

EQUAL ACCESS TO ABORTION COVERAGE IN HEALTH INSURANCE (EACH WOMAN) ACT

NCJW Message: NCJW believes every woman, regardless of her income, insurance, or other factors, should have comprehensive insurance coverage for the full range of her reproductive health care needs, including abortion, so she can make personal decisions about her body, health, and future per her own religious beliefs and circumstances. As part of NCJW's commitment to advancing reproductive justice, NCJW strives to end the Hyde Amendment (Hyde) and similar federal bans that deny coverage of abortion from women enrolled in Medicaid and other federal health programs. Such bans most harm women struggling to make ends meet, women of color, immigrant women, and young women. The Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act, HR 2972, introduced in July 2015 by Representatives Barbara Lee, Jan Schakowsky, and Diana DeGette, would end federal bans on abortion coverage. It would also bar local, state, and federal political interference in the decisions of private health insurers to offer abortion coverage. **Lawmakers should pass the EACH Woman Act (HR 2972) so every woman can make her own faith-informed decision about abortion no matter her income, insurance, or where she lives.**

TALKING POINTS:

- ▶ **The EACH Woman Act would ensure health coverage of abortion for every woman, regardless of her income or type of insurance.** Women with fewer resources should not have inferior access to care than women with more money. But by approving the Hyde Amendment, politicians withhold coverage of abortion from women who obtain care through a federal health plan or program, primarily restricting coverage in Medicaid. This pushes safe, affordable abortion out of reach from a woman just because she is poor or due to the insurance she holds. The EACH Woman Act would lift this ban, ending politicians' interference in a woman's ability to make her own decision about abortion.
- ▶ **The EACH Woman Act respects a woman's moral agency and religious liberty by restoring her access to coverage.** Bans on abortion coverage interfere with a woman's moral autonomy — her ability to make personal decisions based on her own religious or moral beliefs. However we feel about abortion, it is unjust for lawmakers to enshrine one religious view into law in order to restrict abortion access. Doing so erodes our nation's basic principle of religious liberty, directly interfering in a woman's ability to make her own faith-informed, personal decision.
- ▶ **Coverage of abortion is essential to preserving a woman's health and safety.** When a woman makes the decision to end a pregnancy, it is important that she have medical care. Coverage bans make abortion more difficult to obtain; they can consequently jeopardize a woman's ability to obtain safe, quality healthcare from a licensed provider. Barriers to care resulting from a ban may force her to delay abortion care.
- ▶ **The EACH Woman Act is critical for women's and families' economic security.** Without insurance coverage, abortion is pushed out of reach for many women due to cost. When a woman cannot afford an abortion, the consequences on her and her family can be far-reaching: a woman who wants to end a pregnancy but is denied is *more likely* to fall into poverty than a woman who can obtain this care. Each woman should be able to obtain the full range of pregnancy-related care she needs without threatening her financial future or other basic needs.

FREQUENTLY ASKED QUESTIONS:

What is the Hyde Amendment? The Hyde Amendment policy (“Hyde”) bans abortion coverage in the Medicaid health insurance program. Since it was first passed by Congress in 1976, lawmakers have approved this restriction each year during the appropriations process, but have not enacted Hyde into permanent law. Egregiously, it was intentionally designed to deny abortion to low-income women. Data shows that nearly **one in six** women of reproductive age is enrolled in Medicaid, nearly half of whom are women of color. In addition to restricting coverage for abortion in Medicaid, similar bans are also imposed on most other federal health programs. Hyde denies a woman the ability to make her own decision about abortion except in cases of rape, incest, or when her life is at risk.

What would the EACH Woman Act do? This visionary bill, introduced in the House of Representatives by Reps. Barbara Lee (D-CA), Jan Schakowsky (D-IL), and Diana DeGette (D-CO), would end bans on abortion coverage by setting two new, key standards for reproductive health:

- (1) It would ensure that every woman who receives health care or insurance through the federal government will have coverage for all pregnancy-related care, including abortion.
- (2) It would bar political interference by federal, state and local legislators in decisions by private insurance companies to offer abortion coverage, including through plans sold in the health insurance marketplace created by the Affordable Care Act. In so doing, the EACH Woman Act would ensure every woman can make her own faith-informed decision about ending a pregnancy, no matter her income, insurance, or where she lives.

How would the EACH Woman Act change abortion coverage in Medicaid? Under the joint federal-state Medicaid program, states may use state money to cover abortion for Medicaid enrollees no matter the circumstances surrounding a woman’s decision to end a pregnancy. Currently, only 17 states require such Medicaid coverage: AK, AZ, CA, CT, HI, IL, MD, MA, MN, MT, NJ, NM, NY, OR, VT, WA, and WV. This bill would ensure people enrolled in Medicaid would have comprehensive health coverage — no matter where they live.

How would the bill impact private coverage?

This bill does not require private insurers to offer abortion coverage. Rather, it repeals political restrictions that impede abortion coverage in the private market. For example, it would end the Affordable Care Act provision which allows states to bar health plans offering abortion coverage from being sold in their state’s health insurance marketplace, as 25 states currently do. Historically, absent political interference, the majority of private plans have offered abortion coverage.

Do coverage bans really harm women?

Yes. Hyde places a woman at greater risk of poverty if she cannot afford an abortion, and forces **one in four** poor women seeking abortion to carry an unwanted pregnancy to term. For women of color, immigrant women, and young people, who already face persistent inequities in access to high-quality health care, the harms of coverage bans are more deeply felt. In order to make a real decision about abortion, based on a woman’s own circumstances and beliefs, she needs to be able to afford it. By pushing abortion out of reach, bans interfere in a woman’s personal decision making, risk her health, and threaten her economic security.

How do bans on abortion coverage impact religious liberty?

Bans on abortion coverage erode a woman’s religious liberty. Impeding access to this legal care denies a woman the ability to make personal decisions about her health and family per her own religious beliefs. By denying affordable abortion access, politicians privilege the religious beliefs of those who oppose abortion over a woman’s religious liberty and autonomy — her right to make her own faith-informed decision.

Why should the tax dollars of those who oppose abortion go toward covering it?

Abortion is a personal decision. However we feel about abortion, it is not our place to deny a woman the ability to make a decision that’s best for her, just because she is poor or due to her source of insurance. Politicians should not interfere with her decision by withholding coverage. The decision to choose adoption, end a pregnancy, or raise a child must be left to a woman in consultation with those she trusts, such as her doctor, and per her own faith.