NARAL Pro-Choice America

Bans on Abortion Coverage in Government-Run Health-Care Programs

"I certainly would 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."
–Rep. Henry Hyde[1]

For four decades, unable to make abortion illegal again, anti-choice legislators have tried to make the procedure nearly impossible for women to obtain. One of their most aggressive tactics has been to put abortion services financially out of reach for as many women as possible by banning insurance coverage of abortion services in government health-care programs.[1] The result is that federal funding of abortion care is prohibited in most cases – some bans do not have any exceptions, while others have exceptions for the life of the woman, rape, or incest. These bans harm women who receive health-care coverage through the government, such as women enrolled in Medicaid, Medicare, and the Indian Health Service; U.S. servicewomen and veterans; federal employees; Peace Corps volunteers; low-income women in Washington, D.C.; and others.[2]

Background on Abortion-Coverage Bans

In the years following the U.S. Supreme Court's decision in *Roe v. Wade*, Congress enacted a series of bans on coverage of abortion care. The first post-*Roe* ban was enacted in 1973. Led by former anti-choice Sen. Jesse Helms (R-NC), Congress adopted the Helms amendment to the Foreign Assistance Act, which has resulted in a near-total ban on U.S. foreign aid to some of the world's poorest women who need abortion care.[3] (For more information, please see the fact sheet, *Helms Abortion Restriction.)*

Just three years later, former anti-choice Rep. Henry Hyde (R-IL) successfully added an amendment to the FY'77 Labor, Health, Education, and Welfare appropriations bill (now known as Labor, HHS, Education) that prohibited federal funding for abortion with an exception only if the woman's life was in danger.[4] The goal of Rep. Hyde and his anti-choice

[1] These bans primarily prohibit insurance coverage of abortion care; however, in some circumstances it also prohibits the provision of care (i.e. for women seeking care in government facilities, such as military hospitals, detention centers, and correctional facilities).

colleagues was to render abortion services inaccessible to as many women as possible. However, banning abortion for all women was not politically feasible at the time so he directed his sites at a more vulnerable target: women who depended on the government for their health care. As evidenced in the quote above, Rep. Hyde admitted as much during the 1977 floor debate on the Medicaid bill."[5]

The Helms and Hyde amendments were just the beginning. After banning abortion coverage for poor women overseas, patients in Medicaid, and the Indian Health Service (IHS), anti-choice politicians began attacking other health-care programs that could otherwise have provided abortion coverage: in 1978, they expanded the ban to health programs for U.S. servicewomen (authorizing statute); in 1979, they expanded it to Peace Corps volunteers (appropriations rider); in 1983, to federal employees (appropriations rider); in 1987, to women in federal correctional facilities (appropriations rider); in 1988, they made the ban permanent for IHS clients (authorizing statute); in 1992, to U.S. women veterans (authorizing statute); in 1997, to low-income young women (authorizing statute); in 1998, to disabled women in Medicare; and most recently, to women in Immigration and Customs Enforcement detention centers through regulation. Step by step, anti-choice lawmakers are clearly working toward their ultimate goal of permanently banning abortion coverage for all women.

Notably, the exceptions to abortion-coverage bans have changed over time and vary throughout federal law – usually in response to public backlash over their severity. For instance, as originally passed, the Hyde amendment did not allow exceptions for cases of rape and incest. Those were added at a later date by Congress. At present, the abortion-coverage ban on U.S. women veterans has no exceptions and an exception for incest for women in correctional facilities was not added until December 2015.[6] DoD originally provided coverage of abortion services in most circumstances. However, in 1978, Congress severely restricted coverage with exceptions only for the life of the woman, rape, and incest. In 1981, they went further and eliminated the exception for rape. Then in 2012, pro-choice champions successfully reinstated the rape exception. [7] In other words, these bans are not static and expanding the exceptions or eliminating these bans is not overturning a 40-year-old "compromise," despite the claims of anti-choice politicians.

Abortion-Coverage Bans Harm Women

More than 40 years ago, *Roe v. Wade* affirmatively established a constitutional right to abortion care, recognizing that women should be free from government interference in deeply personal decisions concerning "bodily integrity, identity, and destiny."[8] The Supreme Court has reaffirmed *Roe's* central holding multiple times since that decision.[9] Given their inability to

make abortion illegal, anti-choice extremists use abortion-coverage bans to attack and undermine this right. When politicians don't interfere, government programs typically cover abortion care, as private plans do. This is not surprising given that 70 percent of Americans think that abortion should be legal.[10] Despite this, because of coverage bans in government health-care programs, more than 10 million women face barriers to abortion care based on the happenstance of their employment or source of insurance.[11] This is an unacceptable situation.

