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April 29, 2019

Re: Pro-life concerns with H.R. 1384 and similar “Medicare for All” proposals

Dear Representative:

At some point during the current Congress, the House of Representatives may vote on one or more so-called “Medicare for All” proposals. The National Right to Life Committee (NRLC), the federation of state right-to-life organizations, strongly opposes one such measure, H.R. 1384, the “Medicare for All Act of 2019,” sponsored by Rep. Pramila Jayapal.

While H.R. 1384 is a general roadmap, scarce on specifics, there are certain key details of the legislation that would mean a dramatic and radical departure from long-standing abortion-related policy. The legislation would require government funding of abortion without limitation and also likely would require unwilling hospitals and doctors to perform abortion procedures.

National Right to Life vigorously opposed enactment of the Obamacare law in 2009-2010, because of its multiple provisions authorizing federal subsidies for abortion insurance, multiple provisions allowing abortion-expansive federal mandates, and various provisions that could lead to the denial of medical treatment. H.R. 1384, as well as other Medicare for All proposals, will go radically further to expand abortion funding and deny medical treatment.

The National Right to Life Committee (NRLC) urges you to oppose H.R. 1384 or any similar Medicare for All proposals and intends to include any possible roll call votes in our scorecard of key right-to-life roll calls of the 116th Congress.

Requirement to Cover Reproductive Health Services and Elimination of the Hyde Amendment

Whereas President Obama repeatedly claimed that his Obamacare legislation would not allow “federal funds” to pay for abortions, a claim reiterated in a hollow executive order, the law itself explicitly authorized massive federal subsidies to assist many millions of Americans to purchase private health plans that today cover abortion on demand in the 24 states and D.C. that failed to pass laws to limit abortion coverage.

However, unlike the false claims made by the Obama Administration and its defenders that Obamacare was not aimed at expanding abortion, H.R. 1384 and similar Medicare for All proposals **explicitly** and **directly** take aim at long-standing provisions that limit funding of abortion.

H.R. 1384 defines mandatory comprehensive health services to include “comprehensive reproductive, maternity, and newborn care.” In addition, H.R. 1384 states that “Any other provision of law in effect on the date of enactment of this Act restricting the use of Federal funds for any reproductive health service shall not apply to monies in the Trust Fund.”

This will mean that a number of federal laws that generally prohibit federal subsidies for abortion in various specific programs, the best known of these being the Hyde Amendment, which governs funds that flow through the annual federal health and human services appropriations, will cease to apply.

The Hyde Amendment alone is estimated to have saved on the order of two million lives.

In their February 27, 2019 press release, NARAL Pro-Choice America President Ilyse Hogue praised H.R. 1384 stating, “Representative Jayapal has been an unwavering champion for women and reproductive freedom and we applaud her leadership today. Rep. Jayapal’s Medicare for All proposal recognizes the simple truth that women will never be equal members in society until we have full access to reproductive healthcare. Put simply, a right is not a right if you cannot access it.”

Requirement that Physicians and Other Health Providers Perform Abortions

Various federal laws seek to prevent discrimination against health care providers who do not wish to participate in providing abortions (often called “conscience protection” laws). However, H.R. 1384 contains policies that are directly contrary to the principles that they embody.

H.R. 1384 includes a provision that states in Section 103 that “Any individual entitled to benefits under this Act may obtain health services from any institution, agency, or individual qualified to participate under this Act.”

H.R. 1384 and similar Medicare for All proposals are likely to require hospitals and doctors to perform abortion procedures, at least if they already offer or are trained to provide reproductive health care of any kind.

In addition, a non-discrimination provision in Section 104(a) states in part that “No person shall, on the basis of ... pregnancy and related medical conditions (including termination of pregnancy), be excluded from participation in or be denied the benefits of the program established under this Act...or be subject to any reduction of benefits or other discrimination by any participating provider ... or any entity conducting, administering, or funding a health program or activity, including contracts of insurance, pursuant to this Act.”

Section 301 provides that “Items and services to eligible persons shall be furnished by the provider without discrimination, in accordance with section 104(a). Nothing in this subparagraph shall be construed as requiring the provision of a type or class of items or services that are outside the scope of the provider’s normal practice.”

Working in tandem, Sections 103 and 104 and 301 are likely to be interpreted to require physicians to perform an abortion even if they are morally opposed to them, as this would constitute discrimination under this definition. Further, because Sec. 301 does not define “normal practice,” it is unclear if physicians or other health professionals who typically do not perform abortions could be forced into becoming certified, for example, to dispense medication abortions.

Rationing Threats

Since its inception, the National Right to Life Committee has been just as committed to protecting those who have been born, especially older people and people with disabilities, from euthanasia, as it has been committed to protecting unborn children from abortion. Our efforts to protect the vulnerable from euthanasia have been directed at opposing not only direct killing such as assisting suicide but also denial of life-saving medical treatment, food and fluids necessary to sustain life.

In particular, NRLC has fought involuntary euthanasia—the denial of life-saving treatment and sustenance to patients against their will. This includes our opposition to government rationing of health care. NRLC does not believe that the government should limit the right of Americans, if they choose, to use even their own private funds for health care to save their lives and those of their family members.

NRLC strongly opposes legislation that would create or lead to a national, single-payer, government-run healthcare system, including Medicare for All proposals. Medicare for All would eliminate privately funded health plans, including the employer-sponsored coverage in use by 56% of all Americans. Under the current system, because of budget constraints, the Medicare reimbursement rates for health care providers tend to be below the cost of giving the care—a deficit that can only accelerate as cost pressures on Medicare increase. To cope with this, providers engage in cost shifting by using funds they receive in payment for treating privately insured working people to help make up for what the providers lose when treating retirees under Medicare. While cost shifting can be uneven, it does help to ease the cost pressures. Under H.R. 1384, cost shifting would disappear and all Americans would be forced into a progressively underfunded system, one bound to begin reducing treatment and access to healthcare.

While everyone would prefer to pay less – or nothing – for health care (as for anything else), government price controls, in fact, prevent access to lifesaving medical treatment that costs more to supply than the price set by the government. Under a Medicare for All scheme, the government will ration lifesaving medical treatment as they are squeezed more and more tightly each year by the declining “real” (that is, adjusted for health care inflation) value of the tax dollars they take in. These day-to-day rationing decisions will have the most direct and visible impact on the lives – and deaths – of people with a poor “quality of life.”

While there are few specifics in H.R. 1384 and similar Medicare for All proposals, single-payer health care will lead to government price setting, and lessening access to healthcare. And more directly, H.R. 1384 would lead to a dramatic departure in abortion funding.

Thank you for your consideration of National Right to Life’s strong opposition to H.R. 1384 and similar Medicare for All proposals.

Respectfully submitted,

Sincerely,



Carol Tobias
President



David N. O’Steen, Ph.D.
Executive Director



Jennifer Popik, J.D.
Legislative Director