November 6, 1995

MEMORANDUM FOR DISTRIBUTION

FROM: Debbie Fine and Jeremy Ben-Ami

SUBJECT: Attached on Partial Birth Abortion Ban Bills

In addition to the e-mail that went out this evening, attached are several documents you might find helpful as a follow-up to our meeting last week:

- suggested internal talking points;
- statements/letters from American College of Obstetricians and Gynecologists, the California Medical Association, American Medical Women's Association, Planned Parenthood (American Association of Nurse Practitioners have also released a statement that we are waiting to receive);
- the SAP that went to the House (Senate SAP is likely to be virtually the same);
- a couple of news articles; and
- an ad placed by NARAL.

cc: Carol Rasco
Alexis Herman
George Stephanopoulos
Martha Foley
Nancy-Ann Min
Jennifer Klein ✓
James Castello
Elena Kagan
Mary Ellen Glynn
Kitty Higgins
John Hart
Betsy Myers
Judy Gold
Barbara Woolley
Tracy Thornton
Barbara Chow
Janet Murguia
Marilyn Yager

November 6, 1995

SUGGESTED TALKING POINTS FOR INTERNAL USE ONLY ON THE "PARTIAL BIRTH ABORTION BAN ACT"

- The President believes that the decision whether or not to have an abortion should be between a woman, her doctor and her faith; and that abortions should be safe, legal and rare. He has consistently opposed late term abortions except to protect the life or health of the mother.

- H.R. 1833 does not include consideration of the health of the mother. This is the wrong policy. The President believes it is wrong in this case to substitute political decision making for medical decision making. These decisions must be made on the basis of the woman's health.

- It is also in conflict with constitutional law, since the Supreme Court has ruled in Roe v. Wade that women's health must always be considered as a factor in such decisions.

- For these reasons, the Administration cannot support H.R. 1833.

The American College of Obstetricians and Gynecologists

November 6, 1995

The Honorable Robert Dole
Majority Leader
S-230, The Capitol
Washington, DC 20510

Dear Majority Leader Dole:

The American College of Obstetricians and Gynecologists (ACOG), an organization representing more than 35,000 physicians dedicated to improving women's health care, does not support HR 1833, the Partial-Birth Abortion Ban Act of 1995. The College finds very disturbing that Congress would take any action that would supersede the medical judgment of trained physicians and criminalize medical procedures that may be necessary to save the life of a woman. Moreover, in defining what medical procedures doctors may or may not perform, HR 1833 employs terminology that is not even recognized in the medical community -- demonstrating why Congressional opinion should never be substituted for professional medical judgment.

Thank you for considering our views on this important matter.

Sincerely,

Ralph W. Hale, MD

Ralph W. Hale, MD
Executive Director

The American College of Obstetricians and Gynecologists

November 1, 1995

Statement on H.R.1833
The Partial-Birth Abortion Ban Act of 1995

The American College of Obstetricians and Gynecologists is disappointed that the U.S. House of Representatives has attempted to regulate medical decision-making today by passing a bill on so-called "partial-birth" abortion.

The College finds very disturbing any action by Congress that would supersede the medical judgment of trained physicians and that would criminalize medical procedures that may be necessary to save the life of a woman. Moreover, in defining what medical procedures doctors may or may not perform, the bill employs terminology that is not even recognized in the medical community -- demonstrating why congressional opinion should never be substituted for professional medical judgment.

The College does not support H.R.1833, or the companion Senate bill, S.939.

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409 12th Street, SW, Washington, DC 20024-2188 (202)638-5577

California Medical Association
221 Main Street, P.O. Box 7690, San Francisco, CA 94120-7690 (415) 541-0900
Physicians dedicated to the health of Californians

October 24, 1995

Representative Sam Farr
1117 Longworth House Off. Bldg
Washington, DC 20515-0517

Re: H.R. 1833

Dear Representative Farr:

The California Medical Association is writing to express its strong opposition to the above-referenced bill, which would ban "partial-birth abortions." We believe that this bill would create an unwarranted intrusion into the physician-patient relationship by preventing physicians from providing necessary medical care to their patients. Furthermore, it would impose an horrendous burden on families who are already facing a crushing personal situation—the loss of a wanted pregnancy to which the woman and her spouse are deeply committed.

An abortion performed in the late second trimester or in the third trimester of pregnancy is extremely difficult for everyone involved, and CMA wishes to clarify that it is not advocating the performance of *elective* abortions in the last stage of pregnancy. However, when serious fetal anomalies are discovered late in a pregnancy, or the pregnant woman develops a life-threatening medical condition that is inconsistent with continuation of the pregnancy, abortion—however heart-wrenching—may be medically necessary. In such cases, the intact dilation and extraction procedure (IDE)—which would be outlawed by this bill—may provide substantial medical benefits. It is safer in several respects than the alternatives, maintaining uterine integrity, and reducing blood loss and other potential complications. It also permits the parents to hold and mourn the fetus as a lost child, which may assist them in reaching closure on a tragic situation. In addition, the procedure permits the performance of a careful autopsy and therefore a more accurate diagnosis of the fetal anomaly. As a result, these families, who are extremely desirous of having more children, can receive appropriate genetic counseling and more focused prenatal care and testing in future pregnancies. Thus, there are numerous reasons why the IDE procedure may be medically appropriate in a particular case, and there is virtually no *scientific* evidence supporting a ban on its use.

CMA recognizes that this type of abortion procedure performed late in a pregnancy is a very serious matter. However, political concerns and religious beliefs should not be permitted to take precedence over the health and safety of patients. CMA opposes any legislation, state or federal, that denies a pregnant woman and her physician the ability to make medically appropriate decisions about the course of her medical care. The determination of the medical need for, and effectiveness of, particular medical procedures must be left to the medical profession, to be reflected in the standard of care. It would set a very undesirable precedent if Congress were by

legislative fiat to decide such matters. The legislative process is ill-suited to evaluate complex medical procedures whose importance may vary with a particular patient's case and with the state of scientific knowledge.

CMA urges you to defeat this bill. The patients who would seek the IDE procedure are already in great personal turmoil. Their physical and emotional trauma should not be compounded by an oppressive law that is devoid of scientific justification.

Sincerely,

Eugene S Ogrod

Eugene S. Ogrod, II, M.D.
President

APM:sm

D:\LETTAP\OGROD.FOR

American Medical Women's Association, Inc.

Lonnie R. Bristow, M.D.
President
The American Medical Association
515 North State Street
Chicago, Illinois 60610

October 17, 1995

Dear Dr. Bristow,

On behalf of the 13,000 woman physician members of The American Medical Women's Association, I write to express AMWA's concern regarding the September 23, 1995 unanimous decision of the Council on Legislation of the American Medical Association in support of HR 1833 "the Partial-Birth Abortion Ban Act"

It is the position of the American Medical Women's Association that this legislation represents a serious impingement on the rights of physicians to determine appropriate medical management for individual patients.

AMWA urges the Board of the American Medical Association to carefully consider the implications that its support of this legislation will have for future governmental regulation of the practice of medicine. We encourage the AMA Board to actively oppose HR 1833 as legislation which unduly interferes with the physician-patient relationship.

Sincerely,

Diane L. Dell, M.D.
President

Planned Parenthood®
Federation of America, Inc.

November 2, 1995

The Honorable William Jefferson Clinton
The White House
Washington, D.C.

Dear Mr. President:

Women's fundamental reproductive rights are under siege as never before in the United States Congress. Radical right forces have attached anti-family planning and anti-abortion amendments to almost every appropriations bill and are promoting other legislation that is a direct assault on the legal right to abortion. Planned Parenthood Federation of America represents millions of American women and men who are depending on your solid support of reproductive rights. Mr. President, we urge you to veto -- and make clear publicly your commitment to veto -- the following legislative actions:

H.R. 1833, the so-called "Partial Birth Abortion Ban" Act. The approval of this legislation by the House of Representatives yesterday was deeply disturbing. It is bad policy and represents an unprecedented intrusion by Congress into the most personal and difficult of medical decisions. While late-term abortions are tragic, the fact is that the procedure is extremely rare -- fewer than 600 are performed in any given year -- and are performed only in dire situations to protect the woman's life, health and future reproductive capability. We were heartened by the statement issued by the Office of Management and Budget stating your opposition to the bill. We encourage you to continue to take the life and health of these women and their families to heart. We need you to reject this unwarranted intrusion into the practice of medicine by vetoing this bill if it is approved by the Senate.

H.R. 1868, the FY 96 Foreign Operations Appropriations bill, containing a "Mexico City Policy" (an international "gag rule") and ban on funding of the UNFPA. We are very pleased by the recommendation of the Office of Management and Budget that you veto this bill because of the population provisions. On your second day in office, you made clear your opposition to denying U.S. population assistance to organizations that -- *with private, non-U.S. funds* -- provide abortions by repealing the so-called "Mexico City Policy." Should the foreign aid spending bill include this type of restriction, an international gag rule on groups that seek to influence abortion policy in their own country, or a prohibition on funding of the United Nations Population Fund, we urge you to maintain your support by vetoing the bill. These kinds of restrictions fly in the face of the U.S. commitments to international population and reproductive health care announced at the international population and women's conferences in Cairo and Beijing.

1120 Connecticut Avenue, N.W., Suite 461, Washington, DC 20036 (202) 785-3351 FAX (202) 293-4349

The Istook/McIntosh/Ehrlich Silence America language. This provision is intended to prevent non-profit organizations from engaging in public discourse while permitting for-profit companies with views more compatible with the Congressional leadership to lobby unfettered, even if they receive millions of dollars from the government. The YWCA has noted that they might have to choose between closing down one of the nation's largest day care operations or advocating for better laws to protect abused women. The American Lung Association would be barred from advocating for restrictions on smoking while the tobacco industry would be able to run adds such as those by RJR Tobacco opposing government policies, despite receiving enormous amounts of money in Federal price supports and other government largess. This language cannot be made acceptable and should be rejected. Likewise bills that include it should be rejected if for no other reason than because of the inclusion of this provision. We urge you to stand firm and refuse to accept this undemocratic attempt to silence those that disagree with the current congressional majority.

The women of America are counting on you to preserve their fundamental right to make choices about their own reproductive lives. We all agree that unless women can make these personal decisions, they will not be fully empowered to take the best possible care of their families and communities.

We greatly appreciate your support and look forward to working with you on policies that protect women's reproductive choices.

Sincerely,

Jane Johnson
Interim Co-President

Jim LeFevre
Interim Co-President

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

November 1, 1995
(House)

STATEMENT OF ADMINISTRATION POLICY

(THIS STATEMENT HAS BEEN COORDINATED BY OMB WITH THE CONCERNED AGENCIES.)

H.R. 1833 -- Partial-Birth Abortion Ban Act of 1995
(Rep. Canady (R) FL and 115 others)

