



Written by [Raven Clabough](#) on December 23, 2019

these insurers would collect separate payments from each enrollee for the portion of the coverage of those services.

The rule contends both the non-abortion and abortion bills can be sent to the insured individuals in the same parcel via mail, but must send them separately if billing online, the CMS site states. Policy holders are also instructed to pay the bills in separate transactions, but the insurer may not terminate the policyholder's coverage if the individuals pay the amounts together.

As noted by Marjorie Dannenfelser, president of the Susan B. Anthony List, ObamaCare created the need for the CMS final rule because it expanded taxpayer-funded abortions by subsidizing insurance plans that cover abortion.

Life Site News reports that in 12 of 24 states that provided taxpayer-funded insurance plans, 80 percent of those plans covered on-demand abortion. According to Charlotte Lozier Institute's "Abortion in Obamacare" webpage, more than 1,000 ObamaCare plans sold in 2014 covered abortion on demand.

"The Obama administration allowed insurers to ignore the law by burying the abortion surcharge in plan documents instead of collecting it separately," Dannenfelser elaborates. "This new rule will ensure compliance so that 'separate' no longer means 'together' when it comes to funding abortion."

Predictably, the abortion giant Planned Parenthood lashed out at the final rule, claiming it will "wreck health insurance coverage for abortion" and calling it a "direct ATTACK at abortion access" on Twitter.

The abortion provider seems to openly admit it benefited from taxpayer-subsidized abortion services.

"The Trump administration's end goal has always been to make abortion as expensive and hard to get as possible. This rule must not stand, and we'll continue to fight against the administration's attacks on our health and rights," Planned Parenthood tweeted.

But Azar contends it is the role of all government agencies to ensure taxpayer dollars are not being misused.

"Being good stewards of taxpayer dollars and faithfully implementing the law are among the most important duties HHS has, and that's what we're doing with this rule," Azar said. "The rule is part of much broader efforts at CMS, under Administrator Verma, to improve program integrity and reduce improper payments."

The billing requirements in the final rule will be effective June 27, 2020, according to CMS, and the other provisions of the final rule become effective 60 days from the date it was issued.



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