

The National Right to Life Committee (NRLC), the nationwide federation of right-to-life organizations, strongly supports the No Taxpayer Funding for Abortion Act (H.R. 18).

- H.R. 18 would codify the principles of the Hyde Amendment on a permanent, government-wide basis, with respect both to longstanding federal health programs (Medicaid, International Aid, FEHB, etc.) and to the Obamacare law.
- Under H.R. 18, for plan years beginning after December 31, 2021, exchange-participating health plans that cover abortion would not be eligible for federal subsidies. Until then, the bill will revise Obamacare language to eliminate secrecy about abortion coverage, allowing consumers to be fully informed about abortion coverage and the surcharges for such coverage on plans sold on the exchanges.
- The U.S. House of Representatives passed this legislation in 2011, 2014, 2015, and 2017.

The Hyde Amendment and Taxpayer-funding of abortion:

The Hyde Amendment is a limitation that is attached annually to the appropriations bill that includes funding for the Department of Health and Human Services, and it applies only to the funds contained in that bill, including Medicaid. Like the annual appropriations bill itself, the Hyde Amendment expires every September 30th, the end of the federal fiscal year.

The Hyde Amendment will remain in effect only for as long as the Congress and the President re-enact it for each new federal fiscal year.

Funding bans, similar to Hyde, have been attached to programs funded through other funding streams [e.g. international aid (Helms), the federal employee health benefits program (Smith), the District of Columbia (Dornan), Federal prisons, Peace Corps, etc.]. Together these various funding bans form a patchwork of policies that cover most federal programs and the District of Columbia, but many of these funding bans must be re-approved every year and could be eliminated at any time. H.R. 18 would make these limitations permanent.

- The Hyde Amendment has been renewed each appropriations cycle—with few changes—every year for over 40 years.
- The Hyde Amendment has enjoyed bipartisan support over the years and has been supported by Congresses controlled by both parties as well as presidents from both parties.

- It was estimated that before the Hyde Amendment took effect, the Medicaid program was paying for about 300,000 elective abortions annually, and the number was escalating rapidly.¹
- The Hyde Amendment is estimated to have saved over 2.4 million lives.² National Right to Life believes that the Hyde Amendment has proven itself to be the greatest domestic abortion-reduction measure ever enacted by Congress.
- There is abundant empirical evidence that where government funding for abortion is not available under Medicaid or the state equivalent program, at least one-fourth of the Medicaid-eligible women carry their babies to term, who would otherwise procure federally-funded abortions. Some pro-abortion advocacy groups have claimed that the abortion-reduction effect is substantially greater—one-in-three, or even 50 percent.³
- A 2019 Politico/Morning Consult poll found that 49% supported the Hyde Amendment while only 33% opposed it. In 2020, a Marist poll found that those opposed to federal funding of abortions held firm with 60% of Americans opposed. In a 2021 Marist poll conducted in January, those who “oppose using tax dollars to pay for a woman’s abortion”—58% —is solid and consistent with prior polling. What is noticeable is that 65% of Independents and even 31% of Democrats oppose federal funding of abortion.

Obamacare and Taxpayer Funding of Abortion:

The 2010 Obama healthcare law ruptured long-standing policy. Obamacare authorized massive federal subsidies to assist many millions of Americans to purchase private health plans that will cover abortion on demand.

- The Obama healthcare law allows premium assistance credits to be directed to health insurance coverage that includes abortion, where a state has not specifically banned it.⁴
- Obamacare also created multiple new streams of federal funding that are “self-appropriated” — that is to say, they flow outside the regular funding pipeline of

¹ Statement of the Department of Health, Education and Welfare, “Effects of Sec. 209, Labor-HEW Appropriations Bill, H.R. 14232,” June 25, 1976.

² Michael J. New, Ph.D., *Hyde @ 40 ANALYZING THE IMPACT OF THE HYDE AMENDMENT* (https://s27589.pcdn.co/wp-content/uploads/2016/09/OP_hyde_9.28.3.pdf) Addendum July 21, 2020.

³ “Discriminatory Restrictions on Abortion Funding Threaten Women’s Health,” NARAL Pro-Choice America Foundation factsheet, January 1, 2010, citing Rachel K. Jones et al., Patterns in the Socioeconomic Characteristics of Women Obtaining Abortions in 2000-2001, *Persp. on. Sexual & Reprod. Health* 34 (2002).

⁴ The ACA §1303(a)(1) 42 U.S.C. 18023 allows individual states to pass legislation to keep abortion out of the health plans that participate in the exchanges. But even where a state does this (as about half have done), it does not address the other fundamental problems with the ACA – and the taxpayers in such a state will still be paying to subsidize abortion-covering insurance plans in other states, and the other abortion-expanding components of the law.

future DHHS appropriations bills and therefore would be entirely untouched by the Hyde Amendment.

- In the 26 states (plus D.C.) that did not have laws in effect that restrict abortion coverage, in 2014, over one thousand exchange plans covered abortion.⁵
- Further, in 2021, there are an estimated total of 1,296 available plans in those 26 jurisdictions with no restriction on abortion coverage. Of those plans, an estimated 69% (892 plans) cover elective abortion.⁶

⁵ See “GAO report confirms elective abortion coverage widespread in Obamacare exchange plans.”

⁶ www.obamacareabortion.com/resources