

## Pro-Life Lawmakers Take Over Key Positions in House, But Face Obstacles in Pro-abortion Senate and White House

WASHINGTON, D.C. (January 6, 2011) – The 112<sup>th</sup> Congress has convened with pro-life forces in a substantially stronger position than during the first two years of President Obama's term – but with adversaries still firmly in control of many key centers of federal policymaking power.

On January 5, pro-life Rep. John Boehner (R-Ohio) was sworn in as Speaker of the House of Representatives, ending the four-year speakership of pro-abortion Rep. Nancy Pelosi (D-Ca.). Boehner and pro-life House Majority Leader Eric Cantor (R-Va.) will lead a House



*Rep. Chris Smith (R-NJ), co-chairman, Pro-Life Caucus*



*Pro-life Rep. Joe Pitts (R-Pa.), chairman, Health Subcommittee*

in which Republicans will hold a 242-193 seat majority – a shift of 63 seats to the Republicans. All but a handful of the newly elected Republicans are pro-life.

The November election also resulted in modest changes in the Senate. The Democrats remain in control, under the direction of pro-abortion Majority Leader Harry Reid (Nv.), but the election reduced the Democrat majority from 59-41 to 53-47. While Reid will retain the power to largely set the agenda for the Senate, the diminished Democrat majority will strengthen the ability of Republican

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## House Obamacare Repeal Vote Just the Start in Struggle to Prevent Health Care Rationing

By BURKE J. BALCH, J.D.

At press time, the U.S. House of Representatives was expected to vote January 12 to repeal the Obama Healthcare Law. While the Senate leadership, still controlled by the law's supporters, is unlikely to vote on repeal during 2011 or 2012, the House vote will be an important step in laying the groundwork for repeal, depending on who is in power in Washington in 2013.

As the story on page 15 details, late last year the Obama Administration used its executive power to impose by regulation a strengthened version



*Pro-life House Speaker John Boehner (R-Ohio)*



*Pro-life House Majority Leader Eric Cantor (R-Va.)*

of a provision that had provoked great public outcry in summer 2009—then abruptly reversed itself January 4. Section 1233 in the then-proposed House bill would have reimbursed doctors for discussing with their Medicare patients advance directives that might include authorization to withhold lifesaving medical treatment, food, and fluids—a discussion that would generally take place only every five years.

Many feared that these counseling sessions would in practice be used to cut down on health care costs by convincing elderly people to forego

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# Pro-Life Lawmakers Take Over Key Positions in House

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Leader Mitch McConnell (Ky.) to block legislation objectionable to most Republicans – since it usually takes 60 votes to win adoption of a controversial bill, motion, or nomination in the Senate.

The new House Republican leadership promptly announced that the first major bill it will bring to the House floor will be a measure to completely repeal the far-reaching health care bill enacted in March 2010. At *NRL News* deadline, the repeal bill H.R. 2, introduced by Cantor, was scheduled for a House floor vote on January 12.

In a January 6 letter to House members, NRLC expressed strong support for the repeal bill, and informed lawmakers that the roll call on the measure will be included in the NRLC scorecard of key roll calls of the new Congress.

The letter noted that the 2010 health care law “contains multiple provisions authorizing federal subsidies for abortion, and additional provisions on which future abortion-expanding regulatory mandates may be based. . . . In addition, the PPACA contains multiple provisions that will, if fully implemented, result in government-imposed rationing of lifesaving medical care. . . . The law is so riddled with provisions that violate right-to-life principles that it cannot simply be patched. It must be repealed, and any replacement legislation must contain all necessary safeguards for the right to life of the most vulnerable members of the human family.”

(The entire NRLC letter supporting H.R. 2 is posted on the NRLC website at <http://www.nrlc.org/AHC/NRLCLetteronHR2.html>. For additional information on the pro-rationing aspects of the health care law, see the story that appears on page one of this issue.)

While H.R. 2 is expected to pass the House, no one thinks that it will garner the required 60 votes in the Senate – and even if it did, President Obama would undoubtedly employ his veto power to defend his 2010 health care law.

Given these realities, Republican leaders have indicated that they will follow H.R. 2 with a series of narrower legislative attacks on specific components of the health care law.

