

**National Asian Pacific American Women's Forum, National Latina Institute for Reproductive Health, and Reproductive Health Technologies Project
Oppose the "No Taxpayer Funding for Abortion Act"**

Bill would severely limit access to important reproductive health services for women, particularly women of color and immigrant women

January 20, 2011 (Washington, DC) -- The National Asian Pacific American Women's Forum (NAPAWF), the National Latina Institute for Reproductive Health (NLIRH), and the Reproductive Health Technologies Project (RHTP) strongly oppose H.R.3, which was introduced in the House of Representatives today.

H.R.3, also known as the Smith Bill, would strip a woman of her right to decide which options best suit her health care needs. Access to abortion is critically important for women of color and immigrant women who are of low-income. Presently, 25% of low-income women who want to choose abortion can't because the federal government refuses to pay for it. If passed, this bill will continue denying coverage for abortions.

In addition, under the new health care law, states will be in charge of their own health care exchanges. The Smith Bill could disrupt those plans and extinguish abortion services altogether. Abortion is a legal and preventive procedure—a part of a women's reproductive health options when she is pregnant.

H.R.3 also adds cruel restrictions for survivors of sexual violence. It narrows the definition of rape to solely being a forcible act and incest to involving only minors.

The bill title indicates that it is the third-highest prioritized bill for the new House majority. NAPAWF, NLIRH, and RHTP are extremely disappointed that the new leadership is playing politics with women's bodies instead of focusing on jobs and the economy.

Women of color are actively at the forefront of the movement for reproductive justice and are coming out of the shadows to demand fair and equal reproductive rights. In a California Survey, 65% of U.S.-born Latinos said that the government should not interfere with our personal decisions about abortion.

The Smith Bill goes much further than current restrictions on public coverage of abortion services. If passed, the bill would undermine women's access to reproductive health care in the following ways:

- Banning coverage of abortion in the new health-care system
- Imposing tax penalties on individuals with private insurance plans that include abortion coverage in the following ways:
 - Denying tax credits to employers or other entities that pay for health plans that cover abortion;
 - Denying tax credits to individuals or entities that pay for abortion care;

- Disallowing medical deductions for payments for any health plan that includes abortion coverage or for any medical expenses related to abortion care;
 - Treating amounts paid for an abortion from a tax-preferred trust or account, such as a health savings account, as income
-
- Re-imposing the ban on Washington, D.C.'s use of its own local funds for abortion for low-income women
 - Codifying the ban on abortion care for women in the military by denying them access to abortion care at overseas military hospitals, even if they pay for the service with their own money
 - Severely limiting the exceptions for when abortions can be provided. The only exceptions are forcible rape, incest with a minor and when the woman's life will be endangered. These exceptions are too limited to capture all the circumstances for when women would need medical assistance, especially since forcible rape would exclude statutory rape and incest with a minor excludes adult women who are violated by a family member.

NAPAWF, NLIRH, and RHTP will continue to stand against legislation that attacks a woman's right to decide what is best for her health care needs. When we ban abortion coverage, we take away a woman's options for care. However she buys her health insurance, every woman should be able to make the personal decisions she thinks is best for herself and her family. This bill is an affront to women across the country and amounts to political interference in a woman's most personal, private medical decisions.