

# Issue Brief for Congress

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## **Abortion: Legislative Response**

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## Abortion: Legislative Response

### SUMMARY

In 1973, the U.S. Supreme Court held that the Constitution protects a woman's decision whether to terminate her pregnancy, *Roe v. Wade*, 410 U.S. 113, and that a state may not unduly burden the exercise of that fundamental right by regulations that prohibit or substantially limit access to the means of effectuating that decision, *Doe v. Bolton*, 410 U.S. 179. But rather than settling the issue, the Court's rulings have kindled heated debate and precipitated a variety of governmental actions at the national, state, and local levels designed either to nullify the rulings or limit their effect. These governmental regulations have, in turn, spawned further litigation in which resulting judicial refinements in the law have been no more successful in dampening the controversy.

In recent years, the rights enumerated in *Roe* have been redefined by decisions such as *Webster v. Reproductive Health Services*, which gave greater leeway to the States to restrict abortion, and *Rust v. Sullivan*, which narrowed the scope of permissible abortion-related activities that are linked to federal funding. The decision in *Planned Parenthood v. Casey*, which established the "undue burden" standard for determining whether abortion restrictions are permissible, gave Congress additional impetus to move on statutory responses to the abortion issue, such as the Freedom of Choice Act.

In each Congress since 1973, constitu-

tional amendments to prohibit abortion have been introduced. These measures have been considered in committee but none has been passed by either the House or the Senate.

Legislation to prohibit a specific abortion procedure, the so-called "partial-birth" abortion procedure, has been introduced in recent Congresses. Although such legislation has been passed by both chambers in the past, it has failed to become law.

Since *Roe v. Wade*, Congress has attached abortion funding restrictions to numerous appropriations measures. The greatest focus has been on restricting Medicaid abortions under the annual appropriations for the Department of Health and Human Services. This series of restrictions is popularly known as the "Hyde Amendments." Restrictions on the use of appropriated funds affect numerous federal entities, including the Department of Justice, where federal funds may not be used to perform abortions in the federal prison system except in cases of rape or endangerment of the mother. Such restrictions also impact the District of Columbia, where both federal and local funds may not be used to perform abortions except in cases of rape, incest or endangerment of the mother, and affect international organizations like the United Nations Population Fund, which receives funds through the annual Foreign Operations appropriations measure.

## **MOST RECENT DEVELOPMENTS**

On March 26, 2003, H.R. 760, the Partial-Birth Abortion Ban Act of 2003 was reported out of the House Judiciary Committee. H.R. 760 would prohibit physicians from performing a partial-birth abortion except when it is necessary to save the life of a mother whose life is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself. Physicians who violate the Act would be subject to a fine, imprisonment for not more than two years, or both. Although the U.S. Supreme Court has held that restrictions on abortion must allow for the performance of an abortion when it is necessary to protect the health of the mother, H.R. 760 does not include such an exception. Proposed amendments to H.R. 760, including one that would have allowed a partial-birth abortion to preserve the health of the mother, were defeated. A vote on H.R. 760 is expected in the near future.

## **BACKGROUND AND ANALYSIS**

### **Judicial History**

The primary focus of this issue brief is legislative action in the 108th Congress with respect to abortion. However, discussion of those legislative proposals necessarily involves a brief discussion of the leading U.S. Supreme Court decisions concerning a woman's right to choose whether to terminate her pregnancy. For a more detailed discussion of the relevant case law, see CRS Report 95-724, *Abortion Law Development: A Brief Overview*.

#### ***Roe v. Wade* and *Doe v. Bolton***

In 1973, the Supreme Court issued its landmark abortion rulings in *Roe v. Wade*, 410 U.S. 113, and *Doe v. Bolton*, 410 U.S. 179. In those cases, the Court found that Texas and Georgia statutes regulating abortion interfered to an unconstitutional extent with a woman's right to decide whether to terminate her pregnancy. The Texas statute forbade all abortions not necessary "for the purpose of saving the life of the mother." The Georgia enactment permitted abortions when continued pregnancy seriously threatened the woman's life or health, when the fetus was very likely to have severe birth defects, or when the pregnancy resulted from rape. The Georgia statute required, however, that abortions be performed only at accredited hospitals and only after approval by a hospital committee and two consulting physicians.

The Court's decisions were delivered by Justice Blackmun for himself and six other Justices. Justices White and Rehnquist dissented. The Court ruled that states may not categorically proscribe abortions by making their performance a crime, and that states may not make abortions unnecessarily difficult to obtain by prescribing elaborate procedural guidelines. The constitutional basis for the decisions rested upon the conclusion that the Fourteenth Amendment right of personal privacy embraced a woman's decision whether to carry a pregnancy to term. Regarding the scope of that privacy right, the Court stated that

it included “only personal rights that can be deemed ‘fundamental’ or ‘implicit in the concept of ordered liberty’” and “bears some extension to activities related to marriage, procreation, contraception, family relationship, and child rearing and education.” *Roe v. Wade*, 410 U.S. 113, 152-153 (1973). Such a right, the Court concluded, “is broad enough to encompass a woman’s decision whether or not to terminate her pregnancy.” *Id.* at 153.