One such proposal, the “Protect Life Act,” will soon be reintroduced by pro-life Rep. Joe Pitts (R-Pa.). This bill, which is backed by NRLC and other pro-life groups, would prohibit pro-abortion subsidies and mandates in every component of the massive 2010 health care law. In content, it is very similar to the “Stupak-Pitts Amendment” which NRLC pushed during the 2009-2010 debate over health care legislation – an amendment that ultimately was blocked by opposition from President Obama and the congressional Democratic leadership.

Pitts is now well situated to advance the Protect Life Act – he has been appointed as chairman of the Health Subcommittee of the powerful House Committee on Energy and Commerce, the panel with direct jurisdiction over most federal health programs. Pitts has extensive experience in health policy issues, having served as a member of both the full committee and the subcommittee for ten years. He has also chaired the Values Action Team, an unofficial but influential caucus of House members concerned with pro-life and pro-family issues.

In a November 18 letter to key House Republican leaders, NRLC had urged that Pitts be appointed to the Health Subcommittee chairmanship, noting that he “has made the protection of

the sanctity of innocent human life the cornerstone of his service in the House.” In response, NARAL President Nancy Keenan issued a press release charging that NRLC “wants its hand-picked extremist in charge of [the] panel that oversees women’s health programs,” an appointment she said would be “ridiculous.”

Following the official announcement that Pitts would chair the panel, Laurie Rubiner, vice president of the Planned Parenthood Federation of America, told a *New York Times* reporter that Pitts was “as anti-choice as a member of Congress can be.”

In a December 7 release welcoming the appointment, Pitts said, “We need to repeal Obamacare and replace it with something better. We need to protect human life from the unborn to the elderly.”

In addition to the Pitts bill, a complementary, broader reform bill is being advanced by Congressman Chris Smith (R-NJ). Smith’s bill, the No Taxpayer Funding for Abortion Act, would establish a permanent, government-wide ban on federal subsidies for abortion, with narrow exceptions. The bill would supersede a patchwork of different laws limiting federal subsidies for abortion, many of which must be renewed each year because they are incorporated into annual appropriations bills.

The bill is a major priority for NRLC, and was included in the pre-election “Pledge to America,” an outline of priorities released by the House Republican leadership.

Smith, a 30-year House veteran, co-chairs the Bipartisan Pro-Life Caucus in the House, and is recognized by all as the leader of pro-life forces in the chamber. In a December 8 release, the Caucus announced that Rep. Dan Lipinski, Democrat of Illinois, will serve as co-chairman for the new Congress.

Smith also has been awarded an important new post: He will chair a Foreign Affairs Committee subcommittee with jurisdiction over global health issues and human rights issues.

The new chairman of the full Foreign Affairs Committee, Rep. Ileana Ros-Lehtinen (R-Fl.), also has a strong pro-life record. Ros-Lehtinen announced Smith’s subcommittee chairmanship in a December 21 press release.

Smith told *NRL News* that his goal as subcommittee chairman would be “to promote a consistent culture of life in all aspects of U.S. foreign policy and international healthcare funding.” He added, “Tragically, President Obama and Secretary of State Hillary Clinton have misused taxpayer funds to aggressively export abortion around the world. It is time to investigate, expose, and end this complicity with procuring death to children and harm to their mothers.”

Following the November election, Jane Roberts, who heads an organization that advocates U.S. funding for the pro-abortion United Nations Population Fund (UNFPA), wrote that if Smith were appointed to chair this particular subcommittee, “our worst nightmare will be realized.”

Lawmakers with strong pro-life records will also chair other key House committees with jurisdiction over pro-life issues, including Lamar Smith (R-Tx), who will chair the House Judiciary Committee, and Harold Rogers (R-Ky.), who will chair the House Appropriations Committee.

Pro-abortion Democrats will retain control of key Senate committees.

*For up-to-date information on pro-life issues in Congress, make frequent visits to the NRLC Legislative Action Center at <http://www.capwiz.com/nrlc/home/>*

## Abortion Empire

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Aurora has 4 surgical rooms and 13 private recovery rooms. The waiting room seats 65. The mega-clinic in Houston has a whole floor for abortions.

