FY 97 APPROPRIATIONS BILLS
WRAP-UP ON REPRODUCTIVE CHOICE

FY 97 Treasury, Postal and General Government Appropriations bill: The House passed the FY 97 Treasury, Postal spending bill on July 17 after a failed attempt by Reps. Hoyer (D-MD), Lowey (D-NY), and Morella (R-MD) to strike language from the bill which prohibits the Federal Employees Health Benefits Program (FEHBP) from covering abortion services except in cases of life, rape or incest. The Hoyer-Lowey-Morella amendment failed by a vote of 184-238. This language is identical to the ban included in last year's FY 96 spending bill.

The Senate Appropriations Committee marked-up its version of the FY 97 Treasury, Postal spending bill on July 23 and removed the restrictive language banning FEHBP from covering abortion, however, an attempt may be made to add the ban back on the Senate floor in September.

FY 97 Labor, Health and Human Services Appropriations bill: The House on July 11 passed its version of the FY 97 Labor/HHS spending bill. During debate the House rejected an anti-family planning amendment offered by Congressman Istook (R-OK) which would have required teens to obtain written parental consent in order to receive any services offered at Title X family planning clinics. The Istook amendment was defeated by the Obey (D-WI) amendment which simply requires that applicants for Title X funds certify to the Secretary of HHS that they encourage family participation in the decision of minors seeking family planning services. The Obey amendment passed by a vote of 232-193. Also during debate the House rejected an amendment offered by Congresswoman Lowey (D-NY) to strike the ban on human embryo research imposed in last year's spending bill. The Lowey amendment would have codified the President's guidelines which allowed research on "spare" embryos that were created for in vitro fertilization, but did not allow embryos to be created solely for the purpose of research. The Lowey amendment failed by a vote of 167-256.

The Senate Appropriations Subcommittee on Labor/HHS which was scheduled to mark-up its version of the FY 97 spending bill, delayed action on the bill until sometime in September.

FY 97 Defense Department Appropriations bill: The House and Senate passed their versions of the FY 97 Defense Department spending bill on June 13 and July 18 respectively. Last year, Congress wrote into permanent code a provision to ban privately funded abortions at overseas military facilities for servicewomen and military dependents. There were no attempts made, either on the House or Senate floor, to remove the ban.

FY 97 Defense Department Authorization bill: The House passed the FY 97 Department of Defense Authorization conference report on August 1. The final bill contains the House-passed ban on privately funded abortions at overseas military hospitals for servicewomen and military dependents. When the House originally considered the bill on May 15, Reps. DeLauro (D-CT), Torkildsen (R-MA), and Harman (D-CA) offered an amendment which would have repealed the abortion ban adopted in last year's FY 96 spending bill. The DeLauro-Torkildsen-Harman amendment failed by a vote of 192-225.

The Senate on June 19 during consideration of its FY 97 DoD Authorization bill passed an amendment offered by Senator Murray (D-WA) which struck the abortion ban by a vote of 51-45. The House-Senate conference rejected the Senate's action to repeal the abortion ban and adopted the House-passed language. The Senate is slated to take-up the conference report in September.

MEMORANDUM

July 29, 1996

TO: Distribution

FROM: Nancy-Ann Min

SUBJECT: Appropriations Update -- Provisions Relating to Abortion

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Attached is an update of the various abortion riders that we are tracking. Here are a few highlights:

*The District of Columbia bill, prohibiting the use of both Federal and District funding for abortions except in the case of rape, incest or when the life of the mother is in danger, passed the full House on July 22. The Administration opposed this provision, although it was in the omnibus appropriations bill (OCRA) the President signed this spring. The Senate bill, which lifts the ban on the use of local funds to pay for abortions (while maintaining the ban on Federal expenditures) passed Full Committee on the July 23. Our SAP to the Senate floor will note that we prefer the Senate version of this provision.

*The Commerce/Justice/State bill, which includes a provision prohibiting funding for abortions for Federal prisoners, passed the House on July 24. The Administration has opposed this provision consistently, noting that the Justice Department believes it is unconstitutional, although it, too, was in OCRA. Senate Subcommittee action should begin on July 30.

*Senate Full Committee reported the Treasury, Postal Service and General Government bill on July 23. The Senate bill does not contain the House version's language on abortion, which would ban health plans that participate in the Federal Employees' Health Benefits Program from providing coverage except in the case of rape, incest or when the life of the mother is in danger. Senate Floor action is expected to begin July 30. The Administration SAP will support the Senate in deleting this provision.

Please feel free to call me with any questions.

July 25, 1996
ABORTION.WPD
BRB:ABW

Abortion-Related Provisions in FY 1997 Appropriations Bills

Commerce/Justice/State

Status:

- o House passed the bill 7/24. Senate Subcommittee action expected 7/30.

Provisions:

- o *Abortions for Federal Prisoners:*
  - House. Like last year, the House-passed bill would prohibit funding for abortions for Federal prisoners, except in the case of rape or when the life of the mother is endangered. This position was enacted in FY 1996 OCRA bill. A Norton amendment to strike this restriction was defeated during Floor action by voice vote. *(Position: 7/11 letter to the Full Committee stated opposition to provision on the basis that Justice believes it to be unconstitutional. 7/17 House Floor SAP takes no position.)*
  - Senate.

Overall Position on Bill:

- o House Floor SAP sent 7/17 contains senior advisers veto recommendation based on: (1) unacceptable reductions to critical law enforcement, research and technology, international affairs, legal services, and other programs; and, (2) unacceptable language limiting President's ability to negotiate issues and implement agreements related to the ABM Treaty. Letter to Senate Subcommittee evaluating House-passed bill under development.

District of Columbia

Status:

- o House passed the bill 7/22. Senate Full Committee reported the bill 7/23. Senate Floor action not yet scheduled.

Provisions:

- o *Abortion Language:*
  - House. The House-passed bill and Subcommittee and Committee-reported bill would prohibit the use of both Federal and District funding for abortions except in cases of rape, incest, or when the life of the mother is endangered. A Norton amendment to strike the prohibition on the use of District funds for abortions was defeated (176-223) during House Floor action. In Committee action, a Dixon amendment to lift the prohibition on the use of local funds for abortions was defeated (16-21). *(Position: in House Floor SAP and letter to Committee, Administration "strongly opposes" abortion language as an "unwarranted intrusion" into District affairs and would support an amendment to strike the prohibition.)*
  - Senate. The Senate Full Committee bill lifts the House restriction on the use of local funds to pay for abortions. The Federal funds prohibition remains, with exceptions for rape, incest, and life of the mother.
- o Overall Position on Bill: House Floor SAP commends the Committee for adopting most of D.C. Control Board's budget recommendations but states Administration's opposition to abortion language and bill's failure to include $52 million increase in Federal contribution to pension payment proposed in President's Budget. Senate Floor SAP under development.

Foreign Operations

Status:

- o Senate Full Committee reported the bill 6/27. Senate Floor action began 7/24, to continue 7/25.

Provisions:

- o *"Mexico City" Language:*
  - House. The bill reported by the House Subcommittee and Committee and passed by the House contains the controversial

"Mexico City" language limiting organizations that fail to meet certain requirements (no financing of abortions or abortion lobbying) from receiving more than 50 percent of the FY 1995 funding level. *(Position: letter to Senate evaluating House-passed bill contains senior advisers veto threat over language.)*

- Senate. The Senate Subcommittee and Committee bill does not contain the "Mexico City" language and would establish a separate population account to be funded at $410 million. *(Position: Senate Floor SAP sent 7/11 recognizes "substantial improvement" over House-passed bill.)*

Overall Position on Bill:

o The Administration conveyed a senior advisers veto threat on the version of the bill reported by the House Subcommittee and Committee and passed by the House due to international population control language. In Senate Floor SAP sent 7/11 Administration states its concern about several aspects of the Senate Subcommittee and Committee bill but recognizes improvement due to absence of House bill's international population control language and partial restoration of funding for a number of other assistance programs.

Labor/HHS/Education

Status:

o House passed the bill 7/11. Senate Subcommittee mark-up may be postponed until after Labor Day.

Provisions:

o *Use of Federal Funds for Embryo Research*:

- House. Lowey amendment defeated (167-256) during House Floor action to strike the ban on Federal funding for embryo research in instances where the embryo was not specifically created for the research.

A Dickey/Wicker amendment was adopted in Committee (25-20) that would prohibit funding for the creation of human embryos for research purposes or research in which human embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero. This provision is identical to the one contained in the FY 1996 OCRA bill. Lowey amendment adopted in Subcommittee (9-4) would permit early stage embryo research but would still prohibit the creation of embryos for research. *(Position: no position taken.)*

- Senate.

o *Family Planning*:

- House. The House-passed bill and Subcommittee and Committee-reported bill would fund Title X Family Planning grants at $5 million below the request of $198 million. During House Floor action, an Obey substitute to the Istook family planning amendment was adopted (232-193). The Obey language states that a family planning entity would have to certify that it encouraged family participation in family planning decisions made by minors as a condition of receiving Title X money. This is similar to language in existing regulations, except that it requires certification. The Istook language as modified by Obey was adopted (421-0).

  A Porter substitute amendment was adopted (29-21) during Committee action that would codify existing regulations for the Title X family planning program (with regard to the sliding fee scale for services) and would require the Secretary of Health and Human Services to submit one national evaluation of the program. In adopting the Porter amendment, the Committee defeated a Livingston amendment that would have required individuals making more than 150 percent of the poverty level to pay the full amount for any family planning service. *(Position: Administration urges full funding for Title X.)*

- Senate.

o *Hyde-Amendment Language*:

- House. The bill contains modified Hyde amendment language that has been enacted for the past two years, which prohibits the use of Medicaid funding for abortions except in cases of rape, incest, or when the life of the mother is endangered.

- Senate.

Overall Position on Bill:

o House Floor SAP sent 7/10 contains a senior advisers veto threat due to inadequate discretionary funding level and reductions proposed by Committee. Senate Subcommittee letter evaluating House-passed bill pending second-floor clearance.

Treasury/Postal Service/General Government

Status:

o House Floor passed the bill (215-207) 7/17. Senate Subcommittee marked up the bill 7/19. Senate Full Committee reported the bill 7/23. Senate Floor action expected 7/30.

Provisions:

o *Federal Health Benefits*:

- House. The House-passed bill and Subcommittee and Committee-reported bill includes the provision in current law that prohibits health plans that participate in the Federal Employees' Health Benefits Program (FEHBP) from providing coverage for abortions except in the case of rape, incest, or when the life of the mother is in danger. Hoyer/Lowey amendment to strike provision defeated (184-238) in House Floor action. A Hoyer amendment to delete the provision from the bill was defeated (16-22) during Committee action. *(Position: Administration "strongly opposes" provision.)*

- Senate. The Subcommittee and Committee-reported bill does not include the FEHBP abortion language.

Overall Position on Bill:

- In letter to Senate Subcommittee evaluating House-passed bill, Administration states that bill is "unacceptable." Letter to Senate Full Committee commends improvements in Senate Subcommittee bill over House bill but still states it is "unacceptable." Senate Floor SAP under development.

MEMORANDUM

July 19, 1996

TO: Distribution

FROM: Nancy-Ann Min

SUBJECT: Legislative Developments Relating to Abortion

Attached is an update of the various abortion riders that we are tracking. Here are a few highlights:

*The District of Columbia bill, marked up by the House Full Committee, would prohibit the use of both Federal and District funding for abortions except in cases of rape, incest or when the life of the mother is in danger. The bill will go to the floor next week.

*A Hoyer/Lowey amendment was defeated on the floor and the House passed a Treasury/Postal Service/General Government bill that would prohibit health plans that participate in the Federal Employees' Health Benefits Program from providing coverage for abortion except in the case of rape, incest or when the life of the mother is in danger. The Senate Subcommittee is mark-up is scheduled for today.

*The Commerce/Justice/State bill, which includes a provision prohibiting funding for abortions for Federal prisoners, is expected to come to the House Floor on July 23.

While we do not like any of these provisions, I should note that they are identical to provisions enacted in last year's bills. So far, we've seen nothing new except the attempt to attach a parental consent requirement to the Title X Family Planning program, which failed on the House floor. Please feel free to call me with any questions.

July 18, 1996
ABORTION.WPD
BRB:ABW

Abortion-Related Provisions in FY 1997 Appropriations Bills

Commerce/Justice/State

Status

- House Subcommittee marked up the bill 7/9. House Full Committee reported the bill on 7/11. House Rules Committee approved an open rule 7/16. House Floor action expected 7/23.

Provisions

- *Abortions for Federal Prisoners:*
  - House. Like last year, the Committee bill would prohibit funding for abortions for Federal prisoners, except in the case of rape or when the life of the mother is endangered. This position was enacted in FY 1996 OCRA bill. *(Position: A 7/11 letter to the Full Committee stated opposition on the basis that Justice believes the provision is unconstitutional. 7/16 House Rules SAP takes no position. House Floor SAP in West Wing clearance also takes no position.)*
  - Senate.

Overall Position on Bill:

- House Rules SAP sent 7/16 contains senior advisers veto recommendation based on: (1) unacceptable reductions to critical law enforcement, research and technology, international affairs, legal services, and other programs; and, (2) unacceptable language limiting President's ability to negotiate issues and implement agreements related to the ABM Treaty.

