

# RECOMMENDATIONS

## TO THE U.S. GOVERNMENT

The Medicaid funding restrictions imposed by the Hyde Amendment make it extremely difficult for poor women to access abortion services, often forcing them to delay their abortions until the second trimester or, in thousands of cases each year, to continue an unwanted pregnancy. The cost of an abortion ranges from \$413 in the first trimester to roughly three times as much at 20 weeks of pregnancy.<sup>225</sup> In most states, Medicaid covers pregnant women with incomes between 133 and 185% of the federal poverty level—in other words, annual incomes between \$24,352 and \$33,874 for a family of three.<sup>226</sup> At this income level, the costs of arranging for an abortion—which may include not only the cost of the procedure, but also expenses such as transportation, child care, and loss of wages—are significant. Indeed, at least one in four women on Medicaid who wants to have an abortion is forced to continue her pregnancy due to a lack of funds.<sup>227</sup> The Hyde Amendment is, in large part, responsible for poor women’s severely limited access to abortion care. The Hyde Amendment undermines a woman’s fundamental right to reproductive healthcare and threatens women’s overall health and well-being. In addition, the Hyde Amendment discriminates on the basis of gender, race and ethnicity, and socio-economic status, and infringes upon women’s rights to autonomy and health.

The Center believes that Medicaid coverage of abortion is critical for women’s health and safety and for the realization of their fundamental human rights, and urges the U.S. government to take action as follows:

- Repeal the Hyde Amendment and other restrictions that prohibit federal funding of abortion.
- Guarantee all women, regardless of immigration status, access to the full range of reproductive healthcare services by expanding Medicaid eligibility.<sup>228</sup>

- Include abortion in all government health programs, including those that provide coverage to Native American women using the Indian Health Service, federal prisoners, women in the military, Peace Corps volunteers, disabled women, and federal employees.<sup>229</sup>
- Ratify the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) to demonstrate the United States’ commitment to women’s equality and right to reproductive healthcare, and take steps to comply with its provisions.

## TO STATE GOVERNMENTS

While the Hyde Amendment limits the use of federal funds for abortion services, except in a narrow set of circumstances, state governments have the option of providing broader coverage under state funding programs (“state Medicaid”) using state funds. However, only seventeen states (“non-discrimination states”) currently use their own funds to provide coverage for all or most medically necessary abortions.<sup>230</sup> In the vast majority of states (“Hyde states”), Medicaid coverage for abortion is available only in cases of rape, incest, or life endangerment, in line with the restrictions imposed by the Hyde Amendment.<sup>231</sup> Six states (“Hyde-plus states”) have slightly expanded that coverage to include abortions in cases of fetal abnormality or endangerment of a pregnant woman’s physical health.<sup>232</sup>

In addition, some states are failing to provide Medicaid funds for abortions in cases of rape, incest, or life endangerment, in violation of federal law. In both Hyde states and non-discrimination states it can be extremely burdensome, in practice, for reproductive healthcare providers to obtain or rely upon Medicaid reimbursement for abortion services. It is nearly impossible for some providers to recover their costs for providing abortion to Medicaid patients, both because Medicaid reimbursements are too low and because Medicaid