With respect to protection of the right against state interference, the Court held that since the right of personal privacy is a fundamental right, only a “compelling State interest” could justify its limitation by a state. Thus, while it recognized the legitimacy of the state interest in protecting maternal health and the preservation of the fetus’ potential life (*id.* at 148-150), as well as the existence of a rational connection between these two interests and the state’s anti-abortion law, the Court held these interests insufficient to justify an absolute ban on abortions. Instead, the Court emphasized the durational nature of pregnancy and held the state’s interests to be sufficiently compelling to permit curtailment or prohibition of abortion only during specified stages of pregnancy. The High Court concluded that until the end of the first trimester, an abortion is no more dangerous to maternal health than childbirth itself, and found that: “[With] respect to the State’s important and legitimate interest in the health of the mother, the “compelling” point, in light of present medical knowledge, is at approximately the end of the first trimester.” *Id.* at 163. Only after the first trimester does the state’s interest in protecting maternal health provide a sufficient basis to justify state regulation of abortion, and then only to protect this interest. *Id.* at 163- 164.

The “compelling” point with respect to the state’s interest in the potential life of the fetus “is at viability.” Following viability, the state’s interest permits it to regulate and even proscribe an abortion except when necessary, in appropriate medical judgment, for the preservation of the life or health of the woman. *Id.* at 160. In summary, the Court’s holding was grounded in this trimester framework analysis and the concept of fetal viability which was defined in post-natal terms. *Id.* at 164-165.

In *Doe v. Bolton*, 410 U.S. 179 (1973), the Court extended *Roe* by warning that just as states may not prevent abortion by making the performance a crime, states may not make abortions unreasonably difficult to obtain by prescribing elaborate procedural barriers. In *Doe*, the Court struck down state requirements that abortions be performed in licensed hospitals; that abortions be approved beforehand by a hospital committee; and that two physicians concur in the abortion decision. *Id.* at 196-199. The Court appeared to note, however, that this would not apply to a statute that protected the religious or moral beliefs of denominational hospitals and their employees. *Id.* at 197-198.

The Court in *Roe* also dealt with the question whether a fetus is a person under the Fourteenth Amendment and other provisions of the Constitution. The Court indicated that the Constitution never specifically defines “person”, but added that in nearly all the sections where the word person appears, “the use of the word is such that it has application only post-natally. None indicates, with any assurance, that it has any possible pre-natal application.” 410 U.S. at 157. The Court emphasized that, given the fact that in the major part of the 19th century prevailing legal abortion practices were far freer than today, the Court was persuaded “that the word ‘person’, as used in the Fourteenth Amendment, does not include the unborn.” *Id.* at 158.

The Court did not, however, resolve the question of when life actually begins. While noting the divergence of thinking on this issue, it instead articulated the legal concept of “viability”, defined as the point at which the fetus is potentially able to live outside the womb, although the fetus may require artificial aid. *Id.* at 160. Many other questions were also not addressed in *Roe* and *Doe*, but instead formed the grist for a burgeoning book of post-*Roe* litigation.

## Supreme Court Decisions Subsequent to *Roe* and *Doe*

The post-*Roe* litigation included challenges to state restrictions requiring informed consent/waiting periods (*Planned Parenthood v. Danforth*, 428 U.S. 52 (1976), *City of Akron v. Akron Center for Reproductive Health, Inc.*, 462 U.S. 416 (1983)); spousal/parental consent (*Planned Parenthood v. Danforth*, *supra*, *Bellotti v. Baird*, 443 U.S. 622 (1979), *City of Akron*, *supra*, *Planned Parenthood Association of Kansas City, Missouri Inc. v. Ashcroft*, 462 U.S. 476 (1983)); parental notice (*Bellotti v. Baird*, *supra*, *H. L. v. Matheson*, 450 U.S. 398 (1981), *Hartigan v. Zbaraz*, 484 U.S. 171 (1987), *Hodgson v. Minnesota*, 497 U.S. 417 (1990), *Ohio v. Akron Center for Reproductive Health*, 497 U.S. 502 (1990); reporting requirements (*Planned Parenthood v. Danforth*, *supra*, *Planned Parenthood of Kansas City, Missouri, Inc. v. Ashcroft*, *supra*); advertisement of abortion services (*Bigelow v. Virginia*, 421 U.S. 809 (1975); abortions by nonphysicians (*Connecticut v. Menillo*, 423 U.S. 9 (1975); locus of abortions (*City of Akron*, *supra*, *Ashcroft*, *supra*, *Simopoulos v. Virginia*, 462 U.S. 506 (1983)); and viability, fetal testing, and disposal of fetal remains (*Planned Parenthood of Central Missouri v. Danforth*, *supra*, *Colautti v. Franklin*, 439 U.S. 379 (1979), *Ashcroft*, *supra*, *City of Akron*, *supra*).

The Court in *Rust v. Sullivan*, 500 U.S. 173 (1991), upheld on both statutory and constitutional grounds HHS’ Title X regulations restricting recipients of federal family planning funding from using federal funds to counsel women about the option of abortion. This case can better be described as one involving a challenge to First Amendment free speech rights than to the constitutionally guaranteed substantive right to an abortion; however, following its earlier public funding cases (*Maher v. Roe* and *Harris v. McRae*) as precedent, the Court did conclude that a woman’s right to an abortion was not burdened by these regulations. The Court reasoned that there was no such violation because the government has no duty to subsidize an activity simply because it is constitutionally protected and because a woman is “in no worse position than if Congress had never enacted Title X.”

For the purpose of this issue brief, the two landmark cases relevant for discussion are *Webster v. Reproductive Health Services*, 492 U.S. 490 (1989), and *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833 (1992), because they represent a shift in direction by the Supreme Court from the type of constitutional analysis it articulated in *Roe v. Wade* and have implications for future legislative action and how such statutory enactments will be judged by the courts in the years to come.

