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Restoring Abortion Access for All

The Women's Health Protection Act and the Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act

Women's ability to access abortion care—a safe, legal, and common medical procedure¹—has reached a crisis in the United States. Starting with the passage of the Hyde Amendment in 1976, discriminatory restrictions on public insurance coverage of abortion continue to severely limit abortion access for low-income women and others who receive their health coverage or care through the federal government.² Compounding this often insurmountable obstacle, there have been nearly 300 new intrusive laws restricting abortion access since 2010.³ Fortunately, two federal bills that would counteract these dangerous policies have earned notable support: the Women's Health Protection Act and the EACH Woman Act.

Both of these bills are critical to **ensuring abortion access for all women in the United States, regardless of where they live or how much money they make.** The Women's Health Protection Act helps keep services available, while the EACH Woman Act helps make the care affordable. Together, these bills have the power to remove significant barriers to safe, high-quality abortion services and to enable women to make their own decisions about their reproductive lives.

The **Women's Health Protection Act (S. 510/ H.R. 1322)** would prohibit states from imposing restrictions on abortion care that apply to no similar medical care, interfere with patient's personal decision-making, and block access to safe, legal abortion care. Burdensome regulations can make it impossible for safe, high-quality providers to stay open, often forcing women to travel farther, delay, and pay more for the care that they need. For example, in Texas, medically unnecessary restrictions have closed more than half of the state's abortion clinics and increased patient wait times to more than 20 days.⁴ In addition to clinic shutdown laws, the Women's Health Protection Act also targets other laws, including those that restrict access to medication abortion, require mandatory ultrasounds, and unconstitutionally ban abortion prior to viability.

The **EACH Woman Act (H.R. 771)** would eliminate federal coverage restrictions, such as the Hyde Amendment's ban on coverage for Medicaid and Medicare enrollees, which can make it impossible for low-income women to pay for their abortion care. The bill also protects insurance providers from interference in their decision to cover abortion. Coverage bans have a substantial impact—today, one in four Medicaid patients who want an abortion have to forgo their care because of the Hyde Amendment.⁵ Discriminatory restrictions on insurance coverage do not belong in our public policy.

Jointly, the EACH Woman Act and Women's Health Protection Act push back on the reproductive health care crisis in our country by ensuring that access to comprehensive abortion care is restored and protected for all of us.

¹ Guttmacher Institute. (2014). Induced Abortion in the United States. https://www.guttmacher.org/pubs/fb_induced_abortion.html.

² Center for Reproductive Rights. (2015). The High Cost of State Bans. <http://www.reproductiverights.org/document/the-high-cost-of-state-bans-on-abortion-coverage>.

³ Guttmacher Institute. (2015). Laws Affecting Reproductive Health and Rights: State Trends at Midyear, 2015. <http://www.guttmacher.org/media/inthenews/2015/07/01/>.

⁴ Texas Policy Evaluation Project. (2015). Abortion Wait Times in Texas: The Shrinking Capacity of Facilities and the Potential Impact of Closing Non-ASC Clinics. University of Texas at Austin. <http://www.utexas.edu/cola/txpep/news/article.php?id=9867>.

⁵ Henshaw, S. et al. (2009). Restrictions on Medicaid Funding for Abortions: A Literature Review. Guttmacher Institute. <http://www.guttmacher.org/media/nr/2009/07/08/>.