

March 31, 2011

VIA ELECTRONIC DELIVERY

The Honorable Pat Tiberi  
Chairman – Subcommittee on Select Revenue Measures  
Ways and Means Committee Office  
1102 Longworth House Office Building  
Washington D.C. 20515

RE: March 16, 2011 Hearing on “The No Taxpayer Funding for Abortion Act”  
(H.R. 3)

Dear Chairman Tiberi and Members of the Subcommittee on Select Revenue Measures:  
The National Health Law Program (NHLP) strongly opposes H.R. 3, “The No Taxpayer Funding for Abortion Act,” which would impose dangerous and unprecedented restrictions on women’s access to abortion services, and, for the most vulnerable women, may put their lives at risk. The National Health Law Program is a public interest law firm working to advance access to quality health care and protect the legal rights of low-income and underserved people.

H.R. 3 would permanently ban abortion coverage with only extremely narrow exceptions for low income women who access their health care in publicly funded programs, and it would make private insurance coverage for any woman almost impossible to obtain. The ban on tax credits for any health plan that includes coverage of abortion is an unprecedented departure from current insurance practice and will deny low-income women and families who will rely on insurance coverage through the Exchange access to medically necessary abortion services. Low income women and low income women of color already experience severe health disparities in reproductive health, maternal health outcomes and birth outcomes. H.R. 3 would exacerbate those disparities by denying women access to abortion services that are necessary to protect their health and their lives.

Clinical guidelines and generally agreed upon medical practices are baseline practices that are accepted in the profession and codified in professional policies and position statements. Every person expects that the care they receive from their health care provider will meet those established standards of care. Accordingly, several leading health professional and medical societies in the United States and Western Europe have issued accepted standards of care for reproductive health (which include providing medically-accurate contraceptive information, services, and supplies, as well as abortion), particularly for women with emergent health issues and those who require preconception and interconception management of chronic health conditions.<sup>1</sup> Specifically, accepted

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<sup>1</sup>For example, the American College of Obstetricians and Gynecologists, The American Medical Association, The Royal College of Obstetricians and Gynaecologists of the United Kingdom, The World

standards of medical care advise that women suffering chronic conditions – such as pregestational diabetes, lupus, and cardiovascular disease -- that could lead to adverse health and birth outcomes should avoid pregnancy until their condition is under control.<sup>2</sup>

Similarly, even when a woman has decided to carry her pregnancy to term, there are still a number of emergent medical conditions that may put her or her fetus at serious risk. As a result, access to safe and timely abortion services becomes critical. These conditions include, but are not limited to: premature rupture of membranes, preeclampsia and eclampsia, anencephaly (fetus incompatible with life), and chronic conditions for which pregnancy termination may be medically appropriate. In these situations, accepted medical standards and guidelines from the American College of Obstetricians and Gynecologists, Royal College of Obstetricians and Gynecologists of the United Kingdom, and the Cochrane Collaboration acknowledge that the patient must then decide to balance her health and life with the prospects of fetal survival. These standards and guidelines all recognize that a woman must make this decision. The guidelines then charge health providers with giving the patient complete and accurate medical information about her treatment options.

Failing to provide individuals with insurance coverage for medically necessary abortions in the Exchange is a denial of necessary health services. Moreover, the extremely narrow exceptions outlined in §309 of life endangerment, rape and incest do not incorporate accepted standards of medical care, as the exceptions fail to take into account other circumstances where abortion services may be medically necessary. While recognizing that abortion is a politically-charged subject, politics should not interfere with the provision of care a medical provider determines is medically necessary for the patient.

Accordingly, we encourage the Subcommittee on Select Revenue Measures and your colleagues in the House of Representatives to protect the health of women and their right to quality and comprehensive reproductive health information and services.

Respectfully,

/s/

Emily Spitzer  
Executive Director

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Health Organization, The U.S. Preventive Services Task Force, and The HHS Centers for Disease Control and Prevention.

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<sup>2</sup> National Health Law Program, *Health Care Refusals: Undermining Quality Care for Women*, Standard of Care Project, 2010 (citing Johnson K., Posner SF, Biermann J, et al. Recommendations to Improve Preconception Health and Health Care – United States. A Report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care, MMWR Morbidity and Mortality Weekly Report Recommendations and Reports, 2006, 55: 1-23).