



## Secretariat of Pro-Life Activities

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January 21, 2011

Dear Member of Congress:

The bipartisan “No Taxpayer Funding for Abortion Act” (H.R. 3) was introduced yesterday by Reps. Chris Smith (R-NJ) and Dan Lipinski (D-IL) and already has 161 additional sponsors. I am writing to urge you to support and co-sponsor this important legislation if you have not yet done so.

Here I also wish to reaffirm the Catholic bishops’ strong support for two other new bills addressing related issues, H.R. 358 and H.R. 361. I have written separate letters about these; in this letter I note briefly how they relate to H.R. 3.

H.R. 3 will write into permanent law a policy on which there has been strong popular and congressional agreement for over 35 years: The federal government should not use taxpayers’ money to support and promote elective abortion. Even public officials who take a “pro-choice” stand on abortion, and courts that have insisted on the validity of a constitutional “right” to abortion, have agreed that the government can validly use its funding power to encourage childbirth over abortion.

So secure is this agreement, in fact, that some in the past have simply *assumed* that it is already fully implemented at all levels of the federal government. For example, some wrongly argued during the recent debate on health care reform that there was no need for restrictions on abortion funding in the new health legislation, because this matter had already been settled by the Hyde amendment. However, the Hyde amendment is only a rider to the annual Labor/HHS appropriations bill; and while it has been maintained essentially intact by Congress over the last 35 years, it only governs funds appropriated under that particular act.

While Congress’s *policy* has been remarkably consistent for decades, implementation of that policy in *practice* has been piecemeal, confusing and sometimes sadly inadequate. Federal funds are prevented now from funding abortion by riders to various annual appropriations bills, as well as by provisions incorporated into specific authorizing legislation for the Department of Defense, Children’s Health Insurance Program, foreign assistance, and other programs. On various occasions a gap or loophole has been discovered that does not seem to be addressed by this patchwork of provisions – as when unelected officials in past years were construing the Indian Health Service or the Medicare trust fund to allow funding of elective abortions, and Congress had to act to correct this grave situation.

The absence of a government-wide law against federal funding of abortion led most recently to the passage of major health care reform legislation that contains at least *four* different policies on federal funding of abortion. One program under the Act, on health plans in state

exchanges, complies with the first sentence of Hyde (against direct and traceable funding of abortion procedures themselves) but violates Hyde's second sentence (against funding health plans that cover abortions). Another, on state high-risk insurance pools, appropriates its own new funds outside the bounds of the Hyde amendment, and allows those funds to be used for abortions or not, depending on a decision by the Secretary of Health and Human Services. Yet another provision, on community health centers, omits any reference to Hyde, and allows its new funding to be governed by underlying mandates in the authorizing legislation for these centers – mandates that in other health programs have been interpreted by federal courts to *require* federal funding of abortion when not corrected by Hyde language. A fourth provision, on school-based clinics, explicitly excludes abortion funding. All except the last of these disparate policies are incompatible with the Hyde amendment; each of them is incompatible with all the others.

If a bill like H.R. 3 had been enacted first, the debate on legislation like this would not have become a debate on abortion funding, and the final product would not have been so badly compromised by provisions that place unborn human lives at grave risk.

The Catholic bishops also support the Protect Life Act (H.R. 358) to address these and other abortion-related problems in the health care reform law itself. The benefit of H.R. 3 is that it would prevent problems and confusions on abortion funding in future legislation. Federal health bills could be debated in terms of their ability to promote the goal of universal health care, instead of being mired in debates about one lethal procedure that most Americans know is not truly “health care” at all. Annual appropriations bills could be discussed in terms of how their funding priorities best serve the common good, instead of being endangered because those favoring abortion want to use them to reverse or weaken longstanding federal policy on abortion funding.

H.R. 3 would also codify the Hyde/Weldon amendment that has been part of the annual Labor/HHS appropriations bills since 2004. Hyde/Weldon has ensured that federal agencies, and state and local governments receiving federal funds, do not discriminate against health care providers because they do not perform or provide abortions. It is long overdue for this policy, as well, to be given a more secure legislative status, and so the Catholic bishops support the Abortion Non-Discrimination Act (H.R. 361) as a free-standing bill that addresses this need. No hospital, doctor or nurse should be forced to stop providing much-needed legitimate health care because they cannot in conscience participate in destroying a developing human life.

In short, I urge you to co-sponsor H.R. 3, the No Taxpayer Funding for Abortion Act, and help ensure its enactment.

Sincerely,

A handwritten signature in black ink that reads "Cardinal Daniel DiNardo". The signature is written in a cursive, slightly slanted style.

Cardinal Daniel N. DiNardo  
Archbishop of Galveston/Houston  
Chairman, Committee on Pro-Life Activities  
United States Conference of Catholic Bishops