On January 20, 2011, Rep. Chris Smith (R.-NJ) introduced extreme anti-choice legislation for consideration by Congress. While it is misleadingly called the “No Taxpayer Funding for Abortion Act” (H.R. 3), current law already imposes punishing restrictions on federal funding of abortion services, limiting it to documented rape and incest and to threats to the life of the pregnant woman.

The bill’s sponsors assert that it would “merely codify” existing appropriations measures, but the bill is radically broad and is clearly intended to prevent all women from obtaining health insurance coverage for abortion services – even insurance paid for with private dollars or provided by employers in the private marketplace.

The bill would raise taxes on millions of American families and impose intrusive new government rules on private, personal medical decisions.

It would remove important protections guaranteeing access to emergency services for women whose lives are in danger. Rape and incest survivors are also targeted by the law, which would exclude coverage for non-“forcible” rape victims and limit the incest exception to minors.

Even the bill’s so-called “codification” of restrictions annually voted on in Congress penalizes women who rely on government support to meet their basic medical needs. As the Center documented in a 2010 report, the Hyde Amendment and similar provisions cause delays in needed care that increase medical risks, and impose unconscionable hardships on poor women. Yet abortion is an essential part of reproductive healthcare and one of the most common medical procedures sought by women; one in three women will have an abortion in her lifetime.


A majority of employer-based health plans now include abortion coverage. H.R. 3 would create punishing new tax penalties designed to make coverage of abortion unavailable through private health insurance policies, stripping away coverage that millions of women currently have.

For example, the bill would:

- Ban tax credits for businesses that provide health plans that include abortion coverage, including the new Small Business Health Tax Credit, which was created to make health insurance affordable for small businesses and their employees.
- Force self-employed individuals to pay new taxes on insurance plans if the plans include coverage for abortion.
- Impose a ban on abortion coverage for women who purchase health insurance with premium assistance under the Affordable Care Act, even though they would use their own private dollars to pay for part or most of the premiums.

Other Harmful and Discriminatory Restrictions in H.R. 3

For millions of women, federal programs are their only means of obtaining healthcare coverage. Current restrictions have imposed severe hardships on these women and others who get their insurance through federal employment:

- Poor women, who are subject to the severe limitations in the Hyde Amendment, which prevents women on Medicaid from accessing abortion coverage, are forced to go
without food or pawn household items as they struggle to raise the funds to pay for abortion services.\(^6\) This struggle forces many women to delay obtaining services and have later abortions; others are forced to carry unwanted pregnancies to term.

- Servicewomen stationed overseas have been forced to turn to local medical facilities which may be inadequate or unsafe; some have even tried to self-abort.

- Restrictions on coverage for federal employees forced one woman to pay thousands of dollars after confronting incredibly difficult circumstances. After terminating a wanted pregnancy because she learned that the fetus had no brain and no chance of survival, she discovered that her federal insurance was barred from covering the procedure. In the midst of her grief, she was handed a $9,000 bill.\(^7\)

Most of these restrictions have no home in permanent law. Instead, they are re-enacted each year in annual appropriations bills and have been changed many times. H.R. 3 would make these damaging restrictions permanent.

H.R. 3 would also deny home rule to the District of Columbia, forcing the District to remove abortion coverage from its own local Medicaid program. The District now uses its own funds to provide coverage for medically necessary abortions.

**H.R. 3 Would Remove Protections for Women Facing Medical Emergencies by Permitting Patient “Dumping” by Hospitals**

Currently, federal law ensures that a woman who needs emergency abortion care cannot be turned away by a hospital. Shockingly, H.R. 3 attempts to eliminate this reasonable and common-sense protection for patients at state and local government hospitals.

H.R. 3 would also deny protections to state and local government employees facing a life-threatening medical situations. Currently, employers that provide health insurance must ensure that policies cover abortion services in instances in which a woman’s life is endangered. H.R. 3 would remove this fundamental protection for employees of state and local governments.

The Center for Reproductive Rights urges strong opposition to H.R. 3.

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Endnotes


3. I.R.C. § 45R.

4. Currently, to facilitate entrepreneurship, self-employed individuals can deduct the cost of healthcare premiums so as not to disadvantage them vis-à-vis those who have employer-based plans. I.R.C. § 162(l).

5. I.R.C. § 36B.

