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**MEDIA BACKGROUNDER:
ABORTION POLICY AND "HEALTH CARE REFORM"**

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National Right to Life:

"Any House member who votes for the Senate health bill is casting a career-defining pro-abortion vote"

WASHINGTON (March 5, 2010) -- *The following statement may be attributed to Douglas Johnson, legislative director for the [National Right to Life Committee \(NRLC\)](http://www.nrlc.org) the federation of affiliated right-to-life organizations in all 50 states.*

HOW IMPORTANT IS THE HOUSE VOTE ON THE HEALTH CARE BILL?

On abortion policy, the health care bill that Speaker Nancy Pelosi brought to the House floor last November was extremely bad (before the House fixed it by adopting the Stupak-Pitts Amendment) -- but the Senate health bill (H.R. 3590) is worse.

The Senate health bill is a 2,407-page labyrinth strewn with the legislative equivalents of improvised explosive devices -- disguised provisions that will result in federal pro-abortion mandates and federal subsidies for abortion. The so-called abortion limits that are in the Senate bill are all very narrow, riddled with loopholes, or booby-trapped to expire. Some of them were drafted more with the intent of misleading superficial analysts (which unfortunately includes some media "factcheckers") than actually effectuating a pro-life policy.

When all of the pro-abortion provisions are considered in total, the Senate bill is the most pro-abortion single piece of legislation that has ever come to the House floor for a vote, since *Roe v. Wade*. Any House member who votes for the Senate health bill is casting a career-defining pro-abortion vote. A House member who votes for the Senate bill would forfeit a plausible claim to pro-life credentials. No House member who votes for the Senate bill will be regarded, in the future, as having a record against federal funding of abortion.

All of those statements are true regardless of how many assurances or denials are disseminated by President Obama or by Speaker Pelosi, both of whom have sought throughout their political careers to undermine limits on government funding of abortion.

House members who vote for the Senate bill will be accountable to their constituents for what the Senate bill contains.

When he ran for president, Senator Barack Obama promised that abortion coverage would be "at the heart" of his health care proposal. (www.tinyurl.com/obamaPP) (See the PolitiFact examination of Obama's promise here: www.tinyurl.com/pfanalysis) Throughout this Congress, President Obama has tried to deliver on this promise, even while hiding behind deceptive verbal formulations and outright misrepresentations regarding the content of legislation.

During the latter half of 2009, the White House backed phony "compromise" language that Speaker Pelosi put in the bill she brought to the House floor -- language written by House Energy and Commerce Committee Chairman Henry Waxman (D-Ca.) (the so-called "Capps Amendment"). This language explicitly authorized coverage of elective abortions under two major new government programs. It was this pro-abortion language that the House jettisoned on November 7 through adoption (240-194) of the Stupak-Pitts Amendment, (www.nrlc.org/AHC/StupakAmendment.pdf) which was supported by one-fourth of all House Democrats (64 Democrats), joined by all except one House Republican. The Stupak-Pitts Amendment contained a bill-wide, permanent abortion fix (it begins, "No funds authorized or appropriated by this Act . . ."), which was the approach needed to prevent any provision of the vast bill from being used as a basis for pro-abortion federal mandates or subsidies.

Although President Obama often has claimed he wants his health care legislation to reflect bipartisan consensus, he lamented the bipartisan adoption of the Stupak Amendment, and he contributed to keeping the Stupak language out of the Senate bill. As a result, the 2,407-page Senate-passed bill contains at least six separate abortion-related policy problems, any single one of which would dictate a negative vote for any lawmaker who wishes to maintain a record against federal abortion mandates and abortion subsidies. These problems are summarized below, and discussed in detail in a January 14 letter (www.nrlc.org/AHC/HouseLetteronAbortionProvisions.html) sent by NRLC to members of the House and other materials posted on the NRLC website here: www.nrlc.org/AHC/Index.html.

BLOOD OATHS AND RABBIT HOLES

Speaker Nancy Pelosi in recent days has reverted to repetitious denials that there is a problem -- for example, saying at a March 4 press conference, "I will not have it turned into a debate on (abortion) . . . There is no change in the access to abortion. No more or no less: It is abortion neutral in terms of access or diminution of access." This is the same deny-and-evade approach that Pelosi employed throughout 2009. It will not suffice now any more than it did then.

