



To: Honorable Members of the Missouri House and Senate

**From: Gerard Nieters, Legislative Director
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Re: Pro-life Concerns With Medicaid Expansion

**PRO-LIFE CONCERNS WITH MEDICAID EXPANSION CONTINUE
Missouri Right to Life – 2021**

During the August 2020 election cycle, Missouri Right to Life PAC opposed the Medicaid Expansion Initiative no. 2020-063 (as numbered by the Secretary of State). Proponents sought signatures from voters to put it on the ballot. The proposal ignored the growing danger that the Hyde Amendment would be terminated, leaving unborn children completely exposed to governmental funding of abortions if their mothers are covered by Medicaid. We now see that the termination of the Hyde Amendment is a very real possibility if not probability. The proposal also means greatly expanding current Medicaid funding of abortions of newly-formed human beings by means of prescriptions of the so-called "morning after" pills.

For pro-life reasons, pro-lifers find Medicaid Expansion unacceptable. Abortions are not health care, and Missourians should not be forced to pay for more of them.

Medicaid Program in Missouri

Medicaid is a joint federal-state program established by Congress to pay for health care for certain groups of people. (In Missouri, it is named "MO HealthNet.") The federal government makes many types of coverage mandatory for all State programs, including family planning. In recent years, MO HealthNet has subsidized medical care for over 976,000 Missourians at a cost to the State (not including the federal share) of approximately \$1.3 billion per year.

Prior to the initiative vote, the largest group of people that were *not* eligible for Medicaid assistance consists of childless adults between the ages of 19-64 whose household income is no more than 133% of the Federal Poverty Level. This is the target group for new Medicaid eligibility under the Initiative.

Proponents claim that expansion will provide healthcare to more than 200,000 Missourians. While for these new enrollees, the federal government would pick up 90% of the Medicaid costs, the State of Missouri would be obligated for the remaining 10%.

Missouri Right to Life does not take a position on the economics of Medicaid expansion, but only on the anti-life consequences that could follow.

Pro-Life Concern #1:
Pro-lifers Cannot Presume the Survival of the Hyde Amendment

The Hyde Amendment is an annual rider on a federal appropriations bill for four federal departments, including the Department of Health & Human Services. It forbids the use of federal funds appropriated in the bill for abortions, except in cases of rape, incest, and (to oversimplify somewhat) the life of the mother. The bill requires a majority vote of both Houses of Congress every year and the signature of the President.

The Hyde Amendment is a target. President Joe Biden has stated his intent to end the Hyde Amendment.

In the early 2000's, a study by the pro-abortion Guttmacher Institute indicated that in states that opt for an end-around of the Hyde Amendment by using 100% of state money and no federal money to pay for abortions in their Medicaid programs, about twice as many abortions occur as when abortions are not subsidized by the state government. This study was cited by the U. S. Conference of Catholic Bishops in their 2010 criticisms of the bill that became the Affordable Care Act (Obamacare).

This statistic may be subject to some variation among different states. Dr. Michael J. New, analyzing the Guttmacher Institute's data, has found that such "Medicaid funding of abortions increases the abortion rate for women on Medicaid by anywhere from 22 percent to 58 percent." Wherever Missouri might fall in this range of percentages, the danger is substantial.

When the pro-abortion Congress, U.S. Senate and President Biden defeat the Hyde Amendment, then Medicaid will return to funding hundreds of thousands of surgical abortions per year nationwide, including Medicaid abortions in Missouri.

Pro-life Concern #2:
Medicaid Requires Payment for Drugs That Operate in Some Cases as Abortifacients

Federal laws compel Medicaid to pay for family planning services. One federal regulation on family planning provides for Medicaid payment of prescription drugs or devices "to prevent implantation of the fertilized ovum." The "fertilized ovum" constitutes a new human being, as leading embryologists agree. Preventing implantation is a means of causing death of that new human being--in other words, an abortion.

Moreover, the phraseology, "implantation of the fertilized ovum," is misleading. Implantation occurs about one week after fertilization. By the time of implantation, the new human being consists

of 100+ cells that are already differentiating. Preventing implantation puts to death a week-old developing human being.

As leading embryologists, Ronan O'Rahilly and Fabiola Muller teach, "Embryonic life begins with the formation of a new embryonic genome (slightly prior to its activation). * * * Just as postnatal age begins at birth, prenatal age begins at fertilization." Embryologists Keith Moore and others write, "Human development begins at fertilization when a sperm fuses with an oocyte to form a single cell, the zygote. This highly-specialized, totipotent cell . . . marks the beginning of each of us as a unique individual."

While so-called prescription "morning after" pills are marketed as contraceptives, they also act as abortifacients in many instances. A 2015 study by C. Kahlenborn and others that was published in the prestigious *Lineacre Quarterly* stated, "[R]ecent studies clearly demonstrate that LNG-EC [levonorgestrel emergency contraception, including Plan B] does not consistently stop or delay ovulation." The authors continued, "We conclude that based on current scientific and medical data, there is significant potential that the clinical efficacy of preovulatory administration of LNG-EC is due to an abortifacient effect, with the death of the embryo in the fallopian tube, in utero, or after implantation."

The prescription pill marketed as "ella" has abortifacient aspects as well. The FDA "Approved Patient Labeling: Patient Information Section" of the FDA label for ella (Ulipristal acetate), in answer to the question, "How does ella work?", says this: "ella is thought to work for emergency contraception primarily by stopping or delaying the release of an egg from the ovary. *It is possible that ella may also work by preventing attachment (implantation) to the uterus*" (emphasis supplied).

That so-called prescription "morning after" pills act as abortifacients is contested by other researchers. But here a strong burden of proof in favor of life must be applied. In view of the scientific findings described above, it is doubtful, and far from a scientific or moral certainty, that ella and Plan B act only as true contraceptives and not as abortifacients. There is strong evidence to the contrary that indicates they do act as abortifacients, perhaps even in a majority of cases. When human lives are at stake, Missouri Right to Life will take a position that gives the benefit of reasonable doubt to unborn babies and will oppose measures that may well result in their destruction.

Because of the evidence that so-called prescription "morning after" pills at times cause abortions, an expansion of Medicaid will result in a substantial increase in taxpayer subsidies of such pills. It is wrong to support the expansion of a program that requires taxpayers to pay for abortions in any form, including prescriptions of so-called "morning after" pills.

Conclusion

The repeal of the Hyde Amendment will greatly increase the number of unborn babies who are at risk because of Medicaid payment for abortions. It will also greatly increase the number of abortions resulting from use of so-called "morning after" prescription pills that must be paid for by Medicaid.

Citations to sources will be provided upon request.