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Congress of the United States
House of Representatives

June 26, 2009

COMMITTEES:

FOREIGN AFFAIRS

AFRICA AND GLOBAL HEALTH
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SUBCOMMITTEE

COMMISSION ON SECURITY AND
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CONGRESSIONAL-EXECUTIVE
COMMISSION ON CHINA
RANKING MEMBER

DEAN, NEW JERSEY DELEGATION

**New Benefits Advisory Committee
will mandate abortion
unless exclusion language is added**

Dear Colleague,

I am deeply disappointed that the health care reform package unveiled last week poses a grave threat to the unborn in our nation. I am wholeheartedly committed to providing health care solutions that advance the goal of universal access to the health care that Americans need and deserve. However, we cannot approve a plan that will put the unborn at greater risk. This plan does precisely that.

The draft bill ensures that virtually every American will eventually be in a plan that provides the minimum benefits established broadly in the bill. The specifics will be further determined by a Health Benefits Advisory Committee in connection with the Secretary of HHS. Public and private plans will be required to meet the minimum benefit mandate and taxpayer funded affordability credits will pay for plans that meet the mandates.

Without abortion explicitly excluded from any government mandated or government funded benefits package, abortion will be included. Time and again, bureaucrats and courts have decided that abortion must be included in public health programs unless the Congress explicitly provides otherwise. For that reason it has been necessary for Congress to enact the Hyde amendment and other pro-life limitation amendments every year. In this important legislation, safeguards must be written into the legislation to ensure that abortion is not mandated or subsidized.

The courts have held that even though abortion is not mentioned in Medicaid, the provision of abortion is an obligation foisted on Medicaid participating states unless it is explicitly excluded. In the words of the Sixth Circuit Court of Appeals:

Because abortion fits within many of the mandatory care categories, including "family planning," "outpatient services," "inpatient services," and "physicians' services," Medicaid covered medically necessary abortions between 1973 and 1976. In 1976, however, Congress passed the Hyde Amendment to the Department of Health, Education, and Welfare appropriation... Although the Hyde Amendment frees a state of the obligation to fund abortions for which federal money is denied, nothing in the Hyde Amendment purports to change a state's obligations with respect to those abortions for which federal funding is available. (emphasis added)

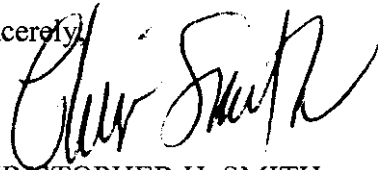
We would do a great disservice to fragile unborn babies—and their mothers—by approving any health care plan that would allow government mandated and/or government subsidized abortion.

Abortion funding restrictions save lives. They are a proven abortion reduction method. The pro-abortion Alan Guttmacher Institute periodically publishes reports on the effect of limitations on abortion funding. They have concluded that when Medicaid does not fund abortion 30% of Medicaid-eligible women who would have otherwise had an abortion choose life.

If the proposed plan moves forward without an explicit exclusion that ensures that abortion is excluded from any government mandated or government subsidized benefits, health care reform will be a death sentence for thousands of unborn children.

The unborn and their moms deserve better than abortion. There are always two patients, mother and baby. We must establish a health care system that respects, protects and cherishes both.

Sincerely,



CHRISTOPHER H. SMITH
Member of Congress



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June 24, 2009

RE: Tri-Committee Health Reform Discussion Draft

Dear Member of Congress:

This is to express the strong opposition of the National Right to Life Committee (NRLC) to the Tri-Committee health care legislation that was released on June 19.

On July 17, 2007, Barack Obama pledged to the Planned Parenthood Action Fund that abortion mandates would be included in his health care reform proposals, saying that "in my mind, reproductive care is essential care, basic care, so it is at the center, the heart of the plan that I propose." Under his plan, he said, "insurers are going to have to abide by the same rules in terms of providing comprehensive care, including reproductive care ... that's going to be absolutely vital." As recently as late April 2009, the president of the Planned Parenthood Federation of America (PPFA), the nation's largest abortion provider, affirmed that her organization would seek to use the health care reform legislation as "a platform" to achieve universal access to abortion.

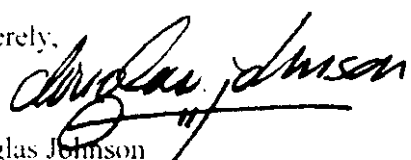
Mr. Obama's pledges, and the PPFA goal, would be fulfilled by the Tri-Committee draft. The bill would create a so-called "Health Benefits Advisory Committee," with sweeping authority to decree, in concert with the Secretary of HHS, what services must be covered in both private and government health plans. Unless the legislation is amended to explicitly exclude abortion (as Congress did, for example, when it created the S-CHIP program in 1997), there is not the slightest doubt that this statutory language would result in mandatory abortion coverage.

The legislation would also authorize massive new subsidies for health coverage, without any language to prevent these subsidies from being used to fund abortion. **A vote for this legislation, as drafted, is a vote for tax-subsidized abortion on demand.**

The Tri-Committee bill also contains structural components that raise the most acute concerns regarding future rationing of life-saving medical care on the basis of disability and "quality of life" criteria. These rationing-related concerns will be examined in future communications from NRLC.

Thank you for your consideration of NRLC's objections to this legislation.

Sincerely,



Douglas Johnson
Legislative Director