

Advocacy Resource

Hyde Amendment

For over 40 years, the Hyde Amendment has disproportionately harmed marginalized communities already facing virtually insurmountable obstacles to accessing abortion. Although Hyde is not permanent law, legislators have repeatedly approved the amendment in annual appropriations bills. Now, the measure not only denies abortion coverage through Medicaid, Medicare, and the Children's Health Insurance Program (CHIP), but also extends to federal employees and dependents, military personnel and dependents, Peace Corps volunteers, Native Americans receiving care from federal or tribal programs, pregnant individuals in federal prisons and detention centers, pregnant individuals receiving care from community health centers, survivors of human trafficking, and low-income Washington, DC residents. The outrageously discriminatory impact of this policy cannot be overstated.

- Lack of Medicaid coverage often results in people being denied necessary health care. Studies show that when policymakers place severe restrictions on Medicaid coverage of abortion, one in four lower-income individuals seeking abortions are forced to carry unwanted pregnancies to term.
- Low-income people of color often experience lack of access to primary care and trusted providers, long geographic distances to the nearest facility, limited access to transportation, constrained economic and social resources, and poor patient-provider communication stemming from lack of access to culturally-competent care. Additionally, de facto segregation and racism continue to contribute to inferior health outcomes for women of color, who are more likely than white women to be insured by Medicaid and have higher rates of abortion and unwanted pregnancy.
- LGBTQ individuals are more likely to be low-income and to rely on federal programs. They are also less likely to be able to afford an abortion out of pocket. As roughly 1.2 million LGBTQ adults are enrolled in Medicaid as their primary source of health insurance, this basic health care is often pushed out of reach by the Hyde Amendment.
- Abortion access is an economic justice issue. Controlling family timing and size is essential to economic success, educational achievement, and equality and can help families break cycles of poverty across generations. When a patient cannot afford an abortion, the consequences can be far-reaching: a woman who is denied abortion care is more likely to fall into poverty than a woman who can obtain the care she needs.
- Finally, insurance coverage of abortion promotes mental health and social stability by enabling patients and families to plan and space births. For instance, unplanned births are linked to increased conflict and decreased satisfaction in relationships. Unintended pregnancies and births are also associated with depression, anxiety, and lower reported levels of fulfillment.

Consistent with the Jewish value of pursuing *tzedek* (justice) for all, NCJW believes that access to abortion should not be conditioned on one's race, income, health insurance, creed, sexuality, gender identity, geographic location, or any other factor. **Everyone deserves fair treatment and equal access to the resources they need to control their body, family, and future, including insurance coverage of abortion.**