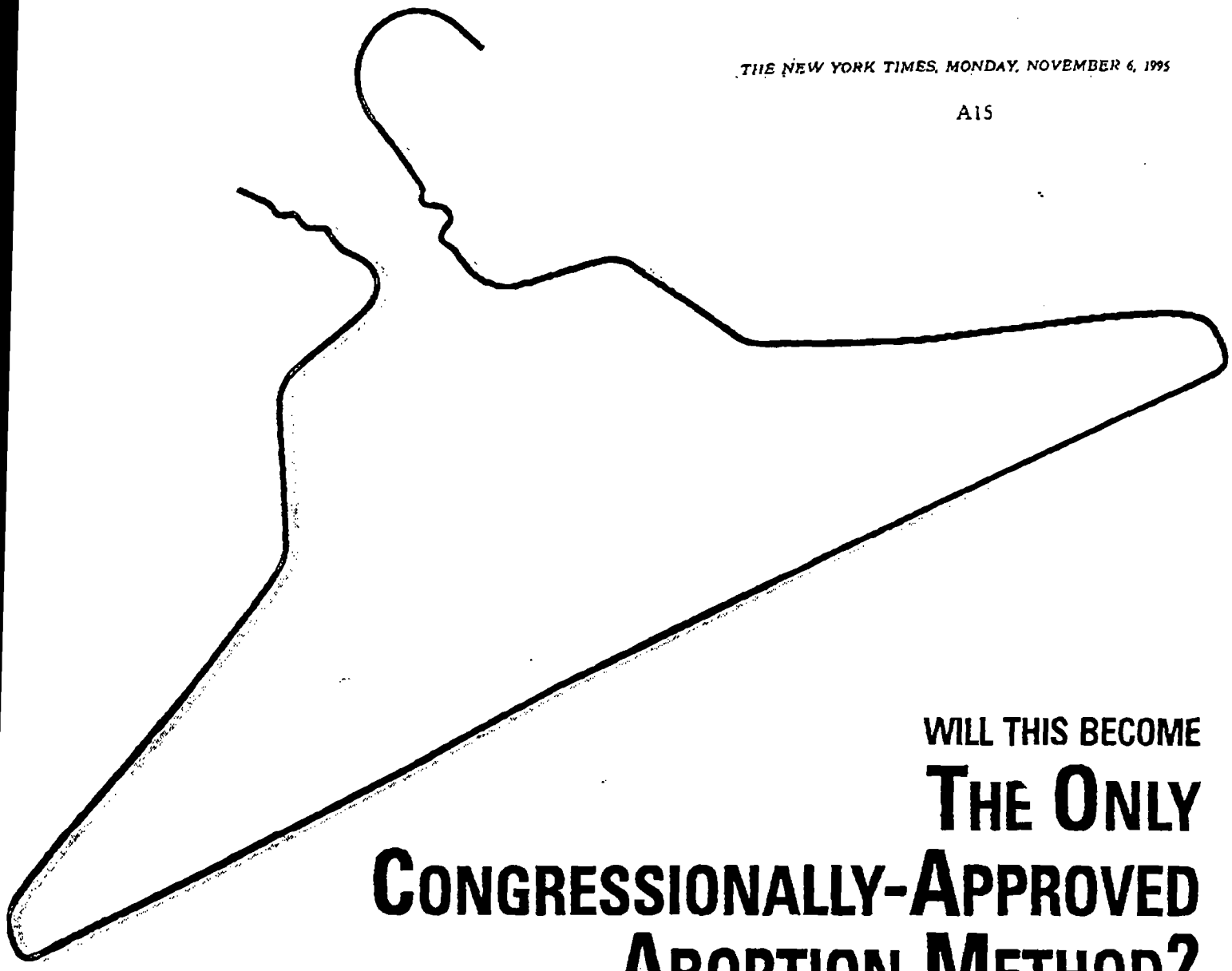
The President believes that the decision to have an abortion should be between a woman, her conscience, her doctor, and her God. He believes that legal abortions should be safe and rare. The President has long opposed late term abortions except where they are necessary to protect the life of the mother or where there is a threat to her health, consistent with the law. The Supreme Court has ruled that "Roe forbids a state from interfering with a woman's choice to undergo an abortion procedure if continuing her pregnancy would constitute a threat to her health." Therefore, the Administration cannot support H.R. 1833 because it fails to provide for consideration of the need to preserve the life and health of the mother, consistent with the Supreme Court's decision in Roe v. Wade.

Pay-As-You-Go Scoring

H.R. 1833 would affect both direct spending and receipts; therefore, it is subject to the pay-as-you-go requirement of the Omnibus Budget Reconciliation Act of 1990. OMB's preliminary scoring estimate of this bill is zero.

THE NEW YORK TIMES, MONDAY, NOVEMBER 6, 1995

A15



WILL THIS BECOME THE ONLY CONGRESSIONALLY-APPROVED ABORTION METHOD?

Last Wednesday, the House of Representatives voted for the first time to criminalize some abortions and challenge *Roe v. Wade*. Even a doctor trying to save a woman's life or protect her health could be sent to jail as a common criminal. This week, Bob Dole and his anti-choice Senate are poised to do the same.

The anti-choice majority in Congress is boasting that this is the beginning of the end for abortion rights. As Rep. Chris Smith (R-NJ) said, "We will begin to focus on the methods (of abortion) and declare them to be illegal."

Since January, the House has voted to allow states to ban Medicaid abortions for rape and incest victims; interfere with the training of medical residents in abortion procedures; dictate which procedure doctors can use; prohibit federal employees

Your right to choose is in grave danger. It's time to stand up and fight back. Join NARAL's campaign to protect women, their doctors and the freedom to choose. Make sure women have a place to turn other than the back alleys. Join us, while you still have the choice.

Don't let the Senate take away your rights.
Call your Senators today at 202/224-3121.

O **Yes** I want to help NARAL keep politicians out of this private decision.

Name _____

Address _____

to abortion to servicewomen overseas; and impose a "gag" rule on international family planning programs. And they've only just begun.

The truth is that when women face obstacles to abortion, they don't stop having abortions, they just stop having safe abortions. When abortion was illegal, women died. The women of America should never again have to face those dangerous and degrading days.

I'm enclosing my donation of:

__$15 __$25 __$50 __$100 __more

Contributions or gifts to NARAL are not tax deductible as charitable contributions. NARAL cannot accept corporate contributions. Please mail to the address below.

NT115

National Abortion & Reproductive Rights Action League
1156 15th Street NW, Washington, D.C. 20005 • 202/973-3000

Pro-choice NARAL

Wider Impact Is Foreseen for Bill to Ban Type of Abortion

By TAMAR LEWIN

Public health officials and doctors who perform abortions say the bill passed by the House of Representatives last week that would ban a type of late-term abortion is so broadly written and ill defined that it could affect many more doctors than originally thought.

Indeed, they say, it could criminalize almost any doctor who performs abortions in the second trimester, or after 12 weeks of gestation, and might force doctors to turn to less-safe methods to avoid the possibility of prosecution. Some also say that it would shrink the pool of doctors who perform second-trimester abortions.

The sponsors of the bill, and the anti-abortion groups they worked with, said their goal was to ban what they call "partial-birth abortions," in which a fetus at 20 weeks of gestation or more is partly delivered, feet first, and then to make it easier for the fetus to pass through the birth canal, the skull is collapsed.

But the House bill approved on Wednesday, the Partial-Birth Abortion Ban Act, provides a far looser definition, with no reference to fetal age or to the specifics of inserting scissors into the neck to create a hole through which the brains can be suctioned out to collapse the skull.

The legislation, which will be considered in the Senate this week, says only that "the term 'partial-birth abortion' means an abortion in which the person performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery."

That language is so broad — and the term 'partial-birth abortion' so unfamiliar in the medical community — that many doctors who perform only earlier abortions, by the most common methods, say they have done procedures that would probably be prosecutable under the law.

"I'm sure I've had a situation, with a 14- or 16-week pregnancy, when the fetus presented feet first, where I did something that a Federal prosecutor might take to court under this language," said Dr. Lewis Koplik, who performs abortions up to 20 weeks in Albuquerque, N.M., and El Paso. "The decision about what method to use is made in an individual setting, based on an individual woman's situation. It's not one-size-fits-all, and it shouldn't be. I don't want to make medical decisions based on Congressional language. I don't want to be that vulnerable. And it's not what I want for my patients."

Those who drafted the legislation said they did not believe it would interfere with second-trimester abortions performed by the standard method of dilation and evacuation, or D&E.

"An element of the crime is that the prosecution has to prove beyond a reasonable doubt that the baby was living," said an assistant counsel to the Constitution subcommittee of the House Judiciary Committee, Keri Harrison, who helped draft the bill. "In a D&E, there's not a living fetus being delivered. They're in there suctioning and cutting, and what they deliver is body parts. This wouldn't cover that."

Ms. Harrison said that in drafting the legislation, she and others had rejected specifying the gestational age or abortion technique it would cover. "This isn't about a viable baby, or a nonviable one," she said. "And we didn't want anything about inserting scissors into the base of the skull, because we didn't want them to come up with a slightly different technique and avoid the statute. What we want to make a crime is the abortionist starting to deliver a baby and then killing it."

Concerns that the legislation's language is too imprecise.

About 13,000 of the nation's 1.5 million abortions a year are performed after 20 weeks' gestation. And only two doctors, who perform a total of about 450 of these abortions a year, have said publicly that this method is the safest and best. So most discussion of the proposed ban has been based on the assumption that the method is rarely used, and only by a small number of doctors.

But the National Abortion Federation, which represents several hundred abortion providers, says that more doctors have recently reported that they sometimes use the method, which they call "intact D&E." And since the House vote, some gynecologists at prominent hospitals have acknowledged that they often use the method in late-term abortions.

"Of course I use it, and I've taught it for the last 10 years," said a gynecologist at a New York teaching hospital, who spoke on the condition of anonymity. "So do doctors in other cities. At around 20 weeks, the fetus is usually in a breech position. If you don't have to insert sharp instruments blindly into the uterus, that's better and safer.

"Even in earlier abortions," the doctor continued, "it can happen that after you prepare the patient by dilating the cervix, the feet move down, and the procedure might be covered by this law."

"This legislation would be a disaster for women's health," the doctor said.

Most of the doctors interviewed said they saw no moral difference between dismembering the fetus within the uterus or partially delivering it, intact, before killing it.

Several said they saw the bill as an opening wedge to outlawing all second-trimester abortions — and conceded that anti-abortion groups had won an important public-relations victory by focusing so much attention on late-term abortions, which are the least common but most emotionally fraught procedures.

According to the Alan Guttmacher Institute, a private group that studies reproductive health issues, almost nine out of 10 abortions are performed in the first trimester, when the procedure is relatively simple. About 164,000 abortions a year are performed during the second trimester, that is, at 13 to 26 weeks of gestation, but more than 9 out of 10 of these are before the 20th week.

Although second-trimester abortions are legal throughout the nation for any reason, few doctors perform abortions after 20 weeks, and while third-trimester abortions are legal in some states, only a few hundred take place each year. Third-trimester abortions are performed almost exclusively by a handful of doctors who get referrals from obstetricians whose patients have serious health problems or are carrying fetuses with profound abnormalities.

Dr. Allan Rosenfield, dean of the Columbia University School of Public Health and a professor of obstetrics, said that he and a group of other doctors discussing the legislation had been unable to agree on what the law would cover — but did agree that it posed a threat to anyone who did second-trimester abortions.

"In a standard D&E, the fetus generally doesn't come out intact," Dr. Rosenfield said. "But you might very well bring down a leg at the start of the procedure, and if the definition is a beating heart, potentially any second-trimester abortion could fit this bill. My big worry is that if this becomes law, doctors will feel they have to go back to the less-safe second-trimester abortion methods we did until the 1980's, the installation procedures, in which the uterus is flooded with saline or urea."

Many of the doctors interviewed expressed concern that the legislation would shrink the pool of doctors willing to perform late-term abortions, especially since many of these doctors already face demonstrations and threats, and may not be willing to take on an additional worry about criminal prosecution.

"It really is such nonspecific and bizarre legislation that it's hard to tell what exactly they're trying to ban," said Dr. Mary Campbell, medical director of Planned Parenthood of Metro Washington. "Clearly they're anxious to prosecute anybody who's doing second- or third-trimester abortions. I know people who have said that this would be the end of their third-trimester practice, and probably their second."

THE NEW YORK TIMES
MONDAY, NOVEMBER 6, 1995

Attack on rare abortion procedure invites misery

OUR VIEW **These cases are tragic. These cases are personal. Legislation is a clumsy and painful response.**

Abortion is a wrenching decision under any circumstance. In the later stages of a pregnancy, it's a nightmare.

So it is doubly painful to find the House of Representatives voting to make the nightmare worse. It did so Wednesday, voting to outlaw a last-resort procedure to terminate some late-term pregnancies.

The procedure is one that would make anyone cringe. The fetus dies from an overdose of anesthesia given to its mother. Sometimes, its skull is then drained so the fetus can be aborted intact without risk to the mother (not to cause death as critics of the procedure often claim).

It's a process undertaken in desperate circumstances. Just ask Viki Wilson, a 39-year-old registered nurse, doctor's wife, and mother of two in Fresno, Calif. She was eagerly awaiting the birth of her baby when the bad news arrived. Just four weeks before her delivery date, she learned what previous tests had failed to detect: two-thirds of her unborn daughter's brain was in a sac outside the skull. The fetus was suffering seizures and Viki Wilson's life was in danger. The baby was doomed to die outside the womb no matter what was done.

After consulting with specialists, the Wilsons opted for "intact dilation and evacuation," the procedure banned by the House. The anesthesia was administered and a needle used to draw fluid from the baby's enlarged head so it could pass through the birth canal without damaging her mother.

"This wasn't about choice, this was about a medical necessity," Wilson says.

That's the case for most late-term abortions. A mother's pregnancy is complicated by health problems such as cancer or heart disease, so that continuing the pregnancy endangers her life. Or an unborn baby is found to have unthinkable deformities.

If the Senate agrees with the House, other families won't get the option available to the Wilsons. Or other choices. The House language is so vague it can be read as outlawing all late-term abortions. It bans "partial-birth abortions," a term not found in medical dictionaries. Doctors, facing jail terms, may refuse to perform any late-term pregnancy terminations.

And that is the real story of this legislation. Its backers say it is a wedge to challenge abortion rights broadly.