District of Columbia

Status

- House Subcommittee marked up 7/12. House Full Committee mark-up on 7/18. House Floor action expected 7/25.

Provisions:

- *Abortion Language:*

  - House. The Subcommittee bill would prohibit the use of both Federal and District funding for abortions except in cases of rape, incest, or when the life of the mother is endangered. *(Position: in letter to Committee, Administration "strongly opposes" abortion language as an "unwarranted intrusion" into District affairs and would support an expected amendment to strike the prohibition.)*

  - Senate.

- Overall Position on Bill: Letter to House Full Committee commends Subcommittee for adopting most of D.C. Control Board's recommendations but states Administration's concern over bill's abortion language and failure to include $52 million increase in Federal contribution to pension payment proposed in President's Budget.

Foreign Operations

Status:

- Senate Full Committee reported the bill 6/27. Senate Floor action possible week of 7/15

Provisions

- *"Mexico City" Language:*

  - House. The bill reported by the House Subcommittee and Committee and passed by the House contains the controversial "Mexico City" language limiting organizations that fail to meet certain requirements (no financing of abortions or abortion lobbying) from receiving more than 50 percent of the FY 1995 funding level. *(Position: letter to Senate evaluating House-passed bill contains senior advisers veto threat over language.)*

- Senate. The Senate Subcommittee and Committee bill does not contain the "Mexico City" language and would establish a separate population account to be funded at $410 million. *(Position: Senate Floor SAP sent 7/11 recognizes "substantial improvement" over House-passed bill.)*

Overall Position on Bill:

- The Administration conveyed a senior advisers veto threat on the version of the bill reported by the House Subcommittee and Committee and passed by the House due to international population control language. In Senate Floor SAP sent 7/11 Administration states its concern about several aspects of the Senate Subcommittee and Committee bill but recognizes improvement due to absence of unwarranted limits on assistance to population programs abroad and partial restoration of funding for a number of other assistance programs.

Labor/HHS/Education

Status

- House Full Committee approved the bill 6/25. House passed the bill 7/11. Senate Subcommittee mark-up expected week of 7/22.

Provisions

- *Use of Federal Funds for Embryo Research*

  - House. Lowey amendement defeated (167-256) during House Floor action to strike the ban on Federal funding for embryo research in instances where the embryo was not specifically created for the research.

    A Dickey/Wicker amendment was adopted in Committee (25-20) that would prohibit funding for the creation of human embryos for research purposes or research in which human embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero. This provision is identical to the one contained in the FY 1996

OCRA bill. Lowey amendment adopted in Subcommittee (9-4) would permit early stage embryo research but would still prohibit the creation of embryos for research. *(Position: no position taken.)*

- Senate.

o *Family Planning:*

- House. The House-passed bill and Subcommittee and Committee-reported bill would fund Title X Family Planning grants at $5 million below the request ($198 million). During House Floor action, an Obey substitute to the Istook family planning amendment was adopted (232-193). The Obey language states that a family planning entity would have to certify that it encouraged family participation in family planning decisions made by minors as a condition of receiving Title X money. This is similar to language in existing regulations, except that it requires "certification." The Istook language as modified by Obey was adopted (421-0).

  A Porter substitute amendment was adopted (29-21) during Committee action that would codify existing regulations for the Title X family planning program (with regard to the sliding fee scale for services) and would require the Secretary of Health and Human Services to submit one national evaluation of the program. In adopting the Porter amendment, the Committee defeated a Livingston amendment that would have required individuals making more than 150 percent of the poverty level to pay the full amount for any family planning service. *(Position: Administration urges full funding for Title X.)*

- Senate.

o *Hyde-Amendment Language:*

- House. The bill contains modified Hyde amendment language that has been enacted for the past two years, which prohibits the use of Medicaid funding for abortions except in cases of rape, incest, or when the life of the mother is endangered.

- Senate

Overall Position on Bill:

- House Floor SAP sent 7/10 contains a senior advisers veto threat due to inadequate discretionary funding level and reductions proposed by Committee. Senate Subcommittee letter evaluating House-passed bill under development.

Treasury/Postal Service/General Government

Status

- House Full Committee reported the bill 6/27. House Rules Committee approved an open rule 7/11. House Floor passed the bill (215-207) 7/17. Senate Subcommittee mark-up scheduled for 7/19.

Provisions

- *Federal Health Benefits:*

  - House. The House-passed bill and Subcommittee and Committee-reported bill includes the provision in current law that prohibits health plans that participate in the Federal Employees' Health Benefits Program from providing coverage for abortions except in the case of rape, incest, or when the life of the mother is in danger. Hoyer/Lowey amendment to strike provision defeated (184-238) in House Floor action. A Hoyer amendment to delete the provision from the bill was defeated (16 to 22) during Committee action. *(Position: Administration "strongly opposes" provision.)*

  - Senate.

Overall Position on Bill

- House Floor SAP: Administration believes bill to be "unacceptable." Letter to Senate Subcommittee evaluating House-passed bill under development.

COPY

To: President Clinton

From: Carol Rasco
Nancy Ann Min

Date: June 20, 1996

Re: Family Planning Riders to Appropriations Bill

Action: Presidential Approval of Proposed SAP Language

Three riders will be attached to the FY 1997 Labor/HHS Appropriations bill being marked up today in committee that will fundamentally alter the federal family planning program enacted under Title X of the Public Health Service Act. The bill is expected to go to the floor next week.

Purpose of Title X

The purpose of Title X is to help low and moderate income women, who do not meet the strict eligibility standards for Medicaid, to plan the timing and spacing of births, thus avoiding poverty and government dependency. Title X is a means tested program that requires individuals above the federal poverty level to pay fees for these services. Only women whose incomes fall below 100% of poverty may receive completely subsidized family planning services; women whose incomes fall between 100 and 250 percent of poverty must pay a fee based on a sliding scale. Women whose incomes are above 250 percent of poverty pay full clinic fees, although they still may be served by clinics that receive Title X dollars.

Further, by law, adolescents who seek family planning and other reproductive health care in Title X clinics receive services based on their own income and receive the same respect and confidentiality as all other patients.

Title X also provides partially subsidized contraceptive services to marginal-income women who otherwise might not be able to afford to use the most effective methods.

Rep. Istook Amendment: Parental Consent/Notification

Description

Rep Ernest Istook (R-OK)is expected to offer an amendment that would require minors to obtain parental consent from a parent or legal guardian before receiving any services such as contraception, treatment of sexually transmitted disease, or counseling through the Title X program. The amendment allows states to pass laws to opt out and provides for judicial bypass.

Analysis

Your Administration has supported efforts that encourage young people to discuss their health care needs with parents or other family members. Further, existing program guidelines governing the operations of family planning clinics already include such guidelines.

There are approximately **1.3 million teens** each year receiving Title X family planning services **who are not required to inform or receive parental consent** before receiving services. A requirement of parental consent will cause many adolescents to forgo these services. Some teens are simply not comfortable going to their parents in such situations. The result of a consent requirement would be more pregnancies, more STDs, and more HIV/AIDS infections among many young people.

A recent study found 58 percent of high school students surveyed in three public schools in central Massachusetts reported having health concerns they wished to keep from their parents. Twenty-five percent of the students said they would forgo seeking certain types of medical treatment if there was the possibility of parental disclosure by physicians.

However, as Governor, you supported a family planning component in the 1991 Appropriations bill for the Arkansas Department of Health, Act 1181, that, according to Deputy Director of Arkansas Department of Health Tom Butler, **required parental consent** to participate in a school-based clinic to receive counseling services as well as birth control and other services offered.

Recommendation

Oppose this amendment.

Rep. Livingston Amendment: Means Testing For Family Planning

Description

House Appropriations Chair Robert Livingston (R-LA)is expected to offer an amendment that would limit family planning services to individuals with incomes no greater than 150 percent of the poverty level, thereby narrowing eligibility for Title X and denying services to current recipients.

Analysis

At a minimum, narrowing the current eligibility criteria to individuals with incomes no greater than 150 percent of the poverty level would deny even partially subsidized family planning services to 675,000 recipients or 15 percent of those currently receiving such services. These cuts would ultimately result in increased social welfare and health care costs. Title X currently enables individuals least likely to afford family

planning services to avoid an unintended pregnancy that might result in them having to rely on welfare assistance. (Up front birth control costs can be very expensive: In 1993, the total cost of Norplant exceeded $700, an IUD $500, and prescribed oral contraceptives nearly $300.)

Recommendation

Oppose this amendment.

Rep. Livingston Amendment: Evaluation Set Aside for Family Planning

Description

Rep. Livingston is also expected to offer an amendment that would require each of the 84 Title X-funded projects to spend from 1-5 percent of their grant awards on research to determine its "successes and failures" with respect to abstinence from sexual activity, reducing unplanned pregnancies, and preventing transmission of HIV/AIDS.

Analysis

Services available through Title X family planning are already evaluated to determine how many unplanned pregnancies and abortions are prevented. Transmission of HIV/AIDS is also studied, however it is impossible to measure the extent HIV transmission can be prevented by Title X programs because, as with all services at Title X clinics, HIV testing is entirely voluntary. Further, it is not possible to determine the increases in the number of individuals who abstain from premarital sexual intercourse who at some point in a given year sought services at a Title X clinic (there are too many extraneous factors influencing abstinence).

The amendment would require financially strapped clinics to divert limited service dollars to conduct 84 separate evaluations with repetitive, costly, unrealistic, and overly prescriptive research requirements.

Recommendation

Oppose this amendment.

MEMORANDUM

To: Those Interested
From: Lyn Hogan
Domestic Policy Council

Date: July 1, 1996

Status of Appropriations and Other Legislation Affecting Women

FY '97 Labor, Health and Human Services Appropriations

Human Embryo Research

- On June 25, 1996, during Committee mark-up of the HHS/Labor Appropriations bill, Reps. Dickey (R-AZ) and Wicker (R-MS) offered an amendment to reinstate the ban on human embryo research. The amendment passed 25-20.

- Rep. Lowey (D-NY) is expected to offer on the floor an amendment to strike the ban and codify the NIH guidelines which allowed research on extra embryos that were created for in vitro fertilization, but did not allow the creation of embryos solely for research. Rep. Lowey successfully offered this amendment in the subcommittee mark-up.

Abortion/Family Planning

The week of July 8 Rep. Istook (R-OK) is expected to offer on the floor the following amendments to the Labor/HHS appropriations bill:

- An amendment allowing states to deny Medicaid coverage for abortions to low-income women who are victims of rape or incest.

- An amendment that would prohibit Title X funds from being used to provide services to teenagers without parental consent. Those services include providing contraceptives as well as testing for sexually transmitted diseases. States would be allowed to opt out of the federal mandate but, in doing so, would be required to enact new laws allowing minors to consent to sensitive health services. Currently, 49 states have allows that allow minors to consent for screening and treatment of sexually transmitted diseases and 23 states have laws allowing minors to consent for contraceptive services.

FY '97 Treasury, Postal and General Government Operations Appropriations bill

Abortion

- The week of July 8 Rep. Hoyer (D-MD) is expected to offer on the floor an amendment to strike the restrictive language written into law in last years' appropriations bill, that prevents federal employees form selecting a health care plan that provides abortion coverage. Rep. Hoyer offered this amendment during committee debate. However, it failed 16-22.

FY '97 Foreign Operations Appropriations bill

Abortion/Family Planning

During subcommittee consideration of this appropriations bill, Sen. Leahy (D-VT) offered an amendment striking the Mexico City Policy language (Mexico City language denies all funding for overseas family planning organizations that perform abortions or speak out about reproductive choice, even with private money, a policy Pres. Clinton reversed when he came into office) and striking funding cuts to population assistance programs attached by the House. The Leahy amendment also restores a separate account for population assistance within the development assistance programs and increases population assistance to $410 million. The Leahy amendment passed 8-5. Senate floor action is expected after the July 4 recess.

Welfare/Medicaid Legislation

On June 26 in the Senate Finance Committee, Sen. Chafee offered an amendment to strike from the welfare/Medicaid legislation language that permits states to deny coverage for abortion services except in the cases of life, rape or incest. The Chafee amendment failed 10-10.

FDA and the Morning After Pill

After holding a hearing on Friday June 28, the FDA decided to publish in the Federal Register a notice that says ordinary oral contraceptives can be safely and effectively used as "morning after pills." However, because of concerns over liability litigation and anti-abortion protests, no manufacturer has filed an application to market the pills specifically as "morning after pills." Without an application, the FDA cannot formally approve the new use. Instead, the FDA will use the Federal Register announcement to inform people of this use of birth control pills, and will continue to hope a manufacturer applies.

MEMORANDUM

TO: Nancy-Ann

FR: Sarah

RE: Quick Notes on Women's Groups' Meeting

Attached is a copy of the material Planned Parenthood handed out meeting regarding their opposition to parental consent. In addition, here are some of the issues raised in the meeting:

- As we discussed, nothing was said at the meeting, and very few, if any, questions were asked about our possible positions. Much of the discussion focused on how we/they could influence the votes in the House and the Senate, before the legislation got to the President. It seemed that the underlying assumption was that we would be sympathetic if it did get to the President's desk.

