Making the Hyde Amendment Permanent and Government-Wide
No Taxpayer Funding for Abortion Act (H.R. 7)

Key Messages

➤ The Hyde Amendment protects taxpayer dollar from being used to fund abortions through government programs, like Medicaid. The **Hyde Amendment should be made permanent and government wide**. We must enact the No Taxpayer Funding for Abortion Act (H.R. 7).

➤ The **Hyde Amendment saves lives** by reducing abortion. Over 2 million Americans are alive today because of the Hyde Amendment.

➤ A **majority of Americans** – over 60% – agree that the government should not fund abortion.

➤ **Our nation should invest in women’s health, not abortion. Abortion is not healthcare**; it is a brutal procedure that ends the lives of unborn children and wounds their mothers. The government should not incentivize abortion through its funding policies.

➤ Under Obamacare **taxpayer dollars are used to pay for Obamacare healthcare plans that cover abortion** – breaking from the longstanding Hyde Amendment.

Sample Tweets

#WomensHealthNotAbortion #WhyWeMarch

2 million Americans are alive today because Hyde Amendment saves lives. Make Hyde permanent & invest in #WomensHealthNotAbortion Support HR7

#Abortion destroys unborn children and wounds their mothers. Hyde saves lives– make Hyde stronger and enact HR7 #WomensHealthNotAbortion

Hyde amend. is the most successful abortion reduction program yet, saves 60,000 lives/yr. Make Hyde permanent, support HR7 #WhyWeMarch

@LozierInstitute says 2 million Americans are alive today because of Hyde Amend - roughly equal to the population of New Mexico #WhyWeMarch

Nearly 2/3rds of Americans agree we should not use tax $$ to pay for abortion http://www.kofc.org/en/news/polls.html#/ support HR7 #WomensHealthNotAbortion

GAO found 1000 Obamacare plans covered #abortion http://www.gao.gov/products/GAO-14-742R enact HR7, make Hyde permanent & gov-wide #WomensHealthNotAbortion
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Background

What is the Hyde Amendment?
The Hyde Amendment is the protection against taxpayer dollars being used to fund most abortions and abortion coverage through government programs like Medicaid. Hyde has to be renewed annually in government spending bills and only covers funds appropriated through Labor, Health and Human Services Appropriations bills. Similar policies have been applied to other relevant appropriations bills.

What does the No Taxpayer Funding for Abortion Act (H.R. 7) do?
1. Makes the Hyde Amendment and other current abortion funding prohibitions permanent and government-wide;
2. Ensures that the Affordable Care Act (ACA) faithfully conforms to the Hyde Amendment while Congress works to repeal and replace the ACA;
3. Until a new plan year begins, the bill ensures full disclosure, transparency and the prominent display of the extent to which any health insurance plan on the exchange funds abortion.

Why do we need H.R. 7? Isn’t the Hyde amendment enough?
The Hyde amendment only covers funds appropriated through the annual Labor, Health and Human Services Appropriations bills. Taxpayer funds made available through other bills are not covered by Hyde. That’s why it has been necessary to attach funding bans to other bills to cover the programs funded through other funding streams (e.g. international aid, the federal employee health benefits program, the District of Columbia, Federal prisons, Peace Corps, etc.). Together these various funding bans form a patchwork of policies that cover most federal programs and the District of Columbia, but many of these funding bans must be reapproved every year and could be eliminated at any time.

Furthermore, in 2010, the Affordable Care Act (ACA) established the largest deviation from this policy by allowing premium assistance credits under the ACA to be directed to health insurance coverage that includes abortion. The Hyde amendment prohibits funding for abortion or plans that include abortion, but the ACA expressly allows funding for plans that include abortion.

In November 2014 the Government Accountability Office (GAO) did an independent report on ACA plans sold in 2014. The report demonstrated that taxpayer dollars went to pay for over 1000 health insurance plans that included abortion. Such funding would not be permitted if the Hyde amendment had been applied to the Affordable Care Act. Research by ObamacareAbortion.com indicates that the abortion problem remains in 2017. For example it was estimated that about half the plans sold on the exchanges in 2017 cover abortion on demand. And in at least 10 states and the District of Columbia, the significant majority, or all, of the plans cover elective abortion.

