Bodily Autonomy Fact Sheet Series

A New Era of Hyde Creep

The anti-rights movement expands its weaponization of federal funding to gender-affirming care

For decades, the Hyde Amendment and related abortion coverage bans have prohibited most federal health insurance programs from covering the cost of abortion care except in the limited circumstances of rape, incest, or life endangerment.[i] This has resulted in dangerous and discriminatory outcomes for pregnant individuals who are in need of abortion services and enrolled in Medicaid, Medicare, and other federal programs.[ii] Now, extremists are trying to apply similar bans on federal funding for gender-affirming care.

Both abortion and gender-affirming care are essential, and often lifesaving, forms of health care that are central to bodily autonomy.[iii] Abortion care allows people to decide if, when, and how to have a family. Gender-affirming care supports and affirms an individual's gender identity[iv] and has been endorsed as life-saving treatment by every major medical association in the United States, including the American Medical Association and the American Association of Pediatrics.[v] Laws limiting access to these health care services weaken rights around bodily autonomy and pose a threat to the broad spectrum of rights foundational to our privacy and liberty that are guaranteed by the U.S Constitution.

History and Harms of Hyde

In 1977, Congress first enacted the Hyde Amendment, which bars the use of federal funds to pay for abortion care except in very limited circumstances.[vi] Since then, the Amendment has passed each year during the annual appropriations process. The Hyde Amendment originally only applied to the Medicaid program, but anti-abortion lawmakers have continuously expanded the reach of Hyde, allowing similar language to creep into appropriations language and ban abortion funding across a wide swath of federal health insurance programs.[vii] Hyde and Hyde-like amendments now apply across major federal health insurance programs such as Medicaid, Medicare, Indian Health Services, CHIP, and more.

Since its inception, the Hyde Amendment has disproportionately impacted low-income communities and communities of color. In 2019, half of all women ages 15-49 with an income below the federal poverty level were enrolled in Medicaid.[viii] Without insurance coverage for abortion care, many pregnant Medicaid enrollees are forced to delay receiving abortion care to save or fundraise for the out-of-pocket cost of care, which can be substantial. On average, the cost of abortion care during the first trimester is around $600-800, an often insurmountable expense that may prevent many Medicaid-enrollees from accessing the care entirely.[ix] Further, delaying abortion care into the second trimester can increase the cost because abortions become more expensive later in pregnancy.[x]

Women of color are more likely to be covered by Medicaid, disproportionately impacting their access to abortion care. In 2019, the Guttmacher Institute reported that 29% of Medicaid enrollees ages 15-49 were Black women and 25% were Hispanic while only 15% were White.[xi] By targeting federal health insurance programs like Medicaid, the Hyde Amendment causes disparities in health outcomes for low-income pregnant people and pregnant people of color who are unable to access abortion care.

Copycat Tactics

For the last several years, extremist lawmakers have begun to mirror the strategies[xii] used by the anti-abortion movement to target gender-affirming care. This was most recently exemplified through a congressional effort to restrict access to gender-affirming care with Hyde-like funding restrictions. In 2025, the House Labor, Health and Human Services, and Education subcommittee of the House Appropriations Committee released a draft appropriations bill that included a provision to limit the use of federal funds for gender-affirming care across the Departments of Labor, Health and Human Services, and Education.[xiii] This provision would have banned federal funds for any "social, psychological, behavioral, or medical interventions" for transgender patients of any age. Although the provision failed, it demonstrates an emerging interest lawmakers have in restricting access to gender-affirming care through federally funded health insurance programs. As of March 2026, over 67,000,000 million people were enrolled in Medicaid.[xiv] Had the provision passed, transgender patients enrolled in Medicaid would have been forced to pay out of pocket and potentially forego the critical health care they need, similar to Medicaid enrollees who are forced to delay or forego abortion care because of the Hyde Amendment.[xv]

Congress has already successfully banned gender-affirming care in some other federally funded health insurance programs. In 2024, Congress passed the Fiscal Year 2025 National Defense Authorization Act (NDAA) with a ban on gender-affirming care under TRICARE, the military's health insurance program, for dependents of military families.[xvi] This parallels an existing ban on abortion under TRICARE, which prohibits coverage and provision of abortion to servicemembers and their dependents except in limited circumstances.

In the executive branch, the Trump administration has also taken steps to block access to gender-affirming care for transgender youth. Earlier this year, the Centers for Medicare and Medicaid Services promulgated a proposed rule prohibiting federal Medicaid and Children's Health Insurance Program (CHIP) funding for gender-affirming care for transgender youth.[xvii] The White House is currently reviewing the proposed rule as well as comments submitted in response and is expected to finalize the rule soon. Once finalized, this rule will undoubtedly harm transgender youth across the country and is likely to create similar consequences to those resulting from the Hyde Amendment. For example, research has shown that under the Hyde Amendment, Medicaid-enrollees who do not have insurance coverage are often forced to delay care or divert money from other urgent needs such as housing and food costs.[xviii] Without access

to critical gender affirming care, it's likely that low-income transgender youth and their families enrolled in these federal programs will be forced to make the same tough decisions about how to pay for their care out of pocket, whether they must delay their care, or forego it altogether. As of last year, nearly 37 million young people were enrolled in either Medicaid or CHIP. Once the rule is finalized, none of these enrollees will be able to access the gender-affirming care they may need.[xix]

A Recycled Playbook

Although a Hyde-like amendment for gender-affirming care is a new tactic from anti-transgender lawmakers, it is not the first example of them following the anti-abortion playbook. Other examples include passing laws across states banning access to care for minors, targeting providers, and promoting dangerous disinformation regarding the safety and efficacy of care to scare patients.[xx] These attacks represent a growing campaign against types of health care the anti-rights movement disfavors. Already, other forms of health care critical to bodily autonomy, such as birth control or in-vitro fertilization (IVF), are under attack.