- The groups' said they fully expected the issue of parental consent to be raised this summer. They believe that this issue could possibly be won on the floor, although they are not overly optimistic.

- They hoped that, whenever possible, the President and the Administration would help frame the discussion of all abortion riders and family planning programs in terms of 'family planning', a concept which has the overwhelming support of the public.

- On Title X, some argued that the issue of parental consent should be discussed in terms of the teen pregnancy crisis, especially since the President has been strong on this issue.

- Many believe the Administration can be most helpful on issues that are still undecided in the Senate, such as Labor/HHS and Foreign Opps. Approps bill. The President can play a brokering role on these issues, helping to influence the vote so that a possible veto never becomes an issue.

- Partial Birth Amendment. The Groups hope that the President will continue to be vocal in his opposition to this amendment, so that he can help gain the necessary votes in the House. (Apparently they only need five votes to kill the legislation in House).

- Expect there could be a surprise bill in the House, which will appear reasonable but will seriously undermine family planning or abortion legislation and/or programs.

The undersigned organizations OPPOSE mandatory parental consent or notification requirements for teens receiving services at Title X-funded family planning clinics.

Advocates for Youth
American Academy of Family Physicians
American Academy of Pediatrics
American Association of University Women
American Civil Liberties Union
American College of Nurse Midwives
American College of Obstetricians and Gynecologists
American Jewish Committee
American Jewish Congress
American Medical Women's Association
American Nurses Association
American Psychological Association
American Public Health Association
American Social Health Association
American Society for Reproductive Medicine
Association of Maternal and Child Health Programs
Association of Reproductive Health Professionals
Association of Schools of Public Health
Association of State and Territorial Health Officials
Center for Reproductive Law and Policy
Center for Women Policy Studies
Child Welfare League of America
Family Planning Councils of America, Inc.
National Abortion and Reproductive Rights Action League
National Association of Nurse Practitioners in Reproductive Health
National Council of Jewish Women
National Family Planning and Reproductive Health Association
National Latina Institute for Reproductive Health (NLIRH)
National Organization for Women
National Organization for Women Foundation
National Women's Law Center
NOW Legal Defense and Education Fund
People For the American Way Action Fund
Planned Parenthood Federation of America
Sexuality Information and Education Council of the United States
The Alan Guttmacher Institute
Union of American Hebrew Congregations
United Methodist Church, General Board of Church and Society
Voters For Choice
Women's Legal Defense Fund
YWCA of the U.S.A.
Zero Population Growth

June 5, 1996

FAMILY PLANNING COALITION

MANDATORY PARENTAL CONSENT/PARENTAL NOTIFICATION REQUIREMENTS JEOPARDIZE TEENS' HEALTH

The Title X (ten) family planning program was enacted to make "comprehensive voluntary family planning services readily available to all persons desiring such services." For over 25 years, the program has funded more than 4,000 family planning clinics across the United States. These clinics serve as critical entry points into the health care system for young people where they can obtain screening, treatment, and referrals for reproductive health care services. In addition to providing contraceptives and appropriate counseling, services provided at a clinics receiving Title X funds include screening, and in some cases, treatment for hypertension, breast and cervical cancer, sexually transmitted diseases (STDs), and HIV. Title X funds cannot be used to pay for abortions.

Recent reports indicate that an amendment may be offered in the House during consideration of the FY 1997 Labor/HHS/Education Appropriations bill that would require clinics to notify parents or obtain their consent in order to provide services to young people at a Title X family planning clinic. The members of the Family Planning Coalition, a diverse group of health care providers and advocates, strongly oppose such an amendment because it would undermine one of the **primary goals** of the Title X program – to **reduce the incidence of unintended pregnancy** among teenagers by making family planning services available.

CONFIDENTIAL ACCESS TO FAMILY PLANNING AND OTHER PRIMARY HEALTH CARE SERVICES IS CRUCIAL TO HELPING TEENAGERS OBTAIN TIMELY MEDICAL ADVICE AND APPROPRIATE MEDICAL CARE

Erecting barriers to access to timely medical advice and appropriate medical care will lead to more teen pregnancies, more teen abortions, and increases in the already high rates of STDs and HIV among young people. Studies indicate that requiring parental consent or notification when young people receive family planning or other health care services would mean that many vulnerable teens, for fear of abuse or other extreme consequences, will delay or avoid seeking preventive health care services and counseling. Such services allow them to avoid unwanted, unplanned pregnancies – a factor which is essential in helping young people escape the cycle of poverty and welfare. Further, when minors delay diagnosis and treatment for STDs or HIV, the minor's health, future fertility, and even life can be put at risk.

Because teenage pregnancy rates and STD infection rates remain unacceptably high, we must ensure access to family planning and other basic health care services for those young people who are unable to speak to a parent about these issues. We should be helping more, not fewer, young people make responsible decisions.

The need for minors' continued, confidential access to services at Title X family planning clinics is clear:

- Each year, one million teenage women become pregnant.
- More than half of all females and nearly three quarters of all males have had intercourse before age 18.
- 86% of pregnancies to unmarried teens are unintended.
- Young women face greater health risks from pregnancy than adult women, including increased mortality, hypertension, and premature births.
- Infants born to teenage mothers are more likely to suffer low birth weight and other health problems.
- Teenage mothers experience limited educational and employment opportunities, leaving their families at greater risk of poverty and welfare dependency.
- Rates of STDs and HIV are growing among teen populations.
- Adolescent pregnancy and childbirth pose far greater health risks to a teen than contraceptive use.

- One study found that if confidential treatment for sexually transmitted diseases were available, 50 percent of adolescents would seek care compared to 15 percent who would do so if parental consent or notice were required. (*Journal of Pediatrics*, March 1993)

- Another study found that approximately 25 percent of high school students say they would forego seeking certain types of healthcare if there were a possibility that their parents would find out. (*Family Planning Perspectives*, July/August 1993)

The reality is that adolescents who feel loved and supported by their parents normally will communicate with them in times of crisis. Mandatory parental consent or notification requirements would only widen the rift between parents and children who are already alienated. Genuine concern for the best interests of minors argues strongly against mandatory parental consent and notification laws.

MANDATORY PARENTAL CONSENT OR NOTIFICATION FOR FAMILY PLANNING SERVICES VIOLATES MEDICAL ETHICS AND A YOUNG PERSON'S PRIVACY

Organized medicine in the United States has reached a consensus that contraceptive services, prenatal and postpartum care, and STD and HIV/AIDS diagnosis and treatment should be available to adolescents on a confidential basis. Leading medical groups, including the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the American Academy of Family Physicians, and the National Medical Association oppose mandatory parental notification or consent requirements in order for young people to obtain family planning services.

In a statement of principles on "confidentiality in adolescent health care," drafted in part to respond to the "urgent need to reduce ...sexually transmitted diseases and unintended pregnancies," these medical organizations stated that:

> The adolescent will have an opportunity for examination and counseling apart from parents and the same confidentiality will be preserved between the adolescent patient and the provider as between the parent/adult and provider.

An American Medical Association policy statement from 1993 indicates that the AMA:

> ...oppose(s) regulations that require parental notification when prescription contraceptives are provided to minors through federally funded programs, since they create a breach of confidentiality in the physician-patient relationship....Obstacles to the distribution of birth control information, medication, and devices should be removed, and physicians should provide contraceptive services on a confidential basis where legally permissible. (AMA, *Policy Compendium on Confidential Health Services for Adolescents*, ed. Janet E. Gans, January 1993)

PARENTAL CONSENT/NOTIFICATION WOULD DISPROPORTIONATELY IMPACT LOW INCOME TEENS WHO CANNOT AFFORD NEEDED SERVICES AT A PRIVATE PHYSICIAN'S OFFICE

Young people most affected by a parental consent or notification requirement would be those who feel they cannot discuss reproductive health issues with their parents and cannot afford to go to a private doctor. Young women who can afford services will continue to have access to confidential care – the burden will fall on young females who depend on prescription forms of contraceptives as the most effective means of preventing pregnancy. If these young women are denied confidential and affordable access to family planning services, they will be left with either no method of preventing pregnancy or a less effective, over-the-counter contraceptive.

American Academy
of Family Physicians

American Academy
of Pediatrics

American College of
Obstetricians and
Gynecologists

June 11, 1996

The Honorable John Edward Porter
Chairman, House Appropriations Subcommittee
Labor, Health and Human Services
U.S. House of Representatives
2373 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Porter:

As national organizations representing over 170,000 physicians dedicated to improving the health care of adolescents, we write to urge you to oppose any amendment offered to the FY97 Labor, Health and Human Services and Education Appropriations Act that would require parental notification or parental consent for services received by adolescents in clinics funded by Title X, the national family planning program. As physicians who care for adolescents, we always encourage family involvement in their health care. Our organizations have adopted principles stating that health professionals have an ethical obligation to provide the best possible care and counseling to respond to the needs of their adolescent patients. This obligation includes every reasonable effort to encourage the adolescent to involve parents, whose support can increase the potential for dealing with the adolescent's problem on a continual basis.

Most teens seeking services at Title X clinics are already sexually active. Mandating parental consent may prevent these teens from seeking contraceptive services, placing them at an increased risk for sexually transmitted diseases and unintended pregnancies. Studies indicate that one of the major causes of delay by adolescents in seeking contraception is fear of parental discovery. Parental consent or notification provisions would be counterproductive to the ongoing efforts of physicians and the Congress to prevent such cases among the nation's young people.

Under our federal system, the states determine whether or not parental consent is needed for the treatment of minors. While states require parental consent before a minor receives medical treatment, 23 states have recognized the special issues surrounding family planning services and have instituted exceptions explicitly allowing young women to obtain contraceptive services without parental consent. Congress should not override these states' authority in this area by adopting an amendment to require parental notification or consent in order for family planning clinics to receive Title X funding.

While we applaud the efforts of the Committee to ensure that parents' are involved in minor's health care decisions, we believe that such involvement is best achieved by the efforts of physicians and their patients in a manner which respects the adolescent's right to confidential health care. Forced parental involvement, in our view, will have a negative impact on the physician-patient relationship, as well as have the unintended consequence of deterring adolescents from seeking important health care services. Accordingly, we urge you to oppose any amendments mandating parental notification or consent for Title X services in the FY97 Labor, Health and Human Services, and Education Appropriations Act.

Sincerely,

Kenneth L. Evans, MD
Chairman, Board of Directors
American Academy of
Family Physicians

Maurice E. Keenan, MD
President
American Academy of
Pediatrics

Ralph W. Hale, MD
Executive Director
American College of
Obstetricians and
Gynecologists

Enclosures

Reproductive Freedom
on the hill

Forced Parental Notification or Consent for Family Planning

A Radical Departure from the History and Goals of Title X

What is the Title X program?

Established by the U.S. Congress in 1970, Title X of the Public Health Service Act is one of the most important public programs providing family planning services as well as other primary care and preventive health screening services.[1] In the statute authorizing the program, Congress stated that Title X's goal is "to assist in making comprehensive voluntary family planning services readily available to all persons desiring such services."[2] Administered by the Department of Health and Human Services, the program provides direct grants to both private and public entities, such as family planning clinics and state health departments.

Have adolescents traditionally received Title X services?

Yes. Since its inception in 1970, the Title X program has provided family planning and other preventive health services to adolescents. In 1978, Congress amended Title X to place "a special emphasis on preventing unwanted pregnancies among sexually active adolescents"[3] by adding language explicitly including services for teenagers. Even then, Congress recognized that "the problems of teenage pregnancy have become critical" because such "pregnancies are often unwanted, and are likely to have adverse health, social, and economic consequences for the individuals involved."[4]

Does Title X guarantee confidentiality for adolescents receiving family planning services?

Yes. Title X guarantees that all participants, including adolescents, will receive confidential care. Regulations now governing the program mandate that health care providers maintain the patient-physician confidentiality that is crucial for providing timely, appropriate services.[5] In 1981, Congress amended Title X to require grantees to "encourage" family participation in all cases — a statutory provision that remains in effect to this day.[6] The Department of Health and Human Services, however, initially misinterpreted the congressional action to mandate parental notification when adolescents received family planning services through Title X. The agency issued regulations codifying this inaccurate interpretation, marking the only time in the program's twenty-six-year

FROM THE CENTER FOR REPRODUCTIVE LAW & POLICY
120 WALL STREET • NEW YORK, NEW YORK 10005

Endnotes

1. Public Health Service Act, Pub. L. No. 91-572, § 2, 84 Stat. 1506 (1970).

2. *State of New York v. Heckler*, 719 F.2d 1191 (2d Cir. 1983) (citing Pub. L. No. 91-572 at § 2(1)); *see also Planned Parenthood Federation of America v. Heckler*, 712 F.2d 650 (D.C. Cir. 1983).

3. *Planned Parenthood*, 712 F.2d at 652.

4. *Planned Parenthood*, 712 F.2d at 652 n.6 (citing H.R. Rep. No. 1191. 95th Cong., 2d Sess. 31 (1978)).

5. 42 C.F.R. § 59.15 (1982); 42 C.F.R. § 59.5 (1982).

6. *Planned Parenthood*, 712 F.2d at 657; *see also* 42 U.S.C. § 300(a).

7. *State of New York*, 719 F.2d at 1194–95.