## **Webster**

The Supreme Court upheld the constitutionality of the State of Missouri's abortion statute in *Webster v. Reproductive Health Services*, 492 U.S. 49 (1989). In this 5-4 decision, while the majority did not overrule *Roe v. Wade*, it indicated that it was willing to apply a less stringent standard of review to state restrictions on abortion. *Webster* made it clear that state legislatures have considerable discretion to pass restrictive legislation in the future, with the likelihood that such laws would probably pass constitutional muster.

The main provisions in the 1986 Missouri law upheld by the Court included: (1) barring public employees from performing or assisting in abortions not necessary to save the life of the mother; (2) barring the use of public buildings for performing abortions, despite the fact that there were no public monies involved (e.g., a building situated on public land); and (3) requiring physicians believing a woman desiring an abortion to be at least 20 weeks pregnant to perform tests to determine whether the fetus is viable. The *Webster* ruling was narrow in that it did not affect private doctors' offices or clinics, where most abortions are performed. Its significance derives more from the rationales articulated by the five justices regarding how abortion restrictions would be reviewed in the future. However, because the Missouri law did not limit abortion prior to viability, the plurality did not believe it was necessary to consider overruling *Roe*. *Webster* set the stage for the Court's 1992 decision in *Casey* where a real shift in direction was pronounced.

## **Casey**

Both *Webster* and *Rust* energized legislative activity, the former at both the federal and state levels and the latter at the federal level. Some of the state legislative proposals that have become law have been challenged in the courts, e.g., Pennsylvania, Guam, Louisiana, and Utah. The Pennsylvania case, *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833, was decided by the Supreme Court on June 29, 1992. In a highly fractionated 5-4 decision, the Court reaffirmed the basic constitutional right to an abortion while simultaneously allowing some new restrictions. Justices O'Connor, Kennedy and Souter wrote the plurality opinion, and they were joined in part by Justices Stevens and Blackmun. Chief Justice Rehnquist and Justices White, Scalia and Thomas dissented. The Court refused to overrule *Roe v. Wade*, and the plurality explained at length why it was important to follow precedent. At the same time, the plurality indicated that state laws which contained an outright ban on abortion would be unconstitutional. Nevertheless, the Court abandoned the trimester framework articulated in *Roe* and the strict scrutiny standard of judicial review of abortion restrictions. Instead, it adopted a new analysis, "undue burden." Courts will now need to ask the question whether a state abortion restriction has the effect of imposing an "undue burden" on a woman's right to obtain an abortion. "Undue burden" was defined as a "substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus." 505 U.S. at 877.

The Court applied this new analysis to the Pennsylvania statute and concluded that four of the provisions did not impose an undue burden on the right to abortion and were constitutional. Those provisions upheld were the 24-hour waiting period; informed consent; parental consent for minors' abortions with a judicial bypass; and reporting requirements. The spousal notification provision, requiring a married woman to tell her husband she

intends to have an abortion, did not survive the “undue burden” test, and it was struck down as being unconstitutional.

The Court’s decision in *Casey* is significant because under the new standard of review more state restrictions will be able to pass constitutional muster. Also, the Court found that the state’s interest in protecting the potentiality of human life extended throughout the course of the pregnancy, and thus the state could regulate, even to the point of favoring childbirth over abortion, from the outset. Under *Roe*, which utilized the trimester framework, during the first trimester of pregnancy, the woman’s decision to terminate her pregnancy was reached in consultation between her and her doctor with virtually no state involvement. Also, under *Roe*, abortion was a “fundamental right” that could not be restricted by the state except to serve a “compelling” state interest. *Roe*’s strict scrutiny form of review resulted in most state regulations being invalidated during the first two trimesters of pregnancy. The “undue burden” standard will allow more regulation during that period. This is evident from the fact that in *Casey* the Court overruled in part two of its earlier decisions which had followed *Roe*, *City of Akron v. Akron Center of Reproductive Health*, 462 U.S. 416 (1983) and *Thornburgh v. American College of Obstetricians and Gynecologists*, 476 U.S. 747 (1986.) In the 1983 and 1986 cases, the Court, applying strict scrutiny, had struck down 24-hour waiting periods and informed consent provisions; whereas in *Casey*, applying undue burden, the Court upheld similar provisions.

*Casey* had its greatest immediate effect on women in the State of Pennsylvania; however, its reasoning invites other states to pass similar restrictions or different ones which when challenged will be reviewed by the courts using the “undue burden” analysis. Finally, the Court in *Casey* left the door open for further challenges to the Pennsylvania statute once the law was actually applied. The Court specifically indicated that the abortion clinics which challenged the law would have the opportunity to document the effects of the waiting period and other provisions to show that while facially these provisions did not impose an “undue burden”, in practice they did.

## Public Funding of Abortions

After the Supreme Court’s decisions in *Roe* and *Doe*, one of the first federal legislative responses was enactment of restrictions on the use of federal money for abortions, e.g., restrictions on Medicaid funds (so-called Hyde Amendment). Almost immediately these restrictions were challenged in the courts. Two categories of public funding cases have been heard and decided by the Supreme Court: those involving (1) funding restrictions for nontherapeutic (elective) abortions; and (2) funding limitations for therapeutic (medically necessary) abortions.

