



United States Conference of Catholic Bishops

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USCCB NATIONWIDE BULLETIN INSERT/ACTION ALERT

Updated 3-11-2010

Stop Abortion Funding in Health Care Reform!

Protect Conscience

Ensure Affordable Health Coverage

Allow Immigrants to Purchase Private Health Insurance

As long-time advocates of health care reform, the U.S. Catholic bishops continue to make the moral case that genuine health care reform must protect the life, dignity, consciences and health of all, especially the poor and vulnerable. Health care reform should provide access to affordable and quality health care for all, and not advance a pro-abortion agenda in our country. Genuine health care reform is being blocked by those who insist on reversing widely supported policies against federal funding of abortion and plans which include abortion, not by those working simply to preserve these longstanding protections.

- On November 7, the U.S. House of Representatives passed major health care reform that reaffirms the essential, longstanding and widely supported policy against using federal funds for elective abortions and includes positive measures on affordability and immigrants.
- On December 24, the U.S. Senate rejected this policy and passed health care reform that requires federal funds to help subsidize and promote health plans that cover elective abortions. All purchasers of such plans will be required to pay for other people's abortions through a separate payment solely to pay for abortion. And the affordability credits for very low income families purchasing private plans in a Health Insurance Exchange are inadequate and would leave families financially vulnerable.
- Outside the abortion context, neither bill has adequate conscience protection for health care providers, plans or employers.
- Congressional leaders are now trying to figure out how the rules of the House and Senate could allow the final passage of a modified bill that would satisfy disagreements between House and Senate versions.

ACTION: Contact your Representative and Senators today by e-mail, phone or FAX.

- To send a pre-written, instant e-mail to Congress go to www.usccb.org/action.
- Call the U.S. Capitol switchboard at: 202-224-3121, or call your Members' local offices. Contact info can be found on Members' web sites at www.house.gov & www.senate.gov.

MESSAGE – HOUSE:

"I am pleased that the House health care bill maintains the longstanding policy against federal funding of abortion. On the other hand, the provisions on abortion funding in the current un-amended Senate health care bill are seriously deficient and unacceptable. I urge you to work to uphold essential provisions against abortion funding, to include full conscience protection and to ensure that health care is accessible and affordable for all. I urge you to oppose any bill unless and until these criteria are met."

MESSAGE – SENATE:

"I am deeply disappointed that the current un-amended Senate health care bill fails to maintain the longstanding policy against federal funding of abortion and does not include adequate protection for conscience. I urge you to support essential provisions against abortion funding, similar to those in the House bill. Include full conscience protection and ensure that health care is accessible and affordable for all. I urge you to oppose any bill unless and until these criteria are met."

WHEN: Votes in the House and Senate are expected at any time. **Act today!**

Thank You!



Secretariat of Pro-Life Activities

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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.



United States Conference of Catholic Bishops

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February 24, 2010

United States House of Representatives
Washington, DC 20515

Dear Representative:

On behalf of the United States Conference of Catholic Bishops (USCCB), we strongly urge the congressional leaders from both parties meeting on February 25, 2010, to commit themselves to enacting genuine health care reform that will protect the life, dignity, consciences, and health of all. It is time to set aside partisan divisions and special interest pressures to find ways to enact genuine reform. We encourage the Administration and Congress to work in a bipartisan manner marked by political courage, vision, and leadership.

The Catholic bishops have long supported adequate and affordable health care for all, because health care is a basic human right. As pastors and teachers, we believe genuine health care reform must protect human life and dignity from conception to natural death, not threaten them, especially for the voiceless and vulnerable. We believe health care legislation must respect the consciences of providers, taxpayers, purchasers of insurance, and others, not violate them. We believe universal coverage should be truly universal and should not be denied to those in need because of their condition, age, where they come from, or when they arrive here. Providing affordable and accessible health care that clearly reflects these fundamental principles is a public good, moral imperative, and urgent national priority.

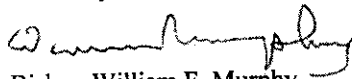
The U.S. Catholic bishops continue to urge the House and Senate to adopt legislation that:


- Ensures access to quality, affordable, life-giving health care for all;
- Retains longstanding requirements that federal funds not be used for elective abortions or plans that include them, and effectively protects conscience rights; and,
- Protects the access to health care that immigrants currently have and removes current barriers to access.

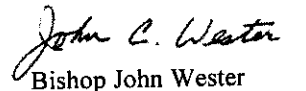
For details on the bishops' positions on health care, please visit www.usccb.org/healthcare.

We will continue to work vigorously to advance true health care reform that ensures affordability and access, keeps longstanding prohibitions on abortion funding, upholds conscience rights, and addresses the health needs of immigrants. Dialogue should continue and no legislation should be finalized until and unless these basic moral criteria are met. Without commenting on specific proposals that may be brought to the summit, we will work to ensure that legislation meets these criteria and will oppose legislation that does not meet them. We hope and pray that the Congress and the country will come together around genuine health care reform that protects the life, dignity, consciences, and health of all.

Sincerely,


Bishop William F. Murphy
Diocese of Rockville Centre
Chairman
Committee on Domestic Justice
and Human Development


Cardinal Daniel DiNardo
Archdiocese of Galveston-Houston
Chairman
Committee on Pro-life Activities


Bishop John Wester
Diocese of Salt Lake City
Chairman
Committee on Migration

cc: United States Senate