8. *Id.* at 1195.

9. *Planned Parenthood*, 712 F.2d at 659.

10. *Id.* at 658.

11. *Id.* at 659.

12. *Id.* at 659 (citing S. Rep. No. 29, 94th Cong., 1st Sess. 55 (1975).

13. *Id.* at 660.

Confidentiality in Adolescent Health Care

This statement was approved as policy by the following organizations: the American Academy of Pediatrics; the American Academy of Family Physicians; the American College of Obstetricians and Gynecologists; NAACOG-The Organization for Obstetric, Gynecologic, and Neonatal Nurses; and the National Medical Associations.

Adolescents tend to underutilize existing health care resources. The issue of confidentiality has been identified, by both providers and young people themselves, as a significant access barrier to health care.

Adolescents in the United States, while generally considered healthy, have a range of problems, including some of such severity as to jeopardize their development and health, their future opportunities and even their lives. To illustrate, there is an urgent need to reduce the incidence of adolescent suicide, substance abuse, and sexually transmitted diseases and unintended pregnancy.

As the primary providers of health care to adolescents, we urge the following principles for the guidance of our professional members and for broad consideration in the development of public policy:

1. Health professionals have an ethical obligation to provide the best possible care and counseling to respond to the needs of their adolescent patients.

2. This obligation includes every reasonable effort to encourage the adolescent to involve parents, whose support can, in many circumstances, increase the potential for dealing with the adolescent's problems on a continuing basis.

(RE9151)

3. Parents are frequently in a patient relationship with the same providers as their children or have been exercising decision-making responsibility for their children with these providers. At the time providers establish an independent relationship with adolescents as patients, the providers should make this new relationship clear to parents and adolescents with regard to the following elements:

- The adolescent will have an opportunity for examination and counseling apart from parents, and the same confidentiality will be preserved between the adolescent patient and the provider as between the parent/adult and the provider.
- The adolescent must understand under what circumstances (eg., life-threatening emergency), the provider will abrogate this confidentiality.
- Parents should be encouraged to work out means to facilitate communication regarding appointments, payment, or other matters consistent with the understanding reached about confidentiality and parental support in this transitional period when the adolescent is moving toward self-responsibility for health care.

4. Providers, parents, and adolescents need to be aware of the nature and effect of laws and regulations in their jurisdictions that introduce further constraints on these relationships. Some of these laws and regulations are unduly restrictive and in need of revision as a matter of public policy. Ultimately, the health risks to the adolescents are so impelling that legal barriers and deference to parental involvement should not stand in the way of needed health care. ■

Reaffirmed 1/93

AAP NEWS April 1989

American Academy of Pediatrics

acog statement of policy

AS ISSUED BY THE EXECUTIVE BOARD OF ACOG

Confidentiality in Adolescent Health Care

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This statement was approved as policy by the following organizations in 1988:

- *The American Academy of Family Physicians*
- *The American Academy of Pediatrics*
- *The American College of Obstetricians and Gynecologists*
- *NAACOG—The Organization for Obstetric, Gynecologic, and Neonatal Nurses*
- *The National Medical Association*

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
409 12th STREET, SW • WASHINGTON, DC 20024-2188 • (202) 638-5577

Council Report

Confidential Health Services for Adolescents

Council on Scientific Affairs, American Medical Association

DURING the past 20 years rates of suicide,[1] illicit drug use,[2] sexually transmissible diseases (STDs),[3] and births to single mothers[4] have increased dramatically among adolescents. The changing nature of adolescent morbidity and mortality makes it critical that they receive medical care on a timely basis, and that barriers to care are removed.[5] One such barrier for many adolescents is their concern about whether sensitive information shared in private with their physician will remain confidential.

See also p 1404.

This report reviews adolescents' need for confidential health services and support by physicians and organized medicine for confidential care. Examined are two major barriers to confidential medical care: the prerogative to provide informed consent for medical treatment and payment for health services. The report describes how physicians can balance parental involvement and adolescents' needs for privacy in health care decisions and strategies to allay parental concerns and help them view the need for confidentiality as a normal part of human development. Policy recommendations for confidential care for adolescents are included at the end of the report.

ADOLESCENTS' NEED FOR CONFIDENTIAL HEALTH SERVICES

A major developmental task of adolescence is learning how to make appropriate decisions about education, employment, social relationships, and health behaviors. Physicians can help adolescents to incrementally assume greater responsibility for health behaviors and decisions by providing a context in which the adolescent may candidly discuss concerns, worries, and health-risk behaviors.

Privacy is essential to process. Confidentiality refers to the privileged and private nature of information provided during the health care transaction. It is generally acknowledged to be a cornerstone of the physician-patient relationship and "essential to a patient's trust in a health care provider and to a patient's willingness to supply information candidly for his or her benefit."[6] Exceptions to confidentiality include information required by third parties for billing purposes or when the law requires disclosure (eg, a threat to inflict bodily harm, cases of communicable diseases, gun shot and knife wounds, or child abuse).[7,8(p61)]

Uncertainty about whether health services will be confidential is perceived by both physicians and adolescents as a factor that may lead some adolescents to suppress relevant information or delay or avoid medical visits.[9] Lack of candor makes it harder for the physician to identify and provide appropriate treatment for the adolescent's medical problems. The delay or failure to seek necessary care may result in more serious short- or long-term complications.

Adolescents are more likely to seek necessary medical treatment, particularly for problems of a sensitive nature, if they can do so without their parents' knowledge. A 1982 survey[10] of 180 suburban New York City adolescents found that if parental knowledge were mandatory, only 45% of adolescents would seek medical services for depression, 19% for birth control, 15% for STDs, and 17% for drug use. If assured that medical treatment would be confidential, an additional 12% indicated that they would seek care for depression, 50% more would seek care for STDs, and 49% more would seek care for drug use. The desire for confidential medical care has led some adolescents to use community clinics or school-based health centers rather than seek health services from their primary

From the Council on Scientific Affairs, American Medical Association, Chicago, Ill.

This report was presented at the 1992 House of Delegates Annual Meeting as Report A of the Council on Scientific Affairs. The recommendations were adopted as amended, and the remainder of the report was filed.

This report is not intended to be construed or to serve as a standard of medical care. Standards of medical care are determined on the basis of all the facts and circumstances involved in an individual case and are subject to change as scientific knowledge and technology advance and patterns of practice evolve. This report reflects the scientific literature as of June 1992.

Reprint requests to the Group on Science and Technology, American Medical Association, 515 N State St, Chicago, IL 60610 (Janet E. Gans, PhD).

The most publicly contested limitation on minors prerogative to consent to care centers on the early termination of pregnancy. At least 38 states require parental consent or notification before a minor may have an elective abortion.[31] These states, however, are required by law to establish a judicial bypass procedure to enable minors to obtain a court order authorizing the termination of pregnancy without first informing their parents.[31] Under precedents established by the Supreme Court, "the Constitution does not recognize any independent interest of the parents in the outcome of the abortion decision. The pregnant minor has a privacy interest which encompasses both independence in decision-making and non-disclosure of intimate information."[31]

The legal need for consent triangulates the adolescent patient–physician relationship by bringing parents or legal guardians into health care decision making. Few would deny that most adolescents would benefit from the advice and counsel of a parent or other adult on important decision affecting their health, and the AMA and several primary care specialty societies support parental involvement, as appropriate.[32] At issue is whether legal requirements that mandate parental involvement have the effect of enhancing parent-adolescent communication or family unity. Proponents of mandatory parental consent, particularly in decisions about adolescent pregnancy, maintain that parents have a right to know and participate in decisions affecting their child's health and well-being.[33] Opponents of these laws maintain that mandatory parental consent can delay or deter adolescents from seeking timely medical care and exacerbate the risks associated with an existing health problem.[32] These laws may endanger adolescents who live in dysfunctional families or who fear hostile or abusive responses from their parents.[32,33]

IMPACT OF MANDATORY PARENTAL CONSENT

Only a handful of studies have examined the impact of mandatory parental consent on adolescents' use of health services. Those studies have focused exclusively on reproductive health services, especially the decision to terminate a pregnancy. Overall, mandatory parental consent does not appear to significantly increase the proportion of adolescents who consult their parents about a pregnancy. For example, in a 1984 study,[34] 65% of adolescents in Minnesota and 62% of adolescents in Wisconsin reported consulting their parents. Minnesota had enacted a mandatory parental consent statute, Wisconsin had not.

Rather than promoting parental involvement, mandatory notification laws appear to have the unintended effect of increasing health risks to the adolescent by delaying the termination of pregnancy or forcing the adolescent into an unwanted birth. After Massachusetts enacted mandatory parental consent statutes in 1981, court proceedings delayed the abortion procedure by an average of 4 to 5 days, with some abortions delayed by nearly 6 weeks.[35] The law had little impact on the number of adolescents who conceived and elected to terminate the pregnancy.[32] However, the number of adolescents leaving the state to terminate a pregnancy climbed steadily in the months following enactment of the law.[36] Of the 477 adolescents in Massachusetts who chose a judicial bypass rather than informing parents, the judge assessed all but nine as mature and authorized them to consent to the procedure. In eight of the nine remaining cases, the judge determined that the abortion was in the minor's best interest. The ninth minor left the state to terminate her pregnancy rather than appeal the decision.[35]

Somewhat similar results were found after Minnesota adopted its parental notification requirement in 1981. The proportion of second-trimester abortions increased 12%; court proceedings delayed the procedure by 1 to 3 weeks.[37] For some adolescents, the length of these delays precluded the termination of the pregnancy.[38] However, the abortion rate and birth rate among 15- to 19-year-olds in Minnesota fell between 1981 and 1983.[39] It is possible that adolescent women took greater precautions to avoid pregnancy after enactment of this law. It is also possible that these trends reflect increased concern about STDs and human immunodeficiency virus infection among adolescents, and/or a greater awareness and availability of birth control following a 20% increase in funding for family planning services in Minnesota during 1980 and 1981.[40] There is little evidence that large numbers of adolescents left Minnesota to terminate a pregnancy in a state without parental notification laws.[34]

Most adolescents (55%)[41] inform parents about their use of reproductive health services, and 61% involve them in decisions about pregnancy.[32,42] Mandatory parental consent and notification laws are unlikely to convince adolescents who choose not to inform parents about these visits to do so. Forty-five percent of unmarried adolescent females attending Planned Parenthood clinics in 10 states reported that they had not informed their parents about the clinic visit. Of these, 80% reported that they would not seek clinic care if their parents had to be told, but fewer than one in 100 said that they would discontinue sexual relations.[41]

In sum, while the intent of mandatory parental consent laws is to enhance family unity, improve parent-child communication, protect adolescents from making deleterious decisions, and reduce abortions, there is limited evidence that the law has these effects. A majority of adolescents who want an abortion consult their parents regardless of statutes mandating consent or notification. The vast majority who elect judicial bypass rather than consult parents are granted authorization to make the decision about the course of the pregnancy. These laws tend to increase the health risks to the adolescent by delaying medical care. It is unclear whether these findings also characterize the use of medical services for other problems, such as the treatment of drug abuse or mental disorders.

PAYMENT AS A BARRIER TO CONFIDENTIAL HEALTH SERVICES FOR ADOLESCENTS

Confidential health care for adolescents may be compromised ultimately by the economic realities of medical treatment. Adolescents who rely on their parents' private insurance need to recognize that the insurance claim sent to parents will list the services provided, thereby compromising confidentiality. Adolescents living in families receiving Medicaid are also likely to have difficulty obtaining confidential care. Most adolescents cannot enroll in Medicaid without the family's involvement because applicants must provide financial information in order to determine eligibility. In many states the adolescent must show the family's Medicaid card or a Medicaid sticker in order to use the coverage, and these must be obtained through the parent.[25] Some states send parents who receive Medicaid a monthly itemized list of services provided to family members. Although this is meant to deter fraud, it may also prevent some adolescents from seeking needed medical care.[43]

State statutes allowing minors to consent to medical treatment typically hold the adolescent rather than the parent liable for payment.[21,29] Exceptions include emergency treatment or treatment given under court order. However, few adolescents can afford to pay for their own medical care,[44] and few physicians can provide subsidized care on a regular basis.

