

## Fact Sheet

# Tax Funding of Abortion

For many years federal policies have restricted direct public funding of abortion. The Hyde Amendment to the Labor/Health and Human Services Appropriations Bill has restricted federal funding of abortion in the Medicaid program since 1976. Most states also restrict funding of abortion.

Now these policies are in danger, as pro-abortion advocates take advantage of electoral gains to call for the full funding of abortion. This legislative agenda includes passage of the Reproductive Health Equity Act (RHEA), HR 26. The bill states that its purpose is,

*To amend various provisions of law to ensure that services related to abortion are made available to the same extent as are all other pregnancy-related services under federally funded programs.*

If enacted, RHEA would lift the statutory bans on federal funding for abortion for poor women under Medicaid, for Peace Corps volunteers, Native Americans, residents of the District of Columbia, women in federal prisons, military personnel and their dependents, and federal employees and their dependents. RHEA will not move through the legislative process as a free-standing bill. Instead, its supporters plan to attach its provisions to the authorization bills and to eliminate the restrictions on the appropriations bills which cover the various relevant programs.

Another priority is to mandate abortion coverage in a national health care program. The National Abortion Rights Action League (NARAL) states in its legislative agenda for 1993 that abortion should be viewed as "essential health care," and the core benefits package of comprehensive health care reform "must include coverage for basic reproductive health care including . . . abortion services."

Abortion advocates' ultimate goal is to force taxpayers to fund abortion-on-demand for all women who seek it.

### **Is public funding of abortion constitutionally required?**

In *Harris v. McRae* and *Williams v. Zbaraz* (1980), the Supreme Court upheld the Hyde Amendment, ruling that the federal government is not required to fund abortion, except to save the life of the mother.

In *Beal v. Doe* and *Maher v. Roe* (1977), the Supreme Court ruled that states are not required to fund abortion in their state Medicaid programs when they believe an abortion is not "medically necessary." The decisions *Harris v. McRae* and *Williams v. Zbaraz* (1980) further strengthened these rulings, upholding federal and state policies that ban abortion funding except when the mother's life is endangered.

In *Poelker v. Doe* (1977), the Supreme Court ruled that cities are not required to perform abortions in their public hospitals. In *Webster v. Reproductive Health Services* (1989), the Supreme Court ruled that states may ban the use of public facilities to perform abortions.

In *Coe v. Melahn* (1992) the U.S. Circuit Court of Appeals, Eight Circuit, held that states may regulate insurance coverage of abortion. A state can stipulate that no health insurance policy may cover elective abortions unless that coverage is paid for under a separate premium.

### **As long as abortion is legal, doesn't the government have to pay for it?**

The legal existence of a right does not require the government to subsidize the exercise of that right. For instance, people have a legal right to own a handgun in most areas; however, states are under no obligation to provide handguns to low-income citizens who cannot afford this means of self-defense. In *Maher v. Roe*, Justice Powell (one of the original majority in *Roe v. Wade*) wrote: "It (*Roe*) implies no limitation on the authority of a State to make a value judgement favoring childbirth over abortion, and to implement that judgement by the allocation of public funds."

### **Shouldn't the government at least fund abortions that are "medically necessary"?**

Pro-abortion advocates have argued that the government should fund all "medically necessary" abortions, not simply those necessary to save the life of the mother. However, the 1973 Supreme Court decision *Doe v. Bolton* defines "health" so broadly as to include mental and emotional "well-being." The National Abortion Rights Action League defines "medically necessary" as "a term which generally includes the broadest range of situations for which a state will fund abortion." (*Who Decides? A Reproductive Rights Issues Manual*, NARAL, 1990).

In fact, the overwhelming majority of abortions are elective procedures. Three out of four women have abortions because they think a child would interfere with work, school, or other responsibilities. (R.B. Gold, *Abortion and Women's Health*, The Alan Guttmacher Institute, 1990). Furthermore, the number of repeat abortions is steadily increasing. Of women having abortions in 1980, 33% had had one or more previous abortions. By 1988, the number had risen to 43%. (*Family Planning Perspectives*, July/August, 1988).

### **Shouldn't abortion be treated like any other medical procedure?**

NARAL objects to "governmental exclusion of abortion services from an otherwise comprehensive funding program" because "Medicaid funds all other necessary health care related to pregnancy and reproductive health." (*Who Decides?*, 1990). This presupposes that abortion is actually a form of health care. Other than to save the life of the mother, an abortion serves no medical purpose. While an abortion utilizes medical knowledge, it is not generally prescribed to heal the body of an illness (unless one considers pregnancy a disease). It is absurd to define abortion as

equivalent to prenatal care or childbirth. As the Supreme Court recognized in *Harris v. McRae*, abortion is "inherently different from other medical procedures because no other procedure involves the purposeful termination of potential life."

