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Editor, Times-Dispatch:

In his Op/Ed column, “Another effort to restrict coverage,” state Sen. Ralph Northam stated that, if the General Assembly were to restrict abortion coverage within the statewide health exchange that Virginia is in the process of implementing, it would be an “extreme amendment” and an “attempt at heavy-handed government oversight.”

Many people hold a very different view. In fact, many states have already excluded abortion coverage within their health exchanges.

In Virginia, the policy that Northam criticizes was approved by majorities in both the House and the Senate just two years ago. In 2011, the General Assembly enacted legislation expressing its initial intent that Virginia create and operate its own health exchange and included within that measure a provision to prevent health plans within Virginia’s exchange from covering abortion on demand.

Most abortions (that is, all abortions except for cases of rape, incest or danger to the life of the mother) have long been ineligible for federal funding in major health programs such as Medicaid and the Federal Employees Health Benefits Program. The provision the General Assembly adopted two years ago simply made the abortion coverage provisions within Virginia’s to-be-established health exchange consistent with the abortion coverage provisions that apply to these major health programs.

Now that Virginia has opted to utilize a federal exchange instead of creating its own state exchange, it is important the commonwealth reaffirm its 2011 decision to restrict abortion coverage. Our health care system should serve the life, health and consciences of all. Federal health care legislation should not become a vehicle for expanding abortion coverage or forcing people to pay for other people’s abortions.

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