

June 22, 2021

(202) 626-8820

**RE: In support of H.R. 18, the No Taxpayer Funding for Abortion Act**

Dear Member of Congress:

The National Right to Life Committee (NRLC), the nationwide federation of right-to-life organizations, urges you to support the No Taxpayer Funding for Abortion Act (H.R. 18) when it comes before the House of Representatives on Wednesday, June 23.

**The House is expected to take a procedural vote on the previous question (PQ) which, if defeated, would amend the rule to provide for immediate consideration of the No Taxpayer Funding for Abortion Act (H.R. 18). NRLC respectfully urges you to vote no and will include the vote on the PQ related to H.R. 18 in our scorecard of key right-to-life votes of the 117th Congress.**

As work begins on FY2022 Appropriations, Appropriations Committee Chair Rosa DeLauro (D-Conn.) has publicly indicated on numerous occasions that the FY2022 LHHS bill will not contain the Hyde Amendment.

H.R. 18 would codify the principles of the Hyde Amendment on a permanent, government-wide basis, with respect both to longstanding federal health programs (Medicaid, International Aid, FEHB, etc.) and to the Obamacare law.

Under H.R. 18, for plan years beginning after December 31, 2021, exchange-participating health plans that cover abortion would not be eligible for federal subsidies. Until then, the bill will revise Obamacare language to eliminate secrecy about abortion coverage. This transparency allows consumers to be fully informed about abortion coverage and the surcharges for such coverage on plans sold on the exchanges.

The Hyde Amendment is a limitation that is attached annually to the appropriations bill that includes funding for the Department of Health and Human Services, and it applies only to the funds contained in that bill, including Medicaid. Like the annual appropriations bill itself, the Hyde Amendment expires every September 30th, the end of the federal fiscal year.

The Hyde Amendment will remain in effect only for as long as the Congress and the President re-enact it for each new federal fiscal year.

Funding bans, similar to Hyde, have been attached to programs funded through other funding streams [e.g., international aid (Helms), the federal employee health benefits program (Smith), the District of Columbia (Dornan), Federal prisons, Peace Corps, etc.]. Together these various

funding bans form a patchwork of policies that cover most federal programs and the District of Columbia, but many of these funding bans must be re-approved every year and could be eliminated at any time. H.R. 18 would make these limitations permanent.

It was estimated that before the Hyde Amendment took effect, the Medicaid program was paying for about 300,000 elective abortions annually, and the number was escalating rapidly. The Hyde Amendment is estimated to have saved over 2.4 million lives.

National Right to Life believes that the Hyde Amendment has proven itself to be the greatest domestic abortion-reduction measure ever enacted by Congress.

There is abundant empirical evidence that where government funding for abortion is not available under Medicaid or the state equivalent program, at least one-fourth of the Medicaid-eligible women carry their babies to term, who would otherwise procure federally-funded abortions. Some pro-abortion advocacy groups have claimed that the abortion-reduction effect is substantially greater—one-in-three, or even 50 percent.

The 2010 Obama healthcare law ruptured long-standing policy in regard to abortion funding. Obamacare authorized massive federal subsidies to assist many millions of Americans to purchase private health plans that will cover abortion on demand.

The Obama healthcare law allows premium assistance credits to be directed to health insurance coverage that includes abortion, where a state has not specifically banned it.

Obamacare also created multiple new streams of federal funding that are “self-appropriated” — that is to say, they flow outside the regular funding pipeline of future DHHS appropriations bills and therefore would be entirely untouched by the Hyde Amendment.

In the 26 states (plus D.C.) that did not have laws in effect that restrict abortion coverage, in 2014, over one thousand exchange plans covered abortion. Further, in 2021, there are an estimated total of 1,296 available plans in those 26 jurisdictions with no restriction on abortion coverage. Of those plans, an estimated 69% (892 plans) cover elective abortion.

Over 2.4 million Americans are alive today because of the Hyde Amendment. In order to preserve and extend this life-saving policy, **NRLC respectfully urges you to vote no on the previous question (PQ) and move to consider H.R. 18.** Thank you for your consideration of NRLC’s positions on these critical issues.

Respectfully submitted,



Carol Tobias  
President



David N. O’Steen, Ph.D.  
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Jennifer Popik, J.D.  
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