Abortion-Coverage Bans Undermine Women's Rights

Anti-choice lawmakers claim that the government does not have an obligation to provide coverage for abortion care. However, the U.S. government chose to enter the health-care market when it established Medicare in 1965 and engaged further with the establishment of Medicaid and other government health-care programs over the last 50 years. A key cornerstone of these programs is freedom of choice – that government health-care programs should not restrict patients' choices with regard to health-care providers.[12] This value should apply to covered services as well. Regardless of what one thinks about the government's role in the health-care system, everyone should be able to agree that it is highly unethical to establish health-care programs used by millions of Americans and then allow politicians to pick and choose what services are covered – especially for ideological, not medical, reasons. This would be the ethical equivalent of banning insurance coverage of the chicken pox or rubella vaccines because some ideologues object to the fact that they were developed using fetal-tissue research.[13]

Impact of Abortion-Coverage Bans

In addition to undermining women's constitutional rights, abortion-coverage bans undermine their economic opportunities. In *Planned Parenthood v. Casey*, the Supreme Court noted that "[t]he ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives."[14] Economic barriers significantly interfere with a woman's ability to make the personal health-care decision that is best for her and her family. Restrictions on insurance coverage of abortion increase the likelihood that a woman will need a later abortion or will be unable to obtain the procedure altogether, forcing her to bear a child that she acknowledges she is unprepared to care for.[15] Fifty-eight percent of women who chose abortion report that they would have liked to get care earlier, nearly 60 percent of women who experienced delay in obtaining abortion services cited raising money or finding a provider as primary reasons for postponing care, and one in four women is forced to carry an unwanted pregnancy to term.[16]

The impact of these bans is felt most keenly by women at the lower end of the economic scale: mothers on Medicaid trying to support their families; Peace Corps volunteers who are paid only a monthly stipend of $250-300; Native-American women who live too far from a private

reproductive-health clinic; and U.S. servicewomen and veterans, who deserve quality health-care from the government they serve.[17] For low-income women, the financial barriers that result from abortion-coverage bans are an insurmountable obstacle. When a women is already living paycheck to paycheck to make ends meet, denying coverage for abortion care can push her deeper into poverty. Research shows that a woman who seeks an abortion but is denied is more likely to fall into poverty than one who is able to get an abortion.[18]

Finally, singling out and excluding abortion services from government health-care programs disproportionately impacts those who already face barriers to health care. For example, many U.S. servicewomen cannot easily (logistically or financially) get health-care services outside their insurance network. Moreover, research clearly demonstrates the impact of the severe abortion restrictions imposed on servicewomen. Unintended pregnancy rates are higher for women in the military than other American women, yet U.S. servicewomen, especially those serving overseas, don't have the same access to abortion care. Consequently, the unintended birth rate for women in the military is double the rate for their civilian counterparts.[19]

Anti-Choice Campaign to Eliminate Coverage of Abortion Nationwide

Anti-choice efforts to reiterate and expand abortion-coverage bans are part of a larger strategy to eliminate abortion coverage – public and private – nationwide. There are multiple examples in recent years of anti-choice legislators trying to ban coverage of abortion services by interfering in the private insurance market, such as H.R.7, which would extend unprecedented restrictions on private insurance coverage of abortion and impose changes to tax policy, and the Stupak amendment that lawmakers tried to attach to the Affordable Care Act.[20] (For more information about private insurance-coverage bans, please see the fact sheet, *Attacks on Private Insurance Coverage of Abortion Care*).

Although pro-choice lawmakers have successfully beaten back efforts to ban nationwide private abortion coverage, some restrictions have in fact been imposed. As just one example, half of the U.S. states have some type of private abortion-coverage ban in force (please see fact sheet noted above). The terrible result is that a woman's constitutional right to choose often depends on where she lives, where she works, how much she makes, and her source of insurance.

