

WHAT DO THE “HEALTH CARE REFORM” BILLS BACKED BY PRESIDENT OBAMA HAVE TO DO WITH ABORTION?

August 13, 2009

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Shortly after Labor Day, the U.S. House of Representatives and U.S. Senate are expected to vote on “health care reform” bills being pushed by President Obama and by top Democratic congressional leaders, including pro-abortion House Speaker Nancy Pelosi (D-Ca.). Pro-abortion advocacy groups view health care reform as a vehicle for greatly expanding “access” to abortion, using the structure and resources of the federal government.¹ Indeed, enactment of the Obama-backed legislation could produce the greatest expansion of abortion since *Roe v. Wade*.

The Obama-backed bills – H.R. 3200 in the House of Representatives, and the “Affordable Health Choices Act” (as yet unnumbered) sponsored by Senator Ted Kennedy (D-Mass.) in the Senate – would create a new government-operated nationwide insurance plan (the “public plan” or “public option”) that would cover all abortions. Some analysts have estimated that this government-run plan might enroll up to 103 million Americans. In addition, both bills provide massive federal subsidies that will flow to insurance plans (both public and private) that cover elective abortion.

Other provisions of the two bills could result in federal administrative directives requiring the establishment of new abortion facilities to provide access to elective abortion in regions which currently lack abortion providers (this is referred to by pro-life analysts as the “abortion clinic mandate”). The Kennedy bill also contains language that could result in regulatory invalidation of many state laws regulating abortion. In summary, enactment of the Obama-backed legislation

¹ In April 2009, on NPR, the president of Planned Parenthood Federation of America said that her organization intends to use the health care legislation as a “platform” to guarantee access to abortion to “all women.” Leaders of other pro-abortion groups have made similar statements. See <http://www.nrlc.org/AHC/2009July9SmithDearColleague.pdf>

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would effectively reverse longstanding federal policy against government promotion of abortion, and would result in a substantial increase in the number of abortions performed in America. The House Democratic Leadership intends to merge the versions of H.R. 3200 approved by the three House committees of jurisdiction into one bill, perhaps with further changes, and bring it to the House floor for a vote shortly after Labor Day. In the Senate, the Kennedy bill will be merged with a second bill that is still behind written, behind closed doors, by members of the Senate Finance Committee, and the resulting “base bill” could be brought to the Senate floor by late September.

To read a more detailed account of the recent actions in the U.S. Congress and the next steps expected, go to <http://www.nrlactioncenter.com> and <http://www.nrlc.org/AHC/Index.html>

GOVERNMENT-RUN “PUBLIC PLAN” TO COVER ELECTIVE ABORTION

Both H.R. 3200 and the Kennedy bill establish a new nationwide government-run insurance plan that is commonly referred to as the “public option” or “public plan.” This new public plan will compete against private insurance plans within the framework of a broader government-established marketplace for insurance (the “Exchange” in H.R. 3200, and state “Gateways” in the Senate Kennedy bill). The public plan will be entirely run by the federal government.

Senate: Senator Kennedy’s Bill and the Public Plan

Under the Kennedy bill (as yet unnumbered) approved by the Senate Health, Education, Labor and Pensions (HELP) Committee on July 15, 2009, the public plan will have to provide coverage for the “essential health care benefits.” Although the bill empowers the Secretary of Health and Human Services to fill in certain details of the package, pro-life legal analysts agree that there is no doubt that elective abortion will be declared to be one of these “essential benefits.”² For one thing, that is the only result consistent with Barack Obama’s record as a legislator and as a

² Moreover, in an interview released on July 7, 2009, Nancy Keenan, president of NARAL, said, “if, indeed, we can advance a panel or commission, then I am very optimistic about reproductive health care being part of this entire package.” (*The American Prospect*, Dana Goldstein, July 7, 2009)

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candidate for president.^{3 4} Moreover, based on prior administrative and legal interpretations of federal law, unless an abortion exclusion is explicitly written into the bill, abortion coverage will be required as an “essential benefit” – if not by administrators, then by the federal courts.

