



Written by [Brian Koenig](#) on January 24, 2013

Pennsylvania Hospital to Stop Delivering Babies

Faced with severe healthcare changes brought on by ObamaCare, one Pennsylvania hospital will be [closing](#) its obstetrics (OB) program by the end of March, forcing prospective mothers to look elsewhere to deliver their babies. ObamaCare has caused physicians across the country to either reduce the number of patients they see or abandon their practices altogether, resulting in the financial and administrative deficiencies Windber Medical Center (WMC) is now facing.



Based on estimated reimbursements under looming healthcare reforms, beginning April 1 the southwestern Pennsylvania hospital, located about 60 miles southeast of Pittsburgh in the town of Windber, will no longer perform baby deliveries, largely owing to physicians who are either leaving or shifting their focus to other practices.

Hospital officials assert that the number of women in the area of child-bearing age is dwindling and that the number of births the hospital would perform is insufficient, as they anticipate lower reimbursements under Obama's healthcare law. In a lengthy statement published on its [website](#), WMC cited several reasons for its decision:

Chairman of the Board, the Honorable David C. Klementik, expressed the feelings of the board by stating, "It is with heavy hearts that we inform the community that Windber Medical Center will be discontinuing its obstetric services." He remarked that it was a difficult decision, but coupled with the recent and potential future changes in WMC OB providers, industry trends and market analysis, the board concluded that the timeliness and cost of recruiting a new team of obstetricians may not be feasible and therefore, may not serve in the hospital's or community's best interest.

WMC President and CEO Barbara Cliff expressed sadness with the development, but described the hospital's vision to create a "comprehensive women's health care program" to provide the community with specialized women's services and superb medical care. "During the transition period, WMC will work closely with its expectant mothers and is currently in preliminary discussions with local providers to accommodate future births," the statement continued.

"Extensive and personalized communications will be shared with all current patients, and a WMC liaison will be available to answer any questions or concerns."

While a critical reason for WMC's decision is that four physicians are leaving its OB division, administrators acknowledged that not replacing them is due largely to its damaged financial condition. "Healthcare is expensive; the cost of healthcare continues to go up," [explained](#) David Vassilaros, director of Healthcare Reform and Regulatory Affairs with Capital Blue Cross. "The Healthcare Reform Act doesn't really address the cost of healthcare."

Meanwhile, bundled within ObamaCare's "individual mandate" — the provision requiring every American to purchase government-approved insurance (or pay a penalty) — is an "abortion premium mandate," which forces every individual carrying insurance that contains elective abortion coverage to



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subsidize a separate premium to fund abortion services. Meaning, many pro-life Americans will have to decide on either a plan that does not necessarily meet their medical needs, or a plan that might violate their religious or moral objections. LifeNews.com [explains](#) further:

As a knowledgeable pro-life source on Capitol Hill informed LifeNews, as authorized by Obamacare, “The final rule provides for taxpayer funding of insurance coverage that includes elective abortion” and the change to longstanding law prohibiting virtually all direct taxpayer funding of abortions (the Hyde Amendment) is accomplished through an accounting arrangement described in the Affordable Care Act and reiterated in the final rule issued today.

“To comply with the accounting requirement, plans will collect a \$1 abortion surcharge from each premium payer,” the source added. “The enrollee will make two payments, \$1 per month for abortion and another payment for the rest of the services covered. As described in the rule, the surcharge can only be disclosed to the enrollee at the time of enrollment. Furthermore, insurance plans may only advertise the total cost of the premiums without disclosing that enrollees will be charged a \$1 per month fee to pay directly subsidize abortions.”

The pro-life supporter added that the final HHS provision does not confront matters relating to abortion coverage in “multi-state” plans addressed by the federal government’s Office of Personnel Management (OPM).

“There is nothing in the Affordable Care Act to prevent some OPM (government administered) plans from covering elective abortion, and questions remain about whether OPM multi-state plans will include elective abortion,” the LifeNews’ source affirmed. “If such plans do include abortion, there are concerns that the abortion coverage will even be offered in states that have prohibited abortion coverage in their state exchanges.”

In effect, thanks to provisions buried within President Obama’s landmark healthcare overhaul, many Americans will be forced into health plans to subsidize a separate abortion premium, without being able to reject abortion coverage based on moral or religious objections. And meanwhile, due to the law’s overbearing costs to hospitals — which have already led to widespread physician shortages — administrators are beginning to eliminate their obstetric divisions, leaving prospective mothers with fewer options as to where to have their babies delivered.



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