**The 1977 Trilogy — Restrictions on Public Funding of Nontherapeutic or Elective Abortions.** The Supreme Court, in three related decisions, ruled that the states have neither a statutory nor a constitutional obligation to fund elective abortions or provide access to public facilities for such abortions (*Beal v. Doe*, 432 U.S. 438 (1977); *Maher v. Roe*, 432 U.S. 464 (1977); and *Poelker v. Doe*, 432 U.S. 519 (1977) (per curiam)).

In *Beal v. Doe*, the Court held that nothing in the language or legislative history of Title XIX of the Social Security Act (Medicaid) requires a participating state to fund every medical procedure falling within the delineated categories of medical care. The Court ruled



that it was not inconsistent with the Act's goals to refuse to fund unnecessary medical services. However, the Court did indicate that Title XIX left a state free to include coverage for nontherapeutic abortions should it choose to do so. Similarly, in *Maher v. Roe*, the Court held that the Equal Protection Clause does not require a state participating in the Medicaid program to pay expenses incident to nontherapeutic abortions simply because the state has made a policy choice to pay expenses incident to childbirth. More particularly, Connecticut's policy of favoring childbirth over abortion was held not to impinge upon the fundamental right of privacy recognized in *Roe v. Wade*, which protects a woman from undue interference in her decision to terminate a pregnancy. Finally, in *Poelker v. Doe*, the Court upheld a municipal regulation that denied indigent pregnant women nontherapeutic abortions at public hospitals. It also held that staffing those hospitals with personnel opposed to the performance of abortions did not violate the Equal Protection Clause of the Constitution. *Poelker*, however, did not deal with the question of private hospitals and their authority to prohibit abortion services.

**Public Funding of Therapeutic or Medically Necessary Abortions.** The 1977 Supreme Court decisions left open the question whether federal law, such as the Hyde Amendment (restrictions on Medicaid funding of abortion), or similar state laws, could validly prohibit governmental funding of therapeutic abortions.

The Court in *Harris v. McRae*, 448 U.S. 297 (1980), ruled 5-4 that the Hyde Amendment's abortion funding restrictions were constitutional. The majority found that the Hyde Amendment neither violated the due process or equal protection guarantees of the Fifth Amendment nor the Establishment [of religion] Clause of the First Amendment. The Court also upheld the right of a state participating in the Medicaid program to fund only those medically necessary abortions for which it received federal reimbursement. In companion cases raising similar issues, the Court held that a state of Illinois statutory funding restriction comparable to the Federal Hyde Amendment also did not contravene the constitutional restrictions of the Equal Protection Clause of the Fourteenth Amendment (*Williams v. Zbaraz*; *Miller v. Zbaraz*; *U.S. v. Zbaraz*, 448 U.S. 358 (1980)). The Court's rulings in *McRae* and *Zbaraz* mean there is no statutory or constitutional obligation of the states or the federal government to fund medically necessary abortions.

## Partial-Birth Abortion

On June 28, 2000, the U.S. Supreme Court decided *Stenberg v. Carhart*, 530 U.S. 914 (2000), its first substantive abortion case since *Casey*. In *Stenberg*, the Court determined that a Nebraska statute that prohibited the performance of so-called partial-birth abortions was unconstitutional because it failed to include an exception to protect the health of the mother and because the language defining the prohibited procedure was too vague. In affirming the decision of the Eighth U.S. Circuit Court of Appeals, the Court agreed that the language could be interpreted to prohibit not just the dilation and extraction (D&X) procedure that pro-life advocates oppose, but the dilation and evacuation (D&E) procedure that is the most common abortion procedure during the second trimester of pregnancy. The Court believed that the statute was likely to prompt those who perform the D&E procedure to stop because of fear of prosecution and conviction. The result would be the imposition of an "undue burden" on a woman's ability to have an abortion.

During the 106<sup>th</sup> Congress, both the Senate and House passed bills that would have prohibited the performance of partial-birth abortions. The Senate passed the Partial-Birth Abortion Ban Act of 1999 (S. 1692) on October 21, 1999 by a vote of 63-34. H.R. 3660, the Partial-Birth Abortion Ban Act of 2000, was passed by the House on April 5, 2000 by a vote of 287-141. Although the House requested a conference, no further action was taken. Similar partial-birth abortion measures were vetoed during the 104<sup>th</sup> and 105<sup>th</sup> Congresses. In both instances, President Clinton focused on the failure to include an exception to the ban when the mother's health is an issue.

During the 107<sup>th</sup> Congress, the House passed H.R. 4965, the Partial-Birth Abortion Ban Act of 2002, by a vote of 274-151. H.R. 4965 would have prohibited physicians from performing a partial-birth abortion except when it was necessary to save the life of a mother whose life was endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself. The bill defined the term "partial-birth abortion" to mean an abortion in which "the person performing the abortion deliberately and intentionally vaginally delivers a living fetus until, in the case of a head-first presentation, the entire fetal head is outside the body of the mother, or, in the case of breech presentation, any part of the fetal trunk past the navel is outside the body of the mother for the purpose of performing an overt act that the person knows will kill the partially delivered living fetus." Physicians who violated the Act would have been subject to a fine, imprisonment for not more than two years, or both. H.R. 4965 was not considered by the Senate.