For example, when the federal Medicaid statute was passed, the law did not mention abortion, but it was interpreted to require coverage of any abortion sought by a Medicaid-eligible woman. As the Sixth Circuit Court of Appeals explained it: “Because abortion fits within many of the mandatory care categories, including ‘family planning,’ ‘outpatient services,’ ‘inpatient services,’ and ‘physicians’ services,’ Medicaid covered medically necessary abortions between 1973 and 1976.” [*Planned Parenthood Affiliates of Michigan v. Engler*, 73 F.3d 634, 636 (6th Cir. 1996)]. (Note: With respect to abortion, the term “medically necessary” merely meant that the woman was pregnant and desired an abortion, not that some health-related criteria were involved.⁵) As a result, by 1976 the federal taxpayer was paying for 300,000 Medicaid abortions

³ Obama has always opposed limits on government funding of abortions, both in the Illinois state Senate and in the U.S. Senate. During his campaign for the presidency, Obama reiterated his consistent opposition to policies restricting government funding of abortion, such as the Hyde Amendment. See, for example, “Sen. Barack Obama’s RH Issues Questionnaire,” December 21, 2007, <http://www.rhrealitycheck.org/blog/2007/12/21/sen-barack-obamas-reproductive-health-questionnaire>: “Obama does not support the Hyde amendment. He believes that the federal government should not use its dollars to intrude on a poor woman's decision whether to carry to term or to terminate her pregnancy and selectively withhold benefits because she seeks to exercise her right of reproductive choice in a manner the government disfavors.”

⁴ On July 17, 2007, Barack Obama 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. It is basic care, and so it is at the center and at the heart of the plan that I propose.” He stated that, “What we're doing is to say that we're gonna set up a public plan that all persons and all women can access if they don't have health insurance. It'll be a plan that will provide all essential services, including reproductive services.” 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.” (http://www.youtube.com/watch?v=H9CCpvj690A&feature=player_embedded) According to the *Chicago Tribune*, the Obama campaign later affirmed that “reproductive health services” included abortion. (*Chicago Tribune*, July 18, 2007). Moreover, Secretary of State Hillary Clinton testified before a congressional committee on April 22, 2009, “Reproductive health includes access to abortion . . . We are now an Administration that will protect the rights of women, including their rights to reproductive health care.” <http://www.nrlc.org/AHC/2009July9SmithDearColleague.pdf>

⁵ This is well understood by analysts on both sides of abortion policy issues. In 1993, William Hamilton, vice president of the Planned Parenthood Federation of America, told Knight-Ridder Newspapers that “medically necessary” abortions include “anything a doctor and a woman construe to be in her best interest, whether prenatal care or abortion” (*Philadelphia Inquirer*, Sept. 8, 1993). The National Abortion and Reproductive Rights Action League (NARAL) defined “medically necessary” as “a term which generally includes the broadest range of situations for which a state will fund abortion” (*Who Decides? A Reproductive Rights Issues Manual*, 1990). A senior Clinton Administration health

per year, until the Congress attached the Hyde Amendment to the annual Health and Human Services funding bill, specifically prohibiting Medicaid funds from being spent for abortion.

Likewise, the Kennedy bill describes broad categories of services for which essential benefits must be provided by plans participating in a state marketplace (“Gateway”), including ambulatory patient services, hospitalization, and preventive services. Once abortion is mandated as an “essential benefit,” the result will be federally mandated coverage of abortion on demand in virtually all of America’s health plans (public and private).

“Preventive services” is one of the several categories of services, mandated by the Kennedy bill as “essential benefits,” that would include elective abortion.⁶ Indeed, when a pro-life constituent wrote to Sen. Dianne Feinstein (D-Ca.) to urge that abortion be excluded from the legislation, he received an e-mail response dated August 3, 2009, in which Feinstein wrote, “Thank you for writing to me to express your support for proposed restrictions on private coverage of preventative services for reproductive care in health reform legislation. . . . I understand your opinion that private coverage of abortion services should be restricted in health reform. However, I believe that reproductive health services should be treated no differently than any other health care service or benefit.”

The Senate Kennedy bill will also require plans participating in the new marketplace (“Gateway”) to ensure a “wide choice of providers” for the services provided. Once abortion is a federally mandated “essential benefit,” many health insurance issuers will have to take steps, including establishing abortion-providing sites in their service area, to meet this requirement. Pro-life analysts refer to these provisions as an “abortion clinic mandate,” and the effect will be an increase in the number of abortions performed in America.

