



Support the Unborn Child Rule

The State Children's Health Insurance Program (SCHIP) provides health insurance for low-income children. Since 2002, federal regulations have improved the program by allowing states to cover unborn children under SCHIP from conception to birth. See: *Federal Register*, Vol. 67, No. 191 (Oct. 2, 2002) at: frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2002_register&docid=02-24856-filed.pdf. This regulation allows states to provide prenatal care and other health services to the child and the child's pregnant mother. Twelve states have chosen this coverage option: AR, CA, IL, LA, MA, MI, MN, RI, TN, TX, WA, WI. Two additional states recently announced their intention to do so: LA, OK.

The SCHIP program is now in the process of being reauthorized. Temporary funding for SCHIP is included in a Continuing Resolution that will keep the government running through December 14, 2007. A first bill, H.R. 976, was vetoed by the President, and the veto was not overridden. A second bill with small modifications, H.R. 3963, was approved by the House on October 25, still without enough votes to override a veto. On November 1, the Senate approved H.R. 3963 without any changes. The President has said he will veto H.R. 3963. It is unclear when this bill will be sent to the President. Some Members of Congress continue to work on a bill that would have sufficient support to override a veto.

Like its predecessor, H.R. 3963 codifies options now allowed only by regulation or by waiver, for example, the waiver to cover adult pregnant women who are not ordinarily eligible due to age. However, the bill does not codify the unborn child rule. It mentions the availability of the option, but explicitly takes no position on the rule's "legality or illegality," leaving it vulnerable to elimination by any President or Health and Human Services Secretary. In August an amendment to codify the rule narrowly failed in the Senate, 49-yes, 50-no.

If the unborn child option were eliminated, the only way states could provide prenatal care is by defining the pregnant woman as the patient in need of "child health assistance." Many children born as U.S. citizens would not receive needed prenatal care because of their mother's immigration status. Also, the 14 states now forced by court orders to fund abortion on demand in their Medicaid program could be required to provide the same abortions to pregnant women under SCHIP, a tragedy in a program dedicated to the lives and health of children.

A final SCHIP reauthorization should codify the unborn child rule, so states are secure in being able to choose life-affirming health services for needy children and their mothers without involvement in abortion. In an October 29 letter supporting reauthorization of SCHIP, Bishop Nicholas DiMarzio, Chairman of the USCCB's Domestic Policy Committee, urged the codification of the unborn child rule. See: nchla.org/datasource/idocuments/10SenSCHIPLetwsign29.07.pdf. (Fact Sheet attached)

ACTION: Please contact your Senator by phone, FAX letter, and e-mail. Call the U.S. Capitol switchboard at 202-224-3121, or call your Senator's local office. To access full contact information for Senators, see: www.senate.gov/general/contact_information/senators_cfm.cfm.

MESSAGE: Please do what you can to include language codifying the unborn child rule in the SCHIP reauthorization bill.

WHEN: Please act today. Congressional negotiators are still trying to craft an SCHIP bill. Now in its Thanksgiving recess, Congress will return December 3. Thanks! 11/5/07; reissued 11/19/07