The idea of aborting a healthy, late-term fetus for mere convenience is reprehensible to all sides. And rare is the doctor who would participate in such an abortion. Only a handful will even perform late-term abortions for the more compelling reasons.

The legislation just isn't needed. And the broader assault will do nothing to alter the national division on abortion.

After 20-plus years of debate, there's no sign of national consensus to ban abortion. And absent such social agreement, the choice must be a personal one.

Abortion's dilemmas are indeed painful. But they are best resolved by appeals to hearts and minds, not dictates of law like this one.

USA TODAY • FRIDAY, NOVEMBER 3, 1995

Tolerating this is denial

OPPOSING VIEW **In fact, it's denial cubed. Any abortion is bad enough. In the third trimester, it's outrageous.**

By Andrea Sheldon

It has been most illuminating these past few months to hear liberals on the floor of Congress and on the op-ed pages of major newspapers, feign disgust at our country's communal lack of responsibility only to rationalize the willful taking of innocent human life that someone has determined to be defective.

Wednesday, the House overwhelmingly passed a ban on partial-birth abortions. During a partial-birth abortion, the baby is delivered feet first with only the head remaining inside the birth canal — just inches from being a living person. The doctor then pierces the baby's skull, inserts a suction catheter and forcibly extracts the baby's brain. The baby, having developed a nervous system, dies an excruciatingly painful and gruesome death.

To accept abortion as simply a medical procedure that rids a woman's body of a "lifeless fetus" in the early stages is denial enough. Attempting to rationalize and justify the abortion of a baby in the third trimester is denial cubed.

Having worked in Washington, D.C., for a number of years in issue advocacy I have considered the arrogant defense of partial-birth abortions as merely a cynical political device, a desperate move on behalf of abortion supporters to keep the debate from moving too quickly against them.

Elected to Congress last year for the very first time in significant numbers were conservative women who oppose abortion. Gone forever are the days when radical feminists could position themselves as the mainstream defenders of women's rights against a bunch of closed-minded, middle-aged white guys. These are desperate times for abortion-rights advocates and desperate times often beget desperate measures, especially in politics.

Still, it doesn't matter whether this is some kind of desperate move to stem the political tide or whether abortion supporters honestly believe partial-birth abortions are defensible. What does matter is that as the abortion debate continues to evolve, those who support abortion will continue to betray the denial in which they live.

Andrea Sheldon is director of government affairs for the Traditional Values Coalition.

August 10, 1995

Health Division

Office of Management and Budget
Executive Office of the President
Washington, DC 20503

Please route to:

Barry Clendenin
Mark Miller
Richard Turman

Decision needed	___
Please sign	___
Per your request	___
Please comment	___
For your information	X

With informational copies for:
HD Chron, HFB Chron

Subject: Abortion Tracker

From: Nani Coloretti, Greg White, Beth Rossman

Phone: 202/395-4930
Fax: 202/395-3910
Room: #7026

Attached please find an updated version of the tables entitled:

- Summary of Abortion-related Provisions in FY 1996 Appropriations Bills, and
- Summary of Abortion-related Provisions in FY 1996 Authorization Bills.

This reflects legislative action as of 6:00 p.m., August 9th.

09-Aug-95
05:52 PM
ABOR-SC.WK3
BP8:ELR

SCHEDULE –
FY 1996 Appropriations Bills Containing Abortion-Related Provisions, and Other Items

MONDAY, June 26	27	28	29	30
NOTE: House Subcommittee Markup of the **DC bill** is not expected until September, pending DC Control Board activity.	Foreign Operations -- Floor action began -- House.	Treasury/Postal Service Subcommittee completed action on the bill -- House. Commerce/Justice/State Subcommittee completed action on the bill -- House. Foreign Operations -- House Floor action continued, but was not completed. Senate action likely in late July.		
MONDAY, July 3	**4**	**5**	**6**	**7**
	INDEPENDENCE DAY			
MONDAY, July 10	**11**	**12**	**13**	**14**
	L/HHS/Educ House Subcommittee markup began -- House. DoD Subcommittee markup began in closed session -- House. Treasury/Postal Service Full Committee markup began -- House. Foreign Operations passed the House (333 to 89).	L/HHS/Educ House Subcommittee markup completed at 3:00 AM -- House. DoD House Subcommittee markup continued in closed session -- House. Treasury/Postal Service Full Committee markup completed -- House.	DoD House Subcommittee markup completed. 5:00 PM CHOICE Meeting OEOB, Room 100	
MONDAY, July 17	**18**	**19**	**20**	**21**
	Judiciary Committee markup -- third trimester abortions.	Commerce/Justice/State Full Committe markup completed -- House. Treasury/Postal debated on Floor -- House	L/HHS/Educ Full Committee markup began -- House. Treasury/Postal debated on Floor -- House passed bill 216-211.	L/HHS/Educ Full Committee markup continued -- House. 4:00 PM CHOICE Meeting -- CANCELLED OEOB, Room 100

09-Aug-95
05:52 PM
ABOR-SC.WK3
BPB:ELR

SCHEDULE –
FY 1996 Appropriations Bills Containing Abortion-Related Provisions, and Other Items

MONDAY, July 24	25	26	27	28
LHHS/Ed Committee approved the bill. Treasury/Postal Service Subcommittee markup completed -- Senate.	Commerce/Justice/State -- began on House Floor Defense -- Full Committtee action completed -- House	Commerce/Justice/State -- continued on House Floor Defense -- Senate Subcommitttee action completed	5:00 PM CHOICE Meeting OEOB, Room 100 Treasury/Postal Service Full Committee action completed -- Senate (Floor action not yet scheduled)	LHHS/Educ bill -- House Rules
MONDAY, July 31	**TUESDAY, August 1**	**2**	**3**	**4**
LHHS/Educ bill -- House Rules Defense -- House Floor debate began but did not complete action.	LHHS/Educ bill -- House Rules	5:00 PM CHOICE Meeting OEOB, Room 100	LHHS/Educ bill -- passed the House on the morning of August 4th by a vote of 219-208.	
MONDAY, August 7	**8**	**9**	**10**	**11**
Treasury/Postal Service -- passed the Senate on Saturday, August 5th by voice vote. Defense -- Senate Floor debate possible week of August 7th.			5:30 PM CHOICE Meeting OEOB, Room 100	

Congressional Recess: HOUSE: Monday, August 7th through Wednesday, September 6th
SENATE: Monday, August 14th through Tuesday, September 5th

09-Aug-95
05:52 PM
ABOR-SC.WK3
BPB:ELR

SCHEDULE –

FY 1996 Appropriations Bills Containing Abortion-Related Provisions, and Other Items

MONDAY, September 4	5	6	7	8
LABOR DAY			5:00 PM CHOICE Meeting OEOB, Room 100	
MONDAY, September 11	**12**	**13**	**14**	**15**
			5:00 PM CHOICE Meeting OEOB, Room 100	
MONDAY, September 18	**19**	**20**	**21**	**22**
			5:00 PM CHOICE Meeting OEOB, Room 100	
MONDAY, September 25	**26**	**27**	**28**	**29**
			5:00 PM CHOICE Meeting OEOB, Room 100	

09-Aug-95
05:52 PM
BPB:ELR
ABORSUM.wk3

Summary of Abortion-Related Provisions in FY 1996 Appropriations Bills
As of 5:30 PM, Wednesday, August 9th

BILL	SUMMARY OF ABORTION-RELATED PROVISIONS	STATUS
Commerce/Justice/State/Judiciary	**Summary of Senate Action:** - Senate action not expected until September. **Summary of House Action:** - An amendment offered by Delegate Eleanor Holmes Norton on the House Floor that would strike the language that restricts Federal funding of abortions for women in Federal prisons was defeated 281 to 146. - Bill contains restrictive language for LSC ("None of the funds appropriated... to LSC....may be used to provide financial assistance to any person or entity....that participates in litigation with respect to abortion." (not addressed in either the letter to the Committee or SAP) - Sec. 103 states: "None of the funds appropriated by this title [Justice] 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..." - Sec. 104 states: "None of the funds appropriated under this title [Justice] shall be used to require any person to perform, or facilitate in any way the performance of, any abortion."	- The bill passed the House on July 26th by a vote of 272-151. - Full Committee completed action on July 19th. - Subcommittee completed action on June 28th.
District of Columbia	- Expect introduction of Istook language (see summary under L/HHS/Ed listed below). - Also, possible amendment that would bar spending local money on abortions.	- House Subcommittee markup not expected until September.

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Summary of Abortion-Related Provisions in FY 1996 Appropriations Bills
As of 5:30 PM, Wednesday, August 9th

BILL	SUMMARY OF ABORTION-RELATED PROVISIONS	STATUS
Defense	**Summary of Senate Action:**	
	- According to OMB/NSD staff, DOD staff expects that the appropriations committee will not address the abortion issue (it will be addressed in the authorization process).	- Senate Floor action may occur week of August 7th. - Senate Committee reported the bill on July 28th. - Senate Subcommittee action was completed on July 26th.
	Summary of House Action:	
	- According to OMB/NSD staff, DOD staff expects that the appropriations committee will not address the abortion issue (it will be addressed in the authorization process).	- Floor action began on on July 31st. - Full Committee completed action on the bill on July 25th.
Foreign Operations	**Summary of Senate Action:**	
	- Senate action not expected until September.	
	Summary of House Action:	
	- On June 28th, the House adopted the Smith (R-NJ) amendment (243-187) that prohibits U.S. funding for any private, non-governmental, or multilateral organization that directly or indirectly performs abortions in a foreign country except in cases of rape, incest, or when the life of the mother is in danger; it also prohibits funding any organization that violates another country's abortion laws or lobbies to change such laws except to prohibit forced abortions; it also prohibits funding for UNFPA unless the organization ceases all activity in China. A Meyers (R-KS) second degree amendment that would have struck all but the last provision (UNFPA) of the Smith amendment was defeated 201-229.	- Floor action on the bill began on June 27th and continued on June 28th. The House passed the bill on July 11th by a vote of 333 to 89. Senate action on the bill is expected in late July. - Senate action on the bill is expected in September.

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Summary of Abortion-Related Provisions in FY 1996 Appropriations Bills
As of 5:30 PM, Wednesday, August 9th

BILL	SUMMARY OF ABORTION-RELATED PROVISIONS	STATUS
Foreign Operations (cont'd)	House version of bill contains abortion-related provisions (Development Assistance Fund/Population, Development Assistance, assistance to China through International Organizations and UNFPA) that are consistent with current law. - House version of the bill contains a General Provision (Sec. 518), "Prohibition Concerning Abortions and Involuntary Sterilization," that is consistent with current law and the President's Budget request.	
Labor/HHS/Education	**Summary of House Action:** - Istook Abortion Provision. A Kolbe amendment that would have deleted the Istook language was defeated 206-215 on the House Floor. Provision would give States the option of using Medicaid funds to pay for abortions in cases of rape or incest. Current interpretation of Federal law holds that States are required to use Medicaid funds in cases of rape, incest, or when the life of the mother is in danger. - Embryo Research. The House-passed bill includes a provision that would prohibit Federal funds for being used for embryo research outside the womb. - Medical School Accreditation. The House-passed bill contains a provision that would deny funds in the Act to any State or program if such a program or State has conformed with the new rules of the Accreditation Committee for Graduate Medical Education (ACGME). The ACGME recently revised its rules to require ob-gyn training programs to provide or refer students for training in abortion procedures. A Ganske/Johnson amendment that would have deleted this provision was defeated (189-235).	- House passed the bill 219-208. - Full Committee approved the bill on July 24th after three days of debate. - Subcommittee completed action on the bill on July 12th.

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Summary of Abortion-Related Provisions in FY 1996 Appropriations Bills
As of 5:30 PM, Wednesday, August 9th

BILL	SUMMARY OF ABORTION-RELATED PROVISIONS	STATUS
Labor/HHS/Education (cont'd).....	Family Planning. A Greenwood amendment was adopted (224-204) that restored $193 $193 million to the Title X Family Planning program. The Committee bill would have terminated this program.	
Treasury/Postal Service/General Government.....	**Summary of Senate Action:**	
	- The Senate bill includes a provision that would prohibit the FEHB plan from covering the cost of abortions, except in the cases of rape, incest or when the life of the mother is in danger. The House-passed bill contains only the life-of-the-mother exception.	- Senate passed the bill on August 5th by voice vote. - Full Committee reported the bill on July 27th. - Subcommittee completed action on the bill on July 25th.
	Summary of House Action:	
	- A Hoyer amendment that would have striken the objectionable abortion language regarding FEHB funds was defeated on the House Floor by a vote of 235-188. - A Hoyer amendment that would have striken the objectionable abortion language regarding FEHB funds was defeated in Full Committee by a vote of 24 to 19. - Bill would restore a ban that was in place from 1984 until 1993, allowing FEHB health insurance coverage for abortions only if pregnancy endangers a woman's life.	- Debate on House Floor began on July 19th. House passed the bill on July 20th by a vote of 216-211. - Full Committee began deliberations on the bill on July 11th and reported the bill on July 12th. - Subcommittee completed action on the bill on June 28th.

