

How does the Hyde Amendment restrict insurance coverage of abortion care?

- The Hyde Amendment is a policy that bans the use of federal funds to pay for abortion care except when a pregnancy endangers the life of the pregnant person, or when it results from rape or incest.¹ Since 1976 Congress has inserted the Hyde language in the annual appropriations bill.¹
- This restriction on federal funding has been expanded to a number of federally funded health insurance programs, including Medicaid, Medicare, the Children's Health Insurance Program, the Federal Employee's Health Benefits Program, and the Indian Health Service.¹
- US states may elect to use state-based funding to pay for the abortion care that the Hyde Amendment prohibits for individuals enrolled in Medicaid; however, as of April 2020 only 16 states do so.²

Who is affected by coverage bans on abortion?

- Abortion is a common and safe procedure with very few risks.³ In 2017, 18.4% of all pregnancies in the United States ended in abortion.⁴ In the same year, the US abortion rate was 13.5 abortions per 1,000 women of reproductive age.⁴
- In the United States, most women who have an abortion are struggling financially and already face significant barriers to health care. A majority pay out-of-pocket for their care.⁵
- Among US women aged 15-49, 19% were covered by Medicaid and one percent by Medicare in 2018. Both programs ban abortion coverage and Medicare recipients cannot have their abortion care covered by state funds because it is fully funded by federal dollars.⁶ Medicaid coverage is disproportionately higher among women living below the Federal Poverty Level (FPL), women of color, single parents, and women with lower educational attainment.⁷ In 2018, 14% of nonelderly adult women in the United States had incomes at or below the FPL.⁸
- Sixty-seven percent of all women enrolled in Medicaid were of reproductive age.⁷ Over half of women of reproductive age who were enrolled in Medicaid in 2018 lived in states that apply the Hyde restrictions to their state funds.¹
- Data on the number of women of reproductive age who rely solely on the Indian Health Service for their sexual and reproductive health care are not available. However, in 2018, there were 700,940 American Indian and Alaska Native women 15-50 years of age in the United States.⁹
- Most women who obtain abortion care are parents; 29% report that caring for their existing family is a primary reason for obtaining an abortion.¹⁰

How do abortion coverage bans impact pregnant people?

- *Pregnant people may be unable to find a local abortion provider.* The number of abortion-providing facilities in the United States decreased five percent between 2014 and 2017.⁴ Thirty-eight percent of reproductive-age women in the United States live in a county that lacks an abortion provider.⁴ A recent analysis of disparities in access to abortion care found that although the median distance to an abortion provider in the United States is 10.79 miles, 20% of US residents may have to travel up to 42.54 miles or farther to reach a provider.¹¹
- *Pregnant people may struggle to afford abortion.* Pregnant people residing in 33 states and the District of Columbia are unable to use their Medicaid health insurance to cover the cost of abortion care unless their pregnancy results from rape or incest, or is life-endangering.² Such a time-sensitive and unanticipated out-of-pocket expense can mean forgoing food, rent, or household bills for pregnant people whose insurance will not cover the cost of an abortion.^{12,13} Over half of the women in one study of abortion patients said such costs amounted to more than one-third of their personal monthly income.¹³ Individuals seeking abortion after 20 weeks in a pregnancy faced costs nearing two-thirds of their income per month.¹³
- *Pregnant people may be forced to delay care.* Even for those who are able to afford care, a lack of available or accessible care may result in additional delays. Many pregnant people are not able to obtain abortion care as early as they would like and attribute delays to the time it took to discover their pregnancy, arrange care, and to decide whether or not to continue the pregnancy.¹⁴

What are the impacts of being denied a wanted abortion?

- Women who do not obtain a wanted abortion are *more likely to subsequently live in poverty*.¹⁵ Women unable to obtain a wanted abortion may be more likely to be unemployed and less likely to have the financial resources to afford household essentials such as food and the cost of housing.¹⁵ The negative financial impacts of abortion denial have been found to persist for up to several years.¹⁶
- *Pregnant people can face risk of violence*. Carrying an unwanted pregnancy to term can slow a woman's separation from the man involved in the pregnancy.¹⁸ For women experiencing intimate partner violence, this can mean they and their children are at continued risk of violence from that partner.¹⁹

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