

HB0354S03 compared with HB0354S01

~~{deleted text}~~ shows text that was in HB0354S01 but was deleted in HB0354S03.

inserted text shows text that was not in HB0354S01 but was inserted into HB0354S03.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will not be completely accurate. Therefore, you need to read the actual bill. This automatically generated document could experience abnormalities caused by: limitations of the compare program; bad input data; the timing of the compare; and other potential causes.

~~{Representative Carl Wimmer}~~Senator Benjamin M. McAdams proposes the following substitute bill:

INSURANCE AMENDMENTS RELATING TO ABORTION

2011 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Carl Wimmer

Senate Sponsor: ~~{~~ Margaret Dayton

LONG TITLE

General Description:

This bill amends provisions of the Insurance Code to prohibit a person from offering a health benefit plan in a health insurance exchange that is created, owned, or sponsored by a government entity if the health benefit plan provides coverage for an abortion other than an abortion necessary to protect the life or health of a woman, an abortion of a fetus with a lethal fetal defect, or an abortion where the woman is pregnant as a result of rape or incest.

Highlighted Provisions:

This bill:

- ▶ prohibits a person from offering a health benefit plan in a health insurance exchange that is created, owned, or sponsored by a government entity, including a health

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insurance exchange created under Title 63M, Chapter 1, Part 25, Health System Reform Act, or pursuant to the federal Patient Protection and Affordable Care Act, 111 P.L. 148, if the health benefit plan provides coverage for an abortion, unless:

- the abortion is necessary to avert the death of the woman on whom the abortion is performed or a serious risk of substantial and irreversible impairment of a major bodily function of the woman on whom the abortion is performed;
- the abortion is of a fetus with a diagnosable, lethal fetal defect; or
- the woman obtaining the abortion is pregnant as a result of rape or incest~~(-);~~

▶ modifies provisions of Title 31A, Chapter 30, Individual, Small Employer, and Group Health Insurance Act to allow for differences in abortion coverage inside and outside of the state health insurance exchange; and

▶ makes technical changes.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

31A-30-202.5, as enacted by Laws of Utah 2010, Chapter 68

31A-30-205, as last amended by Laws of Utah 2010, Chapters 68, 149 and last amended by Coordination Clause, Laws of Utah 2010, Chapter 149

ENACTS:

31A-22-726, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **31A-22-726** is enacted to read:

31A-22-726. Abortion coverage restriction on health insurance exchange.

A person may not offer in a health insurance exchange, including a health insurance exchange created under Title 63M, Chapter 1, Part 25, Health System Reform Act, or pursuant to the federal Patient Protection and Affordable Care Act, 111 P.L. 148, a health benefit plan in this state that provides coverage for an abortion, except for an abortion:

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(1) ~~that is necessary to avert:~~

~~(a) the death of the woman on whom the abortion is performed; or~~

~~(b) a serious risk of substantial and irreversible impairment of a major bodily function of the woman on whom the abortion is performed;~~ where the pregnancy poses a threat to the woman's life or a substantial risk to her health;

(2) of a fetus that has a defect that is documented by a physician or physicians to be uniformly diagnosable and uniformly lethal; or

~~(3) where:~~

~~(a)~~ where the woman is pregnant as a result of:

~~(i)~~ a rape, as described in Section 76-5-402;

~~(ii)~~ b rape of a child, as described in Section 76-5-402.1; or

~~(iii)~~ c incest, as described in Subsection 76-5-406(10) or Section 76-7-102~~; and~~

~~(b) before the abortion is performed, the physician who performs the abortion:~~

~~(i) verifies that the incident;~~

Section 2. Section 31A-30-202.5 is amended to read:

31A-30-202.5. Insurer participation in defined contribution arrangement market.

(1) A small employer carrier who chooses to participate in the defined contribution arrangement market:

(a) shall offer the defined contribution arrangement health benefit plans required by Section 31A-30-205;

(b) may:

(i) offer additional defined contribution arrangement health benefit plans in the Health Insurance Exchange as permitted by Section 31A-30-205;

(ii) offer a defined benefit plan in the Health Insurance Exchange if the small employer carrier offers a defined contribution arrangement health benefit plan that is actuarially equivalent to the defined benefit plan that is offered in the Health Insurance Exchange; and

(iii) continue to offer defined benefit plans outside of the Health Insurance Exchange and the defined contribution arrangement market, if, except as provided in Subsection (3), the carrier uses the same rating and underwriting practices in both the defined contribution arrangement market in the Health Insurance Exchange and the defined benefit market outside the Health Insurance Exchange.

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(2) A carrier that does not elect to participate in the defined contribution arrangement market by January 1, 2011, may not participate in the defined contribution arrangement market in the Health Insurance Exchange until January 1, 2013.

(3) A small employer described in Subsection ~~(3)(a)~~ has been reported to law enforcement; and

~~(ii) complies with the requirements of Section 62A-4a-403.~~

1) may offer a defined benefit plan outside of the Health Insurance Exchange and the defined contribution arrangement market that uses a different rating or underwriting practice than used by the small employer in the Health Insurance Exchange or the defined contribution arrangement market, if the difference is due solely to the fact that the defined benefit plan's abortion-related coverage outside of the Health Insurance Exchange and the defined contribution arrangement market provides more coverage for abortion than is permitted under Section 31A-22-726.

Section 3. Section 31A-30-205 is amended to read:

31A-30-205. Health benefit plans offered in the defined contribution market.

(1) An insurer who offers a defined contribution arrangement health benefit plan shall offer the following health benefit plans as defined contribution arrangements:

(a) the basic benefit plan;

(b) one health benefit plan with an aggregate actuarial value at least 15% greater than the actuarial value of the basic benefit plan;

(c) on or before January 1, 2011, one health benefit plan that is a federally qualified high deductible health plan that has an individual deductible of \$2,500 and a deductible of \$5,000 for coverage including two or more individuals, and does not exceed an annual out-of-pocket maximum equal to three times the amount of the annual deductible;

(d) on or before January 1, 2011, one health benefit plan that is a federally qualified high deductible health plan that has a deductible that is within \$250 of the highest deductible that qualifies as a federally qualified high deductible health plan as adjusted by federal law, and does not exceed an annual out-of-pocket maximum equal to three times the amount of the annual deductible; and

(e) except as provided in Subsection (3), the insurer's five most commonly selected health benefit plans that:

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(i) include:

(A) the provider panel;

(B) the deductible;

(C) co-payments;

(D) co-insurance; and

(E) pharmacy benefits; and

(ii) are currently being marketed by the carrier to new groups for enrollment.

(2) (a) The provisions of Subsection (1) do not limit the number of defined contribution arrangement health benefit plans an insurer may offer in the defined contribution arrangement market.

(b) An insurer who offers the health benefit plans required by Subsection (1) may also offer any other health benefit plan as a defined contribution arrangement if:

(i) the health benefit plan provides benefits that are of greater actuarial value than the benefits required in the basic benefit plan; or

(ii) the health benefit plan provides benefits with an aggregate actuarial value that is no lower than the actuarial value of the plan required in Subsection (1)(c).

(3) A health benefit plan that is offered in the defined contribution market may differ from a health benefit plan described in Subsection (1)(e) solely to the extent that the abortion coverage offered in the health benefit plan outside of the defined contribution market provides more coverage for abortion than is permitted under Section 31A-22-726.