Mikulski Amendment

Planned Parenthood, America’s largest abortion provider, wants to make doubly sure that its clinics are among those chosen to fulfill the bill’s mandates. The “Essential Community Provider” provisions in the Kennedy bill are designed to ensure this will happen. These provisions were added by an amendment offered in the HELP Committee by Senator Barbara Mikulski (D-Md.) on July 9, 2009. During debate on the amendment, Senator Orrin Hatch (R-Utah) asked, “Would that include abortion providers ... like Planned Parenthood?” Senator Mikulski responded, “It would include women's health clinics that provide comprehensive

official told Congress, “When we're talking about medically necessary or appropriate [abortion] services we are also talking about all legal services” (Judith Feder, principal deputy assistant secretary for planning and evaluation, Department of Health and Human Services, Jan. 26, 1994).

⁶ The Kennedy bill explicitly provides that group health plans and health insurance issuers must provide coverage for preventive services rated and recommended by the U.S. Preventive Services Task Force.

services, and ... it would include Planned Parenthood clinics. . . . It doesn't expand . . . nor mandate an abortion service." Sen. Hatch then said, ". . . but it would provide for them," to which Mikulski answered, "It would provide for any service deemed medically necessary or medically appropriate."⁷

House Bill: H.R. 3200, the Capps Amendment, and the Public Plan

Under the House bill backed by the Obama White House, H.R. 3200, the U.S. Secretary of Health and Human Services would establish the public plan (using \$2 billion provided by the bill), set the premiums, set the payment rates for doctors and providers, and establish conditions for health care providers' participation. An account in the U.S. Treasury will be established for the receipts and payments resulting from the operation of the public plan.

As introduced, H.R. 3200 contained broadly worded mandates regarding federally defined "essential benefits" similar to those found in the Kennedy bill, and it was approved in that form by two House committees. However, a third House committee, the House Energy and Commerce Committee, on July 30, 2009, adopted an amendment that explicitly authorized the public plan to cover all elective abortions, and wrote the word "abortion" directly into the bill. The amendment was drafted by staff to Chairman Henry Waxman (D-Ca.) and offered by Rep. Lois Capps (D-Ca.), both of whom have 100 percent pro-abortion voting records during their many years in Congress. It was adopted with the votes of all of the pro-abortion members of the committee.

NRLC Legislative Director Douglas Johnson explained:

H.R. 3200 would drastically change longstanding federal policy. The bill creates a nationwide insurance plan run by the federal government, and the Capps Amendment explicitly authorizes this plan to cover all elective abortions. This means that any citizen who wants to take advantage of the public plan will be compelled to purchase coverage for abortion on demand. The federal agency will collect the premium money, receive bills from abortionists, and send the abortionists payment checks from the federal Treasury account. It is a sham to pretend that this does not constitute funding of abortion. If this passes, the federal government will be running a nationwide abortion-on-demand insurance plan.

The premiums for the public plan are expected to be substantially cheaper than those for the private plans,⁸ and so the public plan will likely be an attractive option for the poor and many

⁷ <http://www.youtube.com/watch?v=AdObotyAqDI&feature=related>

⁸ The Lewin Group estimates that "premiums for a public plan would be an average of 20 percent less than private insurance premiums for families, and 25 percent less for individuals." [Lewin Group, July 27, 2009, press release. The Lewin Group has been described by the Heritage Foundation as "the nation's most prominent health policy econometrics firm."] The Congressional Budget Office's July 14,

other fiscally strapped Americans. Material jointly issued by the three committees of jurisdiction in the House stated that it is their goal to allow “all employers access to the Exchange.”⁹ While there are many conflicting predictions, some analysts have projected that over 100 million Americans would enroll in the public plan once all employers are allowed access to the Exchange.¹⁰

Under H.R. 3200, the public plan’s provider network will have to meet standards set by the new Health Choices Commissioner to ensure enrollee “access” to services (e.g., abortion). Since many communities in America lack an abortion provider, the public plan will have to take whatever steps are necessary, including establishing new abortion sites, in order to meet the standards established by the Commissioner.

Opposition to this new government-run public plan covering elective abortions is strong within the pro-life community. Following adoption of the Capps Amendment by the House committee, Richard Doerflinger, associate director of pro-life activities for the U.S. Conference of Catholic Bishops (USCCB), told the AP, “We want to see people who have no health insurance get it, but this is a sticking point . . . We don’t want health care reform to be the vehicle for mandating abortion.” The AP also reported: “The church can’t accept a public plan that covers abortion, he [Doerflinger] said.”¹¹

NEW FEDERAL PREMIUM-SUBSIDY PROGRAM WOULD FUND PLANS THAT COVER ALL ELECTIVE ABORTIONS: “HYDE AMENDMENT” DOES NOT APPLY

Both the House and Senate bills provide massive funding for new federal subsidies for individuals and families whose income is too high to qualify for Medicaid/Children’s Health Insurance Program (CHIP).¹² Under the House bill, these subsidies phase out at \$88,200 income for a family of four (in 2009). These subsidies will be used to pay for health care premiums for either private health insurance plans or the public plan. Neither bill contains any language to prevent these massive amounts of federal dollars from being used to pay for insurance that covers abortion on demand. (As discussed below, the Capps Amendment adopted by pro-

2009, analysis of H.R. 3200 estimates the public plan “would be about 10 percent cheaper than a typical private plan offered in the exchanges.”

