**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 38‑71‑295 SO AS TO PROVIDE THAT PURSUANT TO FEDERAL LAW ALL QUALIFIED HEALTH PLANS OFFERED THROUGH THE STATE EXCHANGE ARE PROHIBITED FROM INCLUDING ELECTIVE ABORTION COVERAGE; TO PROVIDE THAT HEALTH INSURANCE PLANS AND POLICIES OFFERED OUTSIDE THE EXCHANGE MUST NOT PROVIDE COVERAGE FOR ELECTIVE ABORTIONS EXCEPT BY OPTIONAL SUPPLEMENTAL COVERAGE FOR ABORTION WHICH MUST BE PAID BY A SEPARATE PREMIUM; AND TO ESTABLISH THE PROCEDURES FOR PROVIDING ELECTIVE ABORTION COVERAGE

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 1, Chapter 71, Title 38 of the 1976 Code is amended by adding:

“Section 38‑71‑295. (A) Pursuant to Section 1303(a)(1), as amended by Section 10104(c), of the Patient Protection and Affordable Care Act, Pub. L. No. 111‑148, all qualified health plans offered through the state Exchange are prohibited from including elective abortion coverage. Nothing in this section shall be construed as preventing anyone from purchasing optional supplemental coverage for elective abortions for which there must be paid a separate premium in accordance with subsection (D) in the health insurance market outside of the state Exchange.

(B) No health plan, including health insurance contracts, plans or policies, offered outside of the Exchange, but within the State, shall provide coverage for elective abortions except by optional separate supplemental coverage for abortion for which there must be paid a separate premium in accordance with subsection (D).

(C) For purposes of this section, an ‘elective abortion’ means an abortion for any reason other than to prevent the death of the mother upon whom the abortion is performed; provided, that an abortion may not be deemed one to prevent the death of the mother based on a claim or diagnosis that she will engage in conduct which will result in her death.

(D) The issuer of any health plan providing elective abortion coverage:

(1) shall calculate the premium for such coverage so that it fully covers the estimated cost of covering elective abortions, per enrollee, determined on an average actuarial basis, in calculating which the issuer of the plan may not take into account any cost reduction in any health plan covering an enrollee estimated to result from the provision of abortion coverage, including prenatal care, delivery, or postnatal care;

(2) if the enrollee is enrolling in a health plan providing any other coverage at the same time as the enrollee is enrolling in a plan providing elective abortion coverage, shall require a separate signature, distinct from that to enroll in the health plan providing other coverage, in order to enroll in the separate supplemental plan providing elective abortion coverage;

(3) shall provide a notice to enrollees, at the time of enrollment, that:

(a) specifically states the cost of the separate premium for coverage of elective abortions, distinct and apart from the cost of the premium for any health plan providing any other coverage in any health plan covering an enrollee;

(b) states that enrollment in elective abortion coverage is optional; and

(c) if the enrollee is enrolling in a health plan providing any other coverage at the same time as the enrollee is enrolling in a plan providing elective abortion coverage, states that the enrollee, may choose to enroll in the plan providing other coverage without enrolling in the plan providing elective abortion coverage.

(E) The issuer of any health plan providing any coverage other than elective abortion shall not discount or reduce the premium for such coverage on the basis that an enrollee has elective abortion coverage.

(F) Any employer who offers employees a health plan providing elective abortion coverage shall, at the time of beginning employment, and at least once in each calendar year thereafter, provide each employee the option to choose or reject elective abortion coverage.

(G) Any entity offering a group health plan providing elective abortion coverage, other than employers offering such a plan to their employees shall, at the time each group member begins such coverage, and at least once in each calendar year thereafter, provide each group member the option to choose or reject elective abortion coverage.

(H) Nothing in this section shall be construed to apply in circumstances in which federal law preempts state health insurance regulation.”

SECTION 2. This act takes effect upon approval by the Governor.

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