

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 1725
95TH GENERAL ASSEMBLY

4546L.02C

D. ADAM CRUMBLISS, Chief Clerk

AN ACT

To repeal section 376.805, RSMo, and to enact in lieu thereof two new sections relating to health insurance coverage for elective abortions.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 376.805, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 376.805 and 1, to read as follows:

376.805. 1. No health insurance contracts, plans, or policies delivered or issued for delivery in the state shall provide coverage for elective abortions except by an optional rider for which there must be paid an additional premium. For purposes of this section, an "elective abortion" means an abortion for any reason other than a spontaneous abortion or to prevent the death of the female upon whom the abortion is performed.

2. **Subsection 1 of** this section shall be applicable to all contracts, plans or policies of:

(1) All health insurers subject to this chapter; and

(2) All nonprofit hospital, medical, surgical, dental, and health service corporations subject to chapter 354, RSMo; and

(3) All health maintenance organizations.

3. **No health insurance exchange established within this state or any health insurance exchange administered by the federal government or its agencies within this state shall offer health insurance contracts, plans, or policies that provide coverage for elective abortions, nor shall any health insurance exchange operating within this state offer coverage for elective abortions through the purchase of an optional rider.**

4. **No qualified nonprofit health insurance issuer shall offer qualified health plans in the individual and small group markets in this state under a federal CO-OP program established in Section 1322 of the federal Patient Protection and Affordable Care Act of**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

19 **2010 that provide coverage for elective abortions, nor shall any qualified nonprofit health**
20 **insurance issuer offer coverage under such qualified health plans for elective abortions**
21 **through the purchase of an optional rider.**

22 **5. The state of Missouri shall not enter into contracts to offer one or more standard**
23 **health plans, as defined in Section 1331(b) of the federal Patient Protection and Affordable**
24 **Care Act of 2010, in this state under a basic health program established in Section 1331 of**
25 **the federal Patient Protection and Affordable Care Act of 2010 that provide coverage for**
26 **elective abortions, nor shall any such standard health plans offer coverage for elective**
27 **abortions through the purchase of an optional rider.**

28 **6. The state of Missouri shall not enter into any interstate health care choice**
29 **compacts as described in Section 1333 of the federal Patient Protection and Affordable**
30 **Care Act of 2010 that permit the offering of health insurance contracts, plans, or policies**
31 **that provide coverage for elective abortions, nor shall any such interstate health care choice**
32 **compact permit the offering of coverage for elective abortions through the purchase of an**
33 **optional rider.**

34 **7. This section shall be applicable only to contracts, plans or policies written, issued,**
35 **renewed or revised, after September 28, 1983. For the purposes of this subsection, if new**
36 **premiums are charged for a contract, plan or policy, it shall be determined to be a new contract,**
37 **plan or policy.**

Section 1. In accordance with the state opt out provisions in Section 1323(a)(3)(A)
2 **of the federal Patient Protection and Affordable Care Act of 2010, the state of Missouri**
3 **prohibits any health insurance exchange established within this state from offering a**
4 **community health insurance option, as defined in Section 1323(b)(2) of the federal Patient**
5 **Protection and Affordable Care Act of 2010.**

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