### **How does the absence of funding affect women?**

Pro-abortion advocates argue that by not funding abortion, the government is coercing low-income women to bear children. But, in fact, by declining to fund abortion, government places no obstacle in the way of abortions -- it simply refrains from actively supporting them. In *Maher v. Roe* (1977), the Supreme Court ruled: "There is a basic difference between direct state interference with a protected activity and state encouragement of an alternative activity consonant with legislative policy."

Neither does the government discriminate against poor women by not funding abortion. The pro-abortion lobby claims that tax-funded abortion is necessary to help women escape poverty. However, in 20 years of legalized abortion, the number of women in poverty has increased. Abortion has done nothing to halt the feminization of poverty. Public money spent on abortions for low-income women should be used in truly effective ways to help women out of poverty.

Pro-abortion advocates also claim that there will be an increase in unsafe or illegal abortions if they are not funded. The *Journal of the American Medical Association* demonstrates that implementation of the Hyde Amendment in 1977 did not increase the number of Medicaid-eligible women resorting to illegal abortion (*JAMA*, Sept. 4, 1981). The U.S. Centers For Disease Control report that "a national monitoring system . . . also could not document that the restriction of public funds for abortion caused a large percentage of Medicaid-eligible women to choose self-induced or non-physician-induced abortions." (*MMWR*, June 6, 1980). In fact, abortion complications *decreased*, because the total number of abortions decreased.

### **How does the absence of funding affect society?**

Advocates of public funding have argued that it costs less to pay to abort the unwanted child of a low-income woman than to provide welfare for that child. This utilitarian position cheapens human life by subordinating persons to money. Furthermore, this shortsighted approach fails to recognize that investment in children now yields an invaluable reward in the future. Children themselves are society's greatest resource. Instead of worsening the problem by depersonalizing the poor and their children, society should address the underlying causes of poverty. Poverty cannot be solved simply by getting rid of the poor.

Further, the evidence shows that when abortion is publicly funded, people neglect means to avoid pregnancy. For example, after abortion became more liberally available in Denmark, the pregnancy rate *rose*. Conversely, when abortion is not publicly funded, people take steps to avoid pregnancy. The May/June 1980 issue of the Alan Guttmacher Institute's *Family Planning Perspectives* indicates that when public funds are not available for abortion, the number of abortions and pregnancies among Medicaid-eligible women decreases. For example, the total number of pregnancies among Medicaid-eligible women declined by 1,611 in Ohio and by 337 in Georgia the first year funding

restrictions were implemented.

### **Does public funding impact the number of abortions that take place?**

Data show that when public funding of abortion stops, then the abortion rate among Medicaid eligible women can decline from 18% to 23% (*Family Planning Perspectives*, May/June, 1980).

### **How do the American people feel about tax-funding of abortion?**

A Wirthlin poll commissioned by *Reader's Digest* (May 4-6, 1992) found that 55% of Americans oppose "using tax dollars to pay for abortions for women who cannot afford to pay for them." A CBS/*New York Times* poll (July 1992) found that 52% of Americans oppose funding abortions for indigent women through their tax dollars.

Most Americans consider abortion the taking of a human life. It would be an outrageous violation of their consciences to force them to subsidize what they regard as the killing of unborn children. They should not be forced to pay for a procedure they find morally repugnant.

### **What are state laws regarding public funding?**

Twenty-nine states fund abortions only to save the life of the mother: AL, AR, AZ, DE, FL, GA, ID, IL, IN, KS, KY, LA, ME, MI, MS, MO, MT, NE, NV, NH, NM, ND, OH, OK, RI, SC, SD, TX, UT. The District of Columbia also follows this policy.

Ten states fund abortion in particular cases such as rape/incest, fetal deformity, or the mental health of the mother: AK, CO, IA, MD, MN, PA, TN, VA, WI, WY.

Eleven states fund abortion-on-demand. Six do so by legislative decision (CA, HI, NY, NC, OR, WA), four by state court order (CT, MA, NJ, VT), and one by executive action (WV).

Pro-abortion advocates are targeting Congress in pursuit of their agenda of full funding of abortion. The Alan Guttmacher Institute says in its legislative newsletter that with President Clinton's expressive support of lifting funding restrictions, "the only limit on how many and how far pro-choice advocates can go in restoring equity in access to abortion is Congress." (*Washington Memo*, Jan. 19, 1993).

The principal political achievement of the pro-life movement over the past twenty years has been in the area of funding policy. The destruction of innocent human life has no place in public medical programs. The pro-abortion movement, by defining abortion as a form of health care, is ignoring the reality of the unborn child. The child in the womb is not a tumor, a virus, or an alien growth, but a human person, deserving love and respect. The government's task is to protect the inalienable right to life, not to subsidize its violation.

**National Committee for a Human Life Amendment**  
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