

ABORTION INSURANCE OPT-OUT ACT Act 182 of 2013

AN INITIATION of Legislation to enact the Abortion Insurance Opt-Out Act. The initiated law would require the purchase of coverage for elective abortion in a health care plan to be by an optional rider only; require notice to employees for whom elective abortion coverage is purchased by their employer; and provide penalties for violations of this act.

History: 2013, Act 182, Eff. Mar. 14, 2014.

Compiler's note: Enacting section 1 of Act 182 of 2013 provides:

"Enacting Section 1. If any part or parts of this act are found to be in conflict with the state constitution of 1963, the United States constitution, or federal law, this act shall be implemented to the maximum extent that the state constitution of 1963, the United States constitution, and federal law permit. Any provision held invalid or inoperative shall be severable from the remaining portions of this act."

The People of the State of Michigan enact:

550.541 Short title.

Sec. 1. This act shall be known and may be cited as the "Abortion Insurance Opt-Out Act."

History: 2013, Act 182, Eff. Mar. 14, 2014.

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550.542 Coverage provided by qualified health plan offered through American health benefit exchange; elective abortion; optional rider.

Sec. 2. A qualified health plan offered through an American health benefit exchange in this state pursuant to the Patient Protection and Affordable Care Act, Public Law 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Public Law 111-152, shall not provide coverage for elective abortion. This section does not prohibit an individual, organization, or employer participating in a qualified health plan offered through an American health benefit exchange in this state from purchasing supplemental coverage for elective abortion outside of the exchange by an optional rider as provided in this act.

History: 2013, Act 182, Eff. Mar. 14, 2014.

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550.543 Certificate, policy, or contract; coverage for elective abortion; optional rider.

Sec. 3. An expense-incurred hospital, medical or surgical policy or certificate, or health care corporation group or nongroup certificate delivered, issued for delivery, or renewed in this state, or a health maintenance organization group or individual contract offered outside of an American health benefit exchange shall provide coverage for elective abortion only by an optional rider for which an additional premium has been paid by the purchaser.

History: 2013, Act 182, Eff. Mar. 14, 2014.

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550.544 Purchase of optional rider by employer.

Sec. 4. An employer may purchase an optional rider to provide coverage for elective abortion if the employer provides notice to each employee that elective abortion will be included as a rider to his or her health coverage and that the coverage may be used by a covered dependent without notice to the employee.

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550.545 Offer of optional rider not required.

Sec. 5. This act does not require an insurer, health maintenance organization, health care corporation or

employer to provide or offer to provide an optional rider for elective abortion coverage.

History: 2013, Act 182, Eff. Mar. 14, 2014.

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550.546 Applicability of act.

Sec. 6. This act applies to plans, policies, certificates, or contracts delivered, issued for delivery, or renewed in this state on and after the effective date of this act.

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550.547 Inapplicability of act to certain benefits.

Sec. 7. This act does not apply to benefits provided under Title XIX of the Social Security Act, 42 USC 1396 to 1396W-5.

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550.548 Right to abortion not created.

Sec. 8. This act does not create a right to abortion.

History: 2013, Act 182, Eff. Mar. 14, 2014.

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550.549 Performance of abortion.

Sec. 9. Notwithstanding any other provision of this act, a person shall not perform an abortion that is prohibited by law.

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550.550 Reimbursement prohibited; exception; violation; civil fine; investigation; enforcement; discussion of abortion or abortion services not prohibited.

Sec. 10. (1) An individual or a health facility or agency shall not seek or accept reimbursement from a qualified health plan; an expense-incurred hospital, medical, or surgical policy or certificate; a health maintenance organization group or individual contract; or a health care corporation group or nongroup certificate for any services provided that are directly related to the performance of an elective abortion unless the reimbursement sought or accepted is from an optional rider provided under this act.

(2) This section does not affect legitimate and routine obstetric care, diagnostic testing, or other nonabortion procedures.

(3) An individual or health facility or agency that violates this section is liable for a civil fine of up to \$10,000.00 per violation. The department shall investigate an alleged violation of this section, and the attorney general, in cooperation with the department, may bring an action to enforce this section.

(4) This section does not restrict the right of a physician or other individual licensed or registered under the public health code to discuss abortion or abortion services with a patient who is pregnant.

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550.551 Definitions.

Sec. 11. As used in this act:

(a) "Elective abortion" means 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 fetus that has died as a result of natural causes, accidental trauma, or a criminal assault on the pregnant woman. Elective abortion does not include any of the following:

(i) The use or prescription of a drug or device intended as a contraceptive.

(ii) The intentional use of an instrument, drug, or other substance or device by a physician to terminate a woman's pregnancy if the woman's physical condition, in the physician's reasonable medical judgment, necessitates the termination of the woman's pregnancy to avert her death.

(iii) Treatment upon a pregnant woman who is experiencing a miscarriage or has been diagnosed with an ectopic pregnancy.

(b) "Department" means the Michigan Department of Licensing and Regulatory Affairs or its successor.

(c) "Health care corporation" means a nonprofit health care corporation as defined in section 105 of the nonprofit health corporation reform act, 1980 PA 350, MCL 550.1105.

(d) "Health facility or agency" means that term as defined in section 20106 of the public health code, 1978 PA 368, MCL 333.20106.

(e) "Physician" means an individual licensed or otherwise authorized to engage in the practice of medicine or the practice of osteopathic medicine and surgery under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(f) "Qualified health plan" means that term as defined in section 1301 of the Patient Protection and Affordable Care Act, Public Law 111-148.

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