Summary of Abortion-Related Provisions in FY 1996 Authorization Bills

BILL	SUMMARY OF ABORTION-RELATED PROVISIONS	STATUS
H.R. 1561, Foreign Operations Authorization Bill, *American Overseas Interests Act*	Includes amendment by Rep. Smith (R-N.H.) to deny U.S. funds to any foreign non-governmental orgs. or their subcontractees which use their own funding to perform or promote abortion. Also ends funding for UNFPA due to its program in China.	- Voted out of House 2 weeks ago, 240-181. Action expected on two similar bills in Senate (below).
S. 908, Foreign Relations Revitalization Act of 1995 and S. 961, Foreign Aid Reductions Act	Both bills are foreign operations reauthorization bills.	- S. 908 went to floor, couldn't get cloture, so is abandoned. Action has not yet been scheduled in Senate for S. 951.
H.R. 1530/S. 1026, DoD Authorizations Bill	House version includes provision introduced by Rep. Dornan (R-CA) which would ban any abortions at American Military Hospitals overseas. Sen. Coats unsuccessfully tried to add provision to S. 1026 in committee--a floor amendment is expected.	- Voted out of House June 15th, 230 196. Senate bill floor action scheduled starting 8/2/95.
H.R. 1833, *Partial Birth Abortion Ban Act*	Outlaws late stage abortion of fetuses in latter stages of pregnancy. Calls for two years' imprisonment for a provider performing a partial birth abortion.	- Voted out of Judiciary Committee on July 18th, (20-12) (along party lines). Counterpart (S. 939) introduced by Sen. Smith (R-N.H.), referred to L/Human Resources Committee. No floor action schedule on House Bill yet.
H.R. 1952, Choice and Reproductive Health Protection Act	Codifies an array of current reproductive health policies, including Roe v. Wade decision.	- Introduced June 26th by Reps. Shroeder (D-CA), Lowey (D-NY), with support of Sen. Boxer (D-CA) and others. Referred to House Commerce Committee.

Summary of Abortion-Related Provisions in FY 1996 Authorization Bills

BILL	SUMMARY OF ABORTION-RELATED PROVISIONS	STATUS
S. 971, *Medical Training Non-Discrimination Act*	Bill would amend Title II, Part B of the Public Health Service Act. This bill prohibits the federal government from requiring that medical accreditation programs provide abortion training. *{FYI-concept similar to Delay amendment to L/HHS/Ed}*	- Introduced June 27th by Sens. Coats (R-IN), Gregg (R-NH), Helms (R-NC), and Ashcroft (R-MO). Referred to Committee on Labor and Human Resources.
H.R. 1932, *Medical Training Non-Discrimination Act*	Bill introduced by Rep. Hoekstra (R-MI) that bars the federal government from recognizing medical accreditation organizations that require abortion training as part of residency programs.	- Introduced June 27th. Referred to House Commerce Committee.
S. 555, *Health Professions Education Consolidation and Reauthorization Act.*	Possible amendment to be offered on the Senate floor by Sen. Coats (R-IN) similar to S. 971 (above).	- Approved by Senate Labor and Human Resources Committee on March 29. Main sponsor: Kassebaum. Rep. Hoekstra (R-MI) introduced a free-standing bill
H.R. 1623, *Family Planning Programs Repeal Act*	Would repeal the Family Planning program under Title X of the PHS Act. Title X has been unauthorized since 1985. *{FYI--on July 20th, the House Appropriations Committee voted to zero out Title X funding--$193 M}*	- Introduced by Rep. Dornan on May 12th. Referred to House Commerce Committee.
H.R. 833, *Family Planning Amendments Act of 1995*	Would reauthorize the Title X Family Planning program.	- Introduced by Representatives Porter (R-IL), Greenwood (R-PA), Waxman (D-CA) and Lowey (D-N.Y.) Referred to House Commerce Committee.

Summary of Abortion-Related Provisions in FY 1996 Authorization Bills

BILL	SUMMARY OF ABORTION-RELATED PROVISIONS	STATUS
***DRAFT* VA Improvements and Reinvention Act of 1995, (VA Rego Bill)**	The Medical Care Eligibility section of this bill did not include a proposed section prohibiting provision of abortions under Chapter 17, Title 38.	- Hearing on VA eligibility reform on July 19th, in Veteran's Affairs Committee. Administration has released draft bill.

Jen -

Here are the lists you asked me about (re: Senators' & Representatives' positions on choice).

I ended up getting the lists from Planned Parenthood. They asked that we not tell people that we got the list from them. (But note that the "fax line" on top of each page says "Planned Parenthood")

Karen

SENATE COMPOSITION ON CHOICE - 104 Congress

PRO (38)	MIXED (17)	ANTI (45)
Akaka (D-HI)	Biden (D-DE)	Abraham (R-MI)
Baucus (D-MT)	Bingaman (D-NM)	Ashcroft (R-MO)
Boxer (D-CA)	Brown (R-CO)	Bennett (R-UT)
Bradley (D-NJ)	Bryan (D-NV)	Bond (R-MO)
Bumpers (D-AR)	Byrd (D-WV)	Breaux (D-LA)
Campbell (D-CO)	Conrad (D-ND)	Burns (R-MT)
Chafee (R-RI)	Daschle (D-SD)	Coats (R-IN)
Cohen (R-ME)	Dorgan (D-ND)	Cochran (R-MS)
Dodd (D-CT)	Gorton (R-WA)	Coverdell (R-GA)
Feingold (D-WI)	Graham (D-FL)	Craig (R-ID)
Feinstein (D-CA)	Kassebaum (R-KS)	D'Amato (R-NY)
Glenn (D-OH)	Nunn (D-GA)	DeWine (R-OH)
Harkin (D-IA)	Shelby (R-AL)	Dole (R-KS)
Hollings (D-SC)	Simpson (R-WY)	Domenici (R-NM)
Inouye (D-HI)	Stevens (R-AK)	Exon (D-NE)
Jeffords (R-VT)	Thompson (R-TN)	Faircloth (R-NC)
Kennedy (D-MA)	Warner (R-VA)	Frist (R-TN)
Kerrey (D-NE)		Ford (D-KY)
Kerry (D-MA)		Grams (R-MN)
Kohl (D-WI)		Gramm (R-TX)
Lautenberg (D-NJ)		Grassley (R-IA)
Leahy (D-VT)		Gregg (R-NH)
Levin (D-MI)		Hatch (R-UT)
Lieberman (D-CT)		Hatfield (R-OR)
Mikulski (D-MD)		Heflin (D-AL)
Moseley-Braun(D-IL)		Helms (R-NC)
Moynihan (D-NY)		Hutchison (R-TX)
Murray (D-WA)		Inhofe (R-OK)
Packwood (R-OR)		Johnston (D-LA)
Pell (D-RI)		Kempthorne (R-ID)
Pryor (D-AR)		Kyl (R-AZ)
Robb (D-VA)		Lott (R-MS)
Rockefeller (D-WV)		Lugar (R-IN)
Sarbanes (D-MD)		Mack (R-FL)
Simon (D-IL)		McCain (R-AZ)
Snowe (R-ME)		McConnell (R-KY)
Specter (R-PA)		Murkowski (R-AK)
Wellstone (D-MN)		Nickles (R-OK)
		Pressler (R-SD)
		Reid (D-NV)
		Roth (R-DE)
		Santorum (R-PA)
		Smith (R-NH)
		Thomas (R-WY)
		Thurmond (R-SC)

November 18, 1994

HOUSE COMPOSITION ON CHOICE - 104TH CONGRESS

145 55 229

ALABAMA

PRO (1)	MIXED (1)	ANTI (5)
Hilliard (D)	Cramer (D)	Bachus (R)
		Bevill (D)
		Browder (D)
		Callahan (R)
		Everett (R)

ALASKA

PRO (0)	MIXED (0)	ANTI (1)
		Young (R)

ARIZONA

PRO (1)	MIXED (1)	ANTI (4)
Pastor (D)	Kolbe (R)	Hayworth (R)
		Salmon (R)
		Shadegg (R)
		Stump (R)

ARKANSAS

PRO (1)	MIXED (1)	ANTI (2)
Lambert (D)	Thornton (D)	Dickey (R)
		Hutchinson (R)

CALIFORNIA

PRO (27)	MIXED (1)	ANTI (23)
Becerra (D)	Condit (D)	Baker (R)
Beilenson (D)		Bilbray (R)
Berman (D)		Calvert (R)
Brown (D)		Cox (R)
Dellums (D)		Cunningham (R)
Dixon (D)		Doolittle (R)
Dooley (D)		Dornan (R)
Eschoo (D)		Dreier (R)
Farr (D)		Gallegly (R)
Fazio (D)		Herger (R)
Filner (D)		Hunter (R)
Harmon (D)		Kim (R)
Horn (R)		Lewis (R)
Lantos (D)		McKeon (R)
Lofgren (D)		Moorhead (R)
Martinez (D)		Packard (R)
Matsui (D)		Pombo (R)
Miller (D)		Radanovich (R)
Mineta (D)		Riggs (R)
Pelosi (D)		Rohrabacher (R)
Roybal-Allard (D)		Royce (R)
Stark (D)		Seastrand (R)
Torres (D)		Thomas (R)
Tucker (D)		
Waters (D)		
Waxman (D)		
Woolsey (D)		

Rep. Bono's position is still to be determined.

COLORADO

PRO (2)	MIXED (1)	ANTI (3)
Skaggs (D)	McInnis (R)	Allard (R)
Schroeder (D)		Hefley (R)
		Schaefer (R)

CONNECTICUT

PRO (6)	MIXED (0)	ANTI (0)
DeLauro (D)		
Franks (R)		
Gejdenson (D)		
Johnson (R)		
Kennelly (D)		
Shays (R)		

DELAWARE

PRO (0)	MIXED (1)	ANTI (0)
	Castle (R)	

FLORIDA

PRO (5)	MIXED (5)	ANTI (13)
Brown (D)	Foley (R)	Bilirakis (R)
Deutsch (D)	Fowler (R)	Canaday (R)
Hastings (D)	Gibbons (D)	Diaz-Balart (R)
Johnston (D)	Peterson (D)	Goss (R)
Meek (D)	Thurman (R)	McCollum (R)
		Mica (R)
		Miller (R)
		Ros-Lehtinen (R)
		Scarborough (R)
		Shaw (R)
		Stearns (R)
		Weldon (R)
		Young (R)

GEORGIA

PRO (3)	MIXED (0)	ANTI (8)
Bishop (D)		Barr (R)
Lewis (D)		Chambliss (R)
McKinney (D)		Collins (R)
		Deal (R)
		Gingrich (R)
		Kingston (R)
		Linder (R)
		Norwood (R)

HAWAII

PRO (2)	MIXED (0)	ANTI (0)
Abercrombie (D)		
Mink (D)		

IDAHO

PRO (0)	MIXED (0)	ANTI (2)
		Chenoweth (R)
		Crapo (R)

ILLINOIS

PRO (6)	MIXED (3)	ANTI (11)
Collins (D)	Durbin (D)	Costello (D)
Evans (D)	Fawell (R)	Crane (R)
Gutierrez (D)	Porter (R)	Ewing (R)
Reynolds (D)		Flanigan (R)
Rush (D)		Hastert (R)
Yates (D)		Hyde (R)
		LaHood (R)
		Lipinski (D)
		Manzullo (R)
		Poshard (D)
		Weller (R)

INDIANA

PRO (0)	MIXED (3)	ANTI (7)
	Hamilton (D)	Burton (R)
	Jacobs (D)	Buyer (R)
	Viscloskey (D)	Hostettler (R)
		McIntosh (R)
		Myers (R)
		Roemer (D)
		Souder (R)

IOWA

PRO (0)	MIXED (1)	ANTI (4)
	Leach (R)	Ganske (R)
		Latham (R)
		Lightfoot (R)
		Nussle (R)

KANSAS

PRO (0)	MIXED (1)	ANTI (3)
	Meyers (R)	Brownbeck (R)
		Roberts (R)
		Tiahrt (R)

KENTUCKY

PRO (1)	MIXED (1)	ANTI (4)
Ward (D)	Beasler (D)	Bunning (R)
		Lewis (R)
		Rogers (R)
		Whitfield (R)

