

BEBOLDENDHYDE: Organizing from the Community to Congress

By Morgan Hopkins

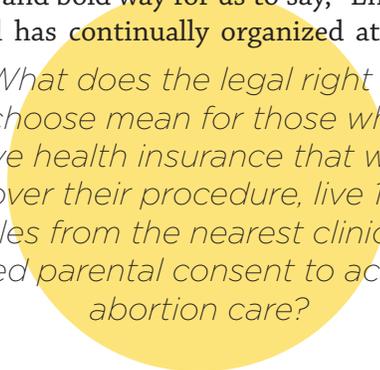
The Hyde Amendment, passed in 1976 – three years after the landmark *Roe v. Wade* Supreme Court decision that legalized abortion in this country – primarily withholds abortion coverage from those qualified and enrolled in the Medicaid health insurance program, except in limited cases of rape, incest, and life endangerment.¹ Congress has renewed the amendment every year since it was first introduced.² The amendment’s author, Representative Henry Hyde, made it very clear what his intentions were in authoring the bill: “I would certainly like to prevent, if I could legally, anybody having an abortion, a rich woman, a middle class woman, or a poor woman. Unfortunately, the only vehicle available is the [Medicaid] bill.”³

As Representative Hyde knew it would, this amendment disproportionately affects low income people and people of color. According to recent data, 58% of women of reproductive age enrolled in Medicaid or the Children's Health Insurance Program (CHIP) live in states that ban Medicaid coverage for abortion (except in limited circumstances). Over half (51%) of those enrollees are women of color.⁴ This legislation also has a disproportionate impact on young people.

Since 1976, anti-abortion politicians have added restrictions to abortion access for Medicare and CHIP enrollees; federal employees and their dependents; Peace Corps volunteers; Native Americans; people in federal prisons and detention centers, including those detained for immigration purposes; and low-income people in the District of Columbia.

The reproductive justice framework, developed by women of color over 20 years ago, provides the space to look at reproductive “choice” and access to abortion in a new way. What does the legal right to choose mean for those who have health insurance that won’t cover their procedure, live 100 miles from the nearest clinic, or need parental consent to access abortion care?

This framework informs All* Above All’s work to overturn Hyde, from our base engagement to our messaging strategies to our organizational allyships. Our national campaign, which advocates for lifting the bans that deny abortion coverage, is a visionary and bold way for us to say, “Enough!” All* Above All has continually organized at the grass-



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roots level to demonstrate the breadth and depth of energy for proactive legislation to repeal the Hyde Amendment.

In the summer of 2015, the campaign supported members of Congress in introducing the Equal Access to Abortion Coverage in Health Insurance Act (H.R. 2972) – also known as the EACH Woman Act.⁵ This historic legislation is the first proactive attempt at repealing the Hyde Amendment.

First, the EACH Woman Act recognizes that

everyone should be able to make their own decisions about pregnancy, regardless of their income. Under the EACH Woman Act, if someone gets their care or insurance through the federal government, they will be covered for all pregnancy-related care, including abortion.

Secondly, the EACH Woman Act prohibits political interference with the decisions of private health insurance companies to offer coverage for abortion care. Federal, state and local legislators will not be able to interfere with the private insurance market

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to prevent insurance companies from providing abortion coverage.⁶

With over 325 legislative meetings in three years, our advocates were and continue to be a key driver of bill introduction and culture shift. In 2016, we organized the first-ever United for Abortion Coverage Week of Action. All* Above All partners hosted over 150 activities in all 50 states. The visibility of abortion coverage bans at the national level continued when both Democratic candidates supported the repeal of the Hyde Amendment and, for the first time ever, lifting bans on abortion coverage was included in the Democratic platform.

In 2017, the EACH Woman Act was reintroduced in the House (H.R. 771) and has 122 co-sponsors, a true testament to our vocal supporters and bold legislators in Congress.

RESOURCES

- All* Above All, <http://allaboveall.org/>.
- National Network of Abortion Funds, <https://abortionfunds.org/hyde/>.
- Equal Access to Abortion Coverage in Health Insurance Act of 2017, <https://www.congress.gov/bill/115th-congress/house-bill/771>.

NOTES

1. All* Above All, "Fact Sheet: The Hyde Amendment," (1/2017), last accessed 9/2017 at <http://allaboveall.org/wp/wp-content/uploads/2015/06/Hyde-Amendment-Fact-Sheet-011717.pdf>.
2. *Ibid.*
3. Heather D. Boonstra, "The Heart of the Matter: Public Funding of Abortion for Poor Women in the United States," *Guttmacher Policy Review* 10(1), (Winter 2007), last accessed 12/2015 at <https://www.guttmacher.org/pubs/gpr/10/1/gpr100112.html>.
4. M. Donovan, *In Real Life: Federal Restrictions on Abortion Coverage and the Women They Impact*, *Guttmacher Policy Review*, Vol. 20 (2017). Available at <https://www.guttmacher.org/gpr/2017/01/real-life-federal-restrictions-abortion-coverage-and-women-they-impact>.
5. All* Above All, "About the EACH Woman Act," (1/31/2017), last accessed 9/2017 at <http://allaboveall.org/resource/about-the-each-woman-act/>.
6. *Ibid.*