Two bills that would prohibit partial-birth abortions have been introduced in the 108<sup>th</sup> Congress. H.R. 760, the Partial-Birth Abortion Ban Act of 2003, was introduced by Representative Steve Chabot on February 13, 2003. H.R. 760 was reported out of the House Judiciary Committee on March 26, 2003. A vote on the measure is expected in the near future. A companion measure, S. 3, was introduced by Senator Rick Santorum on February 14, 2003. S. 3 was passed by the Senate on March 13, 2003 by a vote of 64-33. In general, the House and Senate measures resemble the Partial-Birth Abortion Ban Act of 2002 in language and form.<sup>1</sup>

Like the 2002 measure, the Partial-Birth Abortion Ban Act of 2003 does not provide an exception for the performance of a partial-birth abortion when the health of the mother is an issue. Despite the absence of such an exception, supporters of the measure maintain that the bill is not unconstitutional. They contend that congressional hearings and fact finding have revealed that a partial-birth abortion is never necessary to preserve the health of a woman, and that such an abortion poses serious risks to a woman's health.

## Legislative History

Rather than settle the issue, the Court's decisions in *Roe v. Wade* and *Doe v. Bolton* have prompted debate and precipitated a variety of governmental actions at the national, state and local levels to limit their effect. As the previous Congresses have been, the 107<sup>th</sup>

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<sup>1</sup> S. 3, as passed by the Senate, includes a sense of the Senate that *Roe v. Wade* was "appropriate" and "should not be overturned." H.R. 760 does not include similar language.

Congress continued to be a forum for proposed legislation and constitutional amendments aimed at limiting or prohibiting the practice of abortion. This section examines the history of the federal legislative response to the abortion issue.

In the decade prior to the decision in *Roe v. Wade*, ten pieces of legislation relating to abortion were introduced in either the House or the Senate. Since 1973, more than 1,000 separate legislative proposals have been introduced. The wide disparity in these statistics illustrates the impetus that the Court's 1973 decisions gave to congressional action. By far the greater number of these proposals have sought to restrict the availability of abortions. A few measures have been introduced seeking to better secure the right. The Freedom of Choice Act (FOCA), which was introduced and debated in both the 102<sup>nd</sup> and 103<sup>rd</sup> Congresses, was never enacted. FOCA was an attempt to codify *Roe v. Wade* legislatively. The Freedom of Access to Clinic Entrances Act of 1994, P.L. 103-259 (18 U.S.C.248), made it a federal crime to use force, or the threat of force, to intimidate abortion clinic workers or women seeking abortions.

Proponents of more restrictive abortion legislation have employed a variety of legislative initiatives to achieve this end, with varying degrees of success. Initially, legislators focused their efforts on the passage of a constitutional amendment which would overrule the Supreme Court's decision in *Roe*. This course, however, proved to be problematic.

## Constitutional Amendments

Since 1973, a series of constitutional amendments have been introduced in each Congress in an attempt to overrule the Court's decision in *Roe v. Wade*. To date, no constitutional amendment has been passed in either the House or the Senate; indeed for several years, proponents had difficulty getting the measures reported out of committee. Interest in the constitutional approach peaked in the 94<sup>th</sup> Congress when nearly 80 amendments were introduced. By the 98<sup>th</sup> Congress, the number had significantly declined. It was during this time that the Senate brought to the floor the only constitutional amendment on abortion that has ever been debated and voted on in either House.

During the 98<sup>th</sup> Congress, S.J.Res. 3 was introduced. Subcommittee hearings were held, and the full Judiciary Committee voted (9-9) to send the amendment to the Senate floor without recommendation. As reported, S.J.Res. 3 included a subcommittee amendment eliminating the enforcement language and declared simply, "A right to abortion is not secured by this Constitution." By adopting this proposal, the subcommittee established its intent to remove federal institutions from the policymaking process with respect to abortion and reinstate state authorities as the ultimate decisionmakers.

S.J.Res. 3 was considered in the Senate on June 27 and 28, 1983. The amendment required a two-thirds vote to pass the Senate since super-majorities of both Houses of Congress must approve a constitutional amendment before it can be submitted to the states. On June 28, 1983, S.J.Res. 3 was defeated (50-49), not having obtained the two-thirds vote necessary for a constitutional amendment.

[For a review of the full debate on S.J.Res. 3, see 129 Congressional Record S9076, *et seq.*, daily ed., June 27, 1983; 129 Congressional Record S9265, *et seq.*, daily ed., June 28, 1983.]

## Statutory Provisions

**Bills that Seek to Prohibit the Right to Abortion by Statute.** As an alternative to a constitutional amendment to prohibit or limit the practice of abortion, opponents of abortion have introduced a variety of bills designed to accomplish the same objective without resorting to the complex process of amending the Constitution. Authority for such action is said to emanate from Section 5 of the Fourteenth Amendment, which empowers the Congress to enforce the due process and equal protection guarantees of the amendment “by appropriate legislation.”

One such bill, S. 158, introduced during the 97<sup>th</sup> Congress, would have declared as a congressional finding of fact that human life begins at conception, and would, it was contended by its sponsors, allow states to enact laws protecting human life, including fetuses. Hearings on the bill were marked by controversy over the constitutionality of the declaration that human life begins at conception, which contradicted the Supreme Court’s specific holding in *Roe v. Wade*, and over the withdrawal of lower federal court jurisdiction over suits challenging state laws enacted pursuant to federal legislation. A modified version of S. 158 was approved in subcommittee, but that bill, S. 1741, had no further action in the 97<sup>th</sup> Congress.

**Hyde-Type Amendments to Appropriation Bills.** As an alternative to these unsuccessful attempts to prohibit abortion outright, opponents of abortion sought to ban the use of federal monies to pay for the performance of abortions. They focused their efforts primarily on the Medicaid program since the vast majority of federally funded abortions were reimbursed under Medicaid.

