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Abortion Funding in the Senate Health Care Reform Bill

Congress and the public agree that the federal government should not fund elective abortions. For over three decades this policy has been reflected in the Hyde amendment to the Labor/HHS appropriations bill and many similar laws. While the House-approved health care reform bill (H.R. 3962) follows this longstanding policy, in key respects the Senate bill (H.R. 3590) does not:

- **Federal funds in the Senate bill can be used for elective abortions.** For example, the bill authorizes *and appropriates* \$7 billion over five years for services at Community Health Centers. (This would rise to \$11 billion under President Obama's new proposal.) These funds are not covered by the Hyde amendment (as they are not appropriated through the Labor/HHS appropriations bill governed by the Hyde amendment), and not covered by the bill's own abortion limitation in Sec. 1303 (as that provision relates only to tax credits or cost-sharing reductions for qualified health plans, and does not govern all funds in the bill). So the funds can be used directly for elective abortions.
- **The Senate bill uses federal funds to subsidize health plans that cover abortions.** Sec. 1303 limits only the direct use of a federal tax credit specifically to fund abortion coverage; it tries to segregate funds *within* health plans, to keep federal funds distinct from funds directly used for abortions. But the credits are still used to pay overall premiums for health plans covering elective abortions. This violates the policy of current federal laws on abortion funding, including the Hyde amendment, which forbid use of federal funds for any part of a health benefits package that covers elective abortions. By subsidizing plans that cover abortion, the federal government will expand abortion coverage and make abortions more accessible.
- **The Senate bill uses federal power to force Americans to pay for other people's abortions even if they are morally opposed.** The bill mandates that insurance companies deciding to cover elective abortions in a health plan "*shall... collect from each enrollee in the plan (without regard to the enrollee's age, sex, or family status) a separate payment*" for such abortions. While the bill states that one plan in each exchange will not cover elective abortions, every other plan may cover them -- and everyone purchasing such a plan, because it best meets his or her family's needs, will be required by federal law to fund abortions. No accommodation is permitted for people morally opposed to abortion. This creates a more overt threat to conscience than insurers engage in now, because in many plans receiving federal subsidies everyone will be forced to make separate payments solely and specifically for other people's abortions. Saying that this payment is not a "tax dollar" is no help if it is required by the government.
- **The House bill simply follows current law.** The Stupak/Pitts provision in the House-passed health bill (also offered but rejected in the Senate as the Nelson/Hatch/Casey amendment) solves these problems by following longstanding current laws such as the Hyde amendment: No funds authorized or appropriated in the entire bill may be used for elective abortions or health plans that cover them. People are not forced to pay for other people's abortions, and those who want abortion coverage may buy it separately without using federal funds. This policy would maintain longstanding federal precedent, ensuring that this is a health bill and not an abortion bill.