Indeed, some of the more recent utterances by Speaker Pelosi and other top House Democrats suggest that they have stumbled down some sort of rabbit hole into a fantasy world in which lawmakers can vote to enact the Senate bill without being accountable for its contents. For example, Congresswoman Louise Slaughter (D-NY) on March 3 suggested that the House should pass the Senate bill after receiving a "blood oath" from Democratic senators that they would later pass a specific list of changes to the bill. Lawmakers who are considering voting for the Senate bill based on a "blood oath" or any other promise should

first call to mind the once-popular comic strip "Peanuts," in which Lucy frequently teed up a football and enticed Charlie Brown to take a run at it, solemnly promising not to snatch the ball away at the last instant. Charlie Brown inevitably ended up flat on his back wondering how he could have been once again so foolish.

House members who vote for the Senate bill will be accountable to their constituents for what the Senate bill contains, including its pro-abortion mandates and subsidies, without regard to blood oaths, secret handshakes, solemn assurances that Congress will revisit the issue in future legislation, or any other artifice or gimmick.

(Pelosi has also repeatedly implied that the longstanding "Hyde Amendment" would somehow prevent the health care bill from subsidizing abortion. Such utterances are highly misleading. The Hyde Amendment only applies to funds that flow through the annual Health and Human Services appropriations bill, and would not affect funds directly appropriated by the health care bill itself. As the Associated Press accurately reported in a story dated March 5, 2010 (www.tinyurl.com/ap030510): "The Democratic bills created a new stream of federal money to help working households afford health insurance premiums. And those funds were not subject to the Hyde restrictions." For further discussion of this point, see the memorandum posted here: www.tinyurl.com/HydeMemo. Moreover, the Hyde Amendment is a patch that must be renewed annually -- not an acceptable approach when Congress proposes any large new federal program that implicates abortion policy.)

THE LIST

What follows is a thumbnail sketch of the major abortion policy problems in the Senate-passed health care bill (H.R. 3590).

-- The Senate bill departs from longstanding federal policy by authorizing tax subsidies to help tens of millions of Americans buy private health plans that could cover abortion on demand. Sen. Ben Nelson (D-Ne.) attached to this provision a badly flawed requirement under which anyone enrolling in such plan would be required to make separate payments into an abortion fund. In a recent statement, the U.S. Conference of Catholic Bishops (which strongly opposes the bill) said, "The bill requires each American purchasing such a plan to make a separate payment to the insurer every month, solely to pay for other people's abortions. This is an enormous imposition on the consciences of the millions of Americans who oppose abortion." In its first analysis of the Nelson language, NRLC recognized it as a convoluted bookkeeping scheme inconsistent with the principles of the Hyde Amendment. In January, Senator Barbara Boxer (D-Ca.), a pro-abortion leader in the Senate, assured McClatchy News Service (www.tinyurl.com/mcclatchy122309) that the abortion surcharge requirement is only an "accounting procedure," and DHHS Secretary Kathleen Sebelius also assured pro-abortion listeners (www.tinyurl.com/sebeliuscomments) that the Nelson language was of no consequence. Yet today, in an effort to entice pro-life Democrats in the House to vote for the bill, the White House and Democratic leaders are working on "convincing as many as a dozen antiabortion Democrats in the House that abortion language in the Senate bill is more stringent than initially portrayed," according to a report in the March 5 *Washington Post*. *The bottom line is that a vote for the Senate bill is a vote to subsidize the purchase of health plans that cover abortion on demand -- a sharp break from the principles of the Hyde Amendment and the Stupak Amendment.*

-- The Senate bill would establish a new program under which a federal agency, the Office of Personnel Management (OPM), would administer private "multi-state" plans. It has been reported that the bill guarantees that one plan will be available everywhere that does not cover abortion. In fact, it guarantees no such thing, because even this narrow requirement is rigged to depend on annual renewal through a separate appropriations bill. Moreover, other plans in the federally administered program would be allowed to cover all abortions -- a break from the policy that has long governed the Federal Employees Health Benefits program, which is also administered by OPM. *A vote for the Senate bill is a vote to put the federal government in the business of administering health plans that cover abortion on demand.*

