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Congress to Vote in September on Obama-Backed Health Bills That Would Greatly Expand Abortion

WASHINGTON (August 6, 2009)-- President Obama and top Democratic congressional leaders are pushing hard for enactment of sweeping “health care reform” bills that would greatly expand abortion in America. The bills even create a nationwide insurance plan to cover elective abortions, run by the federal government.

Both the U.S. House of Representatives and the U.S. Senate are expected to vote on the bills in September.

The bills backed by the White House would also make drastic changes in the health care system that raise acute

concerns about future rationing of lifesaving care, and that even open the door to government promotion of assisted suicide. (See related story on rationing issues raised by the bills, on page 1.)

National Right to Life President Wanda Franz, Ph.D., said, “Defeating the White House bills is among the most important challenges the pro-life movement has faced in Congress in many years. Pro-life citizens must make their voices heard by members of Congress, before it is too late.”

See CONGRESS, page 10

Facing the Challenge of Health Care Rationing

By BURKE J. BALCH, J.D.

With Congress preparing for floor votes on health care restructuring this fall, we must guard against the grave danger of rationing lifesaving medical treatment, food, and fluids.

Since its inception, the pro-life movement has been just as committed to protecting older people and people with disabilities from euthanasia as to protecting unborn children from abortion. We have long recognized that denial of treatment, food, and fluids necessary to sustain life against the will of the patient is a form of involuntary euthanasia, and thus have fought to protect the vulnerable from rationing of health care,

whether by health care providers such as hospital ethics committees or by the government.

All versions of the health care restructuring bill provide for premium subsidies to help the uninsured obtain health insurance. The problem is that the proposals under serious consideration to date fail to ensure a sustainable method of financing these subsidies (see NRLC’s webinar at <http://nrlcomm.wordpress.com/2009/06/13/hcrwebinar/> and also www.nrlc.org/HealthCareRationing/describepplan.html). Indeed, a substantial

See RATIONING, page 8



Every Pro-Life American
Must Tell Congress Now:

“Vote against any health care bill that does not explicitly exclude abortion!”

Health care bills in Congress could create the greatest expansion of abortion since Roe v. Wade.

- 1. Email now:** Go to www.NRLActioncenter.com. Follow the simple directions at the bottom of the web page to send urgent messages to your U.S. senators and your U.S. House member. (Messages can be altered if you wish.)
- 2. Email now:** Copy this entire alert into a new email. Email it to all your pro-life friends and relatives.
- 3. Copy & Distribute:** Pass this alert out at pro-life churches and meetings.
- 4. Make Personal Contact with Your Senators and Congressmen:** Use every opportunity: office meetings, fairs, town meetings, and other public events.
- 5. Telephone:** Call the offices of your two U.S. senators and your U.S. House member (through the Senate switchboard: 202-224-3121 and the House switchboard, 202-225-3121). Give your zip code and you will be connected to the correct offices.

Give the senator’s or representative’s staff your name and address and tell them to relay a message:

“I urge you to oppose Senator Kennedy’s health care bill (for Senate staff), or the House Democratic Leadership health care bill, H.R. 3200 (for House staff), because it would result in coverage of elective abortion in a new nationwide ‘public option’ health insurance plan, and would allow federal subsidies to go to other plans that also cover elective abortions. **I STRONGLY URGE YOU TO OPPOSE ANY HEALTH CARE BILL UNLESS ABORTION IS EXPLICITLY EXCLUDED!**”

Check for updates at
www.NRLActioncenter.com

When contacting legislators be sure to include the rationing talking points found on page 8.

Congress

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The White House and Democratic congressional leaders had originally planned to hold House and Senate floor votes on the bills during July, but solid opposition from congressional Republicans, coupled with resistance among some factions of Democrats, forced the delay until the fall. Congress is now in recess until after Labor Day.

At **NRL News** deadline on August 6, two health care bills, one in the Senate; and one in the House, both reflecting White House priorities, had gone through the process of revision in Democrat-controlled committees.

No Republican has yet endorsed either bill, and no Republican voted for either bill on any of the committees. However, Democrats currently hold majority control of Congress, with 60% of the seats in each house.

The Senate bill (as yet unnumbered), sponsored by Senator Ted Kennedy (D-Mass.), was approved by the Senate Health, Education, Labor, and Pensions (HELP) Committee on a party-line vote on July 15.

In the House, Speaker Nancy Pelosi (D-Ca.) and the rest of the Democratic leadership are pushing H.R. 3200, which during July was approved by three different committees.

In the Senate HELP Committee, and in all three House committees, pro-life lawmakers offered NRLC-backed amendments to prevent the bills from mandating that insurance plans cover abortions, and to prevent federal subsidies for abortions—but in all four committees, the Democratic chairmen succeeded in defeating the genuine pro-life amendments. In the committees, the pro-life amendments won support from nearly all Republicans, but only a handful of Democrats.

