

NFPRHA Opposes H.R. 1179 and S. 1467

NFPRHA strongly opposes H.R. 1179 and S. 1467, a set of companion bills both titled the “*Respect for Rights of Conscience Act of 2011*,” sponsored by Senator Blunt (R–MO) and Representative Fortenberry (R–NE). The bills seek to create loopholes for insurance plans and individuals who disagree with the requirements of the Patient Protection and Affordable Care Act (Public Law 111–148) based on religious principles.

What H.R. 1179 and S. 1467 claim to do

Opponents of the Affordable Care Act (ACA) claim that the law’s requirements infringe on the rights of insurance plan sponsors and beneficiaries. In reality, the law places health care decisions back into the hands of individuals and their families and out of the hands of insurance companies.

The bill sponsors suggest that individuals with moral or religious objections to specific services are unable, under the current law, to deny provision of those services that they find objectionable. Although the ACA does include an individual mandate for *coverage*, it does not include a mandate that individuals must *receive services* for which they have coverage. For example, a woman who enrolls in a plan that covers vasectomy could not possibly be required to receive a vasectomy, yet H.R. 1179 and S. 1467 imply that coverage necessitates receipt of services.

What H.R. 1179 and S. 1467 would actually do

As part of the significant insurance reform included in the ACA, all new, non–grandfathered insurance plans are required to cover certain essential health benefits (EHBs) and certain preventive services without cost–sharing to the patient. These bills would allow insurance plans to decline coverage of these benefits without penalty if the services meet the very broad definition of being “contrary to the religious beliefs or moral convictions of the sponsor, issuer, or other entity offering the plan... [or] of the purchaser or beneficiary of the coverage.”

Any plans or providers who do not “provide coverage of, participate in, or *refer for*” the services included in the EHB and the preventive services benefit would receive legal cover through these bills by claiming the services were morally or religiously objectionable. Allowing plans or providers to become exempt from providing service referrals to patients is particularly troubling because patients may be left with nowhere to turn for needed health care.

Under these bills, insurance companies could use the guise of moral objections to opt out of coverage they simply do not wish to provide, because any individual or entity may claim a violation of “conscience rights” for religious or moral objections, which are not clearly defined. For example, an insurance plan may not wish to cover maternity services because of the expense but may claim religious objections instead.

The proposed legislation creates extreme legal protection for opponents of these coverage mechanisms. Any individual or health plan could sue a state or the federal government on the basis of discrimination. This giant loophole would allow an individual to sue a state in which all exchange plans cover contraception, even though there is no requirement that the individual receive contraceptive services.

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These bills are designed to undermine the Affordable Care Act (ACA), a law NFPRHA strongly supports because it will expand health care coverage to millions of uninsured and underinsured Americans. H.R. 1179 and S. 1467 represent thinly veiled efforts to weaken the ACA by chipping away at essential components of the law.

The bills will not only lessen the important effect of the ACA, but will also prevent patients from receiving needed services. At a time when so many Americans are losing health coverage due to the recession, increasing access to services is more important than ever. These bills would do the opposite. NFPRHA strongly opposes H.R. 1179 and S. 1467.