Health maintenance organizations and some prepaid health plans may be better able to offer confidential services to adolescents because care is provided

confidential care for adolescents. *J Pediatr*. 1985; 106:517-521.
14. Harvey LK, Shubat SC. *Physician Opinion on Health Care Issues: 1987*. Chicago, Ill: American Medical Association; 1987.
15. Novack D, Detering B, Arnold R, Farrow L, Ladinsky M, Pezzullo JC. Physicians' attitudes toward using deception to resolve difficult ethical problems. *JAMA*. 1989;261:2980-2985.
16. Resnick MD, Litman TJ, Blum WR. Physician attitudes toward confidentiality of treatment for adolescence: findings from the Upper Midwest Regional Physician Survey. *J Adolesc Health*. 1992; 13;616-622.
17. House of Delegates. *Family Planning*. Chicago, Ill: American Medical Association; June 1971. Report 82.
18. House of Delegates. *Opposition to HHS Regulations on Contraceptive Services to Minors*. Chicago, Ill: American Medical Association; December 1988. Resolution 65.
19. Council on Ethical and Judicial Affairs, American Medical Association. Mandatory parental consent to abortion. *JAMA*. 1993;269:82-86.
20. American College of Obstetricians and Gynecologists. *ACOG Statement of Policy: Confidentiality in Adolescent Health Care*. Washington, DC: American College of Obstetricians and Gynecologists; 1988.
21. American Medical Association National Coalition on Adolescent Health; Gans J, ed. *Policy Compendium on Confidential Health Services for Adolescents*. Chicago, Ill: American Medical Association; 1993.
22. English A. Legal and ethical concerns. In: McAnarney ER, Kreipe R, Orr DP, Comerci GD, eds. *Textbook of Adolescent Medicine*. Philadelphia, Pa: WB Saunders Co; 1992.
23. Neinstein LS. *Adolescent Health Care: A Practical Guide*. 2nd ed. Baltimore, Md: Urban & Schwarzenberg; 1991.
24. English A. Ensuring access to health care for teenagers: legal and ethical issues concerning consent and confidentiality. *Youth Law News*. 1985;4-5:22-24.
25. Morrissey JM, Hofmann AD, Thorpe JC. *Consent and Confidentiality in the Health Care of Children and Adolescents: A Legal Guide*. New York, NY: Free Press; 1986.
26. Gittler J, Quigley-Rick M, Saks MJ. *Adolescent Health Care Decision-Making: The Law and Public Policy*. New York, NY: Carnegie Corp; 1990.
27. English A. Treating adolescents: legal and ethical consideration. *Med Clin North Am*. 1990;74: 1097-1112.
28. Center for Substance Abuse Prevention. *Legal Issues for Alcohol and Other Drug Use Prevention and Treatment Programs Serving High-Risk Youth*. Washington, DC: Center for Substance Abuse Prevention; 1990. Publication ADM 90-1674.
29. Holder AR. Disclosure and consent problems in pediatrics. *Law Med Health Care*. 1988;16:219-228.
30. Holder AR. Minors' rights to consent to medical care. *JAMA*. 1987;257:3400-3402.
31. Crosby MC, English A. Mandatory parental involvement/judicial bypass laws: do they promote adolescents' health? *J Adolesc Health Care*. 1991; 12:143-147.
32. Donovan P. *Our Daughters' Decisions: The Conflict in State Law on Abortion and Other Issues*. New York, NY: The Alan Guttmacher Institute; 1992.
33. Henshaw SK, Kost K. Parental involvement in minors' abortion decisions. *Fam Plann Perspect*. 1992;24:197-207, 212.
34. Blum RW, Resnick MD, Stark TA. The impact of parental notification law on adolescent abortion decision-making. *Am J Public Health*. 1987;77:619-620.
35. Yates S, Pliner AJ. Judging maturity in the courts: the Massachusetts consent statute. *Am J Public Health*. 1988;78:646-649.
36. Cartoof VG, Klerman LV. Parental consent for abortion: impact of the Massachusetts law. *Am J Public Health*. 1986;76:397-400.
37. Gold RB. *Abortion and Women's Health: A Turning Point for America?* New York, NY: The Alan Guttmacher Institute; 1990.
38. Greenberger MD, Connor K. Parental notice and consent for abortion: out of step with family law principles and policies. *Fam Plann Perspect*. 1991; 23:31-35.
39. Rogers JL, Boruch RF, Stoms GB, DeMoya D. Impact of the Minnesota parental notification law on abortion and birth. *Am J Public Health*. 1991; 81:294-298.
40. The Alan Guttmacher Institute. Teenage abortions fell after Minnesota imposed parental notification law. *Fam Plann Perspect*. 1991;23:240.
41. Torres A. Does your mother know? *Fam Plann Perspect*. 1978;10:280-282.
42. Zabin LS, Hirsch MB, Emerson MR, Raymond E. To whom do inner-city minors talk about their pregnancies? adolescents' communication with parents and parent surrogates. *Fam Plann Perspect*. 1992;24:148-154, 178.
43. English A, Tereszkiewicz L. *School-Based Health Clinics: Legal Issues*. San Francisco, Calif: National Center for Youth Law; 1988.
44. Fisher M, Marks A, Trieller K, et al. Are adolescents able and willing to pay the fee for confidential health care? *J Pediatr*. 1985;107:480-483.
45. King N, Cross AW. Children as decision-makers: guidelines for pediatricians. *J Pediatr*. 1989; 116:10-16.
46. Silber TJ. Justified paternalism in adolescent health care: cases of anorexia nervosa and substance abuse. *J Adolesc Health*. 1989;10:449-453.

APHA Public Policy Statements:
Table of Contents

The first two digits of the numbering system indicate the year that a resolution was adopted, i.e., Resolution 6803 was adopted in 1968.

References:

1. Alan Guttmacher Institute: Making Choices. Evaluating the Health Risks and Benefits of Birth Control Methods. New York: AGI, 1983.
2. Koop CE: Testimony in hearings on "Condom Advertising and AIDS" before the US House of Representatives Subcommittee on Health and the Environment, February 10, 1987.
3. Center for Population Options: The Status of Contraceptive Product Advertising in the US. Washington, DC: GPO, November 1986.
4. Planned Parenthood Federation of America: Attitudes about Television, Sex and Contraceptive Advertising. New York: PPFA, March 1987.

9001: Adolescent Access to Comprehensive, Confidential Reproductive Health Care

The American Public Health Association,

Noting that adolescents tend not to seek contraception or reproductive health care until after they have initiated sexual intercourse;[1] and

Noting that sexually active and/or pregnant adolescents need informed, professional counseling and health care regardless of whether they wish to prevent, continue, or terminate a pregnancy; and

Understanding that while parental involvement in minors' decisions may be very helpful, it can also be punitive, coercive and/or abusive;[2] and

Noting that physicians and other health care professionals have the obligation to provide care that is in the best interest of that patient; and

Emphasizing that the threat of compelled parental notification is a strong disincentive to an adolescent's seeking professional reproductive health care or advice;[3,4] and

Noting that parental involvement laws, whether notification or consent, for adolescent reproductive health care (including contraception, prenatal care, delivery services, postpartum care, or abortion), do not appreciably discourage adolescent sexual activity;[3,4] and

Further noting that adolescents are particularly vulnerable to misinformation, scare tactics, and other propaganda; and

Noting that safe abortion is a component of comprehensive reproductive health care; therefore

1. Urges that public policies and laws concerning adolescent access to reproductive health care, adolescent pregnancy and pregnancy outcome be designed for the primary purposes of preventing unintended pregnancy and providing sensitive, competent, professional health care to all adolescents;

2. Urges that such policies reflect the reality of adolescent sexual activity and take into consideration the demonstrably negative effect of compelled parental involvement on some adolescents' contraceptive behavior;

3. Urges that adequate and proper care for pregnant adolescents includes encouragement to involve a mature adult in decision-making about pregnancy outcome, provided that such involvement is not dictated or compelled;

4. Urges that services for pregnant adolescents include access to safe, legal, and confidential abortion counseling and services, as well as access to affordable, confidential prenatal and postpartum care and contraceptive services; and

5. Urges that a national policy on reproductive health care for adolescents include:

a) Comprehensive health and sexuality education in schools extending from kindergarten through high school;

b) Confidential health services tailored to the needs of adolescents, including sexually active adolescents, adolescents considering sexual intercourse, and those seeking information, counseling, or services related to preventing, continuing, or terminating a pregnancy;

c) Public policies that encourage sexually active and pregnant adolescents to seek professional health care. These policies can encourage mature adult involvement (including parental involvement) but should in no way dictate or compel the specific involvement of parents or guardians in adolescent decisions regarding their reproductive health.

References:

1. Zabin LS, Clark SD: Institutional factors affecting teenagers' choice and reasons for delay in attending a family planning clinic. Fam Plann Perspect 1983;15:25-29.
2. Donovan P: Judging teenagers: How minors fare when they seek court-authorized abortions. Fam Plann Perspect 1983;42:79-83.
3. Cartoof VG, Klerman LV: Parental consent for abortion: Impact of the Massachusetts law. Am J Public Health 1986;75:397-400.
4. Torres A, Forrest J, Eisman S: Telling parents: Clinic policies and adolescents' use of family planning and abortion services. Fam Plann Perspect 1980;12:284-292.

Many states explicitly authorize an unmarried minor to make decisions about medi

State	Age of Majority	Contraceptive services	Prenatal Care	STD-HIV/AIDS services	Treatment for alcohol and/or drug abuse	Outpatient mental health services	General medical care	Abortion services[1]
Alabama	19	NL	MC	MC[2,3,4]	MC	MC	MC[5]	PC
Alaska	18	MC	MC	MC	NL	NL	MC[7]	NL
Arizona	18	NL	NL	MC	MC[2]	NL	NL	NL
Arkansas	18	MC	MC[9]	MC	NL	NL	MC[10]	PN[11]
California	18	MC	MC[9]	MC[2,13]	MC[2,4]	MC[2]	NL	NL
Colorado	18	MC	NL	MC[13]	MC	MC[4,13]	NL	NL
Connecticut	18	NL	NL	MC[13]	MC	MC	NL	MC
Delaware	18	MC[2,4]	MC[2,4,9,10]	MC[2,4,13]	MC[4]	NL	NL	PN[16]
Dist. Columbia	18	MC	MC	MC	MC	MC	NL	MC
Florida	18	MC[18]	MC[10]	MC[3]	MC	MC[19]	NL	NL
Georgia	18	MC	MC[9]	MC[3,4]	MC[4]	NL	NL	PN
Hawaii	18	MC[4,20]	MC[4,9,20]	MC[4,20]	MC[4]	NL	NL	NL
Idaho	18	MC	NL	MC[3,20]	MC	NL	MC	NL[21]
Illinois	18	MC[18]	MC[10]	MC[2,3]	MC[2]	MC[2,4]	MC[10,22]	NL[23]
Indiana	18	NL	NL	MC	MC	NL	NL	PC
Iowa	18	NL	NL	MC[13,24]	MC	NL	NL	NL
Kansas	18	NL	MC[10,25]	MC[4]	MC	NL	MC[6,10,23]	PN
Kentucky	18	MC[4]	MC[4,9]	MC[3,4]	MC[4]	MC[4,6]	MC[4,7,10]	PC
Louisiana	18	NL	NL	MC[4]	MC[4]	NL	MC[4,13]	PC
Maine	18	MC[18]	NL	MC[4]	MC[4]	MC[4]	NL	MC[29]
Maryland	18	MC[4]	MC[4]	MC[4]	MC[4]	MC[4,6]	MC[4,7]	PN[30]
Massachusetts	18	NL	MC[9]	MC	MC[2]	MC[6]	MC[7,10,22]	PC[11]
Michigan	18	NL	MC[4]	MC[4,13]	MC[4]	MC[20]	NL	PC
Minnesota	18	NL	MC[4]	MC[4]	MC[4]	NL	MC[7]	PN[11]
Mississippi	21[31]	MC	MC[10]	MC[3]	MC[4,13]	NL[31]	MC[31]	PC[11]
Missouri	18	NL	MC[4,9,10]	MC[4,10]	MC[4,10]	NL	MC[7,10]	PC
Montana	18	MC[4]	MC[4,10]	MC[4,10,13]	MC[4,10]	MC[6]	MC[4,7,10]	NL
Nebraska	19	NL	NL	MC	MC	NL	NL	PN
Nevada	18	NL	NL	MC[3]	MC	NL	MC	NL
New Hampshire	18	NL	NL	MC[20]	MC[2]	NL	MC	NL
New Jersey	18	NL	MC[4,10]	MC[4,10]	MC[4]	NL	MC[4,7,10,22]	NL
New Mexico	18	MC	NL	MC[13]	MC	MC	NL	NL
New York	18	MC	MC	MC[13]	MC	MC	MC[7]	NL
North Carolina	18	MC	MC[9]	MC[3]	MC	MC	NL	PC[11]
North Dakota	18	NL	NL	MC[20]	MC[20]	NL	NL	PC[11]
Ohio	18	NL	NL	MC[13]	MC	MC[20]	NL	PN[34]
Oklahoma	18	MC[4,35]	MC[4,9]	MC[3,4]	MC[4]	NL	MC[4,7,10]	NL
Oregon	18	MC[4]	NL	MC[3,10]	MC[4,20]	MC[20]	MC[4,10,15]	NL
Pennsylvania	21	NL	MC	MC[3]	MC[4]	NL	MC[13,36]	PC
Rhode Island	18	NL	NL	MC[13]	MC	NL	NL	PC
South Carolina	18	NL[37]	NL[37]	NL[37]	NL[37]	NL[37]	MC[37]	PC[33]
South Dakota	18	NL	NL	MC	MC	NL	NL	NL
Tennessee	18	MC	MC	MC[3]	MC	MC[6]	NL	PC
Texas	18	NL	MC[4,9,10]	MC[3,4,10]	MC[4]	MC	NL	NL
Utah	18	NL	MC	MC	NL	NL	NL	PN[11,39]
Vermont	18	NL	NL	MC[2,3]	MC[2]	NL	NL	NL
Virginia	18	MC	MC	MC[3]	MC	MC	NL	NL
Washington	18	NL	NL	MC[3,20]	MC[20]	MC[19]	NL	NL
West Virginia	18	NL	NL	MC	MC	NL	NL	PN[41]
Wisconsin	18	NL	NL	MC	MC[2]	NL	NL	PC[33]
Wyoming	18	MC	NL	MC[3]	NL	NL	NL	PC
Total* explicitly allowing minor to consent or decide		24	28	50	46	22	22	3
Total* specifically requiring parental consent or notice		0	0	0	0	0	0	26
Total* with no specific law or not applicable		27	23	1	5	29	29	22

*Includes District of Columbia NL-No law found MC-Minor authorized to consent or decide PC-Parental consent explicitly required PN-Parental notice

In America

BOB HERBERT

Blinders On Birth Control

To get a sense of why it is so tough for Bob Dole and the Republicans to catch up to Bill Clinton despite the President's daily dose of public humiliation, consider a legislative amendment that is about to be offered by Representative Ernest Istook, a Republican from Oklahoma.

