

Supplemental Insurance Coverage of Abortion Only Further Guarantees the End of All Private Insurance Coverage of Abortion

Attempts by states to ban insurance coverage of abortion are sweeping the nation. These bills either ban insurance coverage of abortion in every private insurance plan in the state or in plans that will be operating in state exchanges established pursuant to the new federal health care law.¹ These bans endanger women's health and take away benefits that women currently have. In an attempt to make these dangerous bills seem less extreme, some permit insurers to offer supplemental insurance coverage of abortion. However, supplemental coverage of abortion is not a compromise; it is a false promise with the real goal of eliminating all private insurance coverage of abortion.

Supplemental Coverage of Abortion Takes Benefits Away from Women

Most private insurance plans cover abortion.² Replacing current coverage of abortion with separate supplemental coverage forces women to either anticipate an unexpected specific procedure or go without coverage. This results in women losing benefits they currently have.

Supplemental Coverage of Abortion is Unworkable and Does Not Provide a Genuine Option for Coverage

Existing data on supplemental coverage of abortion suggests that it simply does not work. In the five states that currently limit abortion coverage to supplemental coverage (ID, KY, MO, ND, OK), insurance companies told the *Washington Post* that abortion riders were unavailable.³ For example, North Dakota's largest provider, Blue Cross Blue Shield of North Dakota, told the *Post* that it "sells no abortion policies."⁴ The North Dakota Department of Insurance reported to the National Women's Law Center that it has no record of abortion riders from any of the five leading individual insurance plans in the state from at least the past decade. Similarly, representatives at the three largest insurance carriers in Missouri told the National Women's Law Center that they do not sell any plans with optional riders for abortion coverage.⁵ This means women in these states, even if they have otherwise comprehensive health insurance, are not covered for abortion. This is true even when the woman has a serious, permanent, and even life-shortening health condition, such as heart or lung disease, or where the fetus has an anomaly or condition incompatible with life.

Obtaining Supplemental Coverage for a Specific Procedure is Impractical and Undermines the Purpose of Health Insurance

Health insurance companies do not require individuals to guess which surgeries, specialist visits, or medication they will need. No one can guess which specific health services they will require in the future, including women who will face an unintended pregnancy or a pregnancy in which devastating complications arise. Individuals buy health insurance to ensure that they are covered for expected and unexpected health needs. To require separate coverage for one specific procedure defeats the purpose of insurance coverage and shared risk.

Supplemental Coverage of Abortion Unfairly Burdens Women

Women do not plan to have abortions, just as men and women do not plan to have appendectomies or surgery for a broken ankle. Requiring only women to purchase supplemental coverage for a medically necessary service results in a separate and distinct cost for women, rendering coverage for comprehensive health care more expensive for women than men. Already, on average, women have lower incomes than men and therefore have greater difficulty paying premiums, are more likely than men to have higher out-of-pocket health care expenses, and use more health care services than men.⁶ Supplemental coverage only exacerbates the burdens women face in obtaining and paying for health care.

Maternity Riders Illustrate the Inadequate Nature of Supplemental Coverage

Some who are pushing bans on insurance coverage of abortion with provisions permitting supplemental coverage point to supplemental coverage of maternity care as justification.⁷ But an extensive nationwide investigation into maternity care coverage in the individual market by the National Women's Law Center found that supplemental coverage for maternity care, when offered (which is rare), is expensive with unreasonably low benefit limits, requires long waiting periods before coverage takes effect, is limited in scope, and is no substitute for comprehensive maternity coverage.⁸

Additional Burdensome Restrictions on Supplemental Coverage Effectively Guarantee the Elimination of Insurance Coverage for Abortion

Many of the bills that ban insurance coverage of abortion but purportedly allow supplemental coverage contain additional restrictions that are meant to further discourage such coverage. These restrictions, such as requiring separate signatures from the woman and requiring various types of notice by insurers and employers, are extremely burdensome for those who want to offer such coverage and are designed to intimidate women who would seek to enroll in supplemental coverage for abortion. This effectively guarantees that no such supplemental coverage will exist.

Politicians who promote bans on insurance coverage of abortion and claim to offer women an alternative through supplemental coverage are holding out a false promise. Supplemental coverage of abortion is just another attempt to ban all private insurance coverage of abortion, thereby making abortion more difficult to obtain.

¹ See National Women's Law Center, *State Bans on Insurance Coverage of Abortion Are Sweeping the Nation, Endangering Women's Health and Taking Health Benefits Away from Women*, available at <http://www.nwlc.org/resource/state-bans-insurance-coverage-abortion-are-sweeping-nation-endangering-women%E2%80%99s-health-and-t#node-5696>.

² Guttmacher Institute, *Memo on Private Insurance Coverage of Abortion* (Jan. 19, 2011), <http://www.guttmacher.org/media/inthenews/2011/01/19/index.html>.

³ Peter Slevin, *Insurers Report on Use of Abortion Riders*, WA. POST, Mar. 14, 2010.

⁴ *Id.*

⁵ Research conducted by the National Women's Law Center, Sept. 2009.

⁶ Elizabeth M. Patchias & Judy Waxman, *The Commonwealth Fund*, *Women and Health Coverage: The Affordability Gap* (April 2007),

http://www.commonwealthfund.org/usr_doc/1020_Patchias_women_hlt_coverage_affordability_gap.pdf.

⁷ See, e.g., Lawrence Messina, Associated Press, *Lawmakers Seek to Limit Abortion Insurance*, CHARLESTON DAILY MAIL, Feb. 16, 2011, <http://www.dailymail.com/News/statehouse/201102160872>.

⁸ National Women's Law Center, *Nowhere to Turn: How the Individual Health Insurance Market Fails Women* (2008), <http://action.nwlc.org/site/DocServer/NowhereToTurn.pdf>.