The Medicaid program was established in 1965 to fund medical care for indigent persons through a federal-state cost-sharing arrangement; however, abortions were not initially covered under the program. During the Nixon Administration, the Department of Health, Education and Welfare (HEW) decided to reimburse states for the funds used to provide abortions to poor women. This policy decision was influenced by the Supreme Court’s decision in *Roe v. Wade* which, in addition to decriminalizing abortion, was seen as legitimizing the status of abortion as a medical procedure for the purposes of the Medicaid program.

Since *Roe v. Wade*, Congress has attached abortion funding restrictions to numerous appropriations bills. Although the Foreign Assistance Act of 1973, P.L. 93-189, was the first such enactment, the greatest focus has been on restricting Medicaid abortions under the annual appropriations for the Department of Health, Education, and Welfare (HEW) (now the Department of Health and Human Services (HHS)).

The first of a series of restrictions, popularly referred to as the “Hyde Amendments,” was attached to the FY1977 Departments of Labor and Health, Education, and Welfare Appropriation Act, P.L. 94-439. As originally offered by Representative Hyde, the proposal would have prohibited the funding of all abortions. A compromise amendment offered by

Representative Conte was eventually agreed to, providing that: “None of the funds contained in this Act shall be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term.”

In subsequent years, Hyde Amendments were sometimes reworded to include exceptions for rape and incest or long-lasting physical health damage to the mother. However, from the 97<sup>th</sup> Congress until recently the language has been identical to the original enactment, allowing only an exception to preserve the life of the mother. In 1993, during the first year of the Clinton Administration, coverage under the Hyde Amendment was expanded to again include cases of rape and incest. Efforts to restore the original language (providing for only the life of the woman exception) failed in the 104<sup>th</sup> Congress.

The Hyde Amendment process has not been limited to the Labor/HHS appropriation. Beginning with P.L. 95-457, the Department of Defense Appropriation Acts have contained Hyde-type abortion limitations. This recurring prohibition was eventually codified and made permanent by P.L. 98-525, the Department of Defense Authorization Act of 1984.

Beginning with P.L. 96-93, the District of Columbia (D.C.) Appropriations Acts have contained restrictive abortion provisions. In recent years there have been efforts to expand the prohibitions to District funds as well as the federal funds appropriated. The passage of P.L. 100-462, the FY1989 D.C. Appropriations Act, marked the first successful attempt to extend abortion restrictions to the use of District funds. In 1993 and 1994, lawmakers approved a prohibition that applied only to federal monies. The 104<sup>th</sup> Congress approved a ban on all government funding of abortion (federal and D.C.), except in cases of rape, incest or danger to a woman’s life.

In 1983, the Hyde Amendment process was extended to the Department of the Treasury and Postal Service Appropriations Act, prohibiting the use of Federal Employee Health Benefits to pay for abortions except when the life of the woman was in danger. Prior to this, it had been reported that in 1980, for instance, federal government health insurance plans paid an estimated \$9 million for abortions, both therapeutic and non-therapeutic. The following year the Office of Personnel Management (OPM) attempted through administrative action to eliminate non-life-saving abortion coverage. This action was challenged by federal employee unions, and the U.S. district court held that OPM acted outside the scope of its authority, and that absent a specific congressional statutory directive, there was no basis for OPM’s decision. *American Federation of Government Employees v. AFL-CIO*, 525 F.Supp. 250 (1981). It was this background that led to the 1983 congressional action to include the prohibition on coverage for abortion in federal employee health insurance plans except when the life of the woman was in danger. This prohibition was removed in 1993. However, the 104<sup>th</sup> Congress passed language prohibiting the use of federal money for abortion under the Federal Employee Health Benefit Program except in cases where the life of the mother would be endangered or in cases of rape or incest.

Finally, under Department of Justice appropriations, funding of abortions in prisons is prohibited except where the life of the mother is endangered, or in cases of rape. First enacted as part of the FY1987 Continuing Resolution, P.L. 99-591, this provision has been reenacted as part of the annual spending bill in each subsequent fiscal year, but the language has been modified in recent years.

## Other Legislation

In addition to the temporary funding limitations contained in appropriation bills, abortion restrictions of a more permanent nature have been enacted in a variety of contexts since 1970. For example, the Family Planning Services and Population Research Act of 1970, P.L. 91-572 (42 U.S.C. 300a-6), bars the use of funds for programs in which abortion is a method of family planning.

The Legal Services Corporation Act of 1974, P.L. 93-355 (42 U.S.C. 2996f(b)(8)), prohibits lawyers in federally funded legal aid programs from providing legal assistance for procuring non-therapeutic abortions and prohibits legal aid in proceedings to compel an individual or an institution to perform an abortion, assist in an abortion, or provide facilities for an abortion.

The Pregnancy Discrimination Act, P.L. 95-555 (42 U.S.C. 2000e(k)), provides that employers are not required to pay health insurance benefits for abortion except to save the life of the mother, but does not preclude employers from providing abortion benefits if they choose to do so.

The Civil Rights Restoration Act of 1988, P.L. 100-259 (20 U.S.C. 1688), states that nothing in the measure either prohibits or requires any person or entity from providing or paying for services related to abortion.

The Civil Rights Commission Amendments Act of 1994, P.L. 103-419 (42 U.S.C. 1975a(f)), prohibits the Commission from studying or collecting information about U.S. laws and policies concerning abortion.