Growing Momentum to Oppose Abortion-Coverage Bans

There has been renewed recent activity around public insurance coverage for abortion services on both sides of the issue. Anti-choice legislators in Congress have made three separate attempts to expand abortion-coverage bans into new territory:

Abortion-Coverage Ban in Human-Trafficking Bill

In 2015, anti-choice senators inserted an abortion-coverage ban into the bipartisan Justice for Victims of Trafficking Act, which was a radical expansion of abortion-coverage restrictions. The bill imposed current-law restrictions on a new group of women – trafficking survivors in need of reproductive-health care – and a new type of money.[21] Pro-choice senators strongly opposed the provision and tried to remove the language. However, with anti-choice Republicans in control of the chamber, pro-choice lawmakers were only able to limit its reach so that it did not extend to a new funding stream. Although an amendment to strike the provision altogether failed 43-55, it was a strong statement in opposition to abortion-coverage restrictions.[22]

Abortion-Coverage Ban in Medicare Bill

Simultaneously, anti-choice House members inserted language reiterating an abortion-coverage ban in the bipartisan Medicare Access and CHIP Reauthorization Act.[23] They asserted the anti-choice claim that a reiteration of the policy was not harmful to women because it merely represented the "status quo." However, many pro-choice champions understood the harm and opposed the restriction. On the Senate side, pro-choice leader Sen. Patty Murray (D-WA) filed an amendment to strike the language. Although it failed 43-57, it demonstrated again that pro-choice champions will not allow these abortion restrictions to be enacted without vigorous opposition.[24]

Abortion-Coverage Ban in Research Bill

Also in 2015, anti-choice House members tried to reiterate a current-law abortion-coverage ban by including harmful language in a health-care research bill – a redundant provision intended to embed further into statute existing abortion restrictions.[25] Although an amendment to strike the language failed, 176-245, the bill died in the Senate.[26]

In the meantime, pro-choice lawmakers took a stance against all abortion-coverage bans. Led by Reps. Barbara Lee (D-CA), Jan Schakowsky (D-IL), and Diana DeGette (D-CO), members of Congress introduced, for the first time, an historic standalone bill - the Equal Access to Abortion Coverage in Health Insurance (EACH) Woman Act (H.R.2972). This bill would repeal current-law bans on abortion services in government health-care programs, thus restoring insurance coverage of abortion for women in Medicaid, Medicare, the Indian Health Service; U.S. servicewomen; federal employees; low-income women in Washington, D.C.; and others. The bill accomplishes this by ensuring that federal insurance programs cover abortion services and prohibiting state, local, and federal governments from interfering with abortion coverage by private insurance companies.[27] The bill has more than 100 cosponsors, a number that demonstrates strong support for eliminating abortion-coverage bans once and for all.

Public Support for Coverage of Abortion Care

Recent polling shows that there is strong opposition to the idea that a woman's financial situation should dictate her access to abortion services. In fact, 86 percent of voters, including 85 percent of independents and 79 percent of Republicans, agree with the statement, "however we feel about abortion, politicians should not be allowed to deny a woman's health coverage because she is poor." More than half of voters support legislation that would require Medicaid to cover all pregnancy-related care, including abortion, while only 40 percent oppose it.[28] The results of this polling signify that momentum to overturn these bans is strong and growing.

Conclusion

NARAL Pro-Choice America strongly opposes bans on insurance coverage of abortion care, which segregate abortion services—an essential component of women's reproductive health—from other types of medical care. The bans described above infringe on the rights of millions of women and are part of an overall campaign to end access to abortion for all women. However, politicians should not get to pick and choose what health-care services are covered – women deserve access to care no matter where they live, who they work for, or how much they make. The personal and social costs of these bans are heavy, unacceptable, and completely avoidable.

APPENDIX: Abortion-Coverage Bans Across Government Programs

Labor, Health and Human Services, and Education (Labor-H)

Since 1976, Congress passes annually an appropriations rider to the Labor-H budget. This rider, which applies to the entire act, bans the use of federal funding for abortion services and health benefits that include abortion coverage with exceptions only for the life of the woman, rape, or incest. Below is relevant political history about the Labor-H programs that, without this ban, could otherwise provide abortion coverage.

Medicaid

The first and one of the most well-known applications of an abortion-coverage ban (commonly known as the Hyde amendment) is to Medicaid. Twelve percent of U.S. adult women receive their health coverage through Medicaid.[29] Of the 68 percent of women Medicaid beneficiaries, 63 percent are of child-bearing age.[30] Title XIX of the Social Security Act authorizes the Medicaid program, which provides for the use of federal and state funds for medical care, including necessary health care related to pregnancy, for low-income individuals.[31] Medicaid

pays for medically necessary services, which would, absent political restrictions, include abortion care.

