

Amend SB 859 on third reading by adding the following appropriately numbered SECTIONS to the bill and renumbering subsequent SECTIONS of the bill accordingly:

SECTION \_\_\_\_\_. Title 8, Insurance Code, is amended by adding Subtitle K to read as follows:

SUBTITLE K. FEDERAL PATIENT PROTECTION AND AFFORDABLE CARE ACT  
CHAPTER 1671. COVERAGE FOR ABORTION; PROHIBITIONS AND REQUIREMENTS

Sec. 1671.001. DEFINITIONS. In this chapter:

(1) "Abortion" has the meaning assigned by Section 171.002, Health and Safety Code.

(2) "Qualified health plan" has the meaning assigned by Section 1301(a) of the Patient Protection and Affordable Care Act (Pub. L. No. 111-148). The term includes a health plan offered through a health group cooperative in accordance with Subchapter B, Chapter 1501.

Sec. 1671.002. PROHIBITED COVERAGE. (a) A qualified health plan may not provide coverage for an abortion other than coverage for an abortion performed when a life-threatening physical condition is aggravated by, caused by, or arises from a pregnancy that, as certified by a physician, places the woman in danger of death or a serious risk of substantial impairment of a major bodily function unless an abortion is performed.

(b) Subsection (a) does not authorize coverage for an abortion based on a potential future medical condition that may result from a voluntary act of the woman or minor after the abortion is performed.

(c) Except as provided by Subsection (a), the issuer of a qualified health plan may provide coverage for an abortion only if:

(1) the coverage is provided to an enrollee separate from other health benefit plan coverage provided by the qualified health plan issuer;

(2) the enrollee pays for coverage for abortion separate from, and in addition to, the premium for coverage under the qualified health plan; and

(3) the enrollee provides a signature for coverage for abortion, separate and distinct from the signature required for coverage under the qualified health plan.

SECTION \_\_\_\_\_. The change in law made by Chapter 1671, Insurance Code, as added by this Act, applies only to a qualified health plan that is delivered, issued for delivery, or renewed on or after January 1, 2012. A qualified health plan offered that is delivered, issued for delivery, or renewed before January 1, 2012, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.