Broad Abortion Mandates

As originally introduced, both the Kennedy bill and H.R. 3200 had most key elements in common. Under both bills, the federal government would in effect take charge of marketing private health insurance through a so-called “exchange.” Federal officials would define a package of “essential benefits”

that virtually all private plans must cover in order to participate. The bills describe broad categories of services that must be included, such as hospitalization, outpatient hospital and outpatient clinic services, professional services of physicians, and preventive services.

NRLC and other pro-life analysts warned that these broad categories have



Rep. Bart Stupak (D-Mi.). Opposed bill due to abortion subsidies.

been interpreted in the past to include elective abortion, except when Congress explicitly excludes abortion.

(That is what occurred, for example, with the federal Medicaid program. Although the law that created the program does not mention abortion, it was interpreted to require coverage of abortion, and by 1976 the federal government was paying for 300,000 elective abortions a year. This was stopped only when Congress added the Hyde Amendment to the annual Health and Human Services funding bill, starting in 1976, explicitly prohibiting the use of federal HHS funds for abortions.)

In addition, the Kennedy bill and H.R. 3200 would create a “public option,” a nationwide insurance plan operated by the federal government. It would also create a program of premium subsidies to help roughly 27 million Americans purchase health insurance. Pro-life analysts warned that both the government plan and the premium subsidies program

would pay for elective abortions unless Congress amended the bills to explicitly exclude abortion.

Once abortion is defined as a federal “essential benefit,” other provisions of the Kennedy bill could require health networks to establish new abortion-providing sites to provide adequate “access” to abortion, and state laws regulating abortion might be declared invalid.

The HELP committee rejected several NRLC-backed amendments to the bill, including an amendment offered by Sen. Mike Enzi (R-Wy.) to remove any authority to declare abortion to be an essential benefit, and an amendment by Sen. Orrin Hatch (R-Utah) to prevent federal funds from being used to subsidize abortion or plans that include abortion.

The HELP Committee even voted down an amendment offered by pro-life Senator Tom Coburn (R-Ok.) to prevent health care providers from being penalized for refusing to participate in providing abortions.

“The Kennedy bill would result in the greatest expansion of abortion since *Roe v. Wade*,” said NRLC Legislative Director Douglas Johnson. “It would result in federally mandated coverage of abortion by nearly all health plans, federally mandated recruitment of abortionists by local health networks, and nullification of many state abortion laws. It would also result in federal funding of abortion on a massive scale.”

Although all of the pro-life amendments were defeated in the HELP Committee, it is not yet entirely certain what bill language will be brought to the Senate floor in September.

For months, key members of the Senate Finance Committee, of both parties, have been meeting behind closed doors, trying to craft a more “centrist” alternative to the Kennedy bill. It remains unclear whether these negotiations will ultimately produce a bill that will draw some Republican support, or how it will handle abortion-related issues. The chairman of the Finance Committee, pro-abortion Sen. Max Baucus (D-Mt.), was quoted in the August 6 *Washington*

Post as saying that there are “active discussions underway with all sides to try to put something together that would be acceptable.”

Two of the key Republicans who are conducting the negotiations with Baucus, Senator Charles Grassley (R-Iowa) and Senator Mike Enzi (R-Wy.), have strong pro-life records.

Capps Amendment

When pro-abortion forces face risk of defeat in Congress, they commonly put forward a “phony compromise,” a term used by pro-life lawmakers to refer to language that incorporates a pro-abortion policy goal but disguises it with language that is cosmetically pro-life.

Pro-life groups knew the pro-abortion side was preparing a “phony compromise” on July 21, when Congressman Tim Ryan (D-Ohio) sent Speaker Pelosi a letter calling for “a common ground solution” on “the issue of abortion in health care reform.”

“Ryan, who has not cast a pro-life vote since 2006, impersonates a pro-life lawmaker, but in reality he is an active agent of pro-abortion activists at groups such as Planned Parenthood and Third Way,” explained NRLC’s Johnson. “When Tim Ryan calls for ‘common ground,’ you know he has a memo from Planned Parenthood in his pocket.”

Four other House Democrats co-signed Ryan’s letter—one of whom, Rep. Kendrick Meek (Fl.), has never cast a single anti-abortion vote during his entire congressional career. Just a few days earlier, Meek had voted against pro-life amendments to the health care bill in committee.

When the House Energy and Commerce Committee met to amend H.R. 3200 on July 30, the “phony compromise” amendment was offered by Rep. Lois Capps (D-Ca.), who has voted pro-abortion 100 percent of the time during her 11 years in the House—but pro-life observers say that it was actually crafted by veteran staffers to committee Chairman Henry Waxman (D-Ca.), one of the House’s most tenacious defenders of abortion.

