



Key Points on Pro-Abortion Provisions in Obama-Backed Health Care Bills

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- Committees of the U.S. House of Representatives and the U.S. Senate have approved health care restructuring bills that would create big new federal programs: (1) a national health insurance program that would be run entirely by the federal government (called the “public plan” or “public option”); and (2) a program to provide tax-funded subsidies to help tens of millions of Americans buy health insurance. These new programs would cover elective abortion, which would be a sharp break from current federal policy.
- **The latest version of the House bill (H.R. 3962) creates a new federal health insurance program – the “public option” – and authorizes the federal Department of Health and Human Services to fund elective abortions through this new program.** On page 110, the bill says that “nothing in this Act shall be construed as preventing the public health insurance option from providing for” payments for all elective abortions.
- **All of the funds spent by the federal “public option” program will be federal funds.** Some pro-abortion lawmakers have claimed that the abortions would be paid for with “private” funds, but this is a deception – federal agencies cannot spend “private” funds. When the federal government collects “premiums” from citizens who enroll in the “public option,” the monies become federal funds. The bill authorizes federal funding of elective abortion.
- As the independent FactCheck.org reported in an August 21, 2009, analysis, “Despite what Obama said, the House bill would allow abortions to be covered by a federal plan and by federally subsidized private plans.” FactCheck.org also wrote: “Obama has said in the past that ‘reproductive services’ would be covered by his public plan, so it’s likely that any new federal insurance plan would cover abortion unless Congress expressly prohibits that. Low- and moderate-income persons who would choose the ‘public plan’ would qualify for federal subsidies to purchase it. Private plans that cover abortion also could be purchased with the help of federal subsidies.”
- The abortion coverage would not be optional – no citizen would be allowed to enroll in the federal insurance program without paying the abortion surcharge. As *Time* magazine accurately reported (August 24, 2009), “The problem is that all those who sign up for the

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public option would have to pay into the account for abortion coverage, an amount ‘not less than \$1 per month,’ according to the legislation. So in effect, anyone who wanted to sign up for the public option, a federally funded and administered program, would find themselves paying for abortion coverage.”

- **The current “Hyde Amendment” law would not apply to the public plan, or to the premium subsidy programs created by the House and Senate bills.** The Hyde Amendment is a law that must be renewed annually, and it applies only to monies that are appropriated through the annual appropriations bill that funds the Department of Health and Human Services (which includes, for example, the current Medicaid program). The proposed “public option” and premium subsidy programs created by H.R. 3962 would be funded through other legislative pipelines, and the Hyde Amendment would not apply to these new programs. As the Associated Press accurately reported in an October 23, 2009 article: “Currently a law called the Hyde amendment bars federal funding for abortion -- except in cases of rape and incest or if the mother’s life would be endangered -- and applies those restrictions to Medicaid . . . But the Democrats’ health overhaul bill would create a new stream of federal funding not covered by the restrictions.” NRLC has issued a memorandum explaining further why the Hyde Amendment would not apply.

- **The proposed provisions are a sharp departure from the status quo.** *Time* magazine reported (August 24, 2009), “The health-care reform proposed by House Democrats, if enacted, would in fact mark a significant change in the Federal Government’s role in the financing of abortions.”

- **In three House committees, pro-abortion Democratic committee chairmen and majorities, allied with the White House, rejected amendments to prevent federal subsidies from going to health plans that cover elective abortion.**

- Bills produced by the Senate Health, Education, Labor, and Pensions (HELP) Committee (S. 1679) and the Senate Finance Committee (S. 1796) also contain pro-abortion provisions, and both committees rejected amendments to correct these provisions. For example, under S. 1679, both the “public plan” and, in time, most private insurance plans, would be required to cover all “essential benefits.” These benefits must include (but are not limited to) ambulatory patient services, hospitalization, and preventive services. Under numerous past federal court decisions, such broad categories will include elective abortion unless Congress adds an explicit exclusion for abortion . Thus, under S. 1679, many private health plans would be required to pay for and to provide local access to abortion, and many state laws that regulate abortion could be invalidated. Senate Majority Leader Harry Reid (D-Nv.) is currently combining the two Senate bills into a single bill that the full Senate may soon consider.

For additional information and documentation, or for an up-to-date report on the status of this legislation, go to <http://nrlactioncenter.com> or <http://www.nrlc.org/AHC/Index.html>

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