-- The Senate bill would empower federal political appointees to expand access to abortion by federal administrative decrees. The bill contains a bewildering array of provisions that grant authority to the Secretary of Health and Human Services and other federal entities to issue binding regulations on various matters. One analyst recently wrote that the Senate bill "contains more than 2,500 references to powers and responsibilities of the secretary of health and human services," to say nothing of other federal authorities. Some of these provisions could be employed in the future as authority for pro-abortion mandates, requiring health plans to cover abortion and/or provide expanded access to abortion, unless there is clear language to prevent it. One clear example is the Mikulski Amendment (www.nrlc.org/AHC/MikulskiAmendLetter.pdf), under which any service listed as a "preventive" service by the Department of Health and Human Services must be provided (without copayments) in all types of private health plans. (Sec. 1001, pp. 20-21.) Sen. Mikulski refused to modify her amendment to exclude abortion from the scope of this mandate authority. (The Nelson-Hatch-Casey Amendment, similar to the Stupak-Pitts Amendment, would have prevented abortion mandates or subsidies under any provision of the bill -- but that amendment was tabled, 54-45, on December 8, 2009.) *A vote for the Senate bill is a vote to empower federal political appointees to mandate unlimited abortion coverage in most private health plans.*

-- The Senate bill would reauthorize all federal Indian health programs, without including language to prohibit funding of elective abortion, even though such an amendment (the Vitter Amendment, similar to the Stupak Amendment) was approved by the Senate (www.tinyurl.com/VitterVote) when it last considered Indian health legislation on February 26, 2008. There is a clause in the Senate health bill [Sec. 10221, pp. 2175-2176] that has been misrepresented as an abortion restriction, but it actually contains no policy standard on abortion funding -- it merely "punts" the question to the annual appropriations process, an unacceptable approach (www.tinyurl.com/nrlcindianhealth). *A vote for the Senate bill is a vote to open the door to future federal funding of abortion on demand through all Indian health programs.*

-- The Senate bill lacks language to protect health care providers from being penalized for refusing to participate in providing abortions (known as the "Weldon language"), even though such language was approved by the House Energy and Commerce Committee and was included in Speaker Pelosi's original bill even before adoption of the Stupak Amendment. (See Section 259 of the House-passed H.R. 3962.) Yet, because such language is offensive to the pro-abortion lobby, it was excluded from the Senate bill. *A vote for the Senate bill is a vote to abandon the strong position that the House took in favor of protecting the conscience rights of pro-life health care providers.*

-- The Senate bill, due to a last-minute amendment, provides \$7 billion for the nation's 1,250 Community Health Centers (CHCs), without any restriction whatever on the use of these federal funds to pay directly for abortion on demand. (These funds are both authorized and appropriated by the bill, and thus would be untouched by the "Hyde Amendment" that currently covers Medicaid funds that flow through the annual Health and Human Services appropriations bill.) Two pro-abortion groups, the Reproductive Health Access Project and the Abortion Access Project, are already actively campaigning for Community Health Centers to perform elective abortions. In short, the Senate bill would allow direct federal funding of abortion on demand through Community Health Centers. A memorandum documenting this issue in further detail is posted here:

<http://www.nrlc.org/AHC/NRLCmemoCommHealth.pdf>

In a recent statement, the U.S. Conference of Catholic Bishops noted that this provision alone could lead to "hundreds of thousands of abortions per year that taxpayers would be forced to pay for." In a story published in the March 4 *Washington Times*, Congressman Diana DeGette (D-Co.) called this concern "patently false," but White House spokeswoman Linda Douglass took a different tact, admitting at least the possibility of what she referred to as a "drafting issue that requires a technical change..."

-- The Senate bill contains additional pools of directly appropriated funds that are not covered by any limitations regarding abortion, including \$5 billion for a temporary high-risk health insurance pool program (Sec. 1101 on pages 45-52) and \$6 billion in grants for health co-ops (Sec. 1322, pp. 169-180). Only bill-wide, permanent language, such as the Stupak-Pitts Amendment, can ensure that none of the vast amounts of federal money authorized and appropriated through the Senate bill are tapped by pro-abortion political appointees and bureaucrats to pay for abortion.

NRLC Legislative Director [Douglas Johnson](#) and Senior Legislative Counsel Susan Muskett are available to provide comment and analysis on the Obama proposals. Please contact the NRLC Communications Department at (202) 626-8825 or (202) 626-8820 to arrange an interview.

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