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The Capps Amendment was strongly opposed by NRLC, but was adopted by the pro-abortion majority on the committee, over the “no” votes of the committee’s Republicans and six Democrats.

Rep. Chris Smith (R-NJ), co-chairman of the House Pro-life Caucus, said of the Capps Amendment, “It’s one of the most deceptive amendments I have ever seen. The bottom line is that money



Rep. Lois Capps (D-Ca.), 100 percent pro-abortion record.

is fungible, and the plan itself will be subsidizing abortion-on-demand, with taxpayer funding commingled, and the numbers of abortions will go up significantly.”

Unlike the Kennedy bill, the Capps Amendment says that private health plans would not be required to cover elective abortions. But it would create a new nationwide government-run insurance plan (called the “public option”), and authorize the Secretary of Health and Human Services to cover all abortions under that plan.

In addition, the language would create a new program to provide federal subsidies to over 27 million Americans to help them purchase health insurance, and plans (either private plans or the new federal public plan) that cover abortion would be eligible for these subsidies.

The Capps language says that the

amount of money spent for abortions would be counted against funds obtained from private premiums—a device denounced by pro-life analysts as “a bookkeeping sham.”

“H.R. 3200 would drastically change longstanding federal policy,” said NRLC’s Johnson. “The bill creates a nationwide insurance plan run by the federal government, and the language explicitly authorizes this plan to cover all abortions. If this passes, the federal government would be running a nationwide abortion plan. Abortionists would send bills to the federal insurance plan and receive payment checks from the federal Treasury. It is a fiction, a sham, and a political ploy to pretend that this scheme does not constitute federal subsidies for abortion.”

On the committee, Rep. Bart Stupak (D-Mi.) and Rep. Joe Pitts (R-Pa.) jointly offered a genuine pro-life amendment to prohibit federal funds from flowing to any plan that covers abortion, except to save the life of the mother, or in cases of rape or incest. But the amendment failed, 27–31.

Five Democrats on the committee ended up voting against H.R. 3200, of whom two, Stupak and Rep. Charles Melancon (La.), cited pro-life objections. All of the committee’s Republicans voted against the bill. Nevertheless, H.R. 3200 passed out of the committee favorably, 31–28.

On July 29, the U.S. Conference of Catholic Bishops (USCCB) sent a letter to members of the committee, warning that H.R. 3200 contained provisions that would constitute “a radical change” from past federal policy on abortion, and open the door to federal funding of abortion. The letter urged committee members to adopt pro-life amendments to correct the problem. Following the completion of committee action, USCCB official Richard Doerflinger denounced the Capps Amendment, calling its purported separation of private premiums and federal subsidies “a legal fiction.”

Under the Capps language, the public plan “must include abortions for any reason if the HHS Secretary (who supports publicly funded abortion) says

so,” Doerflinger said. “This would be an enormous imposition on the working poor who may find the public plan to be the only one they can afford. Whether you call it federal funds or private premiums, they would be forced to pay for abortions they don’t want and may find abhorrent.”

Next Steps in House?

Speaker Pelosi and other Democratic leaders have the power to make further changes in the legislation before they bring it to the floor in September. The House Rules Committee, an arm of the House Democratic leadership, will issue a list of amendments that can be considered on the House floor. However, this list must be agreed to by the full House through adoption of a resolution, called “the rule,” before the bill itself can be taken up.



Rep. Tim Ryan (D-Oh.), impersonates pro-life lawmaker.

Stupak said that he will seek permission from the Rules Committee to offer his anti-abortion-funding amendment on the House floor, and that if permission is denied, he will vote against the rule and urge other pro-life Democrats to join him.

Stupak told CBS News he believes “a minimum of 39” Democrats would join him in voting to block the bill if it does not contain satisfactory abortion language.

Pro-life observers think that the Rules

Committee is likely to refuse to allow a vote on Stupak’s amendment on the House floor. A spokesman for the Rules Committee chair, Rep. Louise M. Slaughter (D-N.Y.), said, “The starting point for Rep. Slaughter on the healthcare debate was protecting abortion rights.” (*Los Angeles Times*, July 28)

On June 25, Rep. Dan Boren (D-Ok.), Stupak, and 18 other House Democrats sent Speaker Pelosi a letter in which they said, “We cannot support any health care reform proposal unless it explicitly excludes abortion from the scope of any government-defined or subsidized health insurance plan.”

Obama Role

On July 17, 2007, Barack Obama—then seeking the Democratic presidential nomination—appeared before the annual conference of the Planned Parenthood Action Fund. Speaking of his plans for “health care reform,” Obama said, “in my mind, reproductive care is essential care, basic care, so it is at the center, the heart of the plan that I propose.” Under his plan, Obama explained, people could choose to keep their existing private health care plans, but “insurers are going to have to abide by the same rules in terms of providing comprehensive care, including reproductive care ... that’s going to be absolutely vital.”

