

Abortion provisions in health care reform law warrant concern

After more than a year of bitter debate, the U.S. House of Representatives on Sunday, March 21, gave final approval to a massive health care restructuring bill, H.R. 3590, strongly opposed by Right to Life of Michigan and National Right to Life Committee because of the bill's anti-life measures.

The House vote was 219 to 212 in favor of the bill (216 votes were needed for passage). All 219 votes in favor were cast by Democrats. Of the opposing (prolife) votes, 178 were cast by Republicans and 34 by Democrats.

Because the Senate already approved the bill on December 24, 2009, it went straight to President Barack Obama for his signature. President Obama signed the bill into law on Tuesday, March 23.

Lawmakers who voted for this bill voted to require federal agencies to subsidize and administer health plans that will pay for elective abortion and voted to undermine long-standing prolife policies. This was a key, defining vote.

The executive order by President Obama was issued for political effect. It changes nothing. It does not correct any of the serious pro-abortion provisions in the bill. The president cannot amend a bill by issuing an order, and the federal courts will enforce what the law says.

Seven concerns with the health care law include:

(1) Direct funding of abortion through the Community Health Centers program. The Senate bill directly appropriates billions of dollars for Community Health Centers (CHCs), unconnected to any restriction on the use of these funds for abortion.

(2) Other direct appropriations not covered by abortion restrictions. The Senate bill contains additional pools of directly appropriated funds that are not covered by any limitations regarding abortion.

(3) Federally administered abortion plans. The law creates a new program under which the federal Office of Personnel Management (OPM) would administer two or more national ("multi-state") insurance plans (see Section 1334). The law provides that "at least one" such plan would be subject to limitations on abortion coverage, implying that other federally administered plans could cover elective abortions, or perhaps even be required to do so by the federal administrator. This is a sharp break from long-standing federal policy, adopted by Congress, under which plans that participate in the OPM-administered Federal Employees Health Benefits (FEHB) program are prohibited from covering elective abortions. Also, even the purported requirement (pages 2087-2088) that the OPM program offer one prolife plan is rigged to expire each year; this requirement will remain in force only if prolife forces prevail annually in preserving prolife language on an unrelated annual appropriations bill.

(4) Federally subsidized abortion plans. The law contains the objectionable "Nelson-Boxer language," under which private plans that cover elective abortion would qualify for the federal

subsidy, but every enrollee in such a plan would find himself or herself subject to a requirement that he or she make a separate payment into a fund used exclusively for elective abortions – an abortion surcharge. This requirement would apply to anyone who enrolls in a subsidized plan that covers elective abortions, which would surely include many people who would learn of the abortion surcharge only after enrolling, but who would have no choice other than to pay the abortion surcharge or see their entire health coverage lapse.

(5) Authorities for pro-abortion mandates. The law includes provisions that grant authority to the Secretary of Health and Human Services and other federal entities to issue binding regulations on various matters. Some of these provisions could be employed in the future as authority for pro-abortion mandates, requiring health plans to cover abortion and/or provide expanded access to abortion, unless there is clear language to prevent it.

(6) Open door to future abortion funding in Indian health programs. The law revamps and reauthorizes all Indian health programs clearing the way for funding of abortion.

(7) Missing abortion nondiscrimination (conscience) language. Adequate language is missing from the law to protect the conscience of health care workers.

While prolife groups from across the country were lobbying to include Stupak language in the Senate-passed health care bill to counter the concerns noted above, pro-abortion groups were at work, too, fighting to keep the Stupak language out of the bill.

The number one abortion provider and promoter in the United States, Planned Parenthood, reported a “victory” after H.R. 3590 was passed.

Planned Parenthood Federation of America President Cecile Richards said, “Planned Parenthood is also extremely pleased that members of the House listened to the millions of women and men who expressed their strong opposition to the Stupak abortion ban. Stopping the Stupak ban was a high priority for women across the country . . . What the president’s executive order did not do is include the complete and total ban on private health insurance coverage for abortion that Congressman Bart Stupak (D–MI) had insisted upon. So while we regret that this proposed Executive Order has given the imprimatur of the president to Senator Nelson’s language, it is critically important to note that it does not include the Stupak abortion ban.”

Both prolife and pro-abortions groups agree that the president’s executive order does not protect federal funds from paying for elective abortions.

Right to Life of Michigan President Barbara Listing said, “Prolife citizens know, and they will be reminded again and again, which lawmakers deserve their gratitude for voting against this pro-abortion legislation and which lawmakers should not be supported for re-election. This serves as a reminder for us all to be involved in the political process. Lives depend upon it.”

