

By: Taylor of Galveston, et al.
(Farney)

S.B. No. 575

Substitute the following for S.B. No. 575:

By: Harless

C.S.S.B. No. 575

A BILL TO BE ENTITLED

AN ACT

relating to health plan and health benefit plan coverage for abortions.

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

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

SUBTITLE L. FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT

CHAPTER 1691. LEGISLATIVE CONSIDERATIONS

Sec. 1691.001. CONSTITUTIONALITY OF PATIENT PROTECTION AND AFFORDABLE CARE ACT. This subtitle does not constitute an acknowledgment by the legislature of the legitimacy of the Patient Protection and Affordable Care Act (Pub. L. No. 111-148) as a constitutional exercise of the power of the United States Congress.

CHAPTER 1692. COVERAGE FOR ABORTION; PROHIBITIONS AND REQUIREMENTS

Sec. 1692.001. DEFINITIONS. In this chapter:

(1) "Abortion" and "medical emergency" have the meanings assigned by Section 171.002, Health and Safety Code.

(2) "Health benefit exchange" means an American Health Benefit Exchange administered by the federal government or created under Section 1311(b) of the Patient Protection and Affordable Care Act (42 U.S.C. Section 18031(b)).

(3) "Qualified health plan" has the meaning assigned by Section 1301(a) of the Patient Protection and Affordable Care Act (42 U.S.C. Section 18021(a)).

1 Sec. 1692.002. PROHIBITED COVERAGE THROUGH HEALTH BENEFIT
2 EXCHANGE. (a) A qualified health plan offered through a health
3 benefit exchange may not provide coverage for an abortion other
4 than coverage for an abortion performed due to a medical emergency.

5 (b) Subsection (a) does not authorize coverage for an
6 abortion based on a potential future medical condition that may
7 result from a voluntary act of the woman or minor.

8 (c) This section does not prevent a person from purchasing
9 optional or supplemental coverage for abortions under a health
10 benefit plan other than a qualified health plan offered through a
11 health benefit exchange.

12 SECTION 2. Subtitle A, Title 8, Insurance Code, is amended
13 by adding Chapter 1218 to read as follows:

14 CHAPTER 1218. COVERAGE FOR ABORTION; PROHIBITIONS AND REQUIREMENTS

15 Sec. 1218.001. DEFINITIONS. In this chapter, "abortion"
16 and "medical emergency" have the meanings assigned by Section
17 171.002, Health and Safety Code.

18 Sec. 1218.002. APPLICABILITY OF CHAPTER. (a) This chapter
19 applies only to a health benefit plan described by Subsection (b) or
20 (c).

21 (b) This chapter applies to group health coverage made
22 available by a school district in accordance with Section 22.004,
23 Education Code.

24 (c) Notwithstanding any provision in Chapter 1551, 1575,
25 1579, or 1601 or any other law, this chapter applies to:

26 (1) a basic coverage plan under Chapter 1551;

27 (2) a basic plan under Chapter 1575;

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

2 and

3 (4) basic coverage under Chapter 1601.

4 Sec. 1218.003. COVERAGE BY HEALTH BENEFIT PLAN. (a) A
5 health benefit plan may provide coverage for abortion only if:

6 (1) the coverage is provided to an enrollee separately
7 from other health benefit plan coverage offered by the health
8 benefit plan issuer;

9 (2) an enrollee pays separately from, and in addition
10 to, the premium for other health benefit plan coverage a premium for
11 coverage for abortion;

12 (3) an enrollee provides a signature for coverage for
13 abortion, separately and distinct from the signature required for
14 other health benefit plan coverage offered by the health benefit
15 plan issuer; or

16 (4) the coverage provides benefits only for an
17 abortion performed due to a medical emergency.

18 (b) Subsection (a)(4) does not authorize coverage for an
19 abortion based on a potential future medical condition that may
20 result from a voluntary act of the enrollee.

21 Sec. 1218.004. CALCULATION OF PREMIUM. (a) A health
22 benefit plan issuer that provides coverage for abortion shall
23 calculate the premium for the coverage so that the premium fully
24 covers the estimated cost of abortion per enrollee, determined on
25 an average actuarial basis.

26 (b) In calculating a premium under Subsection (a), the
27 health benefit plan issuer may not take into account any cost

1 savings in other health benefit plan coverage offered by the health
2 benefit plan issuer that is estimated to result from coverage for
3 abortion, including costs associated with prenatal care, delivery,
4 or postnatal care.

5 (c) A health benefit plan issuer that provides coverage
6 other than coverage for abortion may not provide a premium discount
7 to or reduce the premium for an enrollee for coverage other than
8 coverage for abortion on the basis that the enrollee has health
9 benefit plan coverage for abortion.

10 Sec. 1218.005. NOTICE BY ISSUER. A health benefit plan
11 issuer that provides coverage for abortion shall at the time of
12 enrollment in the health benefit plan provide each enrollee with a
13 notice that:

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

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

21 (3) the enrollee may enroll in a health benefit plan
22 that provides coverage other than coverage for abortion without
23 obtaining coverage for abortion.

24 Sec. 1218.006. ACCEPTANCE OR REJECTION OF SUPPLEMENTAL
25 COVERAGE BY EMPLOYEES AND GROUP MEMBERS. If a health benefit plan
26 offers coverage for abortion, the employer or entity offering the
27 health benefit plan shall provide each employee or group member

1 with an opportunity to accept or reject supplemental coverage for
2 abortion:

3 (1) at the beginning of employment or when the group
4 member's coverage begins, as applicable; and

5 (2) at least one time in each calendar year after the
6 first year of employment or group coverage.

7 SECTION 3. This Act applies only to a qualified health plan
8 offered through a health benefit exchange or a health benefit plan
9 that is delivered, issued for delivery, or renewed on or after
10 January 1, 2016. A qualified health plan offered through a health
11 benefit exchange or a health benefit plan that is delivered, issued
12 for delivery, or renewed before January 1, 2016, is governed by the
13 law as it existed immediately before the effective date of this Act,
14 and that law is continued in effect for that purpose.

15 SECTION 4. This Act takes effect September 1, 2015.