In recent months, however, Obama and his appointees have tried to deflect public attention away from these pro-abortion goals.

Katie Couric of CBS, in an interview broadcast July 21, asked Obama directly, “Do you favor a government option that would cover abortions?” Obama responded, “What I think is important at this stage, is not trying to micromanage what benefits are covered. ... As you know, I’m pro-choice. But I think we also have a tradition of, in this town, historically, of not financing abortions as part of government funded health care.”

NRLC’s Johnson criticized those—including Chris Korzen, executive director of the pro-Obama group

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“Catholics United,” and *Associated Press* reporter Charles Babington—who falsely reported that Obama had endorsed a policy against financing abortions in the exchange with Couric.

“Obama knows very well that abortion will be covered unless Congress explicitly excludes abortion, so his ‘micromanage’ comment was actually a swipe against what the pro-life lawmakers are trying to do,” Johnson said. “Obama’s remark about ‘tradition’ was an exercise in artful misdirection—he simply observed that there is a longstanding policy against federal funding of abortion, but he certainly did not endorse it—and in fact, he has opposed limits on public funding of abortion throughout his political career.”

In mid-July, Tina Tchen, director of the White House Office of Public Engagement, attended the Planned Parenthood Organizing and Policy Summit, a gathering of more than 400 pro-abortion activists. Tchen urged the participants to “get back into campaign mode” and stir up grassroots activity to keep Congress from removing “basic reproductive health services” from the pending bills, according to a report of the meeting that appeared on the pro-abortion website RHRealityCheck.org.

Keep up on the current status of the fight over abortion in the Obama health bills:
www.nrlactioncenter.com

Obtain key documentation on the abortion mandates and abortion subsidies in the Obama “health care reform” bills:
www.nrlc.org/AHC/Index

Pro-Abortion Groups Gear Up

For months, leaders of major pro-abortion groups, when speaking to their own backers, have emphasized the potential of the health care legislation to greatly expand access to abortion and government subsidies for abortion. For example, in an April interview on National Public Radio, Cecile Richards, president of the Planned Parenthood Federation of America, said that the health care legislation would be a “platform” to provide abortion access to “all women.” The National Abortion Federation, an association of abortion providers, said, “NAF supports health care reform as a way to increase access to comprehensive reproductive health care, including abortion care, for all women.”

However, in July, as the abortion-related aspects of the issue became a hot issue in Congress, some of the same pro-abortion groups began telling the news media and lawmakers that the pro-life side was promoting “myths” when they warned that the bills would expand abortion.

“Most of the pro-abortion groups have been talking out of both sides of their mouths on these bills, but in recent weeks we have been able to get more and more people to recognize what they are trying to do,” said NRLC’s Johnson.

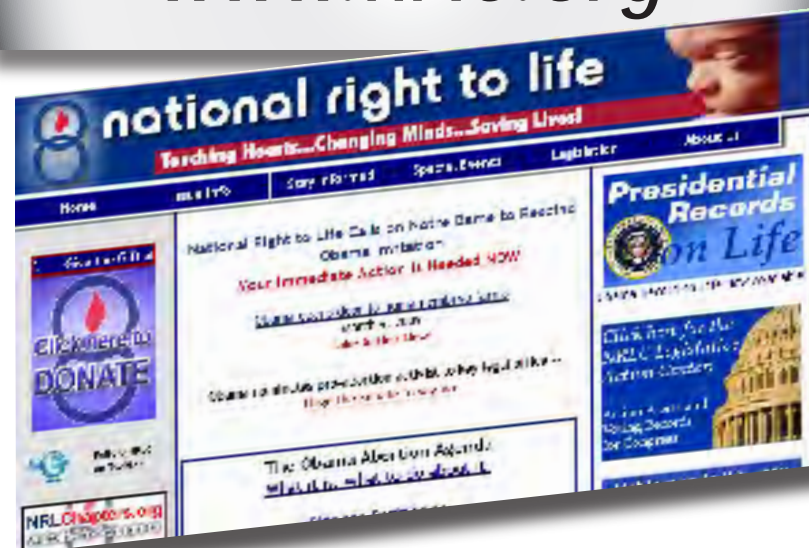
Action Needed Now

To read what you can do to prevent enactment of the expansive pro-abortion legislation discussed above, see the Action Alert on the back cover.

For updates on the legislative situation, check in frequently at www.nrlactioncenter.com

For additional documentation and background information on this issue, go to <http://www.nrlc.org/AHC/Index.html>

Visit our NRL Web Site
www.nrlc.org



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