



ABORTION COVERAGE IN PLANS OFFERED ON THE INSURANCE EXCHANGE

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MULTI-STATE PLANS

For more information on the multi-state plan program, see Health Affairs' health policy [brief](#) and the U.S. Office of Personnel Management's [website](#).

QUESTIONS

Is there a state or federal requirement that the state health insurance exchange offer at least one plan that does not cover elective abortion services? Is Access Health CT, Connecticut's insurance exchange, compliant with such a requirement?

SUMMARY

Neither federal nor state law explicitly requires the state's health insurance exchange to offer a plan that does not cover elective abortion services. Rather, the federal Patient Protection and Affordable Care Act (ACA) requires the U.S. Office of Personnel Management (OPM) to administer a multi-state plan program across all health insurance exchanges in all states.

Under the multi-state plan program, OPM must certify at least two health insurance issuers to offer at least two plans in each state's exchange. At least one of these multi-state plans must not cover elective abortion services (i.e., those beyond what federal law permits, which is to save the life of the woman and in cases of rape or incest). The ACA allows OPM to phase in the multi-state plan program. It requires the issuers to offer the plans in at least 60% of all states in 2014, 70% in 2015, 85% in 2016, and 100% in 2017 and thereafter (ACA, § 1334).

Access Health CT does not yet offer these multi-state plans. It currently plans to offer a multi-state plan for 2015 and is in discussions with OPM on this matter.

ADDITIONAL ABORTION COVERAGE PROVISIONS IN THE ACA

The ACA requires all plans offered on a state's health insurance exchange to provide coverage for certain essential health benefits. However, it explicitly excludes elective abortion services from the list of essential health benefits (ACA, § 1303). Instead, it allows a health insurance issuer to determine whether or not its plans cover elective abortion services.

The ACA allows states to adopt legislation to prohibit abortion coverage in plans offered through an exchange. Connecticut has not adopted such legislation, but, according to the National Conference of State Legislators (NCSL), at least 21 states have enacted legislation to restrict coverage for abortion in their insurance exchanges: Alabama, Arizona, Arkansas, Florida, Idaho, Indiana, Kansas, Louisiana, Mississippi, Missouri, Nebraska, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, Virginia, and Wisconsin.

In states that do not prohibit the coverage of abortions in plans offered through an exchange, the ACA requires that no federal funds be used to pay for the coverage. Thus, for plans that offer abortion coverage and include enrollees who receive federal subsidies, the issuers must collect two premium payments from each enrollee—one for the value of the abortion coverage and one for the value of all other covered services. The ACA directs state insurance commissioners to oversee and monitor this required segregation of funds. The Connecticut Insurance Department is conducting this oversight, per Bulletin No. [FS-27](#) (September 10, 2013).

RELATED RESOURCES

- Health Affairs' Health Policy Brief, *The Multi-State Plan Program* (April 3, 2013), https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=89 (last viewed April 11, 2014)
- NCSL, *Health Reform and Abortion Coverage in the Insurance Exchanges* (April 2014), <http://www.ncsl.org/research/health/health-reform-and-abortion-coverage.aspx> (last viewed April 11, 2014)

- Kaiser Family Foundation Issue Brief, *Coverage for Abortion Services and the ACA* (January 2014),
<http://kaiserfamilyfoundation.files.wordpress.com/2014/01/8542-coverage-for-abortion-services-and-the-aca3.pdf> (last viewed April 11, 2014)

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