## Legislation in the 107<sup>th</sup> Congress

On January 10, 2002, the President signed H.R. 2506, the FY2002 Foreign Operations appropriations measure (P.L. 107-115), and H.R. 3061, the FY2002 Labor, HHS, Education appropriations measure (P.L. 107-116). These two bills were the last of five appropriations measures with notable abortion or family planning provisions. In general, the funding restrictions included in the five appropriations measures were similar to those in past appropriations bills.

Under H.R. 2506, none of the appropriated funds could be made available to an organization or program which, as determined by the President, supported or participated in the management of a program of coercive abortions or involuntary sterilizations. Appropriated funds were also not available for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions. Appropriated funds could not be used to lobby for or against abortion.

H.R. 2506 conditioned contributions to the United Nations Population Fund (UNFPA) on the UNFPA not funding abortions. For FY2002, not more than \$34 million was earmarked for the UNFPA. Concern over China's population control methods prompted the White House to put a temporary hold on funds to the UNFPA. Although the UNFPA

maintained that it did not fund abortions, antiabortion groups argued that the UNFPA “tacitly condones forced abortions and sterilizations by providing aid to family planning programs in China.”<sup>2</sup> On July 22, 2002, the Bush administration announced that it would withhold the \$34 million from the UNFPA. The earmarked money was reportedly diverted to child and maternal health programs administered by the U.S. Agency for International Development.<sup>3</sup>

H.R. 3061 prohibited the use of funds, including funds derived from any trust fund that receives appropriations, for abortions except in cases of rape or incest or where a woman suffered from a physical disorder, injury, or illness that would have placed her life in danger if an abortion was not performed. This restriction followed similar restrictions in past Labor, HHS, Education appropriations measures.

H.R. 2944, the FY2002 appropriations measure for the District of Columbia, was signed by the President on December 21, 2001 (P.L. 107-96). H.R. 2944 prohibited the use of appropriated funds and local funds to perform any abortion except when the pregnancy was the result of rape or incest or when the life of the mother would have been endangered if the fetus was carried to term.

On November 28, 2001, the President signed H.R. 2500, the Commerce, Justice, State, and Judiciary appropriations measure for FY2002 (P.L. 107-77). H.R. 2500 prohibited the use of appropriated funds for the performance of abortions in the federal prison system. This prohibition followed similar restrictions found in past Commerce, Justice, State appropriations measures.

H.R. 2590, the Treasury and Postal Service appropriations measure for FY2002 was signed by the President on November 12, 2001 (P.L. 107-67). H.R. 2590 prohibited the use of appropriated funds to pay for any abortion except in cases of rape or incest or where an abortion was necessary to save the life of the mother. H.R. 2590 also restricted the payment of administrative expenses in connection with any health plan under the federal employees health benefit program that provided any benefits or coverage for abortions.

In addition to the five appropriations measures discussed here, five other bills should be noted. On August 5, 2002, the President signed H.R. 2175, the Born-Alive Infants Protection Act of 2002 (P.L. 107-207). H.R. 2175 required that the terms “person,” “human being,” “child,” and “individual,” as used in any act of Congress or administrative ruling, regulation, or interpretation be understood as including infants who are “born alive” at any stage of development. Under the Act, the term “born alive” referred to an infant who is expelled or extracted from the mother and is breathing, has a beating heart, a pulsating umbilical cord, or definite muscle movement. The expulsion or extraction could occur as a result of natural or induced labor, cesarean section, or induced abortion.

On April 26, 2001, the House passed H.R. 503, the Unborn Victims of Violence Act of 2001, by a vote of 252-172. The Act, a version of which passed the House during the 106<sup>th</sup> Congress, would have created a separate offense for harming or killing an “unborn child” in

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<sup>2</sup> Juliet Eilperin, *Family Planning Funds Put on Hold*, Wash. Post, Jan. 12, 2002, at A2.

<sup>3</sup> Juliet Eilperin, *U.S. Withholds \$34 Million in Family Planning Funding to U.N.*, Wash. Post, July 23, 2002, at A2.

utero during the commission of a violent crime. Although the Act would not have permitted the prosecution of doctors who perform abortions, opponents of the bill maintained that it would have established rights for the unborn that could later be used to undermine the right to abortion. H.R. 503 was not considered by the Senate.

H.R. 476, the Child Custody Protection Act, was passed by the House on April 17, 2002 by a vote of 260-161. The bill would have prohibited the knowing transport of a minor across state lines for the purpose of obtaining an abortion. The bill sought to prevent the abridgement of parental consent requirements in a minor's residing state. Violators of the Act would have been fined in accordance with Title 18 of the United States Code or imprisoned for not more than one year, or both. In addition, the Act allowed any parent who suffered legal harm because of a violation of the Act to obtain appropriate relief in a civil action. The Act's prohibition would not have applied if the abortion was necessary to save the life of the minor because her life was endangered by a physical disorder, physical injury, or physical illness. Similar bills were passed by the House during the 105<sup>th</sup> and 106<sup>th</sup> Congresses. However, the Senate failed to take further action on both measures. H.R. 476 was also not considered by the Senate.

H.R. 4965, the Partial-Birth Abortion Ban Act of 2002, was passed by the House on July 24, 2002 by a vote of 274-151. H.R. 4965 would have prohibited physicians from performing a partial-birth abortion except when it was necessary to save the life of a mother whose life was endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself. The bill defined the term "partial-birth abortion" to mean an abortion in which "the person performing the abortion deliberately and intentionally vaginally delivers a living fetus until, in the case of a head-first presentation, the entire fetal head is outside the body of the mother, or, in the case of breech presentation, any part of the fetal trunk past the navel is outside the body of the mother for the purpose of performing an overt act that the person knows will kill the partially delivered living fetus." Physicians who violated the Act would have been subject to a fine, imprisonment for not more than two years, or both.

