

By: Shofner

H.B. No. 3735

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for prenatal care, childbirth, and postnatal care provided in a hospital, birthing center, or home setting.

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

SECTION 1. Chapter 1366, Insurance Code, is amended by adding Subchapter D to read as follows:

SUBCHAPTER D. COVERAGE FOR PRENATAL CARE, CHILDBIRTH, AND POSTNATAL CARE

Sec. 1366.151. DEFINITION. In this subchapter, "birthing center" has the meaning assigned by Section 244.002, Health and Safety Code.

Sec. 1366.152. APPLICABILITY OF SUBCHAPTER. (a) This subchapter applies only to a health benefit plan that provides benefits for medical, surgical, or prescription drug expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is issued by:

- (1) an insurance company;
- (2) a group hospital service corporation operating under Chapter 842;
- (3) a health maintenance organization operating under

Chapter 843;

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

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

(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 subchapter applies to:

(1) a basic coverage plan under Chapter 1551;

(2) a basic plan under Chapter 1575;

(3) a primary care coverage plan under Chapter 1579;

(4) a plan providing basic coverage under Chapter 1601;

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

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

Sec. 1366.153. COVERAGE REQUIRED. (a) A health benefit plan that provides maternity benefits must provide coverage for prenatal care, childbirth, and postnatal care provided in a hospital, birthing center, or home setting.

(b) The coverage required under this section includes:

1 (1) prenatal care, childbirth, and postnatal care
2 provided by a nurse midwife licensed as an advanced practice
3 registered nurse;

4 (2) prenatal care visits, including an ultrasound,
5 dating scan, or anatomy scan;

6 (3) glucose, blood, and urine tests related to
7 prenatal care, childbirth, and postnatal care;

8 (4) childbirth in a hospital, birthing center, or home
9 setting;

10 (5) prescription drugs related to childbirth,
11 including prescription drugs related to pain management during
12 labor;

13 (6) newborn screening and hearing tests; and

14 (7) vitamin K injections, hepatitis B vaccines, and
15 antibiotic eye ointment provided to a newborn.

16 SECTION 2. Subchapter D, Chapter 1366, Insurance Code, as
17 added by this Act, applies only to a health benefit plan delivered,
18 issued for delivery, or renewed on or after January 1, 2026.

19 SECTION 3. This Act takes effect September 1, 2025.