



The Time is Now: Repeal the Hyde Amendment

What is the Hyde Amendment?

First implemented in 1977, the Hyde Amendment forbids the use of federal funds for abortions except in cases of life endangerment, rape, or incest. This restriction denies abortion coverage to many of those enrolled in Medicaid, the nation's primary health insurance program for low-income individuals and families. Medicaid is a joint federal and state program. States can elect to fund Medicaid abortion coverage, but most do not. Even if states do allow Medicaid abortion coverage, it can still be extremely difficult, if not impossible, to access. As a consequence, many of the nation's poor do not have the same access to abortion services as those that have private insurance or are more affluent. When it comes to reproductive rights, they are treated as second-class citizens.

The Hyde Amendment is not a permanent law; rather, it is an amendment attached by Congress every year to the annual Health and Human Services (HHS) appropriations bill. During his 2020 presidential campaign, Joe Biden called for repeal of the Hyde Amendment, but its fate in Congress remains uncertain.

“If I believe health care is a right, as I do, I can no longer support an amendment that makes that right dependent on someone’s ZIP code.”

— *Then-Presidential Candidate, Joe Biden*

Historically, the Hyde Amendment has garnered support from both sides of the aisle, but the tide of public opinion is turning. A recent national poll indicates that 62 percent of voters believe that Medicaid should cover abortion services.¹ In December 2020, the House Appropriations Committee held a historic hearing on the detrimental impacts of the Hyde Amendment, signifying that Congress may be prepared to abandon the restrictions imposed by the amendment.

“Congress [...] has both the opportunity and ethical imperative to lead toward reproductive justice, beginning with this first step of eliminating the Hyde Amendment.”

— *President and CEO of Guttmacher Institute, Dr. Herminia Palacio in her testimony before Congress*

A Racist Policy

The Hyde Amendment disproportionately affects low-income people, Black women, and other women of color. Due to racial and structural inequalities in the U.S., women of color are more likely to qualify for Medicaid, more likely to experience higher rates of unintended pregnancy, and less likely to be able to pay for an abortion out-of-pocket.^{2,3,4} The Hyde Amendment creates yet another barrier to abortion services for people already struggling to access care. Because of this policy, approximately one in four women who want an abortion are forced to carry an unwanted pregnancy to term when Medicaid funding is unavailable.⁵

“The Hyde Amendment is designed to deprive poor and minority women of the constitutional right to choose abortion.” — Supreme Court Justice Thurgood Marshall

Not Just Medicaid

As an attachment to the HHS appropriations bill, the Hyde Amendment also restricts funding for abortion services under the Indian Health Service, Medicare, and the Children’s Health Insurance Program. Hyde Amendment restrictions have been incorporated into other federal appropriation bills as well, restricting access to abortion coverage for people insured by the military’s TRICARE program, federal prisons, immigration detention centers, the Peace Corps, and the Federal Employees Health Benefits Program.⁸

A Legislative Solution

Congress now has the opportunity to end the Hyde Amendment. It can do so by deleting the Hyde Amendment language from appropriations bills or by passing separate legislation. The *EACH Act* would restore abortion coverage to anyone enrolled in a government financed health insurance plan, like Medicaid or Medicare, anyone covered by a government-managed health insurance program, or anyone receiving health care from a government provider or program.⁹ This policy measure would ensure that everyone who receives medical coverage financed by the federal government will have coverage for abortion services. It would also preclude federal interference with decisions by private health insurance companies to offer coverage for abortion care.¹⁰ These important policy changes would go a long way towards ensuring that everyone, regardless of their income, would be able to exercise their constitutional right to safe and legal abortion services.



THE COST OF THE HYDE AMENDMENT

Medicaid is a major source of health coverage for low-income women as two in ten women of reproductive age (15–49 years) rely upon it.⁶ Without abortion coverage under Medicaid, women are forced to pay out-of-pocket for the procedure or carry their pregnancy to term. While costs vary by geographical location, provider, and gestational age, an abortion costs on average between \$500 at 10 weeks gestation to \$1195 or more at 20 weeks gestation.⁷ Unsurprisingly, abortion costs are higher in states with more restrictive policies.

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