H.R. 7 would apply the Hyde amendment uniformly across federal programs including the ACA.
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FAQs

1. **Q:** What is the effect of stopping taxpayer funding of abortion?  
   **A:** Stopping abortion funding **SAVES LIVES!** Before the enactment of the Hyde Amendment in 1976, the federal Medicaid program was paying for nearly 300,000 abortions annually. Recent analysis by the Charlotte Lozier Institute (CLI) found that at least 2 million Americans are alive today because of the Hyde Amendment. CLI estimates that one in every nine people born to a mother on Medicaid is alive because of the Hyde amendment. Even the pro-abortion Guttmacher Institute **acknowledges** the Hyde Amendment’s impact on reducing abortion, because a portion of Medicaid eligible women who may otherwise choose abortion choose life when the government does not incentivize abortion.

2. **Q:** Does the American public oppose taxpayer funding for abortion?  
   **A:** Yes, polling consistently shows that over 60% of those polled oppose taxpayer funding for abortion.  
   • A Marist poll released January 23, 2017 found 61% of all respondents, including 40% of those who identify as “pro-choice” oppose taxpayer funding for abortion.  
   • A July 2016 Marist poll found 62% of all respondents – including 45% of those who identify as “pro-choice” – do not support taxpayer funding for abortion.

3. **Q:** Are abortion funding limitations constitutional?  
   **In 1980 the Supreme Court upheld the Hyde amendment** in a 5-4 decision, recognizing that “abortion is inherently different than other medical procedures, because no other procedure involves the purposeful termination of a potential life.” But as Henry Hyde said during floor debates over his amendment, the unborn child is not “potential life,” but in fact a “child with potential.”

4. **Q:** Does H.R. 7 ban abortion coverage in the private sector?  
   **A:** No, H.R. 7 prevents funding for abortion in programs like Medicaid, the Federal Employee Health Benefits Program and the Child Health Insurance Program. H.R. 7 also ensures that subsidies made available in the form of refundable advanceable tax credits under the ACA are prevented from flowing to plans that include abortion. H.R. 7 also explicitly specifies that individuals may purchase separate abortion coverage or plans that include abortion as long as no federal subsidy is used to pay for the abortion coverage. Similarly H.R. 7 explicitly specifies that insurance companies may offer abortion coverage as long as the coverage is not paid for using taxpayer dollars. There is nothing in H.R. 7 that restricts the private sale of plans that include abortion. Consistent with the Hyde amendment, the bill simply ensures that federal dollars do not subsidize plans that cover abortion.

5. **Q:** Why do you consider the ACA individual premium assistance credit government funding?  
   **A:** The Congressional Budget Office (CBO) counts the cost of “tax credits” under the ACA as either “outlays” or as “revenue reductions.” Outlays involve funds taken from the treasury to subsidize health insurance coverage. Revenue reductions represent reductions in tax liability. **Both are classified by the CBO as federal subsidies,** and between 2016-2026 the CBO projects that premium tax credits subsidies will cost $672 billion. According to the CBO for 2016, the ACA premium assistance credits cost the federal government $27 billion in outlays for premium assistance and $5 billion in revenue reductions. This means that 84% of premium assistance dollars are provided in the form of direct spending from the Treasury.
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6. Q: Why does H.R. 7 amend the tax code?
A: Under the ACA, premium assistance subsidies to help individuals purchase health insurance are classified as *tax credits* even though the “credits” are paid in advance by the government directly to insurance companies on behalf of an individual even if the individual has no tax liability in the first place. Also under the ACA, tax credits are made available to certain small businesses to help defray the cost of providing health insurance to their employees provided the insurance is purchased on ACA “SHOP” exchanges. H.R. 7 would only allow this credit to be used for plans that do not include abortion coverage.

