



FACT SHEET:

D.C. Ban on Medicaid Coverage of Abortion

The Hyde Amendment is language in the yearly Labor, Health and Human Services, Education and Related Agencies (often shortened to Labor-H or LHHS) appropriations legislation that bars programs in these agencies from covering abortion. This restriction primarily withholds abortion coverage from those qualified and enrolled in the Medicaid health insurance program for low-income people, except in the limited cases of rape, incest, and life endangerment.

The Hyde Amendment paved the way for other federal abortion coverage restrictions. Anti-abortion politicians have added abortion coverage and funding bans throughout spending bills, including a ban in the Financial Services and General Government appropriations legislation that restricts D.C. from using its state Medicaid funds to provide abortion coverage.

The District of Columbia Medicaid Abortion Coverage Rider bans the District from using local funds to provide health coverage for abortion except in the cases of rape, incest and life endangerment. It particularly restricts abortion from being covered by the D.C. Medicaid program. This ban contrasts with the policy for states, which may decide to use state funds to cover abortion services otherwise barred by the Hyde Amendment.

Congress has repeatedly taken away the District government's right to use their own locally raised funds to cover abortion care. Most recently, in 2009 the ban was lifted, and then reinstated in 2011 by an anti-choice majority in Congress. Currently, women enrolled in the D.C. Medicaid program do not have abortion coverage through their insurance.

Medicaid coverage can mean the difference between getting abortion care or being denied for a significant number of Washingtonians.

- Studies show that when policymakers place severe restrictions on Medicaid coverage of abortion, it forces one in four poor women seeking abortion to carry an unwanted pregnancy to term.¹
- When a woman is living paycheck to paycheck, denying coverage for an abortion can push her 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 can get an abortion.²
- In 2016, nearly 1 in 4 women of reproductive age in Washington, D.C. were enrolled in the Medicaid program.³
- The D.C. ban disproportionately affects communities of color. 91% of the Washingtonians whose access to abortion care is restricted by the abortion coverage ban are women of color.⁴
- Of reproductive age women employed at restaurants in Washington, D.C., more than 1 in 7 are enrolled in Medicaid and thus have no insurance coverage for abortion.⁵

When Congress reimposed the D.C. Medicaid abortion coverage ban in 2011, there were devastating and immediate effects on women in the nation's capital.

Friday, April 9, 2011:

As the federal government nears shutdown, anti-abortion politicians force inclusion of the D.C. abortion ban in the final FY 2011 budget deal.

Wednesday, April 13, 2011:

To comply with the impending restriction, D.C. Medicaid officials announce coverage for abortion services would be dropped immediately from the city's health programs.

Thursday, April 14, 2011:

At least 28 D.C. Medicaid enrollees were scheduled to receive abortion care at a local clinic. These women, were suddenly left on their own to scramble to pay for their care. As reported by the D.C. Abortion Fund (DCAF), one of these women was a 23-year-old homeless woman. Her social worker had arranged for the woman's procedure to be covered through Medicaid, but funding was eliminated just two days before her appointment, leaving her struggling to find the means to pay for the abortion.

(Adapted from "Protect D.C. Residents' Rights; Repeal the Ban on Local Abortion Funding: Timeline." NARAL Pro-Choice America. January 1, 2017. Available at <http://bit.ly/2jNT16V>.)

¹ Henshaw SK et al., Restrictions on Medicaid Funding for Abortions: A Literature Review, Guttmacher Institute, 2009. Available at <http://bit.ly/1K5XcF>.

² Foster DG, Roberts SCM and Mauldon J, Socioeconomic consequences of abortion compared to unwanted birth, abstract presented at the annual meeting of the American Public Health Association, San Francisco, Oct. 27-31, 2012. Available at <http://bit.ly/1PvNd4w>.

³ Kaiser Family Foundation. District of Columbia: Health Insurance Coverage of Women Ages 15-49. Estimates based on the Census Bureau's March Current Population Survey (CPS: Annual Social and Economic Supplements), 2017. Available at <https://kaiserf.am/2rBM1Ej>.

⁴ Kaiser Family Foundation. District of Columbia: Distribution of the Nonelderly with Medicaid by Race/Ethnicity, states (2013). Estimates based on the Census Bureau's March Current Population Survey (CPS: Annual Social and Economic Supplements), 2014-2017. Available at <https://kaiserf.am/2IAroTu>.

⁵ American Community Survey (ACS), 2012-2016. Calculations by the Restaurant Opportunities Centers United (ROC-United). Steven Ruggles, Katie Genadek, Ronald Goeken, Josiah Grover, and Matthew Sobek. Integrated Public Use Microdata Series: Version 7.0 [dataset]. Minneapolis: University of Minnesota, 2017. Available at <https://doi.org/10.18128/D010.V7.0>.