

RealHealthCare

Respects
Life



AUL  action



Essential Principles for Real Health Care

1. Health care reform must expressly exclude mandates of any kind for abortion. It must not alter prohibitions on federal funding of abortion contained in the Hyde amendment or other provisions of law, and it must explicitly ensure that federal funds do not pay for abortion or for plans that cover abortion.
2. Health care reform must provide broad protection for the freedom of conscience of all Americans, whether or not they are health care providers or religious entities. No person, provider, or insurer should be compelled to act contrary to his or her conscience in the payment for, provision of, or performance of health care.
3. Health care reform 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.

Real Health Care Respects Life!

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The current so-called health care bills under consideration on Capitol Hill fail to provide care for those most vulnerable – the unborn, the elderly, and the terminally ill.

Abortion Funding Mandates Threaten the Unborn:

- **H.R. 3200 and the Senate HELP bill would mandate taxpayer funding of abortion.**
- **Federal courts have interpreted the exact language used in the health care reform bills as requiring insurers to cover abortion.** With court precedent set, abortion advocates in Congress and the Administration know that, as written, the bills will mandate abortion coverage even if the word “abortion” is not included.
- **The only way to keep abortion out of a health care bill is for Congress to include language in the bill that would explicitly say that the bill does not cover abortion.** Pro-life U.S. senators and representatives tried several times to exclude abortion from the plans currently under consideration – and were voted down every time.
- **The conscience amendment in the Senate HELP bill does not sufficiently protect the right of conscience for all Americans.** Providers who refuse to pay for or refer patients for abortion services are not protected and would be subject to discrimination under the law. What’s more, 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 them.
- Despite the insistence of Congress that all children be covered under some form of health insurance, **neither of the current health care reform bills explicitly cover unborn children under Medicaid.** The bills would require taxpayers to pay to terminate the lives of unborn children – but not to keep them alive.

“Bending the Cost Curve” Threatens the Elderly, the Disabled and the Terminally Ill:

- The current health care reform bills establish Comparative Effectiveness Research (CER) entities to compare health care treatment options, drugs and procedures. CER could effectively lead to the curtailment, withdrawal, or outright denial of care in situations that the government determines are not cost effective.
- Section 1233 of the House bill includes federally defined end-of-life counseling, which could put subtle pressure on patients to make decisions not on sound medical bases but to conserve costs.
- Section 1233 of the House bill also requires patients be advised about “palliative care” and “end-of-life services,” but fails to define those terms. Unless they are defined, the terms could mandate that patients be counseled about euthanasia.

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