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October 21, 2009

RE: NRLC scorecard advisory on H.R. 3200

Dear Member of Congress:

The purpose of this letter is to advise you that the National Right to Life Committee (NRLC) is strongly opposed to H.R. 3200, the “America’s Affordable Health Choices Act,” based on the versions reported by the committees which considered the legislation.

Moreover, NRLC intends to oppose the Rule on H.R. 3200 and to score the roll call on the Rule, if – as we anticipate – the Rule fails to allow a vote on the Stupak-Pitts Amendment, which is the amendment that is necessary to prevent federal funding of abortion through the proposed “public plan” and to prevent federal subsidies of premiums for private abortion coverage. A vote for a Rule that protects the pro-abortion language approved in committee is a vote to establish two new federal government programs that will subsidize abortion on demand.

H.R. 3200 would create (1) a nationwide insurance program run directly by the federal government, “the public plan,” and (2) an “affordability credit” program that would subsidize health insurance for tens of millions of Americans. None of the funds that would be spent by the public plan, and none of the funds that would be spent by the premium subsidy program, would be appropriated through the annual appropriations bills ([as the Congressional Research Service has confirmed](#)), and therefore, none of these funds will be covered by the [Hyde Amendment](#) or any other current law that restricts government subsidies for abortion. The new government programs created by H.R. 3200 will cover elective abortion, unless the Stupak-Pitts Amendment is added to the bill to prevent this outcome.

The Capps-Waxman Amendment, added to H.R. 3200 in the House Energy and Commerce Committee despite the objections of pro-life members of both parties, would enact not the policy of the Hyde Amendment, but an inversion of the Hyde Amendment. The Capps-Waxman Amendment is an attempt to establish federal government funding of abortion and insurance coverage of abortion by use of misleading, contrived terminology.

The Capps-Waxman language explicitly authorizes the public plan to cover elective abortions. The public plan would be a program within the Department of Health and Human Services, and everything for which it pays will be paid for with federal government funds ([as the nonpartisan Congressional Research Service has confirmed](#)). Thus, under the Capps language, the public plan would be engaged in direct funding of elective abortion, using federal funds. The federal program would pay abortionists for performing elective abortions, out of funds drawn on a U.S. Treasury account. (It is, of course, entirely irrelevant whether or not the agency hires contractors to help process the paperwork.) It is a hoax to

claim, as some have, that this federal program would pay for abortions with “private” funds. The public plan is the federal government, and if it pays for abortions, [it is federal funding of abortion](#).

In addition, the Capps-Waxman Amendment explicitly authorizes federal subsidies to pay the premiums of private health plans that cover elective abortions. This, too, would be a break with the policy established under longstanding federal laws, under which federal funds do not flow to health plans that pay for elective abortions. For example, the 260 private plans that participate in the Federal Employees’ Health Benefits program are [prohibited by law](#) from including elective abortion coverage, because they are federally subsidized. Likewise, in Medicaid, current law prohibits not only direct federal funding of abortion but also federal funding of any fund that pays for abortions – and this ban covers even state matching funds.

The Stupak-Pitts Amendment would apply the true principles of the [Hyde Amendment](#) to the proposed new programs: No federal funding for elective abortion, and no federal subsidies for private insurance plans that cover elective abortion.

Some versions of H.R. 3200 have also contained provisions that could be used as a basis for government regulations to force expansions in the number of abortion providers, or achieve other pro-abortion policy goals through regulatory action. NRLC will carefully examine the final, melded version of H.R. 3200 to determine whether any such “abortion mandate” provisions are retained and, if so, what remedial amendments would be required to nullify them.

NRLC will also carefully examine the final version of H.R. 3200 to determine whether it contains provisions that would result in denial of lifesaving medical care on the basis of disability or “quality of life” criteria or facilitate assisted suicide. Some such provisions were ameliorated by language adopted in at least one committee, but others were not, and it is very unclear to what extent these problems will remain in the bill that is currently being constructed. Separate and apart from the abortion-related concerns, NRLC reserves the right to score the roll call vote on any version of H.R. 3200 that fails adequately to address these concerns, at the conference report stage if not before.

Thank you for your consideration of NRLC’s position on this critical legislation. We would welcome the opportunity to provide additional documentation on any of the points in this letter. Extensive documentation is also available on the NRLC website at <http://www.nrlc.org/ahc> and <http://www.nrlc.org/HealthCareRationing/Index.html>

Sincerely,



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