Portland has 10 exam rooms but offers chemical abortions only. This hardly means a lower level of commitment. An abortionist does surgical abortions at another Planned Parenthood clinic nearby, enabling the new mega-clinic to promote and process high volumes of chemical abortion patients without the expense or mess of surgical abortions.

The requirement that every affiliate offer abortion only confirms the centrality of abortion to the Planned Parenthood enterprise. Planned



Dr. Randall K. O'Bannon,  
NRLC Director of Education

Parenthood wants to make sure that people recognize abortion as part of its brand. Planned Parenthood, it's saying, isn't Planned Parenthood without abortion.

Affiliates that don't comply will no longer be affiliates. Clinics that don't offer abortion may close.

Weaker affiliates still trying to get by selling contraceptives will be gobbled up by larger affiliates building giant new abortion complexes and willing to put the latest killing technology to use. RU486 and web cams have the potential to turn even the smallest small town storefront into an abortion dispensary.

It's how you build an empire.

And it's an empire built on the

dead bodies of millions of unborn children.

### Abortion—It's Who We Are

When you look at the big picture, it isn't hard to see why abortions have steadily increased at Planned Parenthood over the past 20 years even while they have generally been decreasing in the United States as a whole.

Planned Parenthood officials say they're standardizing services, trying to serve a broader clientele, streamlining operations, cutting costs, but every move serves to advance one purpose—the expansion of their single most profitable product: abortion.

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expensive treatment. The provision was omitted in the law finally passed—but the Obama Administration quietly issued a regulation ensuring that doctors would be paid to talk about advance directives with their Medicare patients not just every five years but as part of their annual checkups. After a *New York Times* story brought the regulation to public attention, the Administration beat a hasty retreat.

However, much less attention has been paid to a different provision in the Obama Healthcare Law likely to be used to persuade patients that they will be just as well off, or better, if they forego life-preserving treatment. The law's "Shared Decisionmaking" program provides funding to nongovernmental organizations to develop "patient decision aids" that are supposed to help "patients, caregivers or authorized representatives ... to decide with their health care provider what treatments are best for them

based on their treatment options, scientific evidence, circumstances, beliefs, and preferences." These organizations will also receive funding to establish "Shared Decisionmaking Resource Centers ... to provide technical assistance to providers and to develop and disseminate best practices ..."

One of the organizations likely to receive funding for these "patient decision aids" is the Foundation for Informed Medical Decisionmaking. Its web site features a box titled "Did You Know" which contains a rotating set of messages, including, "About 25% of Medicare dollars are spent on people in their last 60 days of life"; "Whether or not they receive active treatment, most men diagnosed with early stage prostate cancer will die of something else"; "Back patients in Idaho Falls, Idaho are 20 times more likely to have lumbar fusion surgery than those in Bangor, Maine, with no

clear difference in ... quality of life"; "For at least 70% of people who have heart bypass surgery, the survival rate is no better than if they had chosen to take medication alone"; "More care does not equal better outcomes"; and "In many people with stable heart disease, medications are just as good as stents or bypass surgery."

Notice a pattern? Clearly, this is a group that wants to *discourage* patients from choosing treatment that may be extensive or costly.

But the provisions of the Obama Healthcare Law that try to persuade Americans we are better off without expensive lifesaving treatment are not its most dangerous features. Those are the ones that will *prevent* our doctors and other health care providers from giving us such care even when they agree it is needed and we're willing to spend our own money to get it.

Under the Obama Healthcare Law, an "Independent Payment

Advisory Board" is required to come up with recommendations to the federal Department of Health and Human Services (HHS) to force *nongovernmental* health care spending below the rate of medical inflation. In turn, HHS is empowered to impose "quality" and "efficiency" measures on health care providers.

A doctor who gives her patients more treatment than authorized by HHS guidelines may not contract with qualified health insurance plans. (Once the insurance mandate kicks in, Americans will be required by law to participate in a "qualified" health insurance plan.) This will be the coercive—as distinct from the merely persuasive—means used to impose rationing.

For documentation and more details about the rationing in the Obama Healthcare Law, visit [www.nrlc.org/HealthCareRationing/Index.html](http://www.nrlc.org/HealthCareRationing/Index.html).