NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH
Salud | Dignidad | Justicia

FACT SHEET
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THE HYDE AMENDMENT: A LEGACY OF INEQUITY

WHAT IS THE HYDE AMENDMENT?

People of color and low-income people in the United States have long struggled to access the same healthcare, and exercise the same constitutionally-protected reproductive rights as their white and higher-income counterparts. In 1973, the Supreme Court recognized a constitutional right to abortion, yet for decades, this promise of self-determination and reproductive equity has remained largely out of reach for people of color and low-income people, due in large part to the Hyde Amendment, a policy first attached to an annual appropriations bill in 1976.

> *"For too long, politicians have been allowed to deny insurance coverage for abortion. Every Latin@* should be able to get the care she needs, no matter how much money she has in her pocket, her immigration status, or her zip code."*
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> — Jessica González-Rojas
> Executive Director, National Latina Institute for Reproductive Health

The Hyde Amendment, as first introduced by Representative Henry Hyde III (R-IL), was a total ban on federal Medicaid coverage of abortion. As an amendment which has been added annually to appropriations legislation, the Hyde Amendment must be reenacted each year to remain in effect. The yearly reauthorizations have varied as to whether they include exceptions for life-threatening pregnancies or those caused by rape or incest.[1]

In its current iteration, the Hyde Amendment bans federal funding for abortion coverage through Medicaid with very narrow and seldom-used exceptions. In addition, the Hyde Amendment has promulgated look-alike policies that deny insurance coverage for abortion for federal employees and their dependents; Peace Corps volunteers; Native American communities; people in federal prisons and detention centers, including those detained for immigration purposes; and residents of the District of Columbia.

States can opt to supplement Medicaid funding with state funds in order to provide abortion coverage for Medicaid enrollees, though few have done so. To date, only four state legislatures have opted to supplement Medicaid to provide coverage for abortion care (the courts in 13 additional states have required it).[2] For low-income people, the result of the Hyde Amendment has been that their ability to access safe and affordable abortion care is once again left up to the states, rather than being guaranteed under federal law.

HOW DO ABORTION COVERAGE BANS HURT LATIN@S?

In the United States, where race and poverty are inextricably linked, restrictions on public insurance coverage for abortion care have a harmful and disproportionate impact on the health, economic security, and overall well-being of people of color. Latin@s, and other people of color, experience disproportionately high unintended pregnancy rates, are more likely to live in poverty, less likely to be able to afford abortion care (or other healthcare) out-of-pocket, and are more likely to be enrolled in public insurance programs.

Latin@s are more likely to qualify for public health programs. In 2012, 29 percent of Latin@ adults and children were enrolled in Medicaid.[3] The same year, 60 percent of Medicaid recipients in Texas were Latin@, and in Florida the number was 33 percent.[4] According to the 2013 American Community Survey, 25 percent of Latinas live below the poverty level.[5] These factors mean that Latin@ families are among the least likely to be able to afford out-of-pocket healthcare, whether for abortion services or any other type of care, and more likely to qualify for public insurance programs.

Bans on insurance coverage for abortion put Latin@s and their families in untenable economic situations. Hyde forces low-income Latin@s to struggle to raise funds for the care they need. For those who qualify and enroll in Medicaid, the cost of ending a pregnancy forces many to choose between paying for rent or groceries, or paying for the care they need. This often results in delays from when someone has made a decision to when they are able to afford care—delays which frequently increase the cost of an abortion. In a 2011 study, the average cost to patients for first trimester abortion care was $397 and $854 for second trimester abortion care.[6] In the same study, 50 percent of respondents needed assistance to pay for their abortion care and most participants had to rely on abortion funds and help from friends and family.[7] In fact, a woman who attempts to access abortion care but is denied that care is three times more likely to fall into poverty than a woman who is able to get the care she needs.[8]

** NLIRH embraces gender justice and LGBTQ liberation as core values and recognizes that inappropriately gendered language marginalizes many in our community. As such, we use the gender-inclusive term "Latin@" to recognize multiple gender identities and gender nonconforming people.*

Bans on insurance coverage for abortion endanger Latin@s' lives. These bans increase the likelihood that some will seek unsafe methods of abortion. Abortion access is an essential component of reproductive healthcare that 28 percent of Latin@s will need over their lifetime, compared to only 11 percent of their white counterparts.[9] International and pre-Roe v. Wade data make clear that when Latin@s and others are denied safe, legal care from a licensed, affordable provider, they may be forced to resort to unsafe or ineffective methods to end a pregnancy.