⁹ America’s Affordable Health Choices Act Section-by-Section Analysis, prepared by Committees on Energy and Commerce, Ways and Means, and Education and Labor, July 14, 2009, p. 4.

¹⁰ Lewin Group, July 27, 2009, press release.

¹¹ “Government insurance would allow coverage for abortion,” by Ricardo Alonso-Zaldivar, Associated Press, August 5, 2009.

¹² The Congressional Budget Office (CBO) estimates that over the next ten years H.R. 3200 will provide \$773 billion in new federal subsidies to purchase health care premiums and pay for cost sharing. CBO estimates the subsidies in the Senate Kennedy bill to be \$723 billion over ten years.

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abortion members of the House Energy and Commerce Committee would apply a meaningless bookkeeping procedure to plans that receive these subsidies.) Based on estimates by the Congressional Budget Office, 27 million people would be covered under the House bill's new federal subsidies for insurance premiums and cost-sharing.

For many years, Congress has prohibited the use of federal funding for health plans that cover abortion, except in cases of life of the mother, rape or incest. Federal law, including laws governing the Federal Employees Health Benefits program (FEHB) and Medicaid, currently prohibit the use of federal tax dollars to pay for abortions directly or to pay for health insurance that covers abortion (except to save the life of the mother, or in cases of rape or incest).

Pro-life members of Congress attempted to add amendments to H.R. 3200 and the Senate Kennedy bill to ensure the funding in those bills does not flow to plans that cover elective abortion, but these amendments were opposed by the Democratic chairmen of all four committees, and they were defeated.

The Hyde Amendment

Some members of Congress, and some journalists, have asserted that the "Hyde Amendment" would prevent the federal subsidy funds from supporting abortion. This is a misconception (or, in some cases, a deliberate misrepresentation). The Hyde Amendment is not a government-wide law – it is merely a limitation attached to the annual Health and Human Services (HHS) appropriations bill (also applied, through a separate statute, to the Indian Health Service). H.R. 3200 and the Senate Kennedy bill directly *appropriate* funds to establish the public plan, and directly *appropriate* funds to provide federal subsidies for premiums. None of this funding would flow through the HHS appropriations bill and thus, none of it is subject to the requirements of the Hyde Amendment, even in the short term.

As the Associated Press accurately noted in an article titled "Government insurance would allow coverage for abortion," by Ricardo Alonso-Zaldivar (August 5, 2009):

A law called the Hyde amendment applies the restrictions to Medicaid, forcing states that cover abortion for low-income women to do so with their own money. Separate laws apply the restrictions to the federal employee health plan and military and other programs. **The health overhaul would create a stream of federal funding not covered by the restrictions.** The new federal funds would take the form of subsidies for low- and middle-income people buying coverage through the health insurance exchange. Subsidies would be available for people to buy the public plan or private coverage. [emphasis added]

The Capps Amendment and Federal Premium Subsidies

Under the “phony compromise” adopted by key pro-abortion lawmakers on the House Energy and Commerce Committee, the Capps Amendment, these new federal subsidies could be used to purchase plans that cover abortion on demand. Under the Capps amendment, the amount of money spent for elective abortion would be attributed, on the books, to the portion of the insurance premium paid for with personal premium contributions – a device denounced by pro-life analysts as “a mere bookkeeping sham.” Under the Capps Amendment, any citizen who wanted to take advantage of the federally operated public plan would have no option other than to buy coverage of all elective abortions, even if he or she was strongly opposed to abortion, and the Capps Amendment specifically requires that the premium charged to all enrollees must be increased sufficiently to pay for all of the abortions. Abortionists would bill the federal agency for abortions performed on public-plan subscribers, and checks would be sent to the abortionists drawn on the federal agency’s account.

The Capps Amendment also mandates that at least one private insurance plan must offer unlimited abortion coverage in each “premium rating area” of the new Health Insurance Exchange.

