

July 15, 2009

H.R. 3200 abortion mandates and subsidies

Dear Member of Congress:

This is to express the strong opposition of the National Right to Life Committee (NRLC) to the Tri-Committee health care legislation, H.R. 3200. **In its current form, this bill would predictably result in great expansion of abortion since *Roe v. Wade*, driven by mandates and subsidies emanating from multiple provisions of this bill.**

The bill contains provisions that would result in federal mandates requiring inclusion of elective abortion in virtually all health insurance plans, both private plans (which would be required to conform to federal standards in order to participate in the government-operated Exchange), and the new "public plan." Other provisions would result in health networks being required to establish new abortion providers in order to provide local access to elective abortions. State laws placing procedural requirements or other limitations on abortion (e.g., waiting periods, or parental notification laws) would be subject to nullification by federal regulation or lawsuit. **These results can be prevented only by adoption of an amendment that explicitly excludes abortion from the scope of all of the bill's provisions dealing with minimum benefits and related mandates.**

In addition, the bill would result in federal subsidies for elective abortion. Some advocates for the bill have suggested that the Hyde Amendment would prevent this result, but this is untrue. First, the Hyde Amendment is not a permanent law, but merely a "limitation amendment" on the annual appropriations bill for Health and Human Services; it will lapse in any year in which a bill to renew it fails to garner both the approval of Congress and the President's signature. Secondly, H.R. 3200 directly appropriates massive subsidies for premiums and cost-sharing that would not flow through the annual Health and Human Services appropriations bill and thus would not be subject to the Hyde Amendment, even in the short term. **The only way to prevent this bill from creating federal subsidies for elective abortion is to add Hyde-type language to the bill itself (just as Congress did when it created the SCHIP program in 1997). Unless such an amendment is adopted, a vote for H.R. 3200 is a vote for tax-subsidized abortion on demand.**

H.R. 3200 also contains structural components that raise the most acute concerns regarding future rationing of life-saving medical care on the basis of disability and "quality of life" criteria. These rationing-related concerns will be examined in future communications from NRLC.

Sincerely,



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Legislative Director



Susan T. Muskett, J.D.  
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