

103^D CONGRESS
2^D SESSION

H. CON. RES. 229

Expressing the sense of the Congress that any national comprehensive benefit package that results from health care reform legislation should cover the full range of reproductive health services for women.

IN THE HOUSE OF REPRESENTATIVES

MARCH 22, 1994

Mr. MORAN (for himself, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. FURSE, Mr. OLVER, Mr. MILLER of California, Ms. WOOLSEY, Mr. STUDDS, Mr. ANDREWS of Maine, Mr. FILNER, Ms. NORTON, Mr. MARTINEZ, Mr. WHEAT, Mr. EDWARDS of California, Mr. FAZIO, Mr. FARR of California, Mr. YATES, Mr. GEJDENSON, Mr. CONYERS, Mr. RUSH, Ms. VELÁZQUEZ, Mr. MEEHAN, and Mr. ANDREWS of Texas) submitted the following concurrent resolution; which was referred jointly to the Committees on Energy and Commerce and Ways and Means

CONCURRENT RESOLUTION

Expressing the sense of the Congress that any national comprehensive benefit package that results from health care reform legislation should cover the full range of reproductive health services for women.

Whereas reproductive health care is the most significant form of health care that an average woman receives during most of her lifetime;

Whereas reproductive health care is an essential component of primary health care for women and includes gynecological care, contraception, and pregnancy-related treatment;

Whereas advances in reproductive health care, including access to safe and legal abortion services, have produced unquestioned health benefits for women;

Whereas most health benefit plans that include coverage for pregnancy-related care also include coverage for abortion services, resulting in abortion coverage for approximately 78,000,000 women in the United States;

Whereas abortion is one of the most common and safest surgical procedures performed on women;

Whereas a woman is more likely to bear an unwanted child, continue a potentially health-threatening pregnancy to term, or undergo an abortion procedure that would endanger the health of the woman if national or State funding regulations deter or delay the woman from seeking an early termination of pregnancy;

Whereas forced continued pregnancy may lead to serious physical risks and burdens in some women that range from prolonged discomfort and pain to a substantial risk of medical complications, and may even lead to death;

Whereas each week that passes after 8 weeks of pregnancy increases the risk of death or major complications from an abortion;

Whereas $\frac{1}{2}$ of all women who delayed seeking an abortion until 16 weeks into a pregnancy did so in order to seek financing to pay for the abortion;

Whereas the proportion of abortions that occur after the fetus is viable likely will increase if access to, and the affordability of, abortions becomes limited;

Whereas excluding coverage for abortion from any national comprehensive benefit package that results from health care reform legislation would further exacerbate the exist-

ing shortage of qualified physicians willing and able to perform safe abortions;

Whereas there are increasingly fewer residency programs in obstetrics-gynecology that offer training in abortion procedures and increasingly fewer medical schools that include abortion in the training offered by the school; and

Whereas the inclusion of coverage for abortion in any national comprehensive benefit package would be consistent with the decision of the Congress not to include any abortion-related limitation on the Federal employees health benefit program in the Treasury, Postal Service, and General Government Appropriations Act, 1994: Now, therefore, be it

1 *Resolved by the House of Representatives (the Senate*
2 *concurring)*, That it is the sense of the Congress that—

3 (1) all women should have the opportunity to
4 make decisions about their own reproductive health
5 and to act on such decisions through access to the
6 full range of reproductive health services, including
7 contraception, prenatal care, and abortion;

8 (2) any national comprehensive benefit package
9 that results from health care reform legislation
10 should cover the full range of reproductive health
11 services for women;

12 (3) every woman should be able to decide
13 whether or not to have an abortion based on her own
14 religious beliefs and moral convictions; and

1 (4) any health care reform legislation that is
2 enacted should include a conscience clause that ex-
3 empts a health care provider from performing or
4 participating in an abortion to which the provider
5 objects based on a religious belief or moral convic-
6 tion.

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