

RealHealthCare

Respects
Life



AUL  action



Action's Questions for Your Members of Congress

I. General Questions

1. Question for House Members: How will the House reconcile competing amendments that were added to H.R. 3200 in different committees?
2. Question for Senate Members: How will the Senate reconcile the HELP Committee and Finance Committee bills after the Finance bill is reported out of committee?

II. Mandatory Coverage of Abortion in H.R. 3200 and Senate HELP Bill

HR 3200 explicitly allows the Secretary of HHS to include abortion as a mandatory minimum benefit in the new public health care plan, and requires taxpayer funded abortion through the provision of affordability credits for plans that cover abortion. The current Secretary of HHS, Kathleen Sebelius, is staunchly pro-abortion and would certainly include abortion in the plan, allowing for immediate federal funding of elective abortion coverage. The provision also requires that all areas of the country contain one private plan that covers abortion.

Prior court holdings which state that abortion is included within several of Medicaid's mandatory categories of care will certainly apply to any federal statute revising Medicaid and involving health care reform. Therefore, if the Hyde Amendment falls, there will be federal funding of abortion. Furthermore, the rejection in the House and Senate Committees of several pro-life amendments that would have ensured that abortion was not funded in the bills, demonstrates that the bills are intended to mandate coverage of abortion.

AUL Action's Position: Both bills need language that explicitly excludes abortion from the required basic benefits that any government or private plan must offer, and prohibits any taxpayer funding of abortion.

Questions for Members of Congress:

1. Will you pledge to support an amendment to H.R. 3200 [or the Senate HELP Bill] that would explicitly exclude abortion from the required basic benefits that any government or private plan must offer?
2. The Hyde Amendment, which prevents the use of Medicaid dollars for abortions, is not a permanent law — will you pledge to support an amendment to H.R. 3200 [or the Senate HELP Bill] that would codify the Hyde amendment?
3. Question for House Members: Would you pledge to support an amendment to clarify that the “family planning services” addressed in Section 1714 of H.R. 3200 does not include abortion? Would you also pledge to support an amendment to clarify that any references in H.R. 3200 to “outpatient services,” “inpatient services,” “physician services,” or any other services does not include abortion?
4. Question for Senate Members: Would you pledge to support an amendment that ensures abortion providers like Planned Parenthood are not included in health insurance networks as “essential community providers?”
5. Question for Senate Members: Would you pledge to support an amendment that prohibits the “Medical Advisory Committee” (Sec. 3103) from designating abortion as a minimum benefit any private or public health care plan must offer?

III. Insurance Coverage of Unborn

H.R. 3200 provides Medicaid and CHIP funds only to children “from the time of birth” in Section 205(d)(1)(A).

The Senate HELP Bill provides that “a group health plan and a health insurance issuer offering group or individual health insurance coverage that provides dependent coverage of children shall make available such coverage for children who are not more than 26 years of age.”

AUL Action’s Position: Both bills must include language that ensures insurance coverage of unborn children.

Questions for Members of Congress:

1. Question for House Members: Would you pledge to ensure that H.R. 3200 is amended to cover unborn children in the State Children’s Health Insurance Program (SCHIP)?
2. Question for Senate Members: Would you pledge to ensure that Section 2709 of the Senate HELP bill is amended to explicitly provide coverage for unborn children under SCHIP?

IV. Rights of Conscience

H.R. 3200 currently contains two conscience clauses, both added by amendment. Both the Pitts-Stupak amendment and the Capps amendment prohibit discrimination against physicians, other health care professionals, hospitals, provider-sponsored organizations, health maintenance organizations, and health insurance plans for refusing to provide, refer for, pay for, or provide coverage for abortion.

The Senate HELP bill contains a clause added by amendment by Senator Kennedy, but the clause is very narrow. It does not cover providers who refuse to pay for or refer patients for abortion services. In addition, the amendment provides an exception for “cases of emergency,” which is undefined and can be stretched to fit almost any situation, effectively stripping providers of any protection the amendment may have offered.

AUL Action’s Position: We need certainty that the conscience protection in H.R. 3200 is not watered down when these competing amendments are reconciled by leadership. The Senate HELP bill needs a strong conscience provision similar to the provisions in H.R. 3200.

Questions for Members of Congress:

1. Question for House Members: Do you believe that no person or entity, whether they are religious or not, should be compelled to act contrary to their conscience in the payment for, provision of, or performance of abortion or of health care, and will you pledge to ensure that such language remains in the bill?
2. Question for Senate Members: Do you believe that no person or entity, whether they are religious or not, should be compelled to act contrary to their conscience in the payment for, provision of, or performance of abortion or of health care, and will you pledge to ensure that such language is explicitly included in the bill?

V. Comparative Effectiveness Research

H.R. 3200, Section 1401 establishes a Center for Comparative Effectiveness Research within the Agency for Health Care Research and Quality (AHRQ).

The Senate HELP bill establishes the Center for Health Outcomes Research and Evaluation. Section 937(h)(1) provides that “Center reports and recommendations shall not be construed as mandates for payment, coverage, or treatment.” However, nothing in the bill explicitly prevents the results of CER from being used to deny treatment.

Section 2707 of the Senate HELP bill requires insurers to develop and implement a reimbursement structure for making payments to health care providers that provides incentives for use of evidence-based medicine and best clinical practices.

AUL Action’s Position: The health care reform bills must not contain provisions that mandate or encourage the withdrawal or curtailment of effective life-sustaining treatment to the terminally ill, the chronically ill, or the permanently disabled.

Question for Members of Congress:

- Would you pledge to support an amendment that would prevent the denial of care on the basis of patient age, disability, medical dependency, or quality of life?

II. End-of-Life Counseling

H.R. 3200, Section 1233 allows reimbursement for “advance care planning consultation,” as long as providers adhere to the requirements included in this section. This section leaves unclear whether the government or a health care provider could counsel or encourage a patient to choose physician-assisted suicide as a solution to terminal illness.

H.R. 3200 also includes Section 138, added by amendment, which prevents the “promotion” of assisted suicide (though not the practice of it) and makes it clear that material distributed by Qualifying Health Benefits Plans “shall not include advanced directives or other planning tools that list or describe as an option suicide, assisted suicide, or the intentional hastening of death regardless of legality.”

It is unclear how these two provisions will work together.

AUL Action’s Position: House Members should remove Section 1233 entirely, or at least remove all of the intrusive requirements for reimbursement.

Question for House Members:

- Since requiring health care providers, in order to receive reimbursement, to go over a list of government-mandated questions regarding end-of-life with elderly patients could subtly pressure them to make decisions based on cost-saving rather than best medicine, will you pledge to support an amendment which removes any such requirements on healthcare providers?