

Superseded 5/12/2015

31A-22-726 Abortion coverage restriction in health benefit plan and on health insurance exchange.

- (1) As used in this section, "permitted abortion coverage" means coverage for abortion:
 - (a) that is necessary to avert:
 - (i) the death of the woman on whom the abortion is performed; or
 - (ii) a serious risk of substantial and irreversible impairment of a major bodily function of the woman on whom the abortion is performed;
 - (b) of a fetus that has a defect that is documented by a physician or physicians to be uniformly diagnosable and uniformly lethal; or
 - (c) where the woman is pregnant as a result of:
 - (i) rape, as described in Section 76-5-402;
 - (ii) rape of a child, as described in Section 76-5-402.1; or
 - (iii) incest, as described in Subsection 76-5-406(10) or Section 76-7-102.
- (2) A person may not offer coverage for an abortion in a health benefit plan, unless the coverage is a type of permitted abortion coverage.
- (3) A person may not offer a health benefit plan that provides coverage for an abortion in a health insurance exchange created under Title 63M, Chapter 1, Part 25, Health System Reform Act, unless the coverage is a type of permitted abortion coverage.
- (4) A person may not offer a health benefit plan that provides coverage for an abortion in a health insurance exchange created under the federal Patient Protection and Affordable Care Act, 111 P.L. 148, unless the coverage is a type of permitted abortion coverage.