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SCHAKOWSKY WARNS AGAINST BUSH ADMINISTRATION COVERT EFFORTS TO UNDERMINE *ROE V. WADE*

WASHINGTON, D.C. - U.S. Representative Jan Schakowsky (D-IL) warned that the Bush Administration is working to undermine a woman's constitutional right to choose. Schakowsky expressed her opposition to a proposed rule that would change the definition of "child" to include embryos and fetuses so a pregnant mother can become eligible for prenatal the State Children's Health Insurance Program (SCHIP).

"The stated purpose of this change is to ensure that all women have access to prenatal care and that "unborn children" start receiving health care as early as possible. It is critical that all pregnant women receive prenatal care, and we should take steps to ensure that they receive this health coverage. Therefore, I agree with the stated purpose of this proposed rule," Schakowsky said.

She added, "However, the proposed rule is clearly designed with the intent of undermining a woman's constitutional right to have an abortion. It is a covert way of getting an embryo and fetus defined in law as a "person," which would give embryos and fetuses formal legal rights and, consequently, undermine the Supreme Court decision in Roe vs. Wade that women have the right to have an abortion."

Schakowsky is working closely with the National Partnership for Women and Families, the National Abortion and Reproductive Rights Action League (NARAL), and other pro-choice organizations to defeat this proposal. Below is Schakowsky's full statement.

Comments in Response to Proposed Rule Regarding "State Children's Health Insurance Program; Eligibility for Prenatal Care for Unborn Children"

I am writing to express my opposition to the proposed rule regarding the State Children's Health Insurance Program (SCHIP) which would allow an embryo or fetus to be included in the definition of "child" and, therefore, eligible for SCHIP if the mother met the income requirements (67 Fed. Reg. No. 43, pp. 9936-9939). The stated purpose of this change is to ensure that all women have access to prenatal care and that "unborn children" start receiving health care as early as possible.

It is critical that all pregnant women receive prenatal care, and we should take steps to ensure that they receive this health coverage. Therefore, I agree with the stated purpose of this proposed rule. Currently, the U.S. Department of Health and Human Services (HHS) has waiver authority for states to expand SCHIP to cover pregnant women and parents of eligible children. I am a cosponsor of legislation to achieve this purpose more effectively by expanding SCHIP eligibility requirements to include low-income

pregnant women, if they are not already eligible for Medicaid, instead of embryos.

However, the proposed rule is clearly designed with the intent of undermining a woman's constitutional right to have an abortion. It is a covert way of getting an embryo and fetus defined in law as a "person," which would give embryos and fetuses formal legal rights and, consequently, undermine the Supreme Court decision in Roe vs. Wade that women have the right to have an abortion.

Furthermore, changing the definition of "child" to include embryos and fetuses could actually harm pregnant women by excluding them from health care coverage while covering the program's patients - the embryos and fetuses. A woman's life could be put in danger because she could be denied medical treatment, such as potentially life-saving radiation or chemotherapy, because its effect on the embryo or fetus is unknown. In addition, because the health coverage would be going to the embryo or fetus, if there were a life or death medical emergency, it would pit the survival of the mother against the survival of the embryo or fetus. Finally, the rule includes no requirement that care be given to mothers postpartum, health care that is obviously critical for both the mother and the well-being of the child.

If the Administration were truly concerned with the health of pregnant women, it would not have left such basic questions and concerns unanswered. For example, if the mother were to have a miscarriage, would she be eligible for follow-up care? Allowing pregnant women, and consequently the "unborn child" they are carrying, to be covered under SCHIP would clear up all of the concerns raised by the proposed rule and would actually strengthen the ability of the rule to achieve its stated purpose. Instead, the Administration's approach and failure to address the many practical problems with implementing the proposal clearly indicates that its intent is not to grant health coverage to pregnant women, but to challenge a woman's right to make her own decisions about her reproductive health.