

**H.R. 3962:**  
**Social Engineering in the Guise of Health Care Reform**

**This document is not comprehensive, but highlights many of the problems within the House Democratic Leadership's health care plan.**

**ABORTION**

**Taxpayer funding of abortion**

The new bill, [H.R. 3962](#), uses the [marketing gimmicks](#) prevalent in the Capps amendment, passed in the Energy and Commerce Committee (Sections 222 (e), 203, 213, 258, 259, 304 and 341 (c)) This 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. This provision will do nothing to reduce the actual demand for abortion or the number of abortions performed in the United States. This is an intentional attempt to subsidize plans that cover abortion both in the public health option and in private plans under new government controls.

**Promoting abortion**

A new provision (Section 1255) expands school based health clinic and prohibits grants for abortion and defines school based health clinics as clinics that do not perform abortion. However, there is no language regarding abortion referral or facilitating an abortion at another location.

**Indian Health**

Division D of H.R. 3962 reauthorizes the Indian Health Service but omits the permanent ban on abortion funding that was passed in the Senate last Congress. Speaker Pelosi stopped the original Indian Health bill in the House - reportedly due to concern that an abortion funding ban might be successfully attached in the House. The language in H.R. 3962 seeks to do an end run around the stalled legislative process.

**Assisted Suicide**

Section 240 of H.R. 3962 requires insurance companies to provide information related to "end-of-life planning" to individuals seeking enrollment in insurance offered on the health insurance exchange. Broader protective language adopted in the Energy and Commerce Committee has been removed by Speaker Pelosi, creating a loophole that means H.R. 3962 will require the distribution of end of life materials that will likely include information about assisted suicide options in states such as Oregon and Washington.

**Rationing**

The bill establishes a new Center for Comparative Effectiveness Research but omits language (section 1401) that was included in committee that the bureaucracy established to create minimum benefit standards should "ensure that essential benefits coverage does not lead to rationing of health care."

**MISCELLANEOUS**

**Redefining Family**

Section 571 attempts to rewrite current tax law and redefine the family by allowing domestic partners to be the equivalent of spouses. The text in the health care bill is almost identical to the text of a bill that Human Rights Campaign has been pushing, [H.R. 2625](#).

### **Sexual Predators eligible for funding**

On Page 1925 there is funding for “perpetrators of child sexual abuse who are Indian or members of an Indian household.” through the Indian Health Service portion of the bill.

### **Trial lawyers protected**

States can only get funding for liability demonstration projects ONLY IF they do not cap damages or attorneys’ fees. Earlier [this month](#) the Congressional Budget Office said that tort reform would save \$54 billion over the next decade. A [Health and Human Services study](#) found reasonable limits placed on non-economic damages would reduce cost by an estimated \$25.3 billion to \$44.3 billion ANNUALLY. Many states have [found millions](#) in savings in their states by introducing tort reform. One reason why trial lawyers are left untouched is [the millions they](#) give to Democrats every election cycle.

### **ACORN and Planned Parenthood Get Theirs?**

Section 305 allows for the “Commissioner” to contract with “appropriate entities” to engage in “outreach to specific vulnerable populations” about the new programs in the bill. The bill includes no prohibition on ACORN or Planned Parenthood receiving this funding, despite the mounting evidence of malfeasance from those organizations.

### **Nanny State**

Section 2572 has the federal government regulating vending machines, to ensure everyone can see the nutrition labels on items in plain sight before purchasing their food.

### **Unborn aren’t protected, but Fido is**

Sections 765 and 340m allow veterinary students eligible for \$283 million federal grant funding, including scholarships and loan forgiveness.

### **What is good enough for you . . .**

Section 330 specifically does not require Members of Congress to enroll in the government-run plan

### **COST**

When introducing the legislation Speaker Pelosi insisted the [Congressional Budget Office](#) says her bill ““meets President Obama’s call to keep the cost under \$900 billion over 10 years.” This is only true if you add in the huge penalties (over \$160 billion) imposed on individuals who do not have insurance and employers who do not provide insurance. The actual cost is \$1.055 trillion. This cost does not include additional federal spending included in the legislation-including extension of Medicaid “stimulus” funding to the States, a new reinsurance program for retirees, and a \$34 billion trust fund for public health-that totals \$224.5 billion. When combined with the cost of the coverage expansions, total spending under the bill actually approaches \$1.3 trillion.

In addition, there’s a separate [13-page bill](#) to repeal the sustainable growth rate caps on Medicare spending, better known as the “doc fix.” This separate bill will cost more than \$200 billion.

The bill is offset by large cuts to existing spending programs to the tune of \$426 billion and by increasing taxes from anywhere between \$572 billion to \$729.5 billion. A large section of the cuts is to current Medicare programs, including Medicare Advantage. Additionally the taxes are not indexed for inflation, meaning the tax will end up being imposed on those making less than \$250,000. Many of the [tax raises are](#) directed towards doctors, drug manufacturers and those who purchase medical supplies –so are also likely to be passed to consumers at all income levels.

\* Thanks to Hill staff who helped with this overview.