LOUISIANA

PRO (2)	MIXED (0)	ANTI (5)
Fields (D)		Baker (R)
Jefferson (D)		Hayes (D)
		Livingston (R)
		McCrery (R)
		Tauzin (D)

MAINE

PRO (1)	MIXED (0)	ANTI (1)
Balducci (D)		Longley (R)

MARYLAND

PRO (5)	MIXED (2)	ANTI (1)
Cardin (D)	Erlich (R)	Bartlett (R)
Hoyer (D)	Gilchrest (R)	
Mfume (D)		
Morella (R)		
Wynn (D)		

MASSACHUSETTS

PRO (6)	MIXED (3)	ANTI (1)
Frank (D)	Moakley (D)	Blute (R)
Kennedy (D)	Neal (D)	
Markey (D)	Torkildsen (R)	
Meehan (D)		
Olver (D)		
Studds (D)		

MICHIGAN

PRO (5)	MIXED (2)	ANTI (9)
Collins (D)	Bonior (D)	Barcia (D)
Conyers (D)	Upton (R)	Camp (R)
Dingell (D)		Chrysler (R)
Levin (D)		Ehlers (R)
Rivers (D)		Hoekstra (R)
		Kildee (D)
		Knollenberg (R)
		Smith (R)
		Stupak (D)

MINNESOTA

PRO (3)	MIXED (1)	ANTI (4)
Luther (D)	Ramstad (R)	Gutknecht (R)
Sabo (D)		Minge (D)
Vento (D)		Oberstar (D)
		Peterson (D)

MISSISSIPPI

PRO (1)	MIXED (0)	ANTI (4)
Thompson (D)		Montgomery (D)
		Parker (D)
		Taylor (D)
		Wicker (R)

MISSOURI

PRO (1)	MIXED (2)	ANTI (6)
McCarthy (D)	Danner (D)	Clay (D)
	Gephardt (D)	Emerson (R)
		Hancock (R)
		Skelton (D)
		Talent (R)
		Volkmer (D)

MONTANA

PRO (1)	MIXED (0)	ANTI (0)
Williams (D)		

NEBRASKA

PRO (0)	MIXED (0)	ANTI (3)
		Barrett (R)
		Bereuter (R)
		Christensen (R)

NEVADA

PRO (0)	MIXED (0)	ANTI (2)
		Ensign (R)
		Vucanovich (R)

NEW HAMPSHIRE

PRO (0)	MIXED (2)	ANTI (0)
	Bass (R)	
	Zeliff (R)	

NEW JERSEY

PRO (8)	MIXED (1)	ANTI (2)
Andrews (D)	Franks (R)	Martini (R)
Payne (R)		Saxton (R)
Frelinghuysen (R)		Smith (R)
Menendez (D)		
Pallone (D)		
Roukema (R)		
Torricelli (D)		
Zimmer (R)		

Frank Lo Biondo's position is still to be determined.

NEW MEXICO

PRO (1)	MIXED (1)	ANTI (1)
Richardson (D)	Schiff (R)	Skeen (R)

NEW YORK

PRO (17)	MIXED (3)	ANTI (10)
Ackerman (D)	Houghton (R)	Forbes (R)
Boehlert (R)	Lazio (R)	Frisa (R)
Engel (D)	McHugh (R)	King (R)
Flake (D)		LaFalce (D)
Gilman (R)		Manton (D)
Kelly (R)		McNulty (D)
Lowey (D)		Paxon (R)
Maloney (D)		Quinn (R)
Molinari (R)		Solomon (R)
Nadler (D)		Walsh (R)
Owens (D)		
Rangel (D)		
Schumer (D)		
Serrano (D)		
Slaughter (D)		
Towns (D)		
Velazquez (D)		

Hinchey (D+)/Moppert (R-) elections results still outstanding.

NORTH CAROLINA

PRO (3)	MIXED (1)	ANTI (8)
Clayton(R)	Hefner (D)	Ballenger (R)
Rose (D)		Burr (R)
Watt (D)		Coble (R)
		Funderbuck (R)
		Heineman (R)
		Jones (R)
		Myrick (R)
		Taylor (R)

NORTH DAKOTA

PRO (0)	MIXED (1)	ANTI (0)
	Pomeroy (D)	

OHIO

PRO (3)	MIXED (4)	ANTI (12)
Sawyer (D)	Brown (D)	Boehner (R)
Stokes (D)	Hobson (R)	Chabot (R)
Traficant (D)	Kaptur (D)	Creameans (R)
	Pryce (R)	Gillmor (R)
		Hall (D)
		Hoke (R)
		Kasich (R)
		La Tourette (R)
		Ney (R)
		Oxley (R)
		Portman (R)
		Regula (R)

OKLAHOMA

PRO (0)	MIXED (1)	ANTI (5)
	Brewster (D)	Coburn (R)
		Istook (R)
		Largent (R)
		Lucas (R)
		Watts (R)

OREGON

PRO (3)	MIXED (0)	ANTI (2)
DeFazio (D)		Bunn (R)
Furse (D)		Cooley (R)
Wyden (D)		

PENNSYLVANIA

PRO (4)	MIXED (2)	ANTI (15)
Coyne (D)	Fox (R)	Borski (D)
Fattah (D)	McHale (D)	Clinger (R)
Foglietta (D)		Doyle (D)
Greenwood (R)		English (R)
		Gekas (R)
		Goodling (R)
		Holden (D)
		Kanjorski (D)
		Klink (D)
		Mascara (D)
		McDade (R)
		Murtha (D)
		Shuster (R)
		Walker (R)
		Weldon (R)

RHODE ISLAND

PRO (2)	MIXED (0)	ANTI (0)
Reed (D)		
Kennedy (D)		

SOUTH CAROLINA

PRO (1)	MIXED (1)	ANTI (4)
Clyburn (D)	Spratt (D)	Graham (R)
		Inglis (R)
		Sanford (R)
		Spence (R)

SOUTH DAKOTA

PRO (0)	MIXED (1)	ANTI (0)
	Johnson (D)	

TENNESSEE

PRO (1)	MIXED (3)	ANTI (5)
Ford (D)	Clement (D)	Bryant (R)
	Gordon (D)	Duncan (R)
	Tanner (D)	Hilleary (R)
		Quillen (R)
		Wamp (R)

TEXAS

PRO (11)	MIXED (2)	ANTI (17)
Bentson (D)	Edwards (D)	Archer (R)
Bryant (D)	Geren (D)	Armey (R)
Chapman (D)		Barton (R)
Coleman (D)		Bonilla (R)
Doggett (D)		Combest (R)
Prost (D)		de la Garza (D)
Green (D)		DeLay (R)
Gonzalez (D)		Fields (R)
E.B. Johnson (D)		Hall (D)
Lee (D)		S. Johnson (R)
Wilson (D)		Laughlin (D)
		Thornberry (R)
		Ortiz (D)
		Smith (R)
		Stenholm (D)
		Stockman (R)
		Tejeda (D)

UTAH

PRO (0)	MIXED (0)	ANTI (3)
		Hansen (R)
		Orton (D)
		Waldholtz (R)

VERMONT

PRO (1)	MIXED (0)	ANTI (0)
Sanders (I)		

VIRGINIA

PRO (5)	MIXED (1)	ANTI (4)
Boucher (D)	Payne (D)	Bateman (R)
Moran (D)		Bliley (R)
Pickett (D)		Goodlatte (R)
Scott (D)		Wolf (R)
Sisisky (D)		

Tom Davis's position is still to be determined.

WASHINGTON

PRO (2)	MIXED (0)	ANTI (7)
Dicks (D)		Dunn (R)
McDermott (D)		Hastings (R)
		Metcalf (R)
		Nethercutt (R)
		Tate (R)
		Smith (R)
		White (R)

WEST VIRGINIA

PRO (1)	MIXED (0)	ANTI (2)
Wise (D)		Mollohan (D)
		Rahall (D)

WISCONSIN

PRO (1)	MIXED (4)	ANTI (4)
Barrett (D)	Gunderson (R)	Neumann (R)
	Kleczka (D)	Petri (R)
	Klug (R)	Roth (R)
	Obey (D)	Sensenbrenner (R)

WYOMING

PRO (0)	MIXED (0)	ANTI (1)
		Cubin (R)

TOTALS

PRO (0)	MIXED (0)	ANTI (1)
~~144~~ 145	~~50~~ 55	229

Four races are to be determined or the winners' positions are to be determined.

November 18, 1994

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

19-Jul-1995 11:37am

TO: (See Below)

FROM: Robert J. Pellicci
Office of Mgmt and Budget, LRD

SUBJECT: Partial-Birth Abortion Ban Legislation

Yesterday (7/18), the House Judiciary Committee reported by a party-line vote of 20-12, HR 1833, a bill that would make it a crime for doctors to perform"partial-birth" abortions. The bill was reported without amendments. To date, no floor action has been scheduled.

In summary, as reported the bill would subject doctors who perform the procedure to fines and/or up to two years in prison. It would also permit family members the right to sue the physician for damages.

Distribution:

TO: Nancy-Ann E. Min
TO: Christopher C. Jennings
TO: Jennifer L. Klein
TO: James Castello

CC: Barry T. Clendenin
CC: Nani A. Coloretti
CC: Janet R. Forsgren
CC: James C. Murr
CC: Charles S. Konigsberg

FAX

Health Division

Office of Management and Budget
Executive Office of the President
Washington, DC 20503

TO: Jim Blant

FROM: Vikki Wachino

Fax Destination
Organization:
Phone Number:

Number of Attached Pages: 2

Notes: The text of the Delay amendment you asked Richard for.

HD Fax Number: *202/395-3910*
Voice Confirmation: *202/395-4922* *Health Division Front Office*
202/395-4925 *Health & Human Services Unit*
202/395-4926 *Health Programs & Services Branch*
202/395-4930 *Health Financing Branch*

(6)

4. Strike all after the ": " on line 25 of page 16 through line 9 on page 17;
Strike all after the ":" on line 20 of page 38 through line 5 on page 39;
Strike all after the ":" on line 19 of page 50 through line 3 on page 51.

5. On page 58, line 18, strike "$897,000" and insert "$1,397,000";
On page 33, line 24, and on page 34, line 2, strike "$2,139,437,000" and insert "$2,139,064,000"

6. On page 33, line 24, and on page 34, line 2, delete "$2,139,437,000" and insert in lieu thereof "$2,137,197,000"; and on page 47, line 25, delete "$741,700,000" and insert in lieu thereof "$757,700,000".

7. On page 21, line 4, after the word "the" add the word "development,".

8. Page 71, after line 5, insert the following:

SEC. 510. None of the funds made available in this Act may be used to carry out any Federal program, or to provide financial assistance to any State, when it is made known to the Federal official having authority to obligate or expend such funds that—

(1) such Federal program or State subject any health care entity to discrimination on the basis that—

(A) the entity refuses to undergo training in the performance of induced abortions, to provide such training, to perform such abortions, or to provide referrals for such abortions;

(B) the entity refuses to make arrangements for any of the activities specified in subparagraph (A); or

(C) the entity attends (or attended) a postgraduate physician training program, or any other program of training in the health profes-

sions, that does not (or did not) require or provide training in the performance of induced abortions, or make arrangements for the provision of such training; or

(2) in granting a legal status to a health care entity (including a license or certificate), or in providing to the entity financial assistance, a service, or another benefit, such Federal program or State require that the entity be an accredited postgraduate physician training program, or that the entity have completed or be attending such a program, if the applicable standards for accreditation of the program include the standard that the program must require or provide training in the performance of induced abortions, or make arrangements for the provision of such training.

9. After the section in the bill limiting funding for abortions, insert the following new section:

SEC. ____. Effective October 1, 1993, and applicable thereafter, and notwithstanding any other law, each State is and remains free not to fund abortions to the extent that the State in its sole discretion deems appropriate, except where the life of the mother would be endangered if the fetus were carried to term.

DRAFT

July 11, 1995

Honorable John E. Porter
Chairman
Subcommittee on Labor, HHS,
Education, and Related
Agencies Appropriations
Committee on Appropriations
U. S. House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

It is my understanding that your Subcommittee is considering including in the FY 1996 Labor, Health, and Human Services, Education, and Related Agencies Appropriations Act a provision that would change existing law by allowing states to deny Medicaid funding for abortions of rape and incest.

The President believes that abortion should be safe, legal, and rare. The provision your Subcommittee is considering would prevent poor women from having access to abortion services even in situations where they are victims of rape or incest. Such a change in the law unfairly targets the most vulnerable poor women and their families. We strongly oppose any effort to curtail the ability of poor women to choose abortion in cases of rape or incest, and urge the Subcommitteee to defeat this amendment.