Mr. Istook's proposal, part of an overall right-wing effort to cripple the national family-planning program, would require minors to get their parents' consent for all federally supported services related to reproductive health, including birth control and the treatment of sexually transmitted diseases.

Anyone remotely in touch with the real world knows that there are many teen-agers who feel they cannot under any circumstances let their parents know they are sexually active. Impose a parental requirement on them for birth control services and a certain number will simply stop using birth control. Perhaps Mr. Istook's amendment is being offered in the interest of efficiency.

> Istook's proposal would foster disease, not abstinence.

With a single piece of legislation we can increase both the number of illegitimate births and the demand for abortion. Call it Istook's parlay.

Mr. Istook, of course, feels differently. When I asked the staunchly anti-abortion Congressman if he was concerned that his proposal (an amendment to an appropriations bill) might result in additional abortions, he said no. He said there would be fewer abortions because teen-agers, faced with reduced access to birth control, would reduce their sexual activity.

Mr. Istook seems not to have taken into consideration the fact that teen-agers by definition are riding the hectic currents of spiraling emotions and hyperactive hormones. And they are bombarded constantly by messages. All day they are told, from within and without, do it, do it, do it. That scenario cannot be changed by withholding birth control or treatment for diseases. Deny teen-agers protective services and they will not indulge less, they will simply indulge less responsibly.

Neither Mr. Istook nor his spokeswoman, Kristy Khachigian, showed any awareness of the potentially tragic implications of the Congressman's proposed amendment.

I asked Ms. Khachigian what she thought would happen if a teen-ager went without treatment for a sexually transmitted disease.

She said, "Because they don't want their parents to know?"

I said yes.

She said, "I think their parents would eventually be finding out anyway. I mean, one way or another."

Congressman Istook compressed his view of reproductive services for teen-agers into a quip: "If mama says no, Uncle Sam should not wink and say yes."

This is the kind of policy-making that frightens people. At some point Mr. Istook's amendment would apply, say, to a 15-year-old girl who finds she has gonorrhea. If she somehow cannot bring herself to tell her mom or her dad — well, too bad.

According to the Centers for Disease Control, three million new cases of sexually transmitted disease are diagnosed in adolescents each year. One in every five American youngsters is infected with some form of sexually transmitted disease before the age of 21.

Whatever one's views on abortion or sexuality, it is irresponsible, destructive and cruel to put unnecessary barriers between an infected individual and swift, effective treatment of the disease.

Mr. Istook's amendment is an inevitable component of the anti-woman, anti-sex zealotry of the far right. It is not a step toward responsibility, it's a step back toward a medieval America in which women were rigidly controlled, sexuality was drenched in shame, and young people were kept tragically ignorant of the joys and responsibilities of sex properly explored.

"I can appreciate the fact that people will be against abortion on moral grounds," said Kate Michelman, president of the National Abortion and Reproductive Rights Action League. "But this goes beyond abortion. This is an extremist measure that will end up turning kids away from health care that ultimately might save their lives."

There are ways to promote abstinence among those too young to engage in sex responsibly. Passing laws that endanger the physical health and emotional well-being of those youngsters is not one of them. □

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET

ROUTE SLIP

TO: Distribution

Take Necessary Action	____
Approval or Signature	____
Comment	____
Prepare Reply	____
Discuss With Me	____
For Your Information	✓
See Remarks Below	____

Re: Reproductive Choice Riders on Approps Bills

FROM: NANCY-ANN MIN DATE: July 11, 1996

REMARKS:

- Attached is a concise outline of the various riders we're tracking — so far — and the positions the Administration has taken, by bill.
- I'll update on a weekly basis and circulate. Let me know if you have questions.

July 12, 1996
ABORTION.WPD
BRB:ABW

Abortion-Related Provisions in FY 1997 Appropriations Bills

Commerce/Justice/State

Status:

- House Subcommittee marked up the bill 7/9. House Full Committee reported the bill on 7/11. House Rules Committee to consider the bill 7/16. House Floor action expected 7/17 and 7/18.

Provisions:

- *Abortions for Federal Prisoners:*
  - House. Like last year, the Subcommittee bill would prohibit funding for abortions for Federal prisoners, except in the case of rape or when the life of the mother is endangered. This position was enacted in FY 1996 OCRA bill. *(Position: A 7/11 letter to the Full Committee stated opposition on the basis that Justice believes the provision is unconstitutional.)*
  - Senate.

Overall Position on Bill:

- Letter to House Full Committee states that Administration "strongly objects" to unacceptable reductions to law enforcement, research and technology, international affairs, legal services, and other programs. SAP to House Rules Committee is under development.

District of Columbia

Status:

- House Subcommittee mark-up scheduled for 7/12. House Full Committee mark-up scheduled for 7/16.

Foreign Operations

Status:

- Senate Full Committee reported the bill 6/27. Senate Floor action expected 7/16.

Provisions:

- *"Mexico City" Language:*

  - House. The bill reported by the House Subcommittee and Committee and passed by the House contains the controversial "Mexico City" language limiting organizations that fail to meet certain requirements (no financing of abortions or abortion lobbying) from receiving more than 50 percent of the FY 1995 funding level. *(Position: letter to Senate evaluating House-passed bill contains senior advisers veto threat over language.)*

  - Senate. The Senate Subcommittee and Committee bill does not contain the "Mexico City" language and would establish a separate population account to be funded at $410 million. *(Position: "substantial improvement" over House-passed bill.)*

Overall Position on Bill:

- The Administration conveyed a senior advisers veto threat on the version of the bill reported by the House Subcommittee and Committee and passed by the House due to international population control language. Senate Floor SAP sent 7/11: the Administration is "deeply concerned" about several aspects of the Senate Subcommittee and Committee version of the bill, but recognizes improvement due to absence of unwarranted limits on assistance to population programs abroad and partial restoration of funding for a number of other assistance programs.

Labor/HHS/Education

Status:

- o House Full Committee approved the bill 6/25. House Rules Committee approved the rule 7/10. House passed the bill 7/11.

Provisions:

- o *Use of Federal Funds for Embryo Research*

  - House. Lowey amendement defeated (167-256) during House Floor action that would have struck the ban on Federal funding for embryo research in instances where the embryo was not specifically created for the research. A Dickey/Wicker amendment was adopted in Committee (25-20) that would prohibit funding for the creation of human embryos for research purposes or research in which human embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero. This provision is identical to the one contained in the FY 1996 OCRA bill Lowey amendment adopted in Subcommittee (9-4) would permit early stage embryo research but would still prohibit the creation of embryos for research. *(Position: no position taken.)*

  - Senate.

- o *Family Planning*:

  - House. The Subcommittee and Committee bill would fund Title X Family Planning grants at $5 million below the request ($198 million). No information is yet available on House-passed bill funding of Title X. During House Floor action, an Obey substitute to the Istook family planning amendment was adopted (232-193). The Obey language states that a family planning entity would have to certify that it encouraged family participation in family planning decisions made by minors as a condition of receiving Title X money. This is similar to language in existing regulations, except that it requires "certification." The Istook language as modified by Obey was adopted (421-0).

A Porter substitute amendment was adopted (29-21) during Committee action that would codify existing regulations for the Title X family planning program (with regard to the sliding fee scale for services) and would require the Secretary of Health and Human Services to submit one national evaluation of the program. In adopting the Porter amendment, the Committee defeated a Livingston amendment that would have required individuals making more than 150 percent of the poverty level to pay the full amount for any family planning service. *(Position: Administration urges full funding for Title X.)*

- Senate.

o *Hyde-Amendment Language*:

- House. The bill contains modified Hyde amendment language that has been enacted for the past two years, which prohibits the use of Medicaid funding for abortions except in cases of rape, incest, or when the life of the mother is endangered. Position ?

- Senate.

Overall Position on Bill:

o House Floor SAP sent 7/10 contains a senior advisers veto threat due to inadequate discretionary funding level and reductions proposed by Committee.

Treasury/Postal Service/General Government

Status:

o House Full Committee reported the bill 6/27. House Rules Committee approved an open rule 7/11. House Floor action expected 7/16 and 7/17.

Provisions:

o *Federal Health Benefits*:

- House. The Subcommittee and Committee bill includes the provision in current law that prohibits health plans that participate in the Federal Employees' Health Benefits Program from providing

coverage for abortions except in the case of rape, incest, or when the life of the mother is in danger. A Hoyer amendment that would have deleted the provision from the bill was defeated (16 to 22) during Committee action. *(Position: Administration "strongly opposes" provision.)*

- Senate.

Overall Position on Bill:

o In pending House Floor SAP, Administration "strongly opposes" certain provisions of the Committee bill, including the reduction to the IRS request and restrictions on FEHBP coverage for abortions.

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET

ROUTE SLIP

TO: Distribution

Take Necessary Action	____
Approval or Signature	____
Comment	____
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CLOSE HOLD

February 29, 1996

MEMORANDUM FOR CAROL RASCO
GEORGE STEPHANOPOULOS
MELANNE VERVEER
MARTHA FOLEY
BARBARA CHOW

FROM: Nancy-Ann Min NEM

RE: Treatment of Abortion-Related Provisions in FY 1997 Budget: Quick Decision Needed

---

The time has come to decide how to handle abortion-related provisions in the FY 1997 budget. This year, this complicated issue is further complicated by the fact that three of the six bills that have contained abortion language in the past have not yet been enacted. In most cases, where there is not an enacted bill, there is language in one or more of the continuing resolutions that imposes limitations on the use of funds for abortions.

I have attached at Tabs A-F suggested language or footnotes to be included in the Budget Appendix. What follows is an explanation of each of the provisions, how it differs from the language we included in the FY 1996 budget, and how it is likely to be perceived.

Tab A: Labor, HHS, Education Appropriations

"Hyde" restriction on use of Medicaid funds--The FY 1994 and 1995 enacted appropriations bills allowed Medicaid funding of abortions in cases of life endangerment and rape or incest. In our FY 1996 budget, we proposed to delete this provision, but included a footnote saying "The Administration will work with the Congress to address this issue in the context of health care reform." This was our way of signalling that we still would like to go further (i.e., expand Medicaid funding of abortions).

For the FY 1997 budget, we could either (1) propose the FY 1995 enacted language (with the rape and incest and life endangerment restrictions), or (2) we could propose nothing but include a footnote saying "The Administration will work with the Congress to address the issue of abortion funding." I suggest the latter approach--as shown in Tab A. If we followed option 1--say nothing--I think it could be seen as implying that we are pushing for no

restrictions at all (i.e., we advocate that Medicaid should pay for totally elective abortions). In contrast, option 1 with a footnote signals that we are amenable to rape or incest and life endangerment, but also signals to the choice community that we are still willing to try to expand (e.g., to serious adverse health consequences).

Embryo research--Section 128 of the 9th Continuing Resolution prohibited the use of Federal funds to create human embryos for research, and imposed the same standards on embryo research that are applied to fetal research. The scientific community does not like this, but it has little if any effect: the President had already directed NIH not to use its funds to create human embryos for research, and it is not funding any other embryo research anyway.

I recommend that we delete the provision, with a footnote saying "The Administration does not support addressing this issue in legislation."

Secretary Shalala agrees with both of these recommendations.

Tab B: District of Columbia Appropriations

The FY 1995 enacted appropriations bill included a provision prohibiting the use of Federal funds for abortions except in cases of rape or incest or life endangerment. For FY 1996, consistent with the Labor, HHS bill, we proposed this section for deletion in the General Provisions, with a footnote saying "The Administration will work with the Congress to address this issue in the context of health care reform."

The 6th Continuing Resolution included a full-year provision prohibiting the use of both Federal and local funds for abortions except in cases of rape or incest or life endangerment. As Tab B indicates, I would recommend proposing this language for deletion (as shown by the brackets), with a footnote saying "The Administration will work with the Congress to address the issue of abortion funding." I believe should be perceived as saying "We don't like this restriction, but we know we may have to accept something"--the "something" being that we could accept going back to the FY 1995 enacted language. (Alternatively, we could just propose the FY 1995 language).

Tab C: Foreign Operations Appropriations

"Mexico City" Policy--The Foreign Ops bill has always contained a number of restrictions on the use of funds for abortion, family planning, etc. In the FY 1996 budget, we proposed language that makes clear that U.S. funds cannot be used to pay for abortions, and that U.S. funds cannot be made available to any organizations that support coercive abortion or sterilization. The enacted bill

adopted the House language reinstating the so-called "Mexico City" policy, which denies all family planning funding to overseas organizations if they perform abortions or lobby on abortion, even if they use private funds for these activities.

