

# The **EACH Woman Act** (H.R. 2972): Ensuring Equal Access to Abortion Coverage for Every Woman

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Access to comprehensive reproductive health care, including abortion care, is vital to women's health and economic security. That's why all women should have equal access to the care they need, no matter how much they earn, where they live or where they get their health insurance.

Since 1976, the Hyde Amendment has withheld federal funds from covering abortion care for women enrolled in Medicaid. In addition, many states restrict abortion coverage even further, for example by prohibiting private insurance coverage of abortion care. As a consequence, abortion care is pushed out of reach for millions of women – with the burden falling heaviest on low-income women, women of color and young women.

The ability to make personal health care decisions should not depend on how much money a woman makes or where she gets her health insurance. To fight back against these harmful bans, Representative Barbara Lee (D-Calif.) introduced the **Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act of 2015 (H.R. 2972)**. This groundbreaking legislation would put an end to politicians denying women insurance coverage for medical care they need. Since its introduction in July 2015, it has gained over 100 co-sponsors.

## Abortion Coverage Restrictions Harm Women

The Hyde Amendment, which for four decades has been renewed by Congress annually through the federal appropriations process, withholds federal funds for abortion care for women enrolled in Medicaid except in cases of rape, incest or life endangerment.<sup>1</sup> Since its passage in 1976, Hyde-like funding restrictions have been expanded to apply to women enrolled in Medicare and the Children's Health Insurance Program (CHIP) as well as women in the military, women in federal prisons, Native American women, women in the Peace Corps and low-income women in the District of Columbia.

State legislatures have expanded on the Hyde amendment with additional restrictions. For example, since 2010, 25 states have banned abortion coverage in plans offered through the Affordable Care Act's health insurance marketplace.<sup>2</sup> Additionally, 21 states have passed bans on coverage for abortion for state public employees.<sup>3</sup> And in 10 states, even private insurance plans are forced to withhold coverage of abortion care.<sup>4</sup> These restrictions on abortion coverage impose unfair limitations on access to abortion and have a disparate impact on low-income women.

**Abortion coverage bans deny women the economic security they need to participate fully in society.** The ability to decide if and when to have a child is inextricably bound to a woman's ability to support herself and her family, especially for a woman who already lives at the edge of or in poverty. Restrictions on abortion coverage target and harm women struggling to make ends meet. Research shows that approximately one in four Medicaid-eligible women with an unintended pregnancy is forced to carry that pregnancy to term because of restrictions on Medicaid funding for abortion.<sup>5</sup> Studies have also shown that women who are denied an abortion are more likely to struggle financially and more likely to receive public assistance after being denied an abortion.<sup>6</sup> Women denied an abortion have three times greater odds of ending up below the federal poverty line compared to women who are able to obtain abortion care.<sup>7</sup>

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**“[N]one of us, especially elected officials, should be interfering with a woman’s right to make her own healthcare decisions just because she is poor.”**

— Rep. Barbara Lee (D-Calif.), press release, July 8, 2015

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## The EACH Woman Act Would End These Harmful Bans

The EACH Woman Act would restore abortion coverage to women who receive health care or insurance through the federal government, and would prohibit political interference with health insurance companies that decide to offer coverage for abortion care. Specifically, the Act would:

- ▶ Require federal health insurance programs, including Medicaid, Medicare and CHIP, to provide coverage for abortion services;
- ▶ Restore coverage for low-income women in the District of Columbia;
- ▶ Ensure coverage of abortion care for federal employees, women in the military, military dependents and women in the Peace Corps;
- ▶ Ensure that women who receive health care services via the Indian Health Service, the Federal Bureau of Prisons or the Veterans Health Administration have access to abortion care; and
- ▶ Prohibit state or local governments from restricting coverage of abortion by private health insurance plans.

**The EACH Woman Act would help ensure that when it comes to deciding whether to become a parent, a woman will be able to consider all her options, regardless of her income or where she gets her health insurance.**

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1 Dept of Labor, Health and Hum. Serv., and Educ. and Related Agencies Appropriations Act, 1998, Pub. L. No. 105-78, §§ 509-510, 111 Stat 1467 (1997)

2 Guttmacher Institute. (2016, June 1). *State Policies in Brief: Restricting Insurance Coverage of Abortion*, Retrieved 6 June 2016, [https://www.guttmacher.org/sites/default/files/state\\_policy\\_overview\\_files/spib\\_rica.pdf](https://www.guttmacher.org/sites/default/files/state_policy_overview_files/spib_rica.pdf)

3 Ibid.

4 Ibid.

5 Henshaw S.K., Joyce, T.J., Dennis, A., Finer, L.B., & Blanchard, K. (June 2009). *Restrictions on Medicaid Funding for Abortions: A Literature Review*. Guttmacher Institute. Retrieved 11 June 2015, <http://www.guttmacher.org/pubs/MedicaidLitReview.pdf>.

6 Reproductive Health Technologies Project. (2015, August). *Two Sides of the Same Coin: Integrating Economic and Reproductive Justice*. p.2. Retrieved 6 June 2016, from <http://rhtp.org/abortion/documents/TwoSidesSameCoinReport.pdf>

7 Ibid.

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The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at [www.NationalPartnership.org](http://www.NationalPartnership.org).

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