Sincerely,

Alice M. Rivlin
Director

Identical Letter Sent to the Honorable David R. Obey

June 29, 1995

URGENT

NOTE TO JAMES COSTELLO/JEREMY BEN-AMI

FROM: Bob Pellicci, OMB (x5-4781)

RE: Clearance of HHS' Letter to Congress on HR 833, the "Family Planning Amendments Act of 1995"

Attached for your review and concurrence is a draft letter from Secretary Shalala supporting enactment of HR 833, a bill to reauthorize Title X of the Public Health Service Act.

Nancy-Ann Min has signed-off on the letter (as amended), but wanted me to share it with you for your approval. HHS is anxious to submit its letter prior to the start of the July 4th recess.

If at all possible, I would appreciate your views by Noon tomorrow, June 30th. Thanks.

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

The Honorable Newt Gingrich
Speaker of the House
of Representatives
Washington, D.C. 20515

Dear Mr. Speaker:

The Department supports H.R. 833, the "Family Planning Amendments Act of 1995," a bill to reauthorize Title X of the Public Health Service Act (PHSA), Population Research and Voluntary Family Planning Programs. The bill also requires the Secretary of this Department to ensure that pregnant women receiving assistance under Title X are provided with information and counseling regarding their pregnancies.

The clinics supported by Title X of the PHSA provide essential services to over 4 million low-income women each year. Family planning clinics are the sole health care providers for many women, particularly low-income women who are uninsured and do not qualify for Medicaid. Family planning programs are often the entry point into the health care system for many women, particularly low income women, and for many, these services are considered to be their primary care.

Provision of family planning services represents substantial savings in both human and dollar terms. Access to high quality family planning and related reproductive health services, such as services to prevent, screen for, and treat sexually transmitted diseases, is necessary, particularly for low-income women and the uninsured. It is estimated that if subsidized family planning services were not available, between 1 and 2 million additional unintended pregnancies would occur each year. Also, for every $1 invested in family planning services, a savings of $4.40 in averted expenditures for welfare and medical services is realized.

The Title X program also supports: (1) training for 250 nurse practitioners annually to provide services in clinics; (2) in-service training programs for other medical, professional and administrative clinic personnel; (3) information and education materials and programs; and, (4) research which focuses on family planning service delivery improvements.

In addition to contraceptive services, clinics provide basic gynecologic care, infertility services, and education and referral information on a broad range of reproductive health matters. The gynecologic screening that is part of a family planning visit is especially important in early detection and treatment of health problems such as cervical cancer and sexually transmitted diseases, as well as breast cancer.

Title X clinics serve the population at very high risk for unintended pregnancy and sexually transmitted infections. We believe this family planning program is a key factor in preventing unintended pregnancy, including pregnancy among adolescents, averting sexually transmitted infections, improving low birthweight and infant mortality, and reducing recourse to abortion to resolve unwanted pregnancies.

The evidence regarding the problems of unintended pregnancy, adolescent pregnancy and sexually transmitted diseases, as well as the need for continuing support for family planning services is well documented:

- ~~Because Title X funding has not kept up with inflation, the services are not adequate to meet the needs for family planning services.~~ When compared with other developed countries, the United States ranks among the highest in unintended pregnancy. On average, women in the United States have an estimated 1.31 unplanned pregnancies during their reproductive years. In Western Europe, the rate of unplanned pregnancies ranges between .28 in the Netherlands to .83 in Belgium. Only in France (1.35) and Denmark (1.18) are the rates comparable to the U.S.

- More than one-half of all pregnancies in the United States each year are unintended. The incidence of unintended pregnancy is higher for young women and for low-income women. One-half of all unintended pregnancies in the United States end in abortion.

- In the United States, 1 million adolescent girls -- nearly 1 in 8 -- become pregnant each year. Most of these pregnancies are unintended and approximately 40 percent end in abortion.

- Sexually transmitted diseases are increasing in prevalence, in particular among young, unmarried, and low-income persons. Each year, 4 million persons are infected with chlamydia, 1.1 million with gonorrhea, 120,000 with syphilis, and 40,000-50,000 with HIV. It is estimated that two-thirds of all sexually transmitted diseases occur among persons under 25 years of age; adolescents account for one-quarter of new infections annually.

- Family planning projects serve the population most at risk for unintended pregnancy and sexually transmitted infections, and most likely to need recourse to abortion: 85 percent of women served by the projects assisted by Title X are members of low-income families, 30 percent are adolescents, and 60 percent are younger than 25.

- Services in family planning clinics are provided at no cost to persons at or below 100 percent of poverty and according to a sliding fee scale to all others. Services are provided on a confidential basis.

- Demonstration programs in four States have shown that family planning clinic-based sexually transmitted disease interventions can reduce the incidence of chlamydia infection in family planning clients by two-thirds.

The Administration strongly believes that women requesting information should be provided with complete, nondirective counseling regarding pregnancy. In the event of an unplanned pregnancy and at the request of the patient, Title X providers provide nondirective counseling to the patient on all options relating to her pregnancy, including prenatal care and delivery; infant care, foster care, and adoption; and, termination of pregnancy, as well as referral for services.

The provision of complete, nondirective information ensures that patients retain control of the decisionmaking process regarding their own health and medical care, and enables patients to act in what they have determined to be their own best interest. We strongly believe that failing to provide such information when requested could endanger women's lives and health.

We urge that Congress give prompt and favorable consideration to H.R. 833.

We are advised by the Office of Management and Budget that enactment of these recommendations would be in accord with the program of the President.

Sincerely,

Donna E. Shalala

MEETING ON CHOICE STRATEGY

Agenda

6/29/95

I. Tracking Issues

A. Calendar to be developed/maintained by OMB
- review calendar

B. Regular meetings
- track calendar, manage Administration responses, plan communications/outreach strategy
- attendees: Min, Foley, Ben-Ami, Klein, Meyers, communications, legal?

II. Identifying Major Opportunities

Discussion of 2-3 primary opportunities to draw lines and make news in July

III. Outreach Strategy

Discussion of strategy for working/meeting with key groups to plan events, strategy, etc.

Issues to Highlight

FEHB | Federal facilities - mil. facilities, prisons

Gag rule | Hyde

Family planning reproach reauth.
- reach out to Porter | Greenwood
- events, etc.

Ask Marilyn on accreditation

Ask Jennifer O'Connor re labor on FEHBP

- List of key issues to highlight
- Position on FEHBP

28-Jun-95
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BPB:ELR

CONGRESSIONAL SCHEDULE –
FY 1996 Appropriations Bills Containing Abortion-Related Provisions

MONDAY, June 26	27	28	29	30
NOTE: *House Subcommittee* Markup of the **DC bill** is not expected until September, pending DC Control Board activity.	Foreign Operations -- Floor action began.	Treasury/Postal Service Subcommittee completed action and reported the bill. Commerce/Justice/State Subcommittee completed action and reported the bill. Foreign Operations -- Floor action continues (Senate action likely in late July).		
MONDAY, July 3	4	5	6	7
	INDEPENDENCE DAY			
MONDAY, July 10	11	12	13	14
DoD bill tentatively scheduled for markup during week of July 11th. *Treasury/Postal Service Full Committee* Markup and House Floor action tentatively scheduled for July L/HHS/Educ Subcommittee Markup tentatively scheduled.	Commerce/Justice/State Full Committee Markup scheduled for July 11th.			
MONDAY, July 17	18	19	20	21
	Commerce/Justice/State House Floor Action tentatively scheduled.		L/HHS/Educ Full Committee Markup tentatively scheduled.	

28-Jun-95
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CONGRESSIONAL SCHEDULE –
FY 1996 Appropriations Bills Containing Abortion-Related Provisions

MONDAY, July 24	25	26	27	28
	L/HHS/Educ House Floor action tentatively scheduled.			
MONDAY, July 31	**TUESDAY, August 1**	2	3	4
Congressional Recess: HOUSE: Monday, August 7th through Wednesday, September 6th SENATE (tentative): Monday, August 17th through Tuesday, September 5th				
MONDAY, September 4	5	6	7	8
LABOR DAY				

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CONGRESSIONAL SCHEDULE –
FY 1996 Appropriations Bills Containing Abortion-Related Provisions

MONDAY, September 11	12	13	14	15
MONDAY, September 18	19	20	21	22
MONDAY, September 25	26	27	28	29

Summary of Abortion-Related Provisions in FY 1996 Appropriations Bills
As of 6:30 PM, Wednesday, June 28th

BILL	SUMMARY OF ABORTION-RELATED PROVISIONS	STATUS
Treasury/Postal Service/General Government.....	- The House Subcommittee bill would restore a ban in place from 1984 until 1993, allowing FEHB health insurance coverage for abortions only if pregnancy endangers a woman's life.	- Subcommittee completed action and reported the bill on June 28th. - Full Committee markup tentatively scheduled for July. - House Floor action tentatively scheduled for July.
Foreign Operations.....	- On June 28th, the House adopted the Smith (R-NJ) amendment (243-187) that prohibits U.S. funding for any private, non-governmental, or multilateral organization that directly or indirectly performs abortions in a foreign country except in cases of rape, incest, or when the life of the mother is in danger; it also prohibits funding any organization that violates another country's abortion laws or lobbies to change such laws except to prohibit forced abortions; it also prohibits funding for UNFPA unless the organization ceases all activity in China. A Meyers (R-KS) second degree amendment that would have struck all but the last provision (UNFPA) of the Smith amendment was defeated 201-229. - House version of bill contains abortion-related provisions (Development Assistance Fund/Population, Development Assistance, assistance to China through International Organizations and UNFPA) that are consistent with current law. - House version of the bill contains a General Provision (Sec. 518), "Prohibition Concerning Abortions and Involuntary Sterilization," that is consistent with current law and the President's Budget request.	- Floor action on the bill began on June 27th and continued on June 28th. (Senate action on the bill is expected in late July). - Full Committee reported the bill on June 15th. - Subcommittee reported the bill on June 8th.

28-Jun-95
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Summary of Abortion-Related Provisions in FY 1996 Appropriations Bills
As of 6:30 PM, Wednesday, June 28th

BILL	SUMMARY OF ABORTION-RELATED PROVISIONS	STATUS
Commerce/Justice/State/Judiciary	- Abortion policy was not specifically mentioned in the Subcommittee markup. - According to Planned Parenthood legislative staff, an amendment to the bill that would restrict the use of Federal funds for abortion services in Federal prisons could be offered.	- Subcommittee completed action and reported the bill on June 28th. - Full Committee markup scheduled for July 11th. - House Floor action scheduled for July 18th.
Labor/HHS/Education	- Expect re-introduction of Istook language, which would give States the option of using Medicaid funds to pay for abortions in cases of rape or incest. Current interpretation of Federal law holds that States are required to use Medicaid funds in cases of rape, incest, or when the life of the mother is in danger. - Anticipate amendments to reinstate "Gag Rule" and human fetal tissue transplantation research ban lifted by Executive Orders issued by President Clinton.	- Subcommittee markup tentatively scheduled for July 10th. - Full Committee markup tentatively scheduled for July 20th - House Floor action tentatively scheduled for July 25th
Defense	- According to OMB/NSD staff, DOD staff expects that the appropriations committee will not address the abortion issue (it will be addressed in the authorization process).	- Subcommittee markup tentatively scheduled for the week of July 11th (House Floor action scheduled for July 26th).
District of Columbia	- Expect introduction of Istook language (see summary under L/HHS/Ed listed above). - Also, possible amendment that would bar spending local money on abortions.	- Subcommittee markup not expected until September.

Summary of Abortion-Related Provisions in FY 1996 Authorization Bills

BILL	SUMMARY OF ABORTION-RELATED PROVISIONS	STATUS
H.R. 1932, *Medical Training Non-Discrimination Act*	Bill introduced by Rep. Hoekstra (R-MI) that bars the federal government from recognizing medical accreditation organizations that require abortion training as part of residency programs.	- Introduced June 27th. Referred to House Commerce Committee.
H.R. 1623, *Family Planning Programs Repeal Act*	Would repeal the Family Planning program under Title X of the PHS Act. Title X has been unauthorized since 1985.	- Introduced by Rep. Dornan on May 12th. Referred to House Commerce Committee.
H.R. 833, *Family Planning Amendments Act of 1995*	Would reauthorize the Title X Family Planning program.	- Introduced by Representatives Porter (R-IL), Greenwood (R-PA), Waxman (D-CA) and Lowey (D-N.Y.) Referred to House Commerce Committee.

