

1 follows:

2 **ARTICLE 2. COMMISSIONER OF HUMAN SERVICES; POWERS, DUTIES AND**
3 **RESPONSIBILITIES GENERALLY.**

4 **§9-2-11a. Preventing taxpayer subsidization of health insurance**
5 **covering elective abortions; abortion coverage only**
6 **offered through supplemental policies.**

7 (a) Pursuant to the federal Patient Protection and Affordable
8 Care Act, Pub. L. No. 111-148, all qualified health plans offered
9 through an exchange established in the state are prohibited from
10 including elective abortion coverage. Nothing in this section
11 prevents anyone from purchasing optional supplemental coverage for
12 elective abortions for which there is paid a separate premium in
13 accordance with subsection (d) of this section in the health
14 insurance market outside of the exchange.

15 (b) No health plan, including health insurance contracts,
16 plans or policies, offered outside an exchange but within the
17 state, may provide coverage for elective abortions except by
18 optional separate supplemental coverage for abortion for which
19 there is paid a separate premium in accordance with subsection (d)
20 of this section.

21 (c) For purposes of this section, an "elective abortion" means
22 an abortion for any reason other than to prevent the death of the

1 mother: *Provided*, That an abortion is not one to prevent the death
2 of the mother based on a claim or diagnosis that she will engage in
3 conduct that will result in her death.

4 (d) The issuer of any health plan providing elective abortion
5 coverage:

6 (1) Shall calculate the premium for coverage so that it fully
7 covers the estimated cost of covering elective abortions, per
8 enrollee, determined on an average actuarial basis, and the issuer
9 of the plan may not take into account any cost reduction in a
10 health plan covering an enrollee estimated to result from the
11 provision of abortion coverage, including prenatal care, delivery,
12 or postnatal care;

13 (2) If the enrollee is enrolling in a health plan providing
14 other coverage at the same time as the enrollee is enrolling in a
15 plan providing elective abortion coverage, shall require a separate
16 signature, distinct from that to enroll in the health plan
17 providing other coverage, in order to enroll in the separate
18 supplemental plan providing elective abortion coverage.

19 (3) Shall provide a notice to enrollees, at the time of
20 enrollment, that:

21 (A) Specifically states the cost of the separate premium for
22 coverage of elective abortions, distinct and apart from the cost of
23 the premium for a health plan providing other coverage and this

1 cost shall be agreed with a separate signature;

2 (B) States that enrollment in elective abortion coverage is
3 optional; and

4 (C) If the enrollee is enrolling in a health plan providing
5 other coverage at the same time the enrollee is enrolling in a plan
6 providing elective abortion coverage, states that the enrollee may
7 choose to enroll in the plan providing other coverage without
8 enrolling in the plan providing elective abortion coverage.

9 (e) The issuer of a health plan providing coverage other than
10 elective abortion shall not discount or reduce the premium for such
11 coverage on the basis that an enrollee has elective abortion
12 coverage.

13 (f) Any employer who offers employees a health plan providing
14 elective abortion coverage shall, at the time of beginning
15 employment and at least once in each calendar year thereafter,
16 provide each employee the option to choose or reject the separate
17 supplemental elective abortion coverage, verified yearly with a
18 separate signature.

19 (g) Any entity offering a group health plan providing separate
20 supplemental elective abortion coverage, other than employers
21 offering such a plan to their employees, shall, at the time each
22 group member begins coverage and at least once in each calendar
23 year thereafter, provide each group member the option to choose or

1 reject the separate supplemental elective abortion coverage.

2 (h) Nothing in this section applies in circumstances in which
3 federal law preempts state health insurance regulation.

4 (I) No funds from the Medicaid program account may be expended
5 for an abortion or for any related expenses except to the extent
6 required by federal law or necessary for continued participation in
7 a federal program.

8 (j) Severability. If any one or more provision, section,
9 subsection, sentence, clause, phrase or word of this section or the
10 application thereof to any person or circumstance is found to be
11 unconstitutional, the same is hereby declared to be severable and
12 the balance of this section remains effective notwithstanding such
13 unconstitutionality. The Legislature hereby declares that it would
14 have passed this section, and each provision, section, subsection,
15 sentence, clause, phrase or word thereof, irrespective of the fact
16 that any one or more provision, section, subsection, sentence,
17 clause, phrase, or word be declared unconstitutional.

NOTE: The purpose of this bill is to limit health insurance coverage for elective abortions to coverage provided through supplemental policies.

This section is new; therefore, strike-throughs and underscoring have been omitted.