7. Q: Does H.R. 7 raise taxes on individuals?
A: No, under H.R. 7, individuals CAN STILL RECIEVE AN ACA SUBSIDY/CREDIT for health insurance coverage that DOES NOT INCLUDE ABORTION. If they also want abortion coverage they can use their own money to buy a separate abortion rider. The “No Taxpayer Funding for Abortion Act” was *scored* as having a negligible tax impact by the Joint Committee on Taxation and the Congressional Budget Office, which means H.R. 7 is considered tax neutral.

8. Q: Does H.R. 7 raise taxes on small businesses?
A: No, qualifying small business buying plans on the SHOP will still be eligible for an ACA tax credit for plans that do not include elective abortion. H.R. 7 also specifies that private funds can be used to purchase separate abortion coverage. The only small business tax credit addressed by H.R. 7 is a credit for purchasing plans on the “Small Business Health Options Program (SHOP)” exchange created by the ACA. This credit is available for two years to qualifying employers with fewer than 25 full-time equivalent employees with average annual wages of less than $50,000 (adjusted for inflation). Although it is not refundable, businesses with no tax liability in the years that they qualify for the credit can carry the credit forward to other tax years. Again, this credit remains available to small businesses as long as the credit is not used for insurance plans that include elective abortion.

9. Q: What is the Abortion Insurance Full Disclosure Act?
A: The “Abortion Insurance Full Disclosure Act” (included in H.R.7), was first introduced in October 2013 when it became evident that abortion coverage is not being fully disclosed on the exchanges created by the ACA. The Abortion Insurance Full Disclosure Act requires that information regarding abortion coverage as well as the amount of the abortion surcharge to be prominently displayed. (The abortion surcharge is a fee of at least $1 per month mandated by the ACA for any plan that includes elective abortion.)

10. Q: Why is the Abortion Insurance Full Disclosure Act necessary?
A: Consumers have the right to know whether the plan they are selecting includes abortion. This is especially vital information since the many plans that include elective abortion are required by the ACA to impose a mandatory monthly abortion surcharge. These surcharges are not optional. Once you sign up for a plan with abortion coverage, you MUST pay the surcharge. Doubtlessly there are many Americans who would object to paying a surcharge into a fund to be used for the purpose of destroying innocent human lives.
11. Q: Isn’t disclosure of abortion coverage already required?
A: In 2015 the Obama Administration finalized regulations requiring plans sold on the individual market exchange to disclose on the Summary of Benefits and coverage (SBC) whether abortion coverage is included or excluded. The move to require abortion coverage disclosure came two years into ACA implementation after repeated inquiries and demands for transparency by pro-life Members of Congress.

Moreover, in the 2017 Open Enrollment period independent researchers found numerous examples where insurance carriers were not in compliance with the abortion transparency requirement. This means consumers are denied the option of making an informed choice about whether to select a plan that includes elective abortion. This is a significant factor since plans that include abortion also include a hidden abortion surcharge.

12. Q: Doesn’t the ACA already require separate payments for abortion coverage?
A: The ACA broke with long-standing law by establishing new abortion surcharges. The law requires premium payers to be assessed a separate abortion surcharge every month to pay for abortions.

In 2009, Senator Ben Nelson described his amendment that became law in the ACA saying “if you are receiving Federal assistance to buy insurance, and if that plan has any abortion coverage, the insurance company must bill you separately, and you must pay separately from your own personal funds—perhaps a credit card transaction, your separate personal check, or automatic withdrawal from your bank account—for that abortion coverage. Now, let me say that again. You have to write two checks: one for the basic policy and one for the additional coverage for abortion.”

However it is clear the Obama Administration did not enforce this accounting gimmick, and therefore consumers may not even know when they are paying an abortion surcharge.

In November 2014 the Government Accountability Office (GAO) did an independent report on ACA plans for 2014. According to the report, none of the issuers that the GAO interviewed actually collected a separate payment. In fact, the report revealed that the administration informed insurance issuers that they could just itemize the surcharge on enrollee bills rather than collecting two separate payments, but the issuers did not even itemized the abortion surcharge.

In 2015 the Obama Administration finalized a rule explicitly allowing ACA plans that cover abortion to keep the abortion surcharge hidden from the consumer and explicitly states that plans do not have to bill the “separate” surcharge separately.