



Secretariat of Pro-Life Activities

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Dear Representative:

As you continue deliberations on the “America’s Affordable Health Choices Act” (H.R. 3200), I urge you to consider the overall priorities and concerns presented by the U.S. Conference of Catholic Bishops in Bishop William Murphy’s July 17 letter to Congress (www.usccb.org/sdwp/national/2009-07-17-murphy-letter-congress.pdf). The bishops’ conference views health care as a basic right belonging to all human beings. We therefore have long supported health care reform that respects human life and dignity from conception to natural death; provides access to quality health care for all, with a special concern for immigrants and the poor; preserves pluralism, with respect for rights of conscience; and restrains costs while sharing them equitably.

As this debate continues we will share our perspectives on positive and negative features in this and other health care reform legislation. In this letter I am writing specifically about our fundamental requirement that such legislation respect human life and rights of conscience in the context of abortion. Much-needed reform must not become a vehicle for promoting an “abortion rights” agenda or reversing longstanding policies against federal funding and mandated coverage of abortion. In this sense we urge you to make this legislation “abortion neutral,” by preserving longstanding federal policies that prevent government promotion of abortion and respect conscience rights.

As amended by the House Energy and Commerce Committee on July 31, H.R. 3200 addresses two aspects of the abortion issue: The Act will not preempt certain state laws regulating abortion, and will have no effect on existing federal conscience rights on abortion. These changes are helpful improvements. Especially welcome is the committee’s approval of the Stupak/Pitts amendment, prohibiting governmental bodies that receive federal funds under this Act from discriminating against providers and insurers who decline involvement in abortion. The bishops’ conference had urged approval of this amendment, which applies the policy of the Weldon amendment (approved by Congress every year since 2004 as part of the Labor/HHS appropriations bill) to the health care reform bill.

On two other fundamental issues, however, the Act remains seriously deficient:

1. The legislation delegates to the Secretary of Health and Human Services the power to make unlimited abortion a **mandated benefit** in the “public health insurance plan” the government will manage nationwide. This would be a radical change: Federal law has long excluded most abortions from federal employees’ health benefits packages, and no federal health program mandates coverage of elective abortions.

2. Because some federal funds are authorized and appropriated by this legislation without passing through the Labor/HHS appropriations bill, they are not covered by the Hyde

amendment and other federal provisions that have long prevented **federal funding of abortion and of health benefits packages that include abortion**. The committee rejected an amendment to extend this longstanding policy to the use of federal subsidies for health care premiums under this Act. Instead the committee created a legal fiction, a paper separation between federal funding and abortion: Federal funds will subsidize the public plan, as well as private health plans that include abortion on demand; but anyone who purchases these plans is **required** to pay a premium out of his or her own pocket (specified in the Act to be at least \$1.00 a month) to cover all abortions **beyond** those eligible for federal funds under the current Hyde amendment. Thus some will claim that federal taxpayer funds do not support abortion under the Act.

But this is an illusion. Funds paid into these plans are fungible, and federal taxpayer funds will subsidize the 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.

Please consider the broader context. No federal program mandates coverage for elective abortions, or subsidizes health plans that include such abortions. Most Americans do not want abortion in their health coverage, and most consider themselves “pro-life,” with a stronger majority among low-income Americans. About 80 percent of all hospitals do not generally provide abortions, and 85 percent of U.S. counties have no abortion provider. By what right, then, and by what precedent, would Congress make abortion coverage into a nationwide norm, or force Americans to subsidize it as a condition for participating in a public health program?

As long-time supporters of genuine health care reform, the United States Conference of Catholic Bishops is working to ensure that needed health reform is not undermined by abandoning longstanding and widely supported policies against abortion funding and mandates and in favor of conscience protection.

I urge you to help ensure that any legislation that comes up for a vote in the full House does not include these unacceptable features. Please support amendments to correct them, and oppose any rule for consideration of H.R. 3200 that would block such amendments. By your actions on these issues, you can advance urgently needed health care reform that will truly serve the poor and needy and uphold the dignity of all.

Sincerely,



Cardinal Justin Rigali
Archbishop of Philadelphia
Chairman
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