Fact Sheet: Trump Administration's New Rule Erects Barriers to Abortion Coverage

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On December 27, 2019, the Department of Health and Human Services (HHS) officially published a final rule, entitled Patient Protection and Affordable Care Act; Exchange Program Integrity. The rule reinterprets section 1303 of the ACA (often referred to as the Nelson Amendment) to impose additional administrative burdens on insurance issuers, ACA marketplaces, and ultimately, consumers. The rule is scheduled to become effective on February 25, 2020, and the rule's new abortion billing and payment requirements must be implemented by June 27, 2020. It will require insurers that offer plans with abortion coverage on the ACA marketplaces to begin sending consumers two separate bills per month—one for abortion coverage, and one for the rest of the consumer's insurance premium— and then telling consumers to write two checks, submit two money orders, or make two online payment transactions every month.

In summary, **this rule would undermine private insurance coverage of abortion for the millions receiving coverage on the Affordable Care Act (ACA) individual marketplaces.** It is part of the Trump-Pence administration's continued efforts to stigmatize and eliminate access to and coverage for sexual and reproductive health care services, and will make it more difficult for people to get health coverage of abortion through plans sold on the ACA individual marketplaces.

The rule could lead to millions of consumers losing abortion coverage or paying more for health coverage. It is a transparent attempt by the administration to destroy abortion coverage in private plans on the ACA exchanges.

- By the Trump administration's own account, **more than 3 million consumers would be affected by the rule's onerous restrictions. The rule would also affect one-third of the individual-market exchange plans nationwide, including every individual plan offered on the marketplace in Maryland.**
- **The rule will be devastating to Planned Parenthood patients,** including the many patients of Planned Parenthood of Maryland, Inc., who rely on insurance purchased through state ACA exchanges to cover their health care needs, including abortion. Without coverage, these patients will be forced to pay for services out-of-pocket and will further strain the resources Planned Parenthood has available to help patients with financial need in every way possible.
- **Plans in states that permit, but do not require, abortion coverage may drop coverage of abortion altogether to avoid the rule's administrative burdens.** And consumers may be confused by the rule's requirements and fail to make the two premium transactions every month, putting their health coverage at risk.
- Additionally, consumers may find the process overly burdensome and elect to not be covered by a plan that includes abortion coverage.

- The final rule acknowledges that the cost of implementing the requirements **will result in increased insurance premiums for consumers, and cost more than $1 billion by 2024.**
- The absence of abortion coverage can result in sizable out-of-pocket costs. A clinic-based abortion at 10 weeks' gestation is estimated to cost between $400 and $550, whereas an abortion at 20-21 weeks' gestation is estimated to cost $1,100-$1,650 or more. Abortions that take place later in pregnancy can cost even more, particularly if they are performed in a hospital.
- When there aren't government-imposed barriers to abortion coverage, plans typically cover abortion. For instance, in the employer-sponsored insurance market, where state abortion restrictions typically don't apply, nearly 90 percent of the plans cover abortion.
- **There is widespread opposition to this rule among the medical and insurance community.** The American Medical Association, American College of Obstetricians and Gynecologists, and American College of Physicians, among other health care experts, oppose this rule because it interferes with a patient's ability to get care. More than 70,000 individuals, health plans, state regulators, consumer advocacy organizations, and activists commented on this rule during a public comment period, and nearly all opposed it.

The onerous rule creates endless red tape and puts coverage at risk by segregating abortion coverage from all other forms of health care.

- The Trump-Pence rule requires health plans on the individual marketplace that generally cover abortion to send consumers two separate paper or electronic bills every month, and instructs the plan's enrollees to make separate payments in two separate transactions (at least a $1 payment for abortion coverage and another for the remainder of their premium). No other health care service is required to be treated this way in the marketplace.
- This means people submit two checks, two money orders, or two electronic payments through separate online transactions every month to have abortion coverage.
- The rule does not prevent consumers from having their plan cancelled if they repeatedly fail to make the second, abortion-related premium payment.
- States will be tasked with enforcing these burdensome requirements in their states, and the rule will impose new costs on state ACA marketplaces, too.
- HHS concedes that the rule is not required by the ACA and is not based on evidence of issuers' non-compliance with an ACA requirement that federal funds not be used to cover abortion (with limited exception). **HHS has not identified a *single* quantifiable benefit from the rule.**