



# 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 Representatives Barbara Lee (D-CA), Ayanna Pressley (D-MA), Diana DeGette (D-CO), and Jan Schakowsky (D-IL) in the U.S. House and Senators Tammy Duckworth (D-IL), Patty Murray (D-WA), and Mazie Hirono (D-HI) 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.

## 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.

**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.

Currently, [33 states and the District of Columbia](#) do not cover abortion within their state Medicaid programs, except for limited exceptions. Additionally, anti-abortion politicians [in 25 states](#) have enacted restrictions that interfere with abortion as a covered health service in health plans offered by health insurance exchanges. Among states where abortion is still legal, 12 states and the District of Columbia restrict abortion coverage in insurance plans available for public employees, and [10 states](#) have laws restricting insurance coverage of abortion in all private insurance plans written in the state.

## 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-six \(56%\)](#) of reproductive-age women enrolled in Medicaid live in states that withhold insurance coverage for abortion except in limited circumstances.
- › Among the reproductive-age women who are enrolled in Medicaid programs that deny abortion coverage, more than [one in five \(21%\)](#) live in states where policymakers have banned abortion care.
- › [Fifty percent \(50%\)](#) 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 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



**The decision to become a parent is one of the most important life decisions we make. When people can make decisions that are best for their lives, however much they earn, families and communities thrive.** The EACH Act stops politicians from interfering with someone’s decision about abortion based on their income or how they are insured.