

DC Obamacare Exchange Plans All Pay for Abortion

States around the country have now rolled out their health care exchange plans, which allow citizens without health insurance to choose private health care plans or multi-state plans (MSPs) in exchanges created by either the state or the federal government. Before the Affordable Care Act (ACA) became law, many pro-life leaders and others with moral objections to having elective abortion covered in their health care plans were concerned they would be forced into purchasing health plans that cover abortion. It turns out their concerns were well-founded.

As a pro-life American and resident of Washington, D.C., I wanted to make sure there was a plan available under the exchange that did not cover elective abortion. After making quite a few calls to insurance companies and D.C. health exchange representatives, it appears that there is no way to avoid buying a plan that covers elective abortion in D.C. This, despite the fact that the ACA stipulates at least one MSP offered in each state must not cover elective abortion (PPACA 1334(a)(6)).

Three insurance companies offer private health care plans under the D.C. exchange—CareFirst Blue Cross Blue Shield; Kaiser Permanente; and Aetna. There are four MSPs offered in D.C. MSPs are administered by the federal government through the Office of Personnel Management (OPM). All four MSPs in D.C. are offered through Blue Cross Blue Shield.

When I called, the female representative at Blue Cross was very polite and helpful. I asked her to tell me which plans offered under the D.C. health exchange include elective abortion coverage. She replied that it “looks like they all do” and transferred me to a representative who told me that

all the Blue Cross plans offered under the D.C. exchange cover elective abortion. Just to clarify, I asked her whether my premiums would cover other people's abortions, and she replied that my statement was correct.

Next, I contacted Kaiser Permanente, where a representative assured me that abortion is covered under all individual and family plans offered in the D.C. exchange. I then contacted Aetna, the final carrier under the D.C. exchange, and was happy to hear from a representative that Aetna plans do not cover abortion. That relief, however, was short lived.

After I spoke to a representative from each insurance company within the D.C. exchange, I contacted the D.C. exchange, D.C. Healthlink. The representative was very cordial, introduced herself and asked how she could help. I inquired about whether, as a D.C. resident, I could purchase a plan that excluded elective abortion coverage. She replied that she thought all the plans covered abortion but that she would check for me. I was put on hold, and when she returned, she informed me that abortion was a "central benefit" and that "all qualified health plans" offered through the D.C. exchange are required to cover "preventative services," which, in D.C., covers elective abortion, according to this representative.

Knowing that the MSPs are required by law to offer one plan that does not include elective abortion, I asked specifically whether there were any MSPs that did not cover elective abortion. The representative replied that all the MSPs cover elective abortion because it is deemed an "essential benefit." I then asked very pointedly, "So, there's nothing I can do? ... I'm going to have to pay for abortion no matter what?" She responded, "Yes, because it is listed as an essential benefit." I reiterated, "Even in the MSPs?" She replied, "Yes."

Thus, my hope that I could at least have the option of purchasing a non-abortion-covering plan under the exchange

from Aetna was dashed.

Two weeks later, I called back to D.C. Healthlink to confirm the information I was given in my first call. At this point, I was still holding on to the possibility that the previous representative had been mistaken. A different representative answered my call and, after conferring with her manager, confirmed that, in fact, what the previous representative told me was correct. All D.C. health exchange plans, both private and MSP plans, require coverage of elective abortion as an "essential benefit." If this statement is correct, then the MSPs in the District of Columbia are violating the provision of the ACA that requires at least one plan to not cover elective abortion.

I asked the representative to send me the information about essential benefits. She replied that I could just find it on the website. When I told her I was unable to find abortion listed as a benefit on the site, she proceeded to read to me the list of essential benefits from the site. Abortion was not listed, but "preventative services" is listed. I asked her whether abortion was covered under "preventative services," as I had been told previously. She replied that it was and that abortion coverage is mandatory for the D.C. market. She also told me that for more detailed information on essential benefits, I could click on the link to below the list of benefits.

