

How Obamacare Will Subsidize Abortion

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With all the attention focused on Ted Cruz's attempt to defund Obamacare in the continuing resolution, some of the law's parade of horrors are momentarily out of view. Come October 1, those horrors will resume their onward march as the law's impact on subsidizing elective abortion will begin to become clearer.

One area that deserves special scrutiny is the feature known as Multi-State Plans (MSPs). This provision of Obamacare represented a partial victory for progressive forces who favored a national, single-payer system. In its place they accepted a category of health-insurance plans managed by the Office of Personnel Management under contracts with private insurance companies. [Unlike the federal employee health plans](#), which are available only to federal workers and their families, these MSPs are guaranteed a place on each state (and District of Columbia) health-care exchange and will therefore be available to every resident of the United States. By virtue of being offered on the exchanges, premiums paid to purchase these plans will be eligible for the generous scheme of subsidies created under Obamacare.

Passage of MSPs required one other major finesse from Democrats on the Hill. In order to deal with the abortion coverage MSPs might provide, the law stipulated that each state must have at least two MSPs and that at least one of them must be a plan that confines its abortion coverage to situations defined by the Hyde Amendment, which are, to simplify a bit, cases of rape, incest, or where the life of the mother is in danger. While the law provided no specific assurance that the other MSPs (one or possibly many more) would cover elective abortion, it has seemed clear from the start (and blisteringly obvious from observing its past patterns) that the Obama administration would ensure that abortion-covering state plans (let's call them ASPs) would be available everywhere possible (especially inasmuch as the MSP program might ultimately prove a gateway to single-payer).

The only obstacle standing in the way of this is substantial, a separate provision of Obamacare that recognizes the right of the states to exclude ASPs from their exchanges. On the eve of opening the exchanges for consumers to choose a plan and gain a major tax break in 2014, where do MSPs stand?

[Twenty-three states](#), all of which have had Hyde Amendments governing their Medicaid plans in place for years, have banned ASPs from their exchanges. If United Health Care, CareFirst, Aetna, or another large insurer creates an ASP for purchase in New York, Vermont, or California, that plan can be offered in Virginia, Missouri, and 21 other states only if the elective-abortion coverage is excluded. ASPs can, however, be offered and heavily promoted in 27 states and the District of Columbia. Keep in mind as well that Obamacare fully finances (at first) the

expansion of Medicaid in states that agree to sign on. At present, 17 states (13 of them by court order) fully fund elective abortion using state money in their health programs for the poor.

Is all this a tempest in a teapot with little effect on publicly supported abortion? Far from it. [An analysis by the Charlotte Lozier Institute published this week](#) suggests that the number of abortions that will be heavily subsidized via federal premium tax credits and Medicaid expansion is likely to be between 71,000 and 111,500 *per year*. This approaches one in ten abortions performed in the United States. The number is split roughly 50-50 between abortions subsidized by the ASPs in states that have not barred them from their exchanges and abortions newly reimbursable under Medicaid expansion in states that use their own taxpayer funds to underwrite them.

Social conservatives are rightly alarmed about the impact of Obamacare on abortion subsidies and reimbursement. They are also right to avoid naiveté about the ways in which OPM and Kathleen Sebelius's Department of Health and Human Services will steer girls and women toward the ASPs as their best choice for "comprehensive reproductive health care." One way is to engage Planned Parenthood and other elements of the abortion industry as major recruiters for these plans via the Navigator program, which is already underway. Look for the extra prominence of ASPs on government web sites and in promotional literature, where euphemisms may abound and default buttons can funnel applicants toward particular choices.

Whatever the outcome of the current maneuvers over defunding Obamacare in the continuing resolution, issues like MSPs and ASPs assure that the collateral battlegrounds will remain hot. We have passed the law and now we are beginning to find out what is really in it.

— *Chuck Donovan is the president of the Charlotte Lozier Institute.*