



UNITED TO RESTORE AND SUSTAIN
ABORTION COVERAGE FOR LOW-INCOME WOMEN

THE EQUAL ACCESS TO ABORTION COVERAGE IN HEALTH INSURANCE (EACH Woman) ACT: *Groundbreaking Legislation for Reproductive Justice*

LEGISLATIVE OVERVIEW

The **EACH Woman Act** makes a meaningful policy change for women and their families, and creating two important standards for reproductive health:

1. **First, it sets up the federal government as a standard-bearer, ensuring that every woman who receives care or insurance through the federal government will have coverage for abortion services.** The EACH Woman Act restores abortion coverage to those:
 - enrolled in a government health insurance plan (i.e., Medicaid, Medicare), including those who live in the District of Columbia;
 - enrolled in a government-managed health insurance program (i.e., FEHBP, TRICARE) due to an employment relationship; or
 - receive health care from a government provider or program (i.e., Indian Health Services, the Federal Bureau of Prisons, the Veterans Administration).
2. **Second, it prohibits political interference with decisions by private health insurance companies to offer coverage for abortion care.** Federal, state and local legislators will not be able to interfere with the private insurance market, including the insurance marketplaces established by the Affordable Care Act, to prevent insurance companies from providing abortion coverage.

BACKGROUND

Since the Hyde Amendment passed in 1976, anti-choice politicians have added abortion coverage and funding restrictions to appropriations language that restricts:

- Medicaid, Medicare and Children's Health Insurance Program enrollees;
- Federal employees and their dependents;
- Peace Corps volunteers;
- Native Americans;
- Women in federal prisons and detention centers, including those detained for immigration purposes;
- Low-income women in the District of Columbia.

Anti-choice politicians in 25 states have enacted restrictions that interfere with abortion as a covered health service in the private insurance market.

Additionally, 21 states restrict abortion coverage in insurance plans available for public employees, and 10 states have laws barring insurance coverage of abortion in all private insurance plans written in the state.¹

THE HYDE AMENDMENT, passed yearly by Congress in federal appropriations legislation, bans federal funding for abortion except in cases of rape, incest, and life endangerment. The measure primarily restricts federal Medicaid coverage.

¹State Policies in Brief: Restricting Insurance Coverage of Abortion. Guttmacher Institute, July 2015. Available at https://www.guttmacher.org/statecenter/spibs/spib_RICA.pdf



These restrictions impact women across the United States.

- According to the most recent data, approximately 1 in 6 women of reproductive age (15-44) are enrolled in Medicaid, a number not reflective of the many women who now have health insurance due to Medicaid expansion through the Affordable Care Act.²
- More than a million women are federal employees. This number does not include reproductive age dependents also covered by Federal Employees Health Benefits Program.³
- Roughly 1.1 million women of reproductive age are covered by TRICARE or other form of military health care.⁴
- Indian Health Services provide care for nearly 1 million women.⁵
- Nearly 14,000 women are housed in federal prisons.⁶
- More than 4,200 Peace Corps volunteers are women, most of which are single and young.⁷

DISPROPORTIONATE IMPACT

When policymakers deny women insurance coverage for abortion, they either are forced to carry the pregnancy to term or pay for care out of their own pockets. Consequently, cutting off access to or placing strict limitations on abortion can have profoundly harmful effects on public health, particularly for those who already face significant barriers to receiving high-quality care, such as low-income women, immigrant women, young women, and women of color.

- Studies show that when policymakers place severe restrictions on Medicaid coverage of abortion, it forces one in four poor women seeking an abortion to carry an unwanted pregnancy to term.⁸
- When a woman is living paycheck to paycheck, denying coverage for an abortion can push her deeper into poverty. Indeed, studies show that a woman who seeks an abortion but is denied is more likely to fall into poverty than one who is able to get an abortion.⁹
- Women with lower socioeconomic status – specifically those who are least able to afford out-of-pocket medical expenses – already experience disproportionately high rates of adverse health conditions. Denying access to abortion care only exacerbates existing health disparities.¹⁰
- Due to a number of underlying reasons connected to inequity, women of color are more likely to qualify for government insurance programs that restrict abortion coverage and are more likely to experience higher rates of unintended pregnancy.¹¹

In summary, when it comes to the most important decisions in life, such as whether to become a parent, it is vital that a woman is able to consider all the options available to her, however little money she makes or however she is insured. **The EACH Woman Act creates a more even playing field, so that a lack of health coverage will not stand in the way of a woman making the best decision for her and her family.**

“I certainly would like to prevent, if I could legally, anybody having an abortion, a rich woman, a middle-class woman, or a poor woman.

Unfortunately, the only vehicle available is the...Medicaid bill.”

-Rep. Henry Hyde (R-IL), 1977

² Unpublished tabulations using the 2012 and 2013 Current Population Survey (CPS), March Supplements. Via Guttmacher Institute’s State Data Center Table Creator. Available at <http://www.guttmacher.org/datacenter/table.jsp>.

Population Survey (CPS: Annual Social and Economic Supplements). Accessed May 19, 2015. Available at <http://bit.ly/1R1AALW>.

³ Boonstra, H. The Heart of the Matter: Public Funding of Abortion for Poor Women in the United States. Guttmacher Policy Review. Guttmacher Institute, 2007. Available at <http://www.guttmacher.org/pubs/gpr/10/1/gpr100112.html>.

⁴ Arons, J. et al. Out of Range Obstacles to Reproductive and Sexual Health Care in the Military. Center for American Progress. July 2014.

https://cdn.americanprogress.org/wp-content/uploads/2014/07/Arons_OutOfRange-report1.pdf

⁵ Boonstra, H. The Heart of the Matter: Public Funding of Abortion for Poor Women in the United States. Guttmacher Policy Review. Guttmacher Institute, 2007. Available at <http://www.guttmacher.org/pubs/gpr/10/1/gpr100112.html>.

⁶ Federal Bureau of Prisons Statistics. 30 May 2015 http://www.bop.gov/about/statistics/statistics_inmate_gender.jsp

⁷ Peace Corps Fast Facts. Available at <http://www.peacecorps.gov/about/fastfacts/>

⁸ Henshaw SK et al., Restrictions on Medicaid Funding for Abortions: A Literature Review, Guttmacher Institute, 2009. Available at <http://www.guttmacher.org/pubs/MedicaidLitReview.pdf>

⁹ Foster DG et al, Socioeconomic consequences of abortion compared to unwanted birth, abstract presented at the American Public Health Association annual meeting, San Francisco, Oct. 27–31, 2012. Available at <https://apha.confex.com/apha/140am/webprogram/Paper263858.html>

¹⁰ Ibid

¹¹ Arons, J et al. How the Hyde Amendment Discriminates Against Poor Women and Women of Color. Center for American Progress, May 2013. Available at <http://www.americanprogress.org/issues/women/news/2013/05/10/62875/how-the-hyde-amendment-discriminates-against-poor-women-and-women-of-color/>