

STUPAK AMENDMENT FACTS

Does the Stupak amendment ban federally funded abortions in H.R. 3962?

Yes, except for cases of life, rape and incest.

Section 265(a) of the House bill prevents federal funding for abortion except in “the case where a woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself, or unless the pregnancy is the result of an act of rape or incest.”

Does the Stupak amendment ban federal funds for plans that include coverage of elective abortion?

Yes, except for cases of life, rape and incest.

Section 265(a) prevents federal funding from paying for “any part of the costs of any health plan that includes coverage of abortion” except in the case of life, rape or incest.

Does the Stupak amendment ban individuals from purchasing entire health plans on the Exchange if the plan includes abortion coverage?

No.

Section 265(b) of the House bill states that nothing in this section prevents “any nonfederal entity (including an individual or a State or local government) from buying “separate supplemental coverage for abortions,” or “*a plan that includes such abortions*” as long as: 1) “such coverage or plan is paid for entirely using only funds not authorized or appropriated by this Act,” and 2) the premiums for such coverage is not paid for with an “affordability credit” or any nonfederal funds required for a State or locality’s Medicaid matching fund contribution.

Does the Stupak amendment ban insurers on the Exchange from offering abortion riders?

No.

Section 265(c) specifically states that nothing in this section restricts a nonfederal insurer from offering on the Exchange “separate supplemental coverage for abortions” or “a plan that includes such abortions,” as long as the premiums for such coverage or plan are not paid for under this bill, the administrative costs are paid for with premiums only for that coverage or plan, and that any insurer who offers a plan on the Exchange with abortion coverage also offer an identical plan on the Exchange that does not cover abortion.

Conscience Rights: Does the House passed health care bill protect conscience rights of health care providers?

Yes.

Rep. Stupak offered an amendment accepted in the Energy and Commerce Markup to protect the conscience rights of individuals, providers and entities with regard to abortion. Section 259(a) of H.R. 3962 as passed states that the federal government, or a state or local government receiving federal funds may not: (1) subject any individual or institutional health care entity to discrimination; or (2) require any health plan created or regulated under this Act (or an amendment made by this Act) to subject any individual or institutional health care entity to discrimination” because the entity does not “provide, pay for, provide coverage of, or refer for abortions.”

The Senate bill does not include the Stupak conscience provision. Instead, it contains a provision that does not protect prolife plans, but only facilities and providers who object to abortion on religious grounds. It also offers protections for abortion facilities and providers, which would make it difficult for prolife plans that object to including abortionists in their network.

Does the Senate bill require individuals to pay for other people’s abortions?

Yes.

Section 1303(a) of H.R. 3590 allows federal subsidies to pay for Exchange plans that include elective abortion. It merely requires an accounting gimmick, so that enrollees in an abortion covering plan would make two payments: one for the cost of abortion in the plan, which would be placed in a separate account from the second payment that covers the cost of the rest of the plan. Therefore, everyone enrolled in such a plan would have to make an abortion payment. Even Secretary Sebelius on December 22, describes this accounting scheme saying: “That would be an accounting procedure, but everybody in the exchange would do the same thing, whether you’re male or female, whether you’re 75 or 25, you would all set aside a portion of your premium that would go into a fund, and it would not be earmarked for anything, it would be a separate account that everyone in the exchange would pay.” Secretary Sebelius continued “...it’s really an accounting that would apply across the board and not just to women, and certainly not just to women who want to choose abortion coverage.”

Does the Senate passed bill uphold the Hyde amendment principles?

No.

H.R. 3590 passed by the Senate allows taxpayer funds to pay premiums for health insurance plans that include elective abortion, a direct violation of the principle contained in the Hyde amendment. The Hyde amendment says that no federal funds (under the LHHS bill) may pay for elective abortion or for “health benefits coverage” that includes elective abortion. It clarifies that this does not restrict nonfederal funds, other than Medicaid matching funds, from paying for abortion or abortion plans. The Stupak amendment applied these Hyde principles to the House health bill. The Senate bill directly violates these principles.