

Women in the District of Columbia Should Have Equal Access to Abortion Services: Congress Should Repeal the Ban on Abortion Funding in the District of Columbia

The Center for Reproductive Rights strongly urges Congress to allow the District of Columbia to decide for itself whether to fund abortions for low-income women. Congress currently prohibits the District from providing abortion funding except in extremely narrow circumstances. In his proposed budget for 2010, President Barack Obama, has recommended that the prohibition be removed. For years, D.C.'s representative, Congresswoman Eleanor Holmes Norton, has also called on the House of Representatives to lift the ban.

Public funding for abortion is vital to ensure that low-income women have access to essential reproductive healthcare. The D.C. funding ban unfairly harms women in the Capital, denying them the comprehensive reproductive healthcare coverage they need. Congress should repeal this unfair policy and strike the language restricting the District from funding abortion from the 2010 appropriations legislation.

The District Should Have the Same Right to Protect Women's Health and Ensure Access to Abortion as the States Do

Like the states, the District of Columbia primarily provides healthcare to low-income women through the Medicaid program. Under the program, the federal government establishes standards for benefits and provides the District and state governments matching funds for healthcare coverage.¹ While Medicaid covers all other medically necessary health services,² since 1977, Congress has restricted federal funding for abortions. Abortion is only covered in cases in which the woman's life is threatened or in cases of rape or incest.³

Although no federal Medicaid funds can be used to provide abortions beyond the narrow circumstances permitted by Congress, state governments are permitted to use their own funds to provide additional health services to Medicaid recipients, including medically necessary abortions. Seventeen states cur-

rently pay for abortions for low-income women using state dollars.⁴

Until 1988, the District of Columbia also used its own funds to pay for abortions for low-income women.⁵ However, unlike the states, the District is subject to the jurisdiction of Congress. And from 1988 until 1993, and again since 1995, Congress has prohibited D.C. from using its own funds to pay for abortions beyond the limited circumstances in which federal funds are available.⁶ While many in Congress, including Congresswoman Norton, have worked to return "home rule" (power to set its own policy) to the D.C. government on this issue, Congress has refused to eliminate the funding ban.⁷

Prohibiting the District from Funding Abortion Unfairly and Disproportionately Burdens Low-Income Women in D.C.

Abortion is an essential part of reproductive healthcare. For many women, Medicaid is their sole means of accessing health services. Access to public funding for abortion is particularly important in D.C., as almost 28% of the population is enrolled in Medicaid.⁸ Studies have shown that funding restrictions have forced between 18 and 37% of Medicaid-eligible women to forgo an abortion and carry their pregnancies to term.⁹ Others are forced to delay obtaining services until they raise the necessary funds.¹⁰ The risks associated with abortion rise the longer a woman waits into her pregnancy, so these delays increase the potential for harm to a woman's health.¹¹ Moreover, low-income women are often forced to sacrifice other necessities, such as paying for rent, utility bills, and food or clothing for themselves or their children in order to save the money.¹²

Congress should repeal the ban on abortion funding for the District of Columbia.

ENDNOTES

- 1 See Kaiser Family Foundation, Medicaid: A Timeline of Recent Developments, http://www.kff.org/medicaid/timeline/pf_65.htm (last visited June 3, 2009).
- 2 See Centers for Medicare and Medicaid Services, *Medicaid-At-A-Glance 2005 5* (2005), available at <http://www.cms.hhs.gov/MedicaidGenInfo/Downloads/MedicaidAtAGlance2005.pdf>.
- 3 See 42 U.S.C. § 1397ee (2009).
- 4 Heather D. Boonstra, *The Impact of Government Programs on Reproductive Health Disparities: Three Case Studies*, GUTTMACHER POLICY REVIEW, Summer 2008, at 9, available at <http://www.guttmacher.org/pubs/gpr/11/3/gpr110306.pdf>.
- 5 See Jon F. Merz, Catherine A. Jackson & Jacob A. Klerman, *A Review of Abortion Policy: Legality, Medicaid Funding, And Parental Involvement, 1967-1994*, 17 WOMEN'S RTS. L. REP. 1, 19 (1995).
- 6 See Stephen Dinan and Gary Emerling, *Obama move on abortion funds riles both sides*, WASH. TIMES, May 8, 2009.
- 7 See Press Release, *Norton Goals for Voting Rights and Complete Home Rule Challenge New Democratic Congress to Act on Promises*, Congresswoman Eleanor Holmes Norton (2007), available at http://www.norton.house.gov/index.php?option=com_content&task=view&id=474&Itemid=88.
- 8 Percentage calculated by comparing United States Census data from 2006 with Medicaid Enrollment data from 2006. See Kaiser Family Foundation, *Total Medicaid Enrollment – Kaiser State Health Facts*, <http://www.statehealthfacts.org/comparemaptable.jsp?ind=198&cat=4> (last visited June 4, 2009); United States Census Bureau, *Population Estimates*, <http://www.census.gov/popest/states/NST-ann-est.html> (last visited June 4, 2009).
- 9 Boonstra, *supra* note iv, at 9.
- 10 Heather Boonstra & Adam Sonfield, *Rights Without Access: Revisiting Public Funding of Abortion for Poor Women*, GUTTMACHER REPORT ON PUBLIC POLICY (April 2000), at 10, available at <http://www.guttmacher.org/pubs/tgr/03/2/gr030208.pdf>.
- 11 Lawrence B. Finer et al., *Timing of Steps and Reasons for Delays in Obtaining Abortion in the United States*, 74 CONTRACEPTION 334-44 (2006).
- 12 Boonstra & Sonfield, *supra* note x, at 9.