

## STATE HEALTH EXCHANGE: PROHIBIT QUALIFIED PLANS FROM COVERING ELECTIVE ABORTIONS

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**House Bills 4143 and 4147**  
**Sponsor: Rep. Jud Gilbert**  
**Committee: Health Policy**

**Complete to 11-28-12**

### A SUMMARY OF HOUSE BILLS 4143 AND 4147 AS INTRODUCED 1-26-11

The bills would prohibit qualified health plans offered through a state exchange from providing coverage for elective abortion but would allow the purchase of optional supplemental coverage for elective abortion outside of the exchange.

Under the bills, a qualified health plan offered through a state exchange under the federal Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act could not provide coverage for elective abortions.

In addition, the bills would not do the following:

- Require an insurer, HMO, or BCBSM to provide or offer to provide an optional rider for elective abortion coverage.
- Apply to Medicaid benefits.
- Create a right to abortion.

However, optional supplemental coverage could be purchased as specified in the bills for elective abortion outside of the exchange by an individual, organization, or employer who was participating in a qualified health plan offered through the exchange.

Health plans— group and individual—offered by commercial insurers, HMOs, and BCBSM outside of a state exchange could only provide coverage for elective abortions by an optional rider for which an additional premium had been paid by the purchaser.

An employer could purchase an optional rider for elective abortion if all of the following conditions were met:

- The cost of the rider was not factored into any premium amount for which individual employees contribute a portion of the premium paid, whether directly or through a payroll deduction.
- The employer provides notice to each employee that elective abortion is included as a rider to health coverage and that the coverage can be used by a minor or dependent female without notice to the employee.

The bills would apply to policies, certificates, or contracts delivered, issued for delivery, or renewed in the state on or after the bills' effective date.

"Elective abortion" would mean the intentional use of an instrument, drug, or other substance or device to terminate a woman's pregnancy for a purpose other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead fetus. Elective abortion would not include either the prescription of or use of a drug or device intended as a contraceptive or the intentional use of an instrument, drug, or other substance or device by a physician (M.D. or D.O.) to terminate a woman's pregnancy if the woman's physical condition, in the physician's reasonable medical judgment, necessitates the termination of the pregnancy to avert the woman's death.

House Bill 4143 would add Section 3407c to the Insurance Code to apply to commercial insurers and HMOs (MCL 500.3407c), and House Bill 4147 would add Section 402D to the Nonprofit Health Care Corporation Reform Act (MCL 550.402D), which regulates Blue Cross Blue Shield of Michigan.

**FISCAL IMPACT:**

House Bills 4143 and 4147 would not have a significant fiscal impact on state or local units of government.

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.