NLIRH POLICY RECOMMENDATIONS

NLIRH believes that all people should have access to the full range of pregnancy-related care, including abortion, regardless of ability to pay. It is time to lift the bans on abortion coverage that threaten health and reproductive self-determination.

- Congress should enact comprehensive sex education legislation that would ensure federal dollars going to comprehensive sex education programs are medically accurate and age-appropriate, evidence-based, and inclusive of LGBTQ relationships.
- Congress should remove all language in annual appropriations legislation that restricts coverage for, or the provision of, abortion care in public health insurance programs. This includes repeal of the Hyde Amendment, and all policies that restrict funding for abortion care and coverage.
- Congress should enact proactive legislation to permanently repeal abortion coverage bans and prohibit states from interfering with abortion coverage in private insurance plans, including in state healthcare exchanges.
- Congress should support and fully fund Title X family planning counseling and services, including the full range of FDA-approved contraceptive methods.
- State and federal policymakers should support proactive legislation, such as the Women's Health Protection Act, which aims to ensure reproductive health by working to remove barriers to abortion access.

The National Latina Institute for Reproductive Health (NLIRH) is the only national reproductive justice organization dedicated to building Latina power to advance health, dignity, and justice for the 26 million Latinas, their families, and communities in the United States through leadership development, community mobilization, policy advocacy, and strategic communications.

REFERENCES

1. In 1978, Congress added two exceptions—pregnancies resulting from "promptly reported" rape and incest and certification from two physicians that the pregnancy would cause "severe and long-lasting physical health damage." However, Congress again removed the "physical health danger" exception in 1979 and the rape and incest exceptions in 1981. This total ban version of the Hyde Amendment remained in place until 1993, when President Clinton and Congress introduced a budget that removed the Hyde Amendment. Representative Hyde reintroduced the amendment but included the rape and incest exceptions as a "compromise." In 1997, the Hyde Amendment was modified yet again. At that point, Congress restricted the life endangerment exception to "a physical disorder, physical injury or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed." Amy Allina, Jessica Arons, and M. Elizabeth Barajas-Román, *How Restrictions on Abortion Coverage and Marginalization of Care Paves the Way for Discriminatory Treatment of Abortion in Health Reform and Beyond,* (Center for Women Policy Studies, 2012): 3-4, http://centerwomenpolicy.org/programs/health/statepolicy/documents/REPRO_PreExistingConditions_Allina-Arons-Barajas-RomanFINAL.pdf.
2. Guttmacher Institute, *State Policies in Brief: State Funding of Abortion Under Medicaid,* (GUTTMACHER INSTITUTE, September 1, 2014): 1, http://www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf.
3. Kaiser Commission on Key Facts, *Health Coverage for the Hispanic Population Today and Under the Affordable Care Act,* (KAISER FAMILY FOUNDATION, April 2013): 3, http://kff.org/disparities-policy/report/health-coverage-for-the-hispanic-population-today-and-under-the-affordable-care-act/.
4. KAISER FAMILY FOUNDATION, *Distribution of the Nonelderly with Medicaid by Race/Ethnicity,* (Kaiser Family Foundation, April 2013), http://kff.org/medicaid/state-indicator/distribution-by-raceethnicity-4/#.
5. U.S. Census Bureau, "Poverty Status in the Past 12 Months by Sex (Hispanic or Latino), 2013,"*American Community Survey 1-Year Estimates,* (U.S. CENSUS BUREAU, 2014), http://factfinder2.census.gov/.
6. Rachel K. Jones, Ushma D. Upadhyay, and Tracy A. Weitz, "At What Cost?: Payment for Abortion Care by U.S Women," *Women's Health Issues* 23 no. 3, (May 2013): e175, http://www.guttmacher.org/pubs/journals/j.whi.2013.03.001.pdf.
7. Id.
8. Rachel K. Jones, Ushma D. Upadhyay, and Tracy A. Weitz, "At What Cost?: Payment for Abortion Care by U.S Women," *Women's Health Issues* 23 no. 3, (May 2013): e175, http://www.guttmacher.org/pubs/journals/j.whi.2013.03.001.pdf. Average costs exclude women who had zero out-of-pocket payments.
9. Susan A. Cohen, "Abortion and Women of Color: The Bigger Picture," *Guttmacher Policy Review* 11 no. 3, (Summer 2008), http://www.guttmacher.org/pubs/gpr/11/3/gpr110302.html.