For the FY 1997 budget, State (Wendy Sherman) recommends that we delete this language, returning instead to the language we proposed in the FY 1996 budget. Tab C shows how this would look. I believe this would be viewed as consistent with our position all along that we should support family planning abroad, but not use U.S. funds to perform abortions, or to support organizations that perform or support coercive abortion.

Peace Corps: In the FY 1996 budget, the Peace Corps recommended we not tinker with the prohibition on the use of Peace Corps funds to perform abortions. For FY 1997, they have recommended again that we accept this restriction.

Tab D: Treasury, Postal Appropriations

For FYs 1994 and 1995, the Congress enacted Treasury, Postal bills without any restrictions on the use of FEHB funds for abortion. Thus, for FY 1996, we proposed no language here. The FY 1996 enacted bill, however, picked up the "Hyde" language from the House bill, prohibiting the use of FEHB funds to pay for abortions except in cases of life endangerment or rape or incest.

For FY 1997, I suggest we propose this language for deletion. I have also added the footnote saying "The Administration will work with the Congress to address the issue of abortion funding", but I am not sure it is necessary.

Tab E: Defense Appropriations

The FY 1995 DOD appropriations bill contained no abortion restrictions, so the FY 1996 budget did not propose any language. The FY 1996 enacted bill, however, imposed restrictions on the ability of military women to obtain abortions at DOD facilities, even if they use their own funds, except in cases of rape or incest or life endangerment.

I would propose that we bracket this language for deletion, as Tab E illustrates. This is consistent with the President's statements of concern about military women abroad, for whom obtaining an abortion at a DOD facility may be the only safe option.

Tab F: Commerce, Justice, State Appropriations

The FY 1995 enacted bill did not contain restrictions on abortion, with the exception of a "conscience clause" that made clear that prison guards do not have to assist inmates in obtaining abortions.

We did not propose to change this in the FY 1996 budget. The 9th Continuing Resolution included a provision from the Conference bill that prohibits the use of DOJ funds to pay for an abortion for a female prisoner, except in cases of rape or life endangerment.

For FY 1997, I recommend that we bracket the provision from the 9th CR for deletion, and leave the other two sections (the "conscience clause") alone. Those sections are identical to the language in both the FY 1995 bill and our FY 1995 budget proposal.

* * * * * * * * *

I will try to call each of you to get your reactions to this, but please call me right away if you see something with which you strongly disagree. This needs to be settled by this weekend in order to meet printing deadlines. Thanks.

cc: Barry Clendenin
Nani Coloretti
Greg White

TAB A

Labor / HHS / Education
Proposed FY 1997 President's Budget Language

(Based on FY 1997 L/HHS/Ed Galleys, includes language from 9th Continuing Resolution, and FY 1995 Enacted Appropriations Language)

LAB APPENDIX Part 1 J. 170–001
LAB.025

S3616

TITLE V—GENERAL PROVISIONS 1,3

SEC. 501. No part of the funds appropriated under this Act shall be used to provide a loan, guarantee of a loan, a grant, the salary of or any remuneration whatever to any individual applying for admission, attending, employed by, teaching at, or doing research at an institution of higher education who has engaged in conduct on or after August 1, 1969, which involves the use of (or the assistance to others in the use of) force or the threat of force or the seizure of property under the control of an institution of higher education, to require or prevent the availability of certain curricula, or to prevent the faculty, administrative officials, or students in such institution from engaging in their duties or pursuing their studies at such institution.

SEC. 502. The Secretaries of Labor, Health and Human Services, and Education are authorized to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations provided in this Act: Provided, That such transferred balances are used for the same purpose, and for the same periods of time, for which they were originally appropriated.

(. . .)

Labor / HHS / Education
Proposed FY 1997 President's Budget Language

(Based on FY 1997 L/HHS/Ed Galleys, includes language from 9th Continuing Resolution, and FY 1995 Enacted Appropriations Language)

SEC. 509. None of the funds appropriated or otherwise made available under this Act may be obligated in violation of existing Federal law or regulation already prohibiting such benefit or assistance. None of the funds appropriated under this Act may be used by any Federal official, or any State or local official, to induce undocumented immigrants to apply for Federal benefits for which such officials know or should know such undocumented immigrants are not eligible. In no case, however, shall Federal, State, or local officials be penalized for efforts to ensure that eligible persons are not excluded from participation in, denied the benefits of, or subjected to discrimination by any program receiving funds under this Act, on the grounds of race, color, or national origin-based traits, including language. Each State agency and each other entity administering a program under which verification of immigration status is required by section 121 of the Immigration Reform and Control Act of 1986 shall participate in the system for the verification of such status established by the Commissioner of the Immigration and Naturalization Service pursuant to section 121(c) of the Act, unless an alternative system is available and employed for such purposes which is found to meet the criteria for waiver under section 121(c)(4).

[Sec. 128. None of the funds made available by Public Law 104-91 may be used for--

(1) the creation of a human embryo or embryos for research purposes; or

(2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.208(a)(2) and 42 U.S.C. 289g(b).

For purposes of this section, the phrase "human embryo or embryos" shall include any organism, not protected as a human subject under 45 CFR 46 as of the date of enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes.] *Public Law 104-94* [2]

Labor / HHS / Education
Proposed FY 1997 President's Budget Language

(Based on FY 1997 L/HHS/Ed Galleys, includes language from 9th Continuing Resolution, and FY 1995 Enacted Appropriations Language)

[1] Although a full-year FY 1996 Labor/HHS/Education appropriations bill has not been enacted, certain provisions affecting these agencies were enacted in law as part of various continuing resolutions.

[2] The Administration does not support addressing this issue in legislation.

~~Note~~ 3 The Administration will work with Congress to address the issue of abortion funding.

TAB B

District of Columbia
Proposed FY 1997 President's Budget Language
(Based on C.R. 6 and enacted FY 1995 Appropriations Language)

General Provisions[1]

[Sec. 407. Notwithstanding any other provision of this title of this Act, except section 406, none of the funds appropriated under this title of this Act shall be expended for any abortion except where the life of the mother would be endangered if the fetus were carried to term or where the pregnancy is the result of an act of rape or incest.] *Public Law 104-92*[2]

[2] The Administration will work with the Congress to address the issue of abortion funding.

[1] Although a full-year FY 1996 District of Columbia appropriations bill has not been enacted, certain provisions affecting ~~them~~ the District of Columbia were enacted in law as part of various continuing resolutions.

TAB C

Foreign Operations
Proposed FY 1997 President's Budget Language

INTERNATIONAL ORGANIZATIONS AND PROGRAMS

For necessary expenses to carry out the provisions of section 301 of the Foreign Assistance Act of 1961, and of section 2 of the United Nations Environment Program Participation Act of 1973, ~~$285,000,000~~ $325,000,000: *Provided,* That none of the funds appropriated under this heading shall be made available for the United Nations Fund for Science and Technology: *Provided further,* That funds appropriated under this heading may be made available for the International Atomic Energy Agency only if the Secretary of State determines (and so reports to the Congress) that Israel is not being denied its right to participate in the activities of that Agency: *Provided further,* That none of the funds appropriated under this heading that are made available to the United Nations Population Fund (UNFPA) shall be made available for activities in the People's Republic of China: *Provided further,* That not more than $30,000,000 of the funds appropriated under this heading may be made available to the UNFPA: *Provided further,* That not more than one-half of this amount may be provided to UNFPA before March 1, 1996, and that no later than February 15, 1996, the Secretary of State shall submit a report to the Committees on Appropriations indicating the amount UNFPA is budgeting for the People's Republic of China in 1996: *Provided further,* That any amount UNFPA plans to spend in the People's Republic of China in 1996 above $7,000,000, shall be deducted from the amount of funds provided to UNFPA after March 1, 1996 pursuant to the previous provisos: *Provided further,* That with respect to any funds appropriated under this heading that are made available to UNFPA, UNFPA shall be required to maintain such funds in a separate account and not commingle them with any other funds: *Provided further,* That funds may be made available to the Korean Peninsula Energy Development Organization (KEDO) for administrative expenses and heavy fuel oil costs associated with the Agreed Framework: *Provided further,* That no funds may be provided for KEDO for funding for administrative expenses and heavy fuel oil costs beyond the total amount included for KEDO in the fiscal year 1996 congressional presentation: *Provided further,* That no funds may be made available under this Act to KEDO unless the President determines and certifies in writing to the Committees on Appropriations that (a) in accordance with section 1 of the Agreed Framework, KEDO has designated a Republic of Korea company, corporation or entity for the purpose of negotiating a prime contract to carry out construction of the light water reactors provided for in the Agreed Framework; and (b) the Democratic People's Republic of Korea is maintaining the freeze on its nuclear facilities as required in the Agreed Framework; and (c) the United States is taking steps to assure that progress is made on (1) the North-South dialogue, including efforts to reduce barriers to trade and investment, such as removing restrictions on travel, telecommunications services and financial transactions; and (2) implementation of the January 1, 1992, Joint Declaration on the Denuclearization of the Korean Peninsula: *Provided further,* That a report on the specific efforts with regard to subsections (a), (b) and (c) of the preceding proviso shall be submitted by the President to the Committees on Appropriations six months after the date of enactment of this Act, and every six months thereafter.

leave in IAEA per state s/cap instructions

Delete UNFPA lang.

Foreign Operations
Proposed FY 1997 President's Budget Language

Con. Prov.
Delete all

AUTHORIZATION OF POPULATION PLANNING

SEC. 518A. Notwithstanding section 526 of this Act, none of the funds made available in this Act for population planning activities or other population assistance pursuant to section 104(b) of the Foreign Assistance Act or any other provision of law, or funds made available in title IV of this Act as a contribution to the United Nations Population Fund (UNFPA) may be obligated or expended prior to July 1, 1996, unless such funding is expressly authorized by law: *Provided,* That if such funds are not authorized by law prior to July 1, 1996, funds appropriated in title II of this Act for population planning activities or other population assistance may be made available for obligation and expenditure in an amount not to exceed 65 percent of the total amount appropriated or otherwise made available by Public Law 103–306 and Public Law 104–19 for such activities for fiscal year 1995, and funds appropriated in title IV of this Act as a contribution to the United Nations Population Fund (UNFPA) may be made available for obligation and expenditure in an amount not to exceed 65 percent of the total amount appropriated or otherwise made available by Public Law 103–306 and Public Law 104–19 for a contribution to UNFPA for fiscal year 1995: *Provided further,* That, pursuant to the previous proviso, such funds may be apportioned only on a monthly basis, beginning July 1, 1996 and ending September 30, 1997, and such monthly apportionments may not exceed 6.67 percent of the total available for such activities: *Provided further,* That notwithstanding any other provision of this Act, funds appropriated by this Act for the United Nations Population Fund (UNFPA) shall remain available for obligation until September 30, 1997.

Foreign Operations
Proposed FY 1997 President's Budget Language

AGENCY FOR INTERNATIONAL DEVELOPMENT

Federal Funds

General and special funds:

[FUNCTIONAL] *SUSTAINABLE* DEVELOPMENT ASSISTANCE PROGRAM

[DEVELOPMENT ASSISTANCE FUND]

[For necessary expenses to carry out the provisions of sections 103 through 106 of the Foreign Assistance Act of 1961, $853,000,000, to remain available until September 30, 1996: *Provided*, That of the funds appropriated under this title under the heading "Agency for International Development", (1) not less than $280,000,000 should be made available for activities which have as their objective the reduction of childhood mortality, including such activities as immunization programs, oral rehydration programs, and education programs which address improved nutrition, and water and sanitation programs, (2) not less than $135,000,000 should be made available for basic education programs, and (3) not less than $25,000,000 should be made available for micronutrient programs.]

[POPULATION, DEVELOPMENT ASSISTANCE]

[For necessary expenses to carry out the provisions of section 104(b), $450,000,000, to remain available until September 30, 1996: *Provided*, That none of the funds made available in this Act nor any unobligated balances from prior appropriations may be made available to any organization or program which, as determined by the President of the United States, supports or participates in the management of a program of coercive abortion or involuntary sterilization: *Provided further*, That none of the funds made available under this heading may be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions; and that in order to reduce reliance on abortion in developing nations, funds shall be available only to voluntary family planning projects which offer, either directly or through referral to, or information about access to, a broad range of family planning methods and services: *Provided further*, That in awarding grants for natural family planning under section 104 of the Foreign Assistance Act of 1961 no applicant shall be discriminated against because of such applicant's religious or conscientious commitment to offer only natural family planning; and, additionally, all such applicants shall comply with the requirements of the previous proviso: *Provided further*, That for purposes of this or any other Act authorizing or appropriating funds for foreign operations, export financing, and related programs, the term "motivate", as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options including abortion: *Provided further*, That nothing in this subsection shall be construed to alter any existing statutory prohibitions against abortion under section 104 of the Foreign Assistance Act of 1961: *Provided further*, That of the funds appropriated under this heading, not less than the amount equal to the amount made available for the Office of Population of the Agency for International Development in fiscal year 1994 shall be made available to that office: *Provided further*, That the Administrator of the Agency for International Development may decrease that amount only if he consults with and provides a written justification to the Committees on Appropriations: *Provided further*, That such justification shall be considered in accordance with the regular notification procedures of the Committees on Appropriations

[PRIVATE AND VOLUNTARY ORGANIZATIONS]

[None of the funds appropriated or otherwise made available by this Act for development assistance may be made available to any United States private and voluntary organization, except any cooperative development organization, which obtains less than 20 per centum of its total annual funding for international activities from sources other than the United States Government: *Provided*, That the requirements of the provisions of section 123(g) of the Foreign Assistance Act of 1961 and the provisions on private and voluntary organizations in title II of the "Foreign Assistance and Related Programs Appropriations Act, 1985" (as enacted in Public Law 98–473) shall be superseded by the provisions of this section.]