Pro-life groups (including National Right to Life, the U.S. Conference of Catholic Bishops (USCCB), and the Family Research Council) immediately denounced the Capps amendment as phony and urged its defeat. (A recent analysis by the Ethics and Religious Liberty Commission of the Southern Baptist Convention also emphasized that the Capps Amendment “explicitly adds abortion coverage to the bill.”¹³) Following the approval of the Capps Amendment by the committee, USCCB official Richard Doerflinger called the amendment’s purported separation of private premiums and federal subsidies “a legal fiction.”

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 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.”

Cardinal Justin Rigali, Chairman of the U.S. Conference of Catholic Bishops Committee on Pro-Life Activities, said in a letter sent to members of the U.S. House of Representatives on August 11, 2009:

Funds paid into these plans are fungible, and federal taxpayer funds will subsidize the

¹³ See "America's Affordable Health Choices Act (H.R. 3200): The House Health Care Bill Exposed," by Brian J. Barnes and Jesse Williams, edited by Barrett Duke, Ph.D., The Southern Baptist Ethics and Religious Liberty Commission, July 31, 2009. <http://erlc.com/documents/pdf/20090731-affordable-health-choices-act-exposed.pdf>

operating budget and provider networks that expand access to abortions. Furthermore, those constrained by economic necessity or other factors to purchase the ‘public plan’ will be **forced by the federal government** to pay directly and specifically for abortion coverage. This is the opposite of the policy in every other federal health program. Government will force low-income Americans to subsidize abortions for others (and abortion coverage for themselves) even if they find abortion morally abhorrent.¹⁴

Cardinal Rigali urged members to support amendments to correct these “unacceptable features” and to “oppose any rule for consideration of H.R. 3200 that would block such amendments.”

Current Private Insurance Coverage for Abortion

Some have argued that an amendment to deny federal subsidies for coverage of elective abortions would “take away” something that some people currently have. But in reality, nobody right now has federally subsidized abortion coverage. Abortion is currently excluded from CHIP and from the military by statutes, and from the Medicaid program by the yearly “patch” of the Hyde Amendment. Perhaps the closest similarity to the premium subsidies in H.R. 3200 is the current Federal Employees Health Benefits (FEHB) program, a federally administered program in which over 260 private insurance plans cover 7.7 million persons. Since 1983 (except during 1993-1994), Congress has barred any of the private plans that participate in this program from covering abortion (with current exceptions to save the life of the mother, or in cases of rape or incest).

Whatever elective abortion coverage currently exists in private insurance plans is the result of free decisions in the marketplace by insurers, employers, and/or consumers of insurance – not of federal or state mandates. Amending H.R. 3200 to exclude federal subsidies for plans that cover elective abortion, as pro-life groups want, would not prevent anyone from enrolling in a federally subsidized plan (without abortion) and also buying supplemental, non-subsidized coverage for abortion with their own funds.

It is also worth noting that the prevalence of current private insurance coverage for elective abortion has been greatly exaggerated by some pro-abortion advocates during the current debate over health care legislation. Here are some pertinent points on this subject:

- Pro-abortion groups recently have cited a 2002 survey by the Guttmacher Institute that purports to show that 87% of surveyed employment-based health plans covered abortion (sometimes rounded up to “90%” by advocates). This report was based on voluntary responses sent to AGI, which is well-known as a pro-abortion advocacy organization, by insurers who were selected by AGI to be surveyed by complicated criteria described in the report. Moreover, the report itself said that “some of the insurers reporting that abortion was covered narrowly interpreted this to mean when a pregnancy threatens a woman’s health.” Clearly, then, AGI

¹⁴ The letter is posted at <http://www.nrlc.org/AHC/USCCBletterHR3200.pdf>

arrived at the 87% figure by counting any respondent in its sample that covered abortion even to save the life of the mother. Thus, this report is essentially useless in estimating the extent of private insurance coverage of elective abortion.

- *CQ Today* reported (July 15, 2009): “Most people with employer-sponsored insurance also must pay for abortions out of their own pocket. ‘Most insurers offer plans that include this coverage, but most employers choose not to offer it as part of their benefits package,’ said Robert Zirkelbach, a spokesman for America’s Health Insurance Plans, the insurance industry’s trade association.”

