

By: Eckhardt, et al.

S.B. No. 359

A BILL TO BE ENTITLED

AN ACT

relating to the coverage and provision of abortion, contraception,
and sterilization under Medicaid and certain health benefit plans.

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

SECTION 1. Section 32.024(e), Human Resources Code, is
amended to read as follows:

(e) Except as provided by Section 32.03118, the [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.

SECTION 2. Subchapter B, Chapter 32, Human Resources Code,
is amended by adding Section 32.03118 to read as follows:

Sec. 32.03118. REIMBURSEMENT FOR CERTAIN REPRODUCTIVE
HEALTH SERVICES. (a) Regardless of whether federal matching funds
are available to pay the cost of the services, the commission shall
ensure that medical assistance reimbursement is provided for the
provision of the following services to medical assistance
recipients:

(1) abortion services;

(2) forms of contraception approved by the United
States Food and Drug Administration, including the insertion and
removal of devices; and

(3) voluntary sterilization, including vasectomies.

(b) The commission shall ensure that abortion,

1 contraception, and sterilization services are provided in
2 accordance with applicable state and federal law.

3 (c) Notwithstanding any other law, abortion, contraception,
4 and sterilization services provided under the medical assistance
5 program may not be subject to:

6 (1) a cost-sharing requirement, including a
7 deductible or coinsurance;

8 (2) utilization review;

9 (3) a prior authorization or step-therapy
10 requirement; or

11 (4) any restrictions on or delays in coverage.

12 SECTION 3. The heading to Chapter 1218, Insurance Code, is
13 amended to read as follows:

14 CHAPTER 1218. COVERAGE FOR REPRODUCTIVE HEALTH SERVICES [~~ELECTIVE~~
15 ~~ABORTION, PROHIBITIONS AND REQUIREMENTS~~]

16 SECTION 4. Sections 1218.001 and 1218.004, Insurance Code,
17 are amended to read as follows:

18 Sec. 1218.001. DEFINITIONS [~~DEFINITION~~]. In this chapter:

19 (1) "Abortion" has the meaning assigned [~~,"elective~~
20 ~~abortion" means an abortion, as defined~~] by Section 245.002, Health
21 and Safety Code [~~, other than an abortion performed due to a medical~~
22 ~~emergency as defined by Section 171.002, Health and Safety Code~~].

23 (2) "Effective pain and anxiety management" means
24 evidence-based pain and anxiety management, including prescription
25 anti-anxiety medication, local anesthesia, topical anesthetic,
26 paracervical block, and minimal and moderate sedation.

27 Sec. 1218.004. COVERAGE REQUIRED [~~BY HEALTH BENEFIT~~]

1 ~~PLAN~~. (a) A health benefit plan shall [may] provide coverage for
2 abortion services, all forms of contraception approved by the
3 United States Food and Drug Administration, including the insertion
4 and removal of devices, counseling on effective pain and anxiety
5 management for the insertion or removal of devices, and provision
6 of effective pain and anxiety management for the insertion or
7 removal of devices, and voluntary sterilization, including
8 vasectomies, in accordance with applicable state and federal law.

9 (b) Coverage required under this section is not subject to
10 [elective abortion only if]:

11 (1) a cost-sharing requirement, including a
12 deductible or coinsurance [the coverage is provided to an enrollee
13 separately from other health benefit plan coverage offered by the
14 health benefit plan issuer];

15 (2) utilization review [the enrollee pays the premium
16 for coverage for elective abortion separately from, and in addition
17 to, the premium for other health benefit plan coverage, if any];
18 [and]

19 (3) a prior authorization or step-therapy
20 requirement; or

21 (4) any restrictions on or delays in coverage [the
22 enrollee provides a signature for coverage for elective abortion,
23 separately and distinct from the signature required for other
24 health benefit plan coverage, if any, provided to the enrollee by
25 the health benefit plan issuer].

26 (c) This section controls over Subchapter C, Chapter 1369,
27 to the extent of any conflict.

1 SECTION 5. The following provisions are repealed:

2 (1) Section 32.005, Health and Safety Code;

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

4 (3) Sections 1218.003, 1218.005, and 1218.006,
5 Insurance Code; and

6 (4) Subtitle M, Title 8, Insurance Code.

7 SECTION 6. If before implementing any provision of this Act
8 a state agency determines that a waiver or authorization from a
9 federal agency is necessary for implementation of that provision,
10 the agency affected by the provision shall request the waiver or
11 authorization and may delay implementing that provision until the
12 waiver or authorization is granted.

13 SECTION 7. Chapter 1218, Insurance Code, as amended by this
14 Act, applies only to a health benefit plan delivered, issued for
15 delivery, or renewed on or after January 1, 2026. A health benefit
16 plan delivered, issued for delivery, or renewed before January 1,
17 2026, is governed by the law as it existed immediately before the
18 effective date of this Act, and that law is continued in effect for
19 that purpose.

20 SECTION 8. This Act takes effect September 1, 2025.