Summary of Abortion-Related Provisions in FY 1996 Authorization Bills

BILL	SUMMARY OF ABORTION-RELATED PROVISIONS	STATUS
H.R. 1561, Foreign Operations Authorization Bill, *American Overseas Interests Act*	Includes amendment by Rep. Smith (R-N.H.) to deny U.S. funds to any foreign non-governmental orgs. or their subcontractees which use their own funding to perform or promote abortion. Also ends funding for UNFPA due to its program in China.	- Voted out of House 2 weeks ago, 240-181. Action expected on two similar bills in Senate--S.908 and S.961, to be introduced after July recess.
H.R. 1530, DoD Authorizations Bill	Includes provision introduced by Rep. Dornan (R-CA) which would ban any abortions at American Military Hospitals overseas.	- Voted out of House June 15th, 230 196. 23 Dems joining a majority of Reps. No date scheduled for Senate consideration.
H.R. 1833, *Partial Birth Abortion Ban Act*	Outlaws late stage abortion of fetuses in latter stages of pregnancy. Calls for two years' imprisonment for a provider performing a partial birth abortion.	- Voted out of Judiciary Subcommittee on Constitution on June 21st, 7-5 (along party lines). Counterpart (S. 939) introduced by Sen. Smith (R-N.H.), referred to Labor/Human Resources Committee.
S. 555, *Health Professions Education Consolidation and Reauthorization Act.*	Amendment expected to be offered on the Senate floor by Sen. Coats (R-IN) to prohibit medical accrediting organizations from requiring institutions to offer training in the performance of abortions.	- Approved by Senate Labor and Human Resources Committee on March 29. Main sponsor: Kassebaum. Rep. Hoekstra (R-MI) introduced a free-standing bill similar to Coats amendment.

THE WHITE HOUSE

WASHINGTON

JUNE 22, 1995

MEMO FOR PAT

FROM: GORDON

SUBJECT: POSSIBLE VEHICLES FOR ABORTION LEGISLATION

As you know, abortion amendments have already been attached to a number of pieces of legislation on the House floor in the 104th Congress.

- In the Defense Authorization bill, an amendment by Rep. DeLauro to allow military personnel and their dependents to obtain privately-paid abortions at overseas military bases was rejected by a vote of 196-230 on June 15. The bill would prohibit the practice, and the amendment would strike the restriction and restore current law.

- In the Foreign Aid and State Department Authorization, a Morella amendment to a Smith amendment to prohibit money from the US being used to pay for abortion abroad or to lobby for an easing of foreign abortion restrictions was rejected by a vote of 198-227 on May 24. Immediately after, the underlying Smith amendment to codify the Mexico City Policy, which prohibits US funding of any public or private foreign entity that directly or indirectly performs abortions except in cases or rape, incest, or when the life of the woman is endangered, was adopted by a vote of 240-181.

- The House has also faced the abortion issue on two crime bill amendments. The first, a Schroeder amendment to explicitly allow money from crime block grants to be used for protection at abortion clinics, was rejected by a vote of 164-266 on February 14. Immediately after, a Hoke amendment that broadened the language allowing crime bill funds to be used for enhancing securities at facilities such as medical facilities was rejected by a vote of 206-225.

Other Possible Floor Action

Treasury/Postal Service Appropriations

- In the 1993 debate on the Treasury, Postal appropriations, a decade-long ban on using taxpayers' funds to help pay for federal workers' abortions through their health care coverage (the Federal Employees Health Benefits Plan) was

overturned. A key vote came on a procedural motion by Senator Mikulski which passed by a vote of 48-51 (August 3). The conference report barely survived an eleventh-hour attack in the House by abortion foes, but was adopted on September 29 by a vote of 207-206. HHS has indicated that this may be a contentious issue in the 104th Congress.

Labor/HHS/Education Appropriations

- It is believed that Medicaid funding for abortions may be debated in the Labor, HHS appropriations bill. Congress has prohibited Medicaid from paying for abortions unless the life of the woman was in danger or the pregnancy resulted from rape or incest.

  Representative Istook plans to reintroduce his "Medicaid" amendment at the July 10th markup of the FY96 Labor/HHS appropriations. This amendment would give states the option of using Medicaid funds to pay for abortions in cases of rape and incest. Currently, under current interpretation of the federal law, states are required to use Medicaid funds to pay for abortions in those instances -- they do not have the choice whether or not to do so.

DC Appropriations

- In 1993, Congress cleared the DC appropriations bill (HR 2492) which restricted the federal funds in most abortion cases but would allow the DC government to use locally raised revenue for abortion services. In previous years, the DC government was prohibited from using federal or city money to fund abortions, except in cases or rape or incest or danger to the life of the mother.

  The abortion issue may once again be a subject of contention in the DC Appropriations bill as Members try to limit the District's use of abortion funds.

Welfare Reform

- Abortion has already been considered in the context of welfare reform. Many anti-choice advocates believe that there will be an increase in the abortion rate if stringent provisions are put on out-of-wedlock births. Outside groups, such as religious organizations, have been active in shaping the welfare debate to prevent a possible rise in the number of abortions performed.

Public Health Service Act

- Senator Kassebaum has introduced a bill, S. 555, which would amend the Public Health Service Act to consolidate programs administered by the US Public Health Service. The legislation would also target Federal health professions funding to

support training initiatives designed to improve the health of citizens in our Nation's underserved areas.

The contentious issue relates to the HEAL loan program, which is for health education loans. One of the conditions for qualifying for the loan is to be enrolled in an accredited school; to get accreditation, schools must train students in abortion procedures. It is expected that Senator Coats will object to the requirement -- the bill is awaiting action on the legislative calendar but Senator Coats has a hold on the legislation.

Partial Birth Abortion Ban

- The House Judiciary Committee's Constitution subcommittee voted on June 21 to impose jail terms for doctors who perform certain rare late-term abortions. By a party line vote of 7-5, the subcommittee sent HR 1833 to the full committee for consideration. This marked the first time Congress has moved to ban a specific abortion procedure, and it is feared that it is the first step in limiting choice. This is part of the Christian Coalition's Contract with the American Family.

  Senator Smith introduced similar legislation (S. 939) in the Senate on June 16. The bill is on the legislative calendar awaiting action.

Regulatory Reform

- Senator Lautenberg may introduce an amendment to the regulatory reform bill relating to abortion. His amendment would make non-economic regulations subject to the review process if they infringe on the First Amendment rights of health officials. Non-economic regulations are generally not applicable to the regulatory review guidelines.

M E M O R A N D U M

To: Melanne Verveer
From: Karen Guss
Date: June 1, 1995
Re: Congressional challenges to reproductive rights
cc: Jennifer Klein

I have been following legislative activity relating to reproductive rights, and I thought you might be interested in a quick summary of what has already occurred in Congress and what seems to be in the works. It appears that several Republicans intend to expend a great deal of effort on trying to turn back the clock in this area. I will be working with Janet Murguia of our Legislative Affairs office and with Rep. Schroeder's staff to continue to keep up on this type of Congressional activity.

Congressional votes

- In the first abortion-related floor vote this year in the House of Representatives, the House passed an amendment to H.R. 1561, the Republicans' foreign aid bill, that would deny aid to any organization that provides abortion services overseas and would drop United States assistance to the United Nations Population Fund unless it pulled out of China. The amendment was introduced by Rep. Smith (R-NJ). As you know, the House leadership postponed further debate before a vote could be taken on the entire bill.

- The House National Security Committee approved an amendment to restore the ban on abortion services in military hospitals. The ban, first enforced during the Reagan Administration, was overturned by President Clinton through an executive order early in the Administration.

- In addition, during consideration of their rescission bill, the House Appropriations committee voted out an amendment that would allow states to refuse to fund abortions for women on Medicaid in cases of rape and incest. Currently, the Hyde amendment requires that Medicaid cover abortion services for women whose pregnancies result from rape or incest. This amendment -- introduced by Rep. Istook (R-OK)-- was withdrawn before the bill to which it was attached reached the House floor. However, the Republican leadership has promised Istook that Republicans who oppose a woman's right to choose will receive full floor consideration of their agenda later this year.

- Republicans are proposing to roll the federal Family Planning Program (Title X) into a block grant to the states, jeopardizing the provision of family planning services to millions of young and low-income women.

Possible future activity

- Republicans have embraced the Christian Coalition's "Contract with the American Family," which contains provisions attacking reproductive rights, including funding for family planning organizations that provide abortion counselling. These organizations would include family planning clinics supported by the federal government through Title X.

- Rep. Istook and Rep. Dornan (R-CA) are considered likely to introduce anti-choice amendments during debate on Labor-HHS authorization and appropriations legislation.

- Rep. Smith has told the Washington Post that he is drafting a bill prohibiting private health insurance policies from covering abortion, and wrote in Roll Call that Republicans would introduce legislation preventing federal employees' health benefit plans from covering abortion.

- Rep. Schroeder (D-CO) and her staff are concerned that Rep. Smith will go to Beijing during the 4th World Conference on Women and try to gain support for anti-choice legislation by linking legal abortion in the United States to China's repressive population policies.

Congressional Democrats' response

- Reps. Schroeder and Lowey (D-NY) and the Congressional Caucus for Women's Issues have announced their intention to "hold the line" by preventing the Republicans from eliminating Medicaid coverage for abortion in cases of rape and incest, undermining the Freedom of Access to Clinic Entrances Act, reinstating the "gag rule", and prohibiting private insurers from covering abortion. Reps. Schroeder and Lowey also announced that they would attempt to codify the principles of Roe v. Wade, although they did not state whether they would try to pass the Freedom of Choice Act or would instead draft and introduce new legislation. They do not expect the Istook rape/incest amendment to pass the Congress, but they do believe that other legislation in this area may end up on the President's desk.

Amendment to Rescissions Bill, 1995
Offered by Mr. Istook

At the appropriate place in the bill, insert the following new section:

LIMITATION ON FUNDING OF ABORTIONS

SEC. ___. None of the funds appropriated under Public Laws 103-112 and 103-333 shall be expended for any abortion except when it is made known to the Federal entity or official to which funds are appropriated under this Act that such procedure is necessary to save the life of the mother or that the pregnancy is the result of an act of rape or incest: *Provided*, That, effective October 1, 1993, and notwithstanding any other law, each State is and remains free not to fund abortions to the extent that the State in its sole discretion deems appropriate.

Executive Office of the President
OFFICE OF MANAGEMENT AND BUDGET
Legislative Reference Division
Resources-Defense-International Branch

Transmission Number (202) 395-5691
Verification Number (202) 395-7301

TO: Jennifer Klein

FROM: Mike Goad

DATE: February 24, 1995

RE: Section 255 of the Department of Defense Draft Proposal, the "National Defense Authorization Act for Fiscal Year 1996"

TOTAL PAGES: 3 (including the transmittal sheet)

COMMENTS:

Attached for your review and comment is a provision (section 255) of the Defense draft proposal, the "National Defense Authorization Act for Fiscal Year 1996", that would repeal the Hyde Amendment. Jim Fish (OMB/NSD) advises that you're the Administration's point person on the abortion issue.

A response by COB Monday would be appreciated.

Bill taking care of this.

SEC. ____. REPEAL OF THE STATUTORY RESTRICTION ON USE OF FUNDS FOR ABORTIONS.

(a) IN GENERAL.—Section 1093 of title 10, United States Code, is repealed.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of Chapter 55, United States Code, is amended by striking out the item relating to section 1093.

(c) EFFECTIVE DATE.—The amendment made by this section shall be effective October 1, 1995.

Section ___. Repeal of the Statutory Restriction on Use of Funds for Abortions.

This section repeals section 1093 of title 10, United States Code, which prohibits using funds available to the Department of Defense to perform abortions except where the life of the mother would be endangered if the fetus were carried to term. The provision being repealed is sometimes referred to as the "Hyde Amendment".

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
Washington, D.C. 20503-0001

6/9/95

LEGISLATIVE REFERRAL MEMORANDUM

LRM NO: 1603

FILE NO: 982

Total Page(s): 5

TO: Legislative Liaison Officer - See Distribution below:

FROM: Janet FORSGREN (for) Janet L. Forsgren

Assistant Director for Legislative Reference

SPECIAL

OMB CONTACT: Robert PELLICCI 395-4871
Legislative Assistant's line (for simple responses): 395-7362

SUBJECT: HHS Proposed Report on reauthorization of title X of the Public Health Service Act (family planning services).

DEADLINE: Thursday, June 15,1995

In accordance with OMB Circular A-19, OMB requests the views of your agency on the above subject before advising on its relationship to the program of the President.

Please advise us if this item will affect direct spending or receipts for purposes of the "Pay-As-You-Go" provisions of Title XIII of the Omnibus Budget Reconciliation Act of 1990.

COMMENTS: The attached HHS letter would serve as the Administration's request for reauthorization of PHS' family planning program.