Although H.R. 4965 did not provide an exception for the performance of a partial-birth abortion when the health of the mother was an issue, supporters of the measure maintained that the bill was not unconstitutional. They contended that congressional hearings and fact finding revealed that a "partial-birth" abortion was never necessary to preserve the health of a woman, and that such an abortion posed serious risks to a woman's health. H.R. 4965 was not considered by the Senate.

Finally, H.R. 4691, the Abortion Non-Discrimination Act of 2002, was passed by the House on September 25, 2002 by a vote of 229-189. H.R. 4691 would have amended existing restrictions on the federal government and state or local governments that receive federal financial assistance. Under current law, those governments may not "subject any health care entity to discrimination" on the basis of the entity's refusal to perform induced abortions and refusal to provide training in the performance of such abortions. The term "health care entity" is defined under existing law to include an individual physician, a postgraduate training program, and a participant in a program of training in the health professions. H.R. 4691 would have expanded that definition to include other health professionals, hospitals, health maintenance organizations, health insurance plans, and any other kind of health care facility. H.R. 4691 would have also restricted discrimination



against health care entities that refuse to engage in additional activities. Under the bill, health care entities that refused to provide coverage for abortion and refused to pay for induced abortions could not be subject to adverse action by the federal government or state or local governments that receive federal financial assistance. H.R. 4691 was not considered by the Senate.

## Legislation in the 108<sup>th</sup> Congress

On February 20, 2003, the President signed H.J.Res. 2, the Consolidated Appropriations Resolution, 2003 (P.L. 108-7). This omnibus measure encompasses the FY2003 appropriations of eleven spending measures. In general, the omnibus measure maintains longstanding restrictions on the availability of federal funds for abortions.

Under the omnibus measure, appropriated funds may not be used to pay for abortions in the federal prison system, except where the life of the mother would be endangered if the fetus were carried to term, or in the case of rape. The measure also prohibits the use of appropriated funds and local funds to perform any abortion in the District of Columbia, except where the life of the mother would be endangered if the fetus were carried to term, or where the pregnancy is the result of rape or incest.

With respect to foreign operations, the omnibus measure provides that none of the appropriated funds and none of the unobligated balances from prior appropriations may be made available to any organization or program which, as determined by the President, supports or participates in the management of a program of coercive abortion or involuntary sterilization. Appropriated funds may not be used overseas to pay for abortion as a method of family planning or to motivate or coerce any person to perform abortions. In addition, appropriated funds may not be used to lobby for or against abortion. Finally, appropriated funds shall be available only to voluntary family planning projects that meet specified requirements.

Under the omnibus measure, funds appropriated in P.L. 107-115, the FY2002 Foreign Operations appropriations measure, that were available for the UNFPA, and an equal amount in the FY2003 omnibus measure, shall be made available to the UNFPA if the President determines that the UNFPA no longer supports or participates in the management of a program of coercive abortion or involuntary sterilization. The omnibus measure stipulates that none of the funds made available to the UNFPA may be used in the People's Republic of China. Amounts spent by the UNFPA in the People's Republic of China in calendar years 2002 and 2003, as determined by the Secretary of State, shall be deducted from funds made available to the UNFPA under P.L. 107-115 and the FY2003 omnibus measure.

Provisions of the omnibus measure concerning the Departments of Labor, HHS, and Education provide that none of the appropriated funds and none of the funds in any trust fund to which funds are appropriated under the omnibus measure, may be expended for abortion, except where the pregnancy is the result of rape or incest, or where the mother's life would be endangered if an abortion is not performed. The Treasury and Postal Service provisions of the omnibus measure also prohibit the use of appropriated funds to pay for an abortion, or the administrative expenses in connection with any health plan under the federal employees health benefit program which provides any benefits or coverage for abortions.

However, this restriction does not apply where the life of the mother would be endangered if the fetus were carried to term, or the pregnancy is the result of rape or incest.

On March 13, 2003, the Senate passed S. 3, the Partial-Birth Abortion Ban Act of 2003, by a vote of 64-33. S. 3 would prohibit physicians from performing a partial-birth abortion except when it is necessary to save the life of a mother whose life is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself. Physicians who violate the Act would be subject to a fine, imprisonment for not more than two years, or both. S. 3 would also express the sense of the Senate that *Roe* was “appropriate” and should not be overturned.

Although the U.S. Supreme Court has held that restrictions on abortion must allow for the performance of an abortion when it is necessary to protect the health of the mother, S. 3 does not include such an exception. In the introductory statement for S. 3, Senator Rick Santorum, the bill’s sponsor, indicated that a health exception was not needed because congressional hearings and expert testimony demonstrate “that a partial birth abortion is never necessary to preserve the health of the mother, poses significant health risks to the woman, and is outside the standard of medical care.”

H.R. 760, a companion measure to S. 3, was reported out of the House Judiciary Committee on March 26, 2003. A vote on H.R. 760 is expected in the near future.

S. 146, the Unborn Victims of Violence Act of 2003, was introduced by Senator Mike DeWine on January 13, 2003. The Act would create a separate offense for harming or killing an “unborn child” in utero during the commission of a violent crime. Although the Act would not permit prosecution of doctors who perform abortions, opponents of the measure argue that it would establish rights for the unborn that could later be used to undermine the right to abortion.