the premium for an enrollee for other health benefit plan coverage on the basis that the enrollee has coverage for elective abortion.~~

~~Sec. 1218.006. NOTICE BY ISSUER. A health benefit plan issuer that provides coverage for elective abortion shall at the time of enrollment in other health benefit plan coverage provide each enrollee with a notice that:~~

~~(1) coverage for elective abortion is optional and separate from other health benefit plan coverage offered by the health benefit plan issuer;~~

~~(2) the premium cost for coverage for elective abortion is a premium paid separately from, and in addition to, the premium for other health benefit plan coverage offered by the health benefit plan issuer; and~~

~~(3) the enrollee may enroll in a health benefit plan without obtaining coverage for elective abortion.~~

SECTION 3. The following provisions are repealed:

(1) Section 32.005, Health and Safety Code;

(2) Section 32.024(c-1), Human Resources Code;

(3) Subtitle M, Title 8, Insurance Code.

SECTION 4. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 5. This Act takes effect September 1, 2023.