



## Secretariat of Pro-Life Activities

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August 20, 2010

Dear Representative:

The “No Taxpayer Funding for Abortion Act” (H.R. 5939) was introduced by Rep. Chris Smith (R-NJ) at the end of July, and already has 166 co-sponsors including 20 Democratic members. I am writing to urge you to support and co-sponsor this important legislation if you have not yet done so.

H.R. 5939 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.

In reality, 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 so on. 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. While Congress’s *policy* has been remarkably consistent for decades, implementation of that policy in *practice* has been piecemeal and sometimes sadly inadequate.

The absence of a government-wide law against federal funding of abortion has led most recently to the passage of major health care reform legislation that contains at least *three* different policies on federal funding of abortion – *none* of which is consistent with the Hyde amendment (now Sec. 508 of the Labor/HHS appropriations bill for the current fiscal year) or with similar longstanding provisions that govern all other health programs. For example, one provision of the final Patient Protection and Affordable Care Act technically 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) – and then violates the spirit of the entire amendment, by directly forcing conscientiously opposed citizens in many plans to fund other people’s abortions through their health premiums (sec. 1303). Another provision 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 (sec. 1101). Yet another provision leaves out any reference to Hyde, and allows its new funding for community health centers to be governed by the underlying mandates in the authorizing legislation for these centers – mandates that in other health programs have been interpreted by the federal courts to *require* federal funding of abortion (Sec. 10503). These disparate policies are not compatible with the Hyde amendment, or even with one another. This is one reason why passage of a bill like H.R. 5939 is overdue.

The Catholic bishops of the United States strongly support legislation to correct these and other abortion-related problems in health care reform (H.R. 5111/S. 3723). But by implementing the policy of the Hyde amendment throughout the federal government once and for all, H.R. 5939 would prevent such problems and confusions in future legislation as well. Federal health legislation could be debated and supported in terms of its 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 ideologues favoring abortion want to use them to reverse or weaken longstanding federal policy on abortion funding.

H.R. 5939 would also codify the Hyde/Weldon amendment that has been part of the section containing the Hyde amendment in 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. 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 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