

The Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act

Ensuring equal access to abortion care regardless of income or zip code

The Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act of 2015 (H.R. 2972) was introduced in the House by Rep. Barbara Lee (D-CA) on July 8, 2015, to undo harmful restrictions on federal funding for abortion care and help ensure that all people have access to the healthcare they need, regardless of their income or zip code. Young people are more likely to face barriers to accessing safe abortion care because of lack of resources, as well as greater challenges with finding transportation, places to stay, and additional money to pay for incidental expenses. Ending bans on insurance coverage of abortion and prohibiting political interference with the insurance we pay for will mean young people can receive the coverage they need for all pregnancy-related care, including abortion.

WHAT WOULD THE EACH WOMAN ACT DO?

The EACH Woman Act demands that the Federal Government serve as a model for ensuring abortion care coverage, in its capacity as an insurer, employer, and health care provider; and ends state-level restrictions on private insurance coverage. It removes federal funding restrictions put in place by the annual reauthorization of the Hyde Amendment, which says that no federal funds may be used to provide abortion care except in cases of rape, incest, or life endangerment. It would also prevent states from enacting their own restrictions on abortion coverage through private health insurance. As the bill states,

- Coverage of all reproductive options, including pregnancy and abortion care, is a critical part of affordable, comprehensive health insurance.
- No one should be denied access to a full range of pregnancy-related healthcare, including abortion, because of where they live or how they are insured.
- No one should have to decide whether or not to have an abortion based on if they can afford care.

The EACH Woman Act would make sure that no matter a person's income, where they live, or how they are insured, they will have equal opportunity to access vital reproductive healthcare.

WHY IS THE EACH WOMAN ACT NECESSARY?

In 1976, Rep. Henry Hyde (R-IL) introduced an anti-abortion amendment to the spending bill for the Departments of Labor, Health and Human Services, and Education. "I certainly would like to prevent, if I could legally, anybody having an abortion," he said. "Unfortunately, the only vehicle available is the...Medicaid bill." The Hyde Amendment prohibits funding for abortion care through any federal program, including government-funded health insurance like Medicaid; health insurance plans for federal employees; and government healthcare providers like Indian Health Services, the Veteran's Administration, and the Federal Bureau of Prisons. While the government may not enact laws that place an undue burden on access to abortion,¹ there is no corresponding affirmative obligation to make sure that care is accessible.² The Hyde Amendment set the standard for anti-abortion politicians to put in place covert restrictions through the federal budget process, and despite efforts to revoke the Hyde Amendment it has been reauthorized annually for the last forty years.

Following Hyde's lead, state legislators have placed restrictions on private insurance coverage of abortion. Twenty-five states impose limits on abortion coverage in insurance exchanges and coverage for public employees. Ten of these states also have laws that prohibit private insurance companies from providing abortion coverage for plans offered in that state.³

Under the Affordable Care Act, all Americans must have health insurance coverage, to ensure seamless access to healthcare services and support all people receiving the care that they need. But with the current web of restrictions, millions of people across the

country must enroll in health plans that do not meet all of their reproductive health needs.⁴

WHO DOES THE EACH WOMAN ACT IMPACT?

Abortion has been legal in the United States since 1973, when the Supreme Court decided *Roe v. Wade*.⁵ But having a legal right does not make abortion care accessible, and one of the largest consistent barriers to access is affordability. The average cost of an abortion is around \$500, which can often be prohibitively expensive.⁶ This disproportionately impacts young people: more than 40% of youth and children under age 19 and almost a quarter of young people age 19 to 25 have health insurance through government programs.⁷ Even if they can overcome other barriers like transportation or housing, many young people simply may not be able to afford care if insurance coverage is not available.

While Henry Hyde wished to restrict all people's access to abortion care, he was only able to target low-income people. The result is that women of color, who are more likely to live in poverty, are the most severely impacted. People in households with low income are almost four times more likely to have government insurance coverage than those in households with higher income.⁸ When health insurance will not cover abortion care, a pregnant person must decide whether to spend what money they have on abortion, instead of feeding their kids or paying their bills.

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Young people have the right to access a full range of reproductive healthcare options, regardless of where they live or how they are insured. Withholding coverage for abortion care neither prevents abortions nor saves the U.S. dollars. And young people, who support the right to abortion access in their communities in large majorities, know this. Lawmakers and federal regulations should not interfere with private healthcare decisions best left to a physician and their patient. The EACH Woman Act will help make these rights a reality.

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