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RESPONSE TO
LEGISLATIVE REFERRAL MEMORANDUM

LRM NO: 1603
FILE NO: 982

If your response to this request for views is simple (e.g., concur/no comment), we prefer that you respond by e-mail or by faxing us this response sheet.

If the response is simple and you prefer to call, please call the branch-wide line shown below (NOT the analyst's line) to leave a message with a legislative assistant.

You may also respond by:

(1) calling the analyst/attorney's direct line (you will be connected to voice mail if the analyst does not answer); or
(2) sending us a memo or letter.

Please include the LRM number shown above, and the subject shown below.

TO: Robert PELLICCI 395-4871
Office of Management and Budget
Fax Number: 395-6148
Branch-Wide Line (to reach legislative assistant): 395-7362

FROM: _____ (Date)

_____ (Name)

_____ (Agency)

_____ (Telephone)

SUBJECT: HHS Proposed Report on reauthorization of title X of the Public Health Service Act (family planning services).

The following is the response of our agency to your request for views on the above-captioned subject:

_____ Concur

_____ No Objection

_____ No Comment

_____ See proposed edits on pages _____

_____ Other: _____

_____ FAX RETURN of ____ pages, attached to this response sheet

The Honorable Newt Gingrich
Speaker of the House
of Representatives
Washington, D.C. 20515

Dear Mr. Speaker:

The Department recommends reauthorization of Title X of the Public Health Service Act (PHSA), Population Research and Voluntary Family Planning Programs.

The authorization of appropriations for this program expired in 1985. Nevertheless, Congress has continued to provide annual appropriations for the continued operation of this program. The clinics supported by Title X of the PHSA provide essential services to over 4 million low-income women each year. Family planning clinics are the sole health care providers for many women, particularly low-income women who are uninsured and do not qualify for Medicaid. Family planning programs are often the entry point into the health care system for many women, particularly low income women, and for many, these services are considered to be their primary care.

Provision of family planning services represents substantial savings in both human and dollar terms. Access to high quality family planning and related reproductive health services, such as services to prevent, screen for, and treat sexually transmitted diseases, is necessary, particularly for low-income women and the uninsured. It is estimated that if subsidized family planning services were not available, between 1 and 2 million additional unintended pregnancies would occur each year. Also, for every $1 invested in family planning services, a savings of $4.40 in averted expenditures for welfare and medical services is realized.

The Title X program also supports: (1) training for 250 nurse practitioners annually to provide services in clinics; (2) in-service training programs for other medical, professional and administrative clinic personnel; (3) information and education materials and programs; and, (4) research which focuses on family planning service delivery improvements.

In addition to contraceptive services, clinics provide basic gynecologic care, infertility services, and education and referral information on a broad range of reproductive health matters. The gynecologic screening that is part of a family planning visit is especially important in early detection and treatment of health problems such as cervical cancer and sexually transmitted diseases, as well as breast cancer.

Title X clinics serve the population at very high risk for unintended pregnancy and sexually transmitted infections. We believe this family planning program is a key factor in preventing unintended pregnancy, including pregnancy among adolescents, averting sexually transmitted infections, improving low birthweight and infant mortality, and reducing recourse to abortion to resolve unwanted pregnancies.

The evidence regarding the problems of unintended pregnancy, adolescent pregnancy and sexually transmitted diseases, as well as the need for continuing support for family planning services is well documented:

- When compared with other developed countries, the United States ranks among the highest in unintended pregnancy. On average, women in the United States have an estimated 1.31 unplanned pregnancies during their reproductive years. In Western Europe, the rate of unplanned pregnancies ranges between .28 in the Netherlands to .83 in Belgium. Only in France (1.35) and Denmark (1.18) are the rates comparable to the U.S.

- More than one-half of all pregnancies in the United States each year are unintended. The incidence of unintended pregnancy is higher for young women and for low-income women. One-half of all unintended pregnancies in the United States end in abortion.

- In the United States, 1 million adolescent girls -- nearly 1 in 8 -- become pregnant each year. Most of these pregnancies are unintended and approximately 40 percent end in abortion.

- Sexually transmitted diseases are increasing in prevalence, in particular among young, unmarried, and low-income persons. Each year, 4 million persons are infected with chlamydia, 1.1 million with gonorrhea, 120,000 with syphilis, and 40,000-50,000 with HIV. It is estimated that two-thirds of all sexually transmitted diseases occur among persons under 25 years of age; adolescents account for one-quarter of new infections annually.

- Family planning projects serve the population most at risk for unintended pregnancy and sexually transmitted infections, and most likely to need recourse to abortion: 85 percent of women served by the projects assisted by Title X are members of low-income families, 30 percent are adolescents, and 60 percent are younger than 25.

- Services in family planning clinics are provided at no cost to persons at or below 100 percent of poverty and according to a sliding fee scale to all others. Services are provided on a confidential basis.

- Demonstration programs in four States have shown that family planning clinic-based sexually transmitted disease interventions can reduce the incidence of chlamydia infection in family planning clients by two-thirds.

The Administration strongly believes that women requesting information should be provided with complete, nondirective counseling regarding pregnancy. In the event of an unplanned pregnancy and at the request of the patient, Title X providers provide nondirective counseling to the patient on all options relating to her pregnancy, including prenatal care and delivery; infant care, foster care, and adoption; and, termination of pregnancy, as well as referral for services.

The provision of complete, nondirective information ensures that patients retain control of the decisionmaking process regarding their own health and medical care, and enables patients to act in what they have determined to be their own best interest. We strongly believe that failing to provide such information when requested could endanger women's lives and health.

We urge that Congress give prompt and favorable consideration to reauthorizing this valuable program.

We are advised by the Office of Management and Budget that enactment of these recommendations would be in accord with the program of the President.

Sincerely,

Donna E. Shalala

URGENT

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
Washington, D.C. 20503-0001

6/7/95

LEGISLATIVE REFERRAL MEMORANDUM

LRM NO: 1589

FILE NO: 217

Total Page(s): 6

TO: Legislative Liaison Officer - See Distribution below

FROM: Ron PETERSON (for)
Assistant Director for Legislative Reference

Ron Peterson

OMB CONTACT: Mike GOAD 395-7301
Legislative Assistant's line (for simple responses): 395-6194

SUBJECT: OMB Proposed Statement of Administration Policy RE: HR1530, National Defense Authorization for 1996

DEADLINE: 2:00 P.M., Thursday, June 08,1995

In accordance with OMB Circular A-19, OMB requests the views of your agency on the above subject before advising on its relationship to the program of the President.

Please advise us if this item will affect direct spending or receipts for purposes of the "Pay-As-You-Go" provisions of Title XIII of the Omnibus Budget Reconciliation Act of 1990.

COMMENTS: Please note that the first paragraph of the proposed Statement, regarding the Administration's overall position on HR1530, may conclude one of two ways (see "Option 1" and "Option 2"). In responding to the request for views, please indicate which of the two options your agency would recommend. If you do not respond by the deadline, we may assume that your agency has no comment.

URGENT

LEGISLAT VE REFE RAL MEMORANDUM
Distribution List

LRM NO: 1589

FILE NO: 217

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RESPONSE TO LEGISLATIVE REFERRAL MEMORANDUM

LRM NO: 1589
FILE NO: 217

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(1) calling the analyst/attorney's direct line (you will be connected to voice mail if the analyst does not answer); or
(2) sending us a memo or letter.

Please include the LRM number shown above, and the subject shown below.

TO: Mike GOAD 395-7301
Office of Management and Budget
Fax Number: 395-5691
Branch-Wide Line (to reach legislative assistant): 395-6194

FROM: _____ (Date)

_____ (Name)

_____ (Agency)

_____ (Telephone)

SUBJECT: OMB Proposed Statement of Administration Policy RE: HR1530, National Defense Authorization for 1996

The following is the response of our agency to your request for views on the above-captioned subject:

_____ Concur

_____ No Objection

_____ No Comment

_____ See proposed edits on pages _____

_____ Other: _____

_____ FAX RETURN of ____ pages, attached to this response sheet

June 7, 1995
(House)

H.R. 1530 - National Defense Authorization Act for Fiscal Year 1995
(Reps. Spence (R) SC and Dellums (D) CA)

H.R. 1530, as reported by the Committee on National Security, contains highly objectionable provisions that would severely compromise the Administration's national defense objectives. The bill fails to conform to the President's Budget, undermines his authority as Commander in Chief, interferes with the careful and successful build down and restructuring for post-Cold War missions, and encumbers management of Department of Defense (DOD) programs.

Option 1: The Administration, therefore, strongly opposes H.R. 1530, unless amended to address these objections and others that the Administration may identify as it continues its review of the bill.

Option 2: The _____ would recommend to the President that he veto H.R. 1530 if the bill is presented to him in its current form.

The bill's most objectionable provisions are set forth below.

Undercut Progress in Arms Control and Non-Proliferation. The bill would require the deployment of a United States-based ballistic-missile defense system and would establish criteria to differentiate tactical-missile defenses from defense against strategic missiles. These provisions would jeopardize the balance in strategic capabilities achieved under START II. Ratification of START II would be seriously threatened. The United States would put at risk a large reduction in the threat to this country from strategic missiles to obtain the marginal gains that these provisions of H.R. 1530 would provide.

In addition, the bill would reduce by $171 million the Administration's $371 million request for the Nunn-Lugar Program to reduce threats to the United States by dismantling weapons of mass destruction and converting military industries in the former Soviet Union to civilian enterprises. Nunn-Lugar investments provide the foundation for more secure relations with the republics of the former Soviet Union.

Restrict Secretarial Ability to Manage Departmental Operations. H.R. 1530, through many onerous provisions, would undercut the Secretary's managerial authority and would seek to micromanage DOD operations. Specifically, the bill would: (1) prohibit, in FY 1996 and the future, reductions in military end strength levels below the FY 1996 requested levels; (2) exempt military technician positions from personnel reductions planned by the Department; (3) require the Department to convert, during FY 1997, 10,000 military positions to Federal civilian employees; and (4) restrict the Secretary of Defense's authority to reduce civilian full-time equivalent employment unless the reduction is due to decreases in funding, thereby severely limiting the President's ability to manage Federal employment.

In addition, the bill would terminate advance billing and central cash management in the Defense Business Operations Fund (DBOF), thereby reducing flexibility to manage temporary cash shortages and possibly lessening readiness if purchases of supplies and services had to be slowed or cancelled. Moreover, the bill would convey 13 parcels of DOD real property to public and private entities, often without consideration. These conveyances, which are at variance with the 1990 Defense Base Closure and Realignment Act, would undermine the Administration's policy to encourage community redevelopment and would reduce resources available for base closures and realignment.

Undermine Presidential Authority on Peacekeeping Activities. H.R. 1530 would limit the placement of U.S. forces under U.N. command or control, or under officers of an allied nation. This would infringe upon the President's constitutional authority as commander-in-chief. Furthermore, the bill would prohibit the use of DOD funds to pay for the United States' share of costs of U.N. peacekeeping activities.

Increase Defense Spending to Unsustainable and Inappropriate Levels. H.R. 1530 would exceed the President's Budget request by approximately $9.5 billion. With the Nation facing serious budget constraints, this spending is neither warranted nor justified. These additional funds provide: (1) $4.4 billion for procurement of unneeded programs, including over $500 million for additional B-2 bombers and $770 million for equipment for Reserve forces, and for continued production of older technology programs, such as the F-15 and F-16 aircraft; (2) more than $600 million for a national missile defense program of lower priority than defenses against tactical ballistic missiles; and (3) approximately $635 million for unrequested military construction projects for the active and reserve components.

Terminate or Underfund Important Defense Investment Programs. H.R. 1530 would terminate the Technology Reinvestment Project, an Administration priority. This program is critical in harnessing leading-edge technology from the commercial sector for national defense. In addition, the bill would put at risk the submarine industrial base by rejecting the Administration's $1.5 billion request for the third Seawolf attack submarine.

Create Inequitable Treatment of Military Personnel. The bill would: (1) require military personnel, who have HIV, to be discharged; and (2) bar female service members or dependents from obtaining abortions in U.S. military hospitals abroad.

During further action on this legislation, the Administration will work with the Congress to resolve these and other issues identified by the Administration. In this regard, we would encourage House to seek mandatory rather than discretionary funding for the acceleration of the military retirees' COLA.

Pay-As-You-Go Scoring

H.R. 1530 would affect direct spending and receipts; therefore, it is subject to the pay-as-you-go requirement of the Omnibus Budget Reconciliation Act of 1990. OMB's preliminary scoring estimates of this bill are presented in the table below.

Pay-As-You-Go Estimates
($ millions)

1995	1996	1997	1998	1999	1995-1999

* * * * *