

HB1322_L.005

HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Public Health Care & Human Services.HB16-1322 be amended as follows:

- 1 Amend printed bill, page 2, line 2, after "10-16-104," insert "**amend** (3)
2 (a) (I) and (18) (a) (I) introductory portion; and"
- 3 Page 2, strike line 5 and substitute "**rules. (3) Maternity coverage.**
4 (a) (I) All group sickness and accident insurance policies providing
5 coverage within the state and issued to an employer by an entity subject
6 to part 2 of this article, all group health service contracts issued by an
7 entity subject to part 3 or 4 of this article and issued to an employer, all
8 individual sickness and accident insurance policies issued by an entity
9 subject to part 2 of this article, and all individual health care or indemnity
10 contracts issued by an entity subject to part 3 or 4 of this article, except
11 supplemental policies covering a specified disease or other limited
12 benefit, shall insure against the expense of normal pregnancy and
13 childbirth or provide coverage for maternity care and provide coverage
14 for contraception in the same manner as any other sickness, injury,
15 disease, or condition is otherwise covered under the policy or contract;
16 EXCEPT THAT COVERAGE FOR CONTRACEPTION SHALL BE CONSISTENT
17 WITH THE REQUIREMENTS IN PARAGRAPH (b.5) OF SUBSECTION (18) OF
18 THIS SECTION. Individual sickness and accident insurance policies or
19 contracts may exclude coverage for pregnancy and delivery expenses on
20 the grounds that pregnancy was a preexisting condition. The exclusion for
21 the pregnancy as a preexisting condition under the policy or contract shall
22 not apply for any subsequent pregnancies. Group sickness and accident
23 insurance policies or contracts shall not exclude coverage for pregnancy
24 and delivery expenses on the grounds that pregnancy was a preexisting
25 condition.
- 26 (18) **Preventive health care services.** (a) (I) The following
27 policies and contracts that are delivered, issued, renewed, or reinstated on
28 or after January 1, 2010, must provide coverage for the total cost of the
29 preventive health care services specified in ~~paragraph (b)~~ of this
30 subsection (18):
- 31 (b.5) (I) FOR PURPOSES OF".

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