



Secretariat for Pro-Life Activities

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Dear Senator:

When the Senate considers the Indian Health Care Improvement Act Amendments of 2007 (S. 1200), an amendment may be offered by Senator David Vitter (R-LA) to codify current limits on federal abortion funding in this program. I urge you to support the Vitter amendment.

For thirty years, Congress has acted to ensure that taxpayers are not forced to subsidize abortions with their federal tax dollars. The original Hyde amendment establishing this policy was a rider to the Labor/HEW appropriations bill for Fiscal Year 1977. The U.S. Supreme Court upheld the policy in 1980, stating: "Abortion is inherently different from other medical procedures, because no other procedure involves the purposeful termination of a potential life." *Harris v. McRae*, 448 U.S. 297 (1980) at 325. More recent Supreme Court decisions have spoken more accurately of government's legitimate interest in respecting "the *life* of the unborn." E.g., *Planned Parenthood v. Casey*, 505 U.S. 833 (1992) at 877 (emphasis added). Since 1993 Congress has barred federal funding of abortion except in cases of rape, incest, or danger to the mother's life.

Similar provisions have been written into authorizing legislation for major federal health programs as they are created or reauthorized. Such a provision has been part of the State Children's Health Insurance program (SCHIP) since 1997 (42 USC §1397jj(a)(16)), and has never been contested. Appropriations Committee chairmen of both chambers and both parties have encouraged Congress to settle abortion funding policy issues through authorizing legislation wherever possible, rather than through the annual appropriations process.

The Indian Health Service presents a unique exception to this rule. Funding of abortion on demand in this program is not directly prevented *either* by a rider to the Interior appropriations bill *or* by the authorizing legislation. Rather, the authorizing legislation contains a "reference" (25 USC §1676) stating that any limitation on abortion funding in the Labor/HHS appropriations bill at any given time will also be deemed to apply to Indian Health Services, although this program is not funded by the Labor/HHS bill. This unusual and awkward cross-referencing arrangement cries out for correction through a straightforward provision in the legislation -- one that will bring the program into compliance with the policy in all other federal health programs.

The Vitter amendment offers an opportunity to reaffirm a basic and longstanding congressional policy of not requiring U.S. taxpayers to fund elective abortions. It deserves your strong support.

Sincerely,

Cardinal Justin Rigali
Archbishop of Philadelphia
Chairman, Committee for Pro-Life Activities
United States Conference of Catholic Bishops