



## The Hyde Amendment & Asian American & Pacific Islander Women

Every year since 1976, Congress has passed the Hyde Amendment, a rider to the federal budget that denies coverage for abortion in federal health care programs in all but the narrowest circumstances. In its current form, Hyde provides for a narrow set of exceptions—rape, incest, and where the life of the mother is in danger.

### IMPACT ON ASIAN AMERICAN & PACIFIC ISLANDER WOMEN

One common misperception about the Asian American and Pacific Islander (AAPI) community is that its members are all high achieving, well-educated, and well-resourced. However, nearly 12% of AAPI women live in poverty, compared to 10.6% of their white counterparts. AAPI women also experience the largest gender wage gap of any group. For many AAPI women already struggling to make ends meet, having to bear the high cost of paying for an abortion out-of-pocket would be devastating.

Before implementation of the Affordable Care Act (ACA), 1 in 10 Asian Americans, 1 in 7 Native Hawaiians and Pacific Islanders, and 1 in 5 Southeast Asians received health care coverage under Medicaid. After the expansion of Medicaid under the ACA, over half of all uninsured AAPIs now qualify for Medicaid.

#### AAPI WOMEN LIVING IN POVERTY

**11.8%** ALL

**28.0%** HMONG

**26.6%** BURMESE

**21.9%** BANGLADESHI

*States with the fastest growing AAPI populations are among those that limit coverage of abortion to the narrowest circumstances.*

### THE HIGH COST OF HYDE

On average, the cost of a first-trimester abortion is \$470, but after the first 20 weeks of pregnancy, costs skyrocket. The average cost of a second-trimester abortion rises to a staggering \$1,500. A recent study found that 57% of abortion patients bear these enormous costs without the benefit of insurance and are forced to pay out of pocket for their procedure.

In addition to paying for the procedure itself, the ultimate cost of an abortion for many women will also include costs associated with travel, childcare, and loss of income from time taken off of work. For more than half of all women, total out-of-pocket costs for an abortion are equivalent to more than one-third of monthly personal income.

Women who would choose to have an abortion but are unable to do so are three times more likely to fall into poverty than those who are able to afford abortion care. Between 18–35% of Medicaid-eligible women reported that they would have had an abortion if funding had been available, but instead were forced to carry their pregnancies to term.

### COVERAGE IN THE STATES

At a minimum, states must cover those abortions that meet the federal exceptions under Hyde. However, states are also allowed to provide greater coverage than what is required under federal law. As a result, whether a woman is able to afford the abortion care she needs often depends on what state she lives in.

Many states with the fastest growing AAPI populations are among those that limit coverage of abortion to the narrowest circumstances. This includes Nevada, where the AAPI community has grown over 116 percent since 2000, North Carolina, North Dakota, and Texas. This also includes South Dakota, which provides coverage only in the case of life endangerment, in violation of federal law.

However we feel about abortion, politicians simply should not be allowed to deny health coverage to a woman because of her income level. We must work to remove the Hyde Amendment once and for all.