

Federal Employees Deserve Comprehensive Reproductive Health Care: Congress Should Remove the Prohibition on Abortion Coverage in the Federal Employees Health Benefit Plan

For over 14 years, the Federal Employee Health Benefits Plan has denied female federal employees and female dependents of federal employees the ability to choose a healthcare plan that includes insurance coverage for abortion services. The coverage ban unfairly impacts women, denying them the comprehensive reproductive healthcare coverage they need and forcing them to pay out-of-pocket for health services. Congress should end this discriminatory policy and strike the language restricting abortion funding from the 2010 appropriation for the Federal Employees Health Benefits Plan.

The Federal Employee Health Benefits Plan Ban on Abortion Coverage The federal government provides health insurance coverage for over eight-million federal employees and retirees, through health plans participating in the Federal Employees Health Benefits Program (FEHBP), the largest employer-based health insurance system in the country.¹ For more than 25 years, Congress has prohibited health insurance coverage for abortion care, except in extremely narrow circumstances. Since 1983, with the exception of 1993 and 1994,² anti-choice members of Congress have annually banned federal employees from choosing a healthcare plan that covered abortion.³ Currently, Congress permits FEHBP coverage for abortions only when the woman's life is endangered, or where the pregnancy is the result of rape or incest.⁴ In 1994, the last time FEHBP plans were permitted to cover abortion, 178 plans out of 345 offered abortion coverage and beneficiaries were free to choose a plan with or without abortion coverage.⁵ Other than abortion services, Congress does not dictate what benefits must be offered or what benefits must be excluded.⁶

Excluding Coverage of Abortion Unfairly and Disproportionately Burdens Women Who Rely on the FEHBP Abortion is one of the most common

medical procedures undergone by women aged 15-44 in the United States.⁷ Approximately 25% of all U.S. pregnancies end in abortion⁸ and it is estimated that one in three American women will undergo an abortion procedure before turning 45.⁹ Women seek abortions for many reasons, including that the pregnancy threatens their health and that the fetus suffers from serious anomalies.¹⁰

Abortion is commonly included as a covered procedure by private sector fee-for-service plans and health maintenance organizations (HMOs).¹¹ Women denied abortion coverage through FEHBP have no recourse but to pay for abortion procedures out-of-pocket. In 2005, the median cost of an abortion at ten weeks gestation was \$430.¹² Abortion procedures at later gestations cost approximately \$1,260.¹³ For many federal employees, the cost of an abortion represents a major barrier to care; thousands of federal employees live at or below the federal poverty level.¹⁴

Congressional exclusion of coverage of a procedure that only women need and that is commonly covered in the private sector discriminates against women who rely on FEHBP.

Coverage of Abortion in the FEHBP Would Not Impact Taxpayers or Cause an Increase in Premium Rates Permitting health plans to include coverage for abortion does not mean, as supporters of the ban allege, that taxpayers are "funding abortions." Instead, like millions of private employers across the country, the federal government merely contributes a portion of its employees' insurance premiums, and the employees pay the rest.¹⁵ The Congressional Budget Office has concluded that permitting health plans to cover abortions under the FEHBP does not add to the cost of the insurance premiums.¹⁶

Lifting the ban on abortion coverage would permit federal employees to choose a healthcare plan that meets their needs, including coverage for comprehensive reproductive health care services. The Center for Reproductive Rights asks members of Congress to end this discriminatory ban on coverage for abortion care by striking the ban on FEHBP coverage for abortion from the 2010 budget.¹⁷

ENDNOTES

- 1 GOVERNMENT ACCOUNTABILITY OFFICE, FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM; EARLY EXPERIENCE WITH A CONSUMER-DIRECTED HEALTH PLAN, GAO-06-143 (November 2005).
- 2 Adam Clymer, *Federal Employees Given Coverage for Abortion*, N. Y. TIMES, August 4, 1993.
- 3 Jerry Gray, *Senate Limits Federal Funds for Abortions*, N. Y. TIMES, August 6, 1995.
- 4 Budget of the United States Government—Appendix. Detailed Budget Estimates by Agency. Title VI General Provisions—This Act (Department of the Treasury). Page 975 of FY2009 Budget.
- 5 Senator Moseley-Braun, Cong. Rec. S11517 (daily ed. Aug. 5, 1995).
- 6 Senator Mikulski, Cong. Rec. S11499 (daily ed. Aug. 5, 1995).
- 7 M. Owings & L. Kozak, *Ambulatory and inpatient procedures in the United States*, 1996, 13 VITAL & HEALTH STAT. 1 (1998).
- 8 Rachel K. Jones, et al., *Patterns in the socioeconomic characteristics of women obtaining abortions in 2000–2001*, 34 PERSP. ON SEXUAL & REPROD. HEALTH 226, 229 (2002).
- 9 Guttmacher Institute, Get “In the Know”: Questions About Pregnancy, Contraception, and Abortion, <http://www.guttmacher.org/in-the-know/in-the-know.pdf> (last visited June 29, 2009) (citing AGI, State Facts About Abortion, 2003). (March 16, 2007) (on file with Bonnie Scott Jones).
- 10 Lawrence B. Finer, et al., *Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives*, 37 PERSP. ON SEXUAL & REPROD. HEALTH 110, 117 (2005).
- 11 Adam Sonfield, *Toward Universal Insurance Coverage: A Primer for Sexual and Reproductive Health Advocates*, 11 GUTTMACHER POL. REV. 11, 15 (2008).
- 12 Rachel K. Jones, et al., *Abortion in the United States: Incidence and Access to Services*, 2005. 40 PERSP. ON SEXUAL & REPROD. HEALTH 6, 14 (2008).
- 13 *Id.*
- 14 Senator Snowe, Cong. Rec. S10245 (daily ed. Sept. 11, 1996).
- 15 *Id.*
- 16 *Id.*
- 17 Budget of the United States Government, supra n. 4. Page 975 of FY2009 Budget states “No funds appropriated by this Act shall be available to pay for an abortion, or the administrative expenses in connection with any health plan under the Federal employees health benefits program which provides any benefits or coverage for abortions”