



***Mountaineers are not protected from funding abortion
in the new Health Care Exchange.***

West Virginians began signing up for insurance policies through the new Health Care Exchange as permitted by the Affordable Care Act Law (ACA) on October 1st and will begin accessing insurance on January 1st. It is past time that West Virginia State Government took action to ensure that taxpayer funds are not being used to fund abortion in this new system. West Virginians deserve the assurance, to the degree that can be permitted by law, that taxpayer dollars are not being used to fund abortion.

The ACA provides us the opportunity to opt-out of paying for abortion!

West Virginians for Life has worked to alert our state leaders to the need to take action.

--- They have failed to act, so now, *you* must act ---

What must the leaders of our state do?

States that want to protect their citizens from funding abortion in the insurance policies must pass legislation which complies with the ACA provision for opt-out of abortion funding. Nearly half the states have done this. The leaders of the West Virginia state legislature must put this bill on the agenda in the 2014 legislature, pass it out of the committees, vote on it in both chambers and send it to the Governor for his signature.

What can I do?

- Spread the word! Tell everyone you know that they must act to tell our state leaders that the people of West Virginia want them to pass the Opt-Out bill.
- Let your representatives in the State Legislature (1-877-565-3447) and the Governor (1-888-438-2731) know that you do not want taxpayer funding of abortion in the Health Care Exchange.
- Sign the petition in support of the ACA Opt-Out Abortion Provision. It can be downloaded from wvforlife.com. Encourage others to sign the petition as well!

**Abortion is not health care. It does not save life but ends it.
West Virginians are against taxpayer funds supporting the abortion industry.
They want their state representatives to eliminate such funding.
It is time to take a stand for life! Pass the word!**

The ACA provides us the opportunity to opt-out!

The Affordable Care Act (ACA), the federal health care reform legislation enacted in March 2010, requires that all 50 states operate insurance “exchanges” to provide more access to health plans and information about plans for both individuals and employers. The ACA contains a provision allowing the states to exclude abortion as a covered benefit in the health insurance plans operating under the exchange. This provision is known as “the abortion opt-out.” *As of July of 2013, twenty-three states have chosen to pass legislation to Opt-out of taxpayer funding abortion in the Health Care Exchange.*

Describe the Opt-out provision.

- (1) Every policy offered in the exchange, by law, must be prevented from providing abortion coverage.
- (2) Those who want abortion coverage will have to look for that coverage outside of the exchange and must pay for it themselves.
- (3) Each policy in the exchange will provide coverage for rape or incest or to preserve the life of the mother.

How does the new law subsidize the purchase of insurance policies that include abortion?

Current federal law prohibits the use of federal money to directly pay for abortions and *to purchase insurance policies that include abortion*. For example, federal employees are not provided health coverage directly from the federal government. Like most of us, they are covered by insurance policies, the premium for which is paid, at least in part, by the employer, which in this case, is the federal government. Employees can choose from hundreds of plans. However, because federal dollars are involved, the Hyde Amendment applies and *none* of those plans can include abortion.

Congress failed to apply this policy to the new health care reform law. Under the new law, many Americans will have at least part of their insurance premiums paid by the federal government, though you won't see it directly. Unlike the federal employee system, the plans you can buy can include abortion.

But I thought the money for abortion was paid for by the individual and kept separate?

To maintain the appearance that federal money is not being used to cover abortion, the law states that if an individual chooses a plan that covers abortion, the person must write two checks, one for the coverage of abortion and one for everything else. The federal government adds its own money stream to help cover the individual's premiums. Only the “abortion” money paid by the individual is supposed to be used to pay for abortions. However, the fact remains that the policy subsidized by the federal government includes abortion and that the funding segregation does not alter the fact that money from one pocket is being transferred to another. Moreover, the “segregation” policy presents another problem in that it forces people to pay for someone else's abortion.

How can I end up paying for other people's abortions even if I am morally opposed?

The Act mandates that insurance companies deciding to cover elective abortions in a health plan “shall . . . collect from each enrollee in the plan (without regard to the enrollee's age, sex, or family status) separate payment” for such abortions. While the Act says that one plan in each exchange will not cover elective abortions, every other plan may cover them – and everyone purchasing those plans, because they best meet his or her family's needs, will be required by federal law to fund abortions. *No accommodation is permitted for people morally opposed to abortion*. This creates a more overt threat to conscience than insurers engage in now, because in many plans receiving federal subsidies everyone will have to make separate payments solely and specifically for other people's abortions. Saying that this payment is not a “tax dollar” is no help if it is required by government and dispersed with government funds.

Will everyone have to pay the “abortion premium?”

That depends. Any family that has to buy a subsidized plan that happens to cover abortion—for example, because its coverage or provider network are necessary to meet the family's health needs—will be forced by the new law to provide a separate payment, on a regular basis, solely to pay for other enrollees' abortions. There are no exceptions.

What if there are no plans in my areas that do not include abortion?

The law requires that there be at least one plan within a regional exchange that does not cover abortion. However, not every plan will be identical. It may be that the plan or plans within the regional exchange that do not cover abortion do not meet your family's needs for other reasons. You may be forced to choose a plan that includes abortion.

Doesn't the Hyde Amendment apply to the new law?

No. The Hyde Amendment, which for years has prohibited federal money from paying for abortions - except in the case of rape, incest, and life of the mother – *and* from being used to purchase insurance policies that include abortion, does not apply to the new law. The Hyde Amendment, which must be passed annually, only applies to appropriation bills with the amendment attached, in this case, the appropriations bill for the Department of Health and Human Services.

Didn't the executive order signed by President Obama fix these problems?

No. An executive order cannot change provisions of the new law or run afoul of the interpretation that courts will give to the new law. In fact, the executive order signed by the President does not even purport to fix the law's funding problems.