

Q and A: Government Health Care and Abortion

Doesn't the Hyde Amendment stop federal funding of abortion in health care?

Medicaid funded abortion until Congress expressly stopped such funding in 1977 by passing the Hyde appropriations ban, which bars most taxpayer funding of abortions. Moreover, the 6th Circuit Court of Appeals, while defending the legitimacy of Hyde, did, however, make clear that “abortion fits within many of the mandatory care categories, including ‘family planning,’ ‘outpatient services,’ ‘inpatient services,’ and ‘physicians’ services.’”

The Hyde amendment has always been renewed though – right?

The Hyde Amendment is an annual appropriation limitation that has never been under as much a threat as it is today. As a candidate President Obama stated he “does not support the Hyde Amendment” and believes that reproductive health care (abortion) is basic health care. Further, the current House bill, H.R. 3200, has some self-appropriating features that would not be covered by the Hyde Amendment. To ensure that U.S. policy against funding or mandating abortion coverage is maintained in this new health care authorization, abortion must be permanently and explicitly excluded.

So even with Hyde, does that guarantee taxpayer dollars will go to abortions?

If abortion is not expressly excluded from government funding, it will be funded. In the 1993-1994 health care debate, President Bill Clinton made clear that though abortion was not mentioned in the Clinton-Mitchell bill, abortion would have been covered as would other surgeries or medical procedures not explicitly mentioned. Just recently, Representative Lynn Woolsey (D-Calif.) implied in committee that abortion should be funded, just as tonsillectomies are. Furthermore, much of the health care reform bills self appropriate new health programs - which thus bypass the Hyde appropriations bill, so Hyde would not protect those funds from paying for abortion.

What about the Capps Amendment that I've heard some Members of Congress talking about?

The "Capps Amendment" to the "America's Affordable Health Choices Act of 2009" (H.R. 3200) is a direct attempt to bypass the Hyde Amendment by authorizing government subsidies to go to plans that provide coverage for abortion, including abortion in the public government-run health plan. Furthermore, although President Obama and Democrat leaders claim they want to reduce the "need for" abortion, Representative Capps' provision will do nothing to reduce the actual demand for abortion or the number of abortions performed in the United States. This is not an amendment designed to allow private health plans to cover or not cover abortion on demand as under the current system. Rather, the Capps Amendment is an intentional attempt to subsidize plans that cover abortion both in the public health option and in private plans under new government controls.

Indeed, under the legislation new private individual insurance coverage will be prohibited, and all new policies would be required to meet federal standards established by the Health Benefits Advisory Committee. Those plans would have to be sold on the

government-run Health Insurance Exchange to be overseen by the Health Choices Commissioner, a presidential appointee. The Exchange would include both the public option and private plans. Employer plans would also be required to meet these same federal benefit standards within five years.

Where does the House bill, H.R. 3200, address abortion?

Several provisions in H.R. 3200 provide mechanisms for funding or mandating abortion coverage and even for overturning state pro-life laws. Under the minimum benefits package required under Section 122, abortion could be mandated as part of “outpatient clinic services.” Abortion could be mandated under the auspices of “family planning” coverage in Section 1714. Abortion could be funded under Section 221, which authorizes the Secretary of HHS to create a “public health insurance option.”

Overturn state laws!? You mean like the Freedom of Choice Act threatened to do?

State laws would be preempted by the requirements for offering health insurance through the health insurance exchange in Title II of Division A. Any state laws that do not provide for abortion would be overridden if such states participate in the exchange.

Where do the American people fall on this issue?

Seventy-one percent of Americans do not want to pay for abortion or have their employers provide health care that pays for abortion according to a November 2008 Zogby poll. Eighty-seven percent of American adults in an April survey by The Polling Company said it is important to “make sure that healthcare professionals in America are not forced to participate in procedures and practices to which they have moral objections.”

Could H.R. 3200 lead to individuals being denied certain treatments or having needed procedures delayed?

The short answer is yes. While the bill does not lay out a plan for the rationing of healthcare, amendments to prohibit rationing were defeated in both House and Senate committees along party lines. Recent reports from Oregon underscore this concern. Some terminally ill patients dependent upon government healthcare, like 53-year-old Randy Stroup, were denied chemotherapy because of the expense, but the state offered to pay for the expense of physician-assisted suicide.

Does H.R. 3200 address end of life issues?

Yes. Medicare recipients will be offered end-of-life consultations with a healthcare practitioner every five years to discuss “the continuum of end-of-life services...” in which the senior citizens will be offered an explanation of “orders regarding life sustaining treatment or similar orders.” Such counseling would include the level of treatment, including limiting treatment such as “nutrition and hydration.”

Will churches and religious non-profits be forced to participate in plans that include abortion and other morally objectionable treatments or services?

Yes, H.R. 3200 provides no exemption for churches or other religious employers. They will be required to meet the same standards for “qualifying coverage” as any other employers. If

secular and commercial employers are required to cover abortions, churches and ministries will be required to do the same.

What are the projected costs for H.R. 3200?

The nonpartisan Congressional Budget Office (CBO) has only done a **partial** estimate of H.R. 3200. That estimate puts the price tag of the legislation at \$1.3 trillion, or a cost to a family of four approximately \$15,474 a year.

How will H.R. 3200 be funded?

How to pay for it is still being debated - and a major sticking point to passage of the bill. Initial maneuvers by the Obama Administration and Democratic Leadership to create "savings" have been met with skepticism by many economists, including those at the Congressional Budget Office. To partially cover the federal cost, President Obama has proposed \$309 billion in Medicare and Medicaid cuts and \$326 billion in tax increases. Raising taxes seems to be the number one choice of funding by those who support the bill. Methods of taxation being examined include a tax on insurance companies that offer high-cost plans, taxing employer-sponsored benefits, limiting itemized deductions on taxpayers, increasing the payroll tax, new taxes on sugary drinks and alcohol, new taxes on plastic surgery, a national value added tax (in addition to the national income tax) and even taxing workers for company issued cell phones.

H.R. 3200 is a massive bill that mandates health benefits, grants numerous new authorities to the Secretary of HHS, and creates a public health insurance option. Under its current form, H.R. 3200 would fund and mandate abortion coverage, trump state pro-life laws and undermine healthcare workers' conscience rights.