- During her confirmation proceedings to be secretary of Health and Human Services, Kathleen Sebelius said in a written response to a question: “Most private plans do not cover abortion services except in limited instances, but do cover family planning, and Congress has limited the Federal Employee Health Benefit Plan to covering abortion services only in cases of rape or incest, or when the life of the mother is in danger.”¹⁵

- The Heritage Foundation says that 46% of workers have employer-based health insurance that finances abortion, citing a 2003 Employer Health Benefits Survey by the Kaiser Family Foundation.¹⁶

Public Opinion

Americans do not want to see their tax dollars used to pay for abortions In late November, 2008, pollster Zogby asked: “The Hyde Amendment says that federal tax funds may be used to pay for abortions only to save the life of the mother, or in cases of rape or incest. Some lawmakers are proposing to repeal this law, which would result in taxpayer funding of abortions performed as a method of birth control. Do you favor or oppose the repeal of the Hyde Amendment?” 69 percent said no while 21 percent said yes. Zogby also asked: “President-elect Obama has proposed a bill that would force many employers to provide health insurance to their employees. Do you believe that this bill should also require insurance plans pay for abortions when the abortions are performed as a method of birth control?” 71 percent said no while 20 percent said yes.¹⁷

A May 2009 survey by the Mellman Group, commissioned by the pro-abortion advocacy group,

¹⁵ See “Finance Committee Questions for the Record,” U.S. Senate Finance Committee Hearing on Confirmation of Kathleen Sebelius to be Secretary of Health and Human Services, April 2, 2009. <http://finance.senate.gov/hearings/testimony/2009test/040209QFRs%20for%20SubmissionKS.pdf>

¹⁶ “The Health Insurance Exchange: Enabling Freedom of Conscience in Health Care,” Heritage Foundation, March 1, 2007.

¹⁷ Zogby International poll conducted November 25, 2008 to December 1, 2008, 2,488 respondents, margin of error +/- 2.0 percent.

National Women's Law Center, has been cited as showing public support for covering abortion "in a health care reform plan." But the questions were heavily loaded. Respondents were not asked specifically about abortion coverage, but rather, were given a choice between supporting removal of "funding abortions, contraception and other elective procedures" on the one hand, or covering abortions "including high-risk pregnancies that endanger the mother's life and miscarriages" on the other hand. The pro-life amendments offered to the Kennedy bill and to H.R. 3200 do not affect contraceptive coverage or treatments for miscarriages, and the pro-life amendments include exceptions, including an exception for cases of life endangerment. A pollster who is serious about measuring public opinion on covering elective abortion in a government-operated or government-subsidized plan will ask about that, rather than demolishing straw men.

Medicaid

The House bill also provides additional funding for Medicaid and the Children's Health Insurance Program (CHIP), which currently cover approximately 40 million people. H.R. 3200 will expand Medicaid eligibility in ways that will result in an additional 11 million enrollees by 2019, according to the Congressional Budget Office. CBO estimates it would fund an additional \$438 billion to pay for this expanded population over ten years, but H.R. 3200 contains no limitation to prevent the use of these funds to pay for elective abortion and to pay for insurance coverage of elective abortion. The Hyde Amendment, a provision of the annual HHS appropriations bill, will continue to restrict use of federal Medicaid funding for abortion so long as it remains in effect, but the Hyde Amendment (like the appropriations bill itself) expires every September 30; it can be renewed each year only with the approval of the Congress and the President's signature (or, congressional approval followed by a two-thirds vote of each house to override a veto). The current President has consistently opposed the Hyde Amendment and all other limits on government funding of abortion.¹⁸

If the President and the Congress do not renew the Hyde Amendment, in 2010 or any later year, the eventual result (by 2019) would be a total population of about 73 million people who would receive federally subsidized coverage of elective abortion (i.e., about 46 million through Medicaid and about 27 million through the new premium subsidies established by H.R. 3200).

¹⁸ Obama has always opposed limits on government funding of abortions, both in the Illinois state Senate and in the U.S. Senate. During his campaign for the presidency, Obama reiterated his consistent opposition to policies restricting government funding of abortion, such as the Hyde Amendment. See, for example, "Sen. Barack Obama's RH Issues Questionnaire," December 21, 2007, <http://www.rhrealitycheck.org/blog/2007/12/21/sen-barack-obamas-reproductive-health-questionnaire>: "Obama does not support the Hyde amendment. He believes that the federal government should not use its dollars to intrude on a poor woman's decision whether to carry to term or to terminate her pregnancy and selectively withhold benefits because she seeks to exercise her right of reproductive choice in a manner the government disfavors."