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[i] Making appropriations for the Departments of Labor, and Health, Education, and Welfare, and related agencies, for the fiscal year ending September 30, 1979, and for other purposes, Pub. L. No. 95-480, § 210, 92 Stat. 1586 (1978).
[ii] *As the Hyde Amendment Turns Forty, Center for Reproductive Rights Continues to Call for Repeal*, CTR. FOR REPROD. RTS. (Sept. 30, 2016), https://reproductiverights.org/news/as-the-hyde-amendment-turns-forty-center-for-reproductive-rights-continues-to-call-for-repeal/.
[iii] *See* Teresa A. Graziano, *Access to Gender-Affirming Care and Alternatives to That Care Among Transgender Adults*, J. OF THE AM. MED. ASS'N (July 16, 2025), https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2836430?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=071625#google_vignette; *See Facts are Important: Abortion is Healthcare*, AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, https://www.acog.org/advocacy/facts-are-important/abortion-is-healthcare (last visited July 10, 2026).
[iv] Natasha Rappazzo, *Gender-Affirming Care| Factsheet,* PHYSICIANS FOR REPROD. HEALTH (June 2025), policy-gender-affirming-care-fact-sheet.pdf.
[v] *AMA to states: Stop Interfering in health care of transgender children*, AM. MED. ASS'N. (Apr. 26, 2021), https://www.ama-assn.org/press-center/ama-press-releases/ama-states-stop-interfering-health-care-transgender-children; Alyson Sulaski Wyckoff, *AAP Reaffirms gender-affirming care policy, authorizes systematic review of evidence to guide update*, AM. ACAD. OF PEDIATRICS (Aug. 4, 2023), https://publications.aap.org/aapnews/news/25340/AAP-reaffirms-gender-affirming-care-policy?autologincheck=redirected.
[vi] *The Hyde Amendment: An Overview*, CONG. REV. SERV. (July 20, 2022), https://www.congress.gov/crs-product/IF12167.
[vii] *The Hyde Amendment: An Overview*, CONG. REV. SERV. (July 20, 2022), https://www.congress.gov/crs-product/IF12167.
[viii] *The Hyde Amendment: A Discriminatory Ban on Insurance Coverage of Abortion*, GUTTMACHER INST. (May 2021), https://www.guttmacher.org/fact-sheet/hyde-amendment.
[ix] *How much does an abortion cost?*, PLANNED PARENTHOOD (Apr. 13, 2025), https://www.plannedparenthood.org/blog/how-much-does-an-abortion-cost.
[x] *How much does an abortion cost?*, PLANNED PARENTHOOD (Apr. 13, 2025), https://www.plannedparenthood.org/blog/how-much-does-an-abortion-cost.

[xi] *The Hyde Amendment: A Discriminatory Ban on Insurance Coverage of Abortion*, GUTTMACHER INST. (May 2021), https://www.guttmacher.org/fact-sheet/hyde-amendment.
[xii] *Bodily Autonomy Rights Under Threat*, CTR. FOR REPROD. RTS. (Apr. 22, 2026), https://reproductiverights.org/resources/bodily-autonomy-rights-under-threat/.
[xiii] Making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2026, and for other purposes, 119th Cong. § 244 (2025).
[xiv] *March 2026 Medicaid & CHIP Enrollment Data Highlights*, CTR. FOR MEDICARE & MEDICAID SERV., https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights (last visited July 10, 2026).
[xv] Erin Reed, *House HHs Appropriations Bill Would Devastate Trans Adult Healthcare Nationwide*, ERIN IN THE MORNING (Sep. 8, 2025), https://www.erininthemorning.com/p/house-hhs-appropriations-bill-would?utm_source=post-email-title&publication_id=994764&post_id=173135855&utm_campaign=email-post-title&isFreemail=true&r=5yuvv3&triedRedirect=true.
[xvi] H.R. 5009, 118th Cong. § 708 (2024).
[xvii] *Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children*, 90 Fed. Reg. 59463 (proposed December 19, 2025).
[xviii] *The Harms of Denying a Woman a Wanted Abortion Findings from the Turnaway Study*, UNIV. OF CAL. S.F., (Apr. 22, 2020), https://www.ansirh.org/sites/default/files/2026-04/COMPLIANT_the_harms_of_denying_a_woman_a_wanted_abortion_4-16-2020.pdf.
[xix] August 2025: Medicaid and CHIP Eligibility Operations and Enrollment Snapshot, CTR. FOR MEDICARE & MEDICAID SERV. (Nov. 28, 2025), https://www.medicaid.gov/resources-for-states/downloads/eligib-oper-and-enrol snap-aug2025.pdf.
[xx] Lindsey Dawson & Jennifer Kates, *Policy Tracker: Youth Access to Gender Affirming Care and State Policy Restrictions*, KFF (May 19, 2026), https://www.kff.org/lgbtq/gender-affirming-care-policy-tracker/; Irving Washington and Hagere Yilma, *Falsehoods About Transgender People and Gender Affirming Care*, KFF (Oct. 10, 2024), https://www.kff.org/health-information-trust/falsehoods-about-transgender-people-and-gender-affirming-care/.