[INTERNATIONAL FUND FOR IRELAND]

[For necessary expenses to carry out the provisions of part I of the Foreign Assistance Act of 1961, up to $19,600,001, which shall be available for the United States contribution to the International Fund for Ireland and shall be made available in accordance with the provisions of the Anglo-Irish Agreement Support Act of 1986 (Public Law 99–415): *Provided*, That such amount shall be expended at the minimum rate necessary to make timely payment for projects and activities: *Provided further*, That funds made available under this heading shall remain available until expended.]

For necessary expenses to carry out sections 103 through 106 of the Foreign Assistance Act of 1961, $1,300,000,000, to remain available until expended:[*Provided, That none of the funds made available in this or any prior appropriations Act may be made available to any organization or program which, as determined by the President of the United States, supports or participates in the management of a program of coercive abortion or involuntary sterilization: Provided further, That none of the funds made available under this heading to carry out section 104(b) of the Foreign Assistance Act of 1961 may be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions; and that in order to reduce reliance on abortion in developing nations, funds shall be available only to voluntary family planning projects which offer, either directly or through referral to, or information about access to, a broad range of family planning methods and services: Provided further, That in awarding grants for natural family planning under section 104(b), no applicant shall be discriminated against because of such applicant's religious or conscientious commitment to offer only natural family planning; and, additionally, all such applicants shall comply with the requirements of the previous proviso: Provided further, That for purposes of this or any other Act authorizing or appropriating funds for foreign operations, export financing, and related programs, the term "motivate", as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options including abortion: Provided further, That nothing in this paragraph shall be construed to alter any existing statutory prohibitions against abortion contained in section 104 of such Act. (Foreign Operations, Export Financing, and Related Programs Appropriation Act, 1995.)*

AGENCY FOR INTERNATIONAL DEVELOPMENT—Continued

General and special funds—Continued

[FUNCTIONAL] *SUSTAINABLE* DEVELOPMENT ASSISTANCE PROGRAM—Continued

[INTERNATIONAL FUND FOR IRELAND]—Continued

Keep

Foreign Operations
Proposed FY 1997 President's Budget Language

AGENCY FOR INTERNATIONAL DEVELOPMENT

CHILD SURVIVAL AND DISEASE PROGRAMS

Approps. Lang.

Of the funds appropriated in title II of this Act, and under the heading "International Organizations and Programs" in title IV of this Act, not less than $484,000,000 shall be made available for programs for child survival, assistance to combat tropical and other diseases, and related activities: *Provided,* That this amount shall be made available for such activities as (1) immunization programs, (2) oral rehydration programs, (3) health and nutrition programs, and related education programs, which address the needs of mothers and children, (4) water and sanitation programs, (5) assistance for displaced and orphaned children, (6) programs for the prevention, treatment, and control of, and research on, tuberculosis, HIV/AIDS, polio, malaria and other diseases, and (7) a contribution on a grant basis to the United Nations Children's Fund (UNICEF).

delete

DEVELOPMENT ASSISTANCE

(INCLUDING TRANSFER OF FUNDS)

For necessary expenses to carry out the provisions of sections 103 through 106 and chapter 10 of part I of the Foreign Assistance Act of 1961, title V of the International Security and Development Cooperation Act of 1980 (Public Law 96–533) and the provisions of section 401 of the Foreign Assistance Act of 1969, $1,675,000,000, to remain available until September 30, 1997: *Provided,* That of the amount appropriated under this heading, up to $20,000,000 may be made available for the Inter-American Foundation and shall be apportioned directly to that agency: *Provided further,* That of the amount appropriated under this heading, up to $11,500,000 may be made available for the African Development Foundation and shall be apportioned directly to that agency: *Provided further,* That of the funds appropriated under title II of this Act that are administered by the Agency for International Development and made available for family planning assistance, not less than 65 percent shall be made available directly to the agency's central Office of Population and shall be programmed by that office for family planning activities: *Provided further,* That the President

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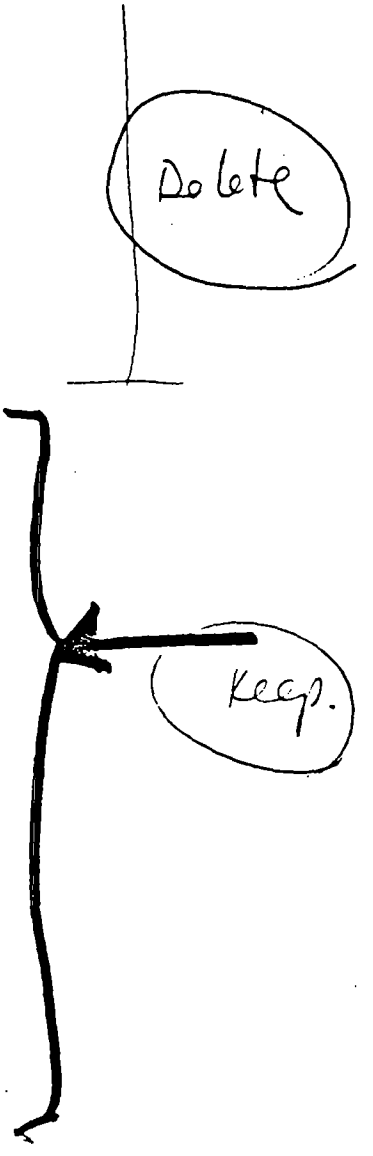
Foreign Operations
Proposed FY 1997 President's Budget Language

shall seek to ensure that funds made available under this heading for sub-Saharan Africa are in substantially the same proportion to the total amount appropriated and made available by this Act for development assistance as the proportion of funds made available for development assistance for sub-Saharan Africa was to the total amount appropriated for development assistance in Public Law 103–306: *Provided further,* That up to $25,000,000 of the funds appropriated under this heading may be made available for necessary expenses to carry out the provisions of section 667 of the Foreign Assistance Act: *Provided further,* That the President shall seek to ensure that the percentage of funds made available under this heading for the activities of private and voluntary organizations and cooperatives is at least equal to the percentage of funds made available pursuant to corresponding authorities in law for the activities of private and voluntary organizations and cooperatives in fiscal year 1995: *Provided further* That none of the funds made available in this Act nor any unobligated balances from prior appropriations may be made available to any organization or program which, as determined by the President of the United States, supports or participates in the management of a program of coercive abortion or involuntary sterilization: *Provided further,* That none of the funds made available under this heading may be used to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions; and that in order to reduce reliance on abortion in developing nations, funds shall be available only to voluntary family planning projects which offer, either directly or through referral to, or information about access to, a broad range of family planning methods and services: *Provided further,* That in awarding grants for natural family planning under section 104 of the Foreign Assistance Act of 1961 no applicant shall be discriminated against because of such applicant's religious or conscientious commitment to offer only natural family planning; and, additionally, all such applicants shall comply with the requirements of the previous proviso: *Provided further,* That for purposes of this or any other Act authorizing or appropriating funds for foreign operations, export financing, and related programs, the term "motivate", as it relates to family planning assistance, shall not be construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options: *Provided further,* That nothing in this paragraph shall be construed to alter any existing statutory prohibitions against abortion under section 104 of the Foreign Assistance Act of 1961: *Provided further,* That, notwithstanding section 109 of



Foreign Operations
Proposed FY 1997 President's Budget Language

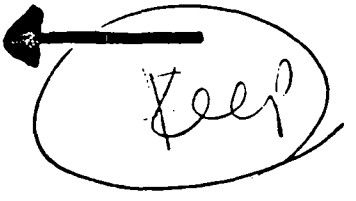
PEACE CORPS

Federal Funds

General and special funds:

PEACE CORPS

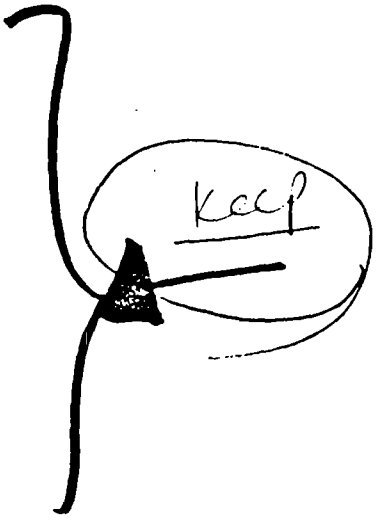
For expenses necessary to carry out the provisions of the Peace Corps Act (75 Stat. 612), [$219,745,000] *$234,000,000*, including the purchase of not to exceed five passenger motor vehicles for administrative purposes for use outside of the United States: *Provided*, That none of the funds appropriated under this heading shall be used to pay for abortions: *Provided further*, That funds appropriated under this heading shall remain available until September 30, [1996] *1997*. *(Foreign Operations, Export Financing, and Related Programs Appropriation Act, 1995.)*



Foreign Operations
Proposed FY 1997 President's Budget Language

PROHIBITION ON FUNDING FOR ABORTIONS AND INVOLUNTARY STERILIZATION

SEC. 518. None of the funds made available to carry out part I of the Foreign Assistance Act of 1961, as amended, may be used to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions. None of the funds made available to carry out part I of the Foreign Assistance Act of 1961, as amended, may be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any person to undergo sterilizations. None of the funds made available to carry out part I of the Foreign Assistance Act of 1961, as amended, may be used to pay for any biomedical research which relates in whole or in part, to methods of, or the performance of, abortions or involuntary sterilization as a means of family planning. None of the funds made available to carry out part I of the Foreign Assistance Act of 1961, as amended, may be obligated or expended for any country or organization if the President certifies that the use of these funds by any such country or organization would violate any of the above provisions related to abortions and involuntary sterilizations: *Provided,* That none of the funds made available under this Act may be used to lobby for or against abortion.



Foreign Operations
Proposed FY 1997 President's Budget Language

Gen. Provisions

keep

ELIGIBILITY FOR ASSISTANCE

SEC. 544. (a) ASSISTANCE THROUGH NONGOVERNMENTAL ORGANIZATIONS.—Restrictions contained in this or any other Act with respect to assistance for a country shall not be construed to restrict assistance in support of programs of nongovernmental organizations from funds appropriated by this Act to carry out the provisions of chapters 1 and 10 of part I of the Foreign Assistance Act of 1961: *Provided,* That the President shall take into consideration, in any case in which a restriction on assistance would be applicable but for this subsection, whether assistance in support of programs of nongovernmental organizations is in the national interest of the United States: *Provided further,* That before using the authority of this subsection to furnish assistance in support of programs of nongovernmental organizations, the President shall notify the Committees on Appropriations under the regular notification procedures of those committees, including a description of the program to be assisted, the assistance to be provided, and the reasons for furnishing such assistance: *Provided further,* That nothing in this subsection shall be construed to alter any existing statutory prohibitions against abortion or involuntary sterilizations contained in this or any other Act.

TAB D

Treasury / Postal
Proposed FY 1997 President's Budget Language

[Sec. 524. No funds appropriated by this Act shall be available to pay for an abortion, or the administrative expenses in connection with any health plan, under the Federal employees health benefit program which provides any benefits or coverage for abortions, after the last day of the contract currently in force for any such negotiated plan.

Sec. 525. The provision of section 524 shall not apply where the life of the mother would be endangered if the fetus were carried to term, or that the pregnancy is the result of an act of rape or incest.]

The Administration will work with the Congress to address the issue of abortion funding.

TAB E

Defense
Proposed FY 1997 President's Budget Language

[Sec. 8119. None of the funds made available in this Act may be used to administer any policy that permits the performance of abortions at medical treatment or other facilities of the Department of Defense.

Sec. 8119A. The provision of section 8119 shall not apply where the life of the mother would be endangered if the fetus were carried to term, or that the pregnancy is the result of an act of rape or incest.]

TAB F

Commerce/Justice/State
Proposed FY 1997 President's Budget Language

[Sec. 103. None of the funds appropriated by this title shall be available to pay for an abortion, except where the life of the mother would be endangered if the fetus were carried to term, or in the case of rape: Provided, That should this prohibition be declared unconstitutional by a court of competent jurisdiction, this section shall be null and void.]

Sec. 104. None of the funds appropriated under this title shall be used to require any person to perform, or facilitate in any way the performance of, any abortion.

Sec. 105. Nothing in the preceding section shall remove the obligation of the Director of the Bureau of Prisons to provide escort services necessary for a female inmate to receive such service outside the Federal facility: Provided, That nothing in this section in any way diminishes the effect of section 104 intended to address the philosophical beliefs of individual employees of the Bureau of Prisons.