



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

Groundbreaking Legislation for Abortion Justice



The EACH Act is bold legislation to reverse the Hyde Amendment and related abortion coverage restrictions. The bill has been introduced by Ayanna Pressley (D-MA) in the U.S. House and Senator Tammy Duckworth (D-IL) in the U.S. Senate.

LEGISLATIVE OVERVIEW

The EACH Act would have a significant impact on abortion care for people and families who are working to make ends meet, creating two important standards for reproductive health:

- 1. First, it sets up the federal government as a standard-bearer, ensuring that every person who receives care or insurance through the federal government will have coverage for abortion services.** The EACH 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
 - › receiving 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.** The federal government cannot interfere with the private insurance market, including the insurance marketplaces established by the Affordable Care Act, to prevent insurance companies from providing abortion coverage.

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.

CURRENT RESTRICTIONS

Since the Hyde Amendment was passed in 1976, anti-abortion federal politicians have added abortion coverage and funding bans to programs affecting:

- › Medicaid, Medicare and Children's Health Insurance Program enrollees;
- › Federal employees and their dependents;
- › Peace Corps volunteers;
- › Native Americans and Indigenous peoples who get their care through Indian Health Services;
- › People in federal prisons and detention centers, including those detained for immigration purposes;
- › Military members, veterans and their dependents; and
- › Low-income people in the District of Columbia.

Currently, [29 states and the District of Columbia limit Medicaid coverage of abortion](#), 25 states prohibit abortion coverage in health plans offered through the ACA Marketplaces, and 10 states have restrict abortion coverage in private insurance plans (with certain exceptions). These restrictions can prevent people from using their health insurance to cover abortion care based on where they live or how they are insured.

THE IMPACT OF ABORTION COVERAGE BANS

When policymakers deny people 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 quality care, such as people working to make ends meet, immigrants, young people, and women of color.

- › [Fifty-five \(55%\)](#) of reproductive-age women enrolled in Medicaid live in states that withhold insurance coverage for abortion except in limited circumstances.
- › [Fifty-one percent \(51%\)](#) of reproductive-age women who are enrolled in Medicaid and subject to abortion coverage restrictions are 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.
- › When a someone is living paycheck to paycheck, denying coverage for an abortion can push them 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.
- › 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](#).
- › In some cases, women need to delay their abortions to take time to raise funds for the procedure. According to the [Federal Reserve Board](#), 40% of Americans do not have enough savings to pay for a \$400 emergency expense like an abortion.
- › Due to inequities in health care and systemic racism, 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.

“ 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



For 50 years, the Hyde Amendment has denied abortion coverage to working people trying to make ends meet. Hyde’s impact falls hardest on people of color, young people, and those already marginalized by systemic inequities. **The EACH Act removes these restrictions, preventing politicians from putting their thumb on the scale of what pregnancy services get covered, when and where people decide to grow their family, and how much that will cost.**