The link brought me to a lengthy list of essential benefits on the federal site. Abortion is not covered in this list. Thus, it appears that federally, elective abortion is not an "essential benefit," although in D.C. it is. In fact, the ACA specifically states that nothing in the law "shall be construed to require a qualified health plan to provide coverage" of abortion services as part of its essential benefits and that issuers of qualified health plans make the final determination as to whether or not the plan provides abortion coverage (PPACA 1303 (a)(1)(A)(i) and (ii)). Since

abortion is not covered in “essential services” on the federal health care site, linking to the site on the D.C. exchange page is very misleading for the consumer.

If I had not made calls to D.C. Healthlink, I would have assumed abortion was not covered in the D.C. plans. There is no other way for the consumer to know that abortion is covered under the “essential benefits” or “preventative services” labels. If, in fact, the representatives are wrong and there is a plan in D.C. that does not cover elective abortion, the District of Columbia needs to retrain its representatives and make sure they are equipped to handle inquiries into coverage accurately.

Despite assurances from the Obama administration that citizens will not be forced under Obamacare to pay for abortion services in their health plans, this is exactly what is happening in D.C. And if it is happening here, it is surely happening elsewhere around the country. Additionally, the premium support tax credits offered under the ACA violate the principles of the Hyde Amendment by allowing federal dollars to pay for and subsidize these plans even if they include elective abortion. The government provides direct payments through the Treasury Department to offset the costs of health coverage for people purchasing plans in the exchanges if they meet specific income requirements.

The advanceable and refundable tax credits are paid directly from the government and can be used to purchase health care plans even if they cover elective abortion. The Hyde Amendment prohibits federal funds to be used to pay the cost of health plans that cover abortion under the annual Labor, Health and Human Services spending bill. The ACA spends money directly by bypassing that bill so Hyde does not apply. The Stupak-Pitts Amendment, which was adopted by the House but rejected in the Senate, would have applied the Hyde principles to the ACA. Because the Stupak Amendment was rejected, the ACA is able to spend funds directly to assist in paying for premiums of plans

that cover abortion on the exchanges.

The ACA also employs an accounting gimmick in order to try to avoid controversy in the coverage of plans that include abortion. The abortion scheme in the ACA requires insurance companies to collect a separate surcharge from all enrollees in plans that cover elective abortion so that it is "separate" from the rest of the coverage costs that are subsidized by the government. The ACA requires that this separate surcharge be no less than \$1 per enrollee (PPACA 1303(a)(2)(B); PPACA 1303(a)(2)(D)(ii)(III)). The consumer, however, will have no way of knowing whether a plan includes elective abortion until he enrolls because the ACA also employs a secrecy clause, which specifically dictates that insurance companies inform consumers about abortion coverage "only as part of the summary of benefits and coverage explanation, at the time of enrollment, of such coverage (PPACA 1303(a)(3)(A))." Once enrolled, the enrollee will not have any way of knowing how much he is paying toward coverage of elective abortion through the required surcharge because the ACA also prohibits insurance companies from disclosing that information. Insurance carriers can only provide information "with respect to the total amount of the combined payments" for abortion services and all other services under the plan (PPACA 1303(a)(3)(B)).

It is outrageous to require consumers to purchase a product before they know whether or not it will require them to pay for procedures that violate their fundamental beliefs. We must push for an open and clear description of all benefits covered in plans on the exchange so that consumers are not misled into buying insurance that violates their conscience.

In order to rectify this egregious situation, Rep. Chris Smith, Rep. Dan Lipinski, Rep. Diane Black and Rep. Vicky Hartzler have introduced a bill that would require insurance companies to disclose information regarding abortion coverage and abortion surcharges to consumers. The Abortion Insurance

Full Disclosure Act (H.R. 3279) would require prominent, transparent disclosure of abortion coverage for each plan offered on an exchange. This measure is essential to the protection of conscience rights and religious liberty.

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