- Since 1980, restrictions on the use of federal Medicaid funds for abortion services have been imposed through a rider to the annual Labor-H appropriations bill.[32]
- In 1980, the U.S. Supreme Court ruled in *Harris v. McRae*, a case challenging the Hyde restrictions. Unfortunately, the high court found that states participating in the Medicaid program did not need to fund medically necessary abortion services because the freedom to choose does not come with "a constitutional entitlement to the financial resources to avail herself of the full range of protected choices."
- From 1981 until 1993, this rider prohibited federal Medicaid dollars from being used to provide abortion services except to preserve the woman's life.
- In 1993, the exception was expanded to include situations where the pregnancy resulted from rape or incest.[33] More than one-third of the states initially refused to comply with the federal law, and 11 states were ordered into compliance by federal courts.[34] Every court that has considered the revised Hyde amendment has found that states that participate in the Medicaid program must cover abortion services in cases of rape or incest, regardless of state laws that are more restrictive.[35]
- In 1997, Congress adopted language to make it clear that the Hyde amendment applies to Medicaid recipients enrolled in managed care plans.

Children's Health Insurance Plan (CHIP)

As a Labor-H program, this ban also applies to CHIP, a supplement to Medicaid that provides coverage to low-income uninsured children ineligible for Medicaid and many women with children. The result is that abortion services for low-income adolescents and young women are prohibited with exceptions only for life endangerment, rape, or incest.

- In 1997, Congress included the abortion-coverage ban in the statutory language of the Budget Reconciliation Act of 1997, which created CHIP, making permanent the coverage restriction on that program.[36]

Medicare

Although Medicare primarily provides health services for the elderly, who have no need for abortion services, it also funds care for certain disabled persons, those with end-stage renal disease,[37] and those who have received Social Security Disability Insurance for at least two years.[38]

- In 1998, Congress applied abortion-coverage restrictions to Medicare, effectively banning abortion care for disabled women in most cases.[39] Unlike the joint state/federal Medicaid program, Medicare is funded solely by the federal government. Thus, Medicare beneficiaries in every state are denied coverage of abortion services.
- Many Medicare-eligible women have disabilities that significantly increase the risks associated with pregnancy, including cancer, rheumatic fever, severe diabetes, malnutrition, phlebitis, sickle cell anemia, and heart disease.[40] In addition, pregnancy can aggravate already existing disabilities such as hypertension, which, if not controlled, may cause seizures and even death.[41]
- Disabled women also face unique obstacles in obtaining access to abortion care. Some women receiving Medicare are too ill to hold a job, and thus may have extreme difficulty raising funds for abortion services. Moreover, 87 percent of U.S. counties lack an abortion provider,[42] and the burdens of traveling for care may be particularly difficult for Medicare beneficiaries. Difficulty finding a provider may be further exacerbated by the fact that some clinics and doctors' offices decline to serve persons with complicated health conditions, and, at the same time, hospitals are often precluded by state laws or religious directives from offering abortion services.

Indian Health Service (IHS)

The Department of Health and Human Services provides funding for IHS facilities, the health-care system for approximately 2 million American Indians and Alaska Natives.[43] For many Native-American women living on or near reservations, IHS facilities are the only available medical care within hundreds of miles. As a Labor-H program, the rider applies the abortion-coverage ban to IHS; additionally, the ban is in permanent IHS statute.[44]

- From 1988 until 1993, the authorizing IHS legislation prohibited these facilities from providing abortion services unless the woman's life was endangered, even if she paid for the procedure herself.
- In 1993, when Congress added rape and incest exceptions to the abortion-coverage ban on Medicaid, the IHS restrictions also expanded because federal IHS policy follows federal Medicaid restrictions with regard to abortion coverage.[45]
- Despite these exceptions, obtaining even permissible abortion care (meets the exceptions) is nearly impossible for most IHS beneficiaries because of the remote locations of most reservations and the lack of abortion facilities within the IHS system.[46] Abortion-coverage bans on IHS, combined with other barriers to access, render the right to choose effectively meaningless for Native-American women who rely on IHS for their health care.

Financial Services and General Government (FSGG)

Annually, Congress passes an appropriations rider to the FSGG budget. This rider, which applies to the entire act, bans the use of federal funding for abortion services and health benefits that include abortion coverage with exceptions only for the life of the woman, rape, or incest. Below is relevant political history about the programs that, without this ban, could otherwise provide abortion coverage.

Federal Employees Health Benefits Program (FEHBP)

The FSGG appropriations bill provides funding for the Federal Employees Health Benefits Program (FEHBP), the network of insurance plans that covers nearly eight million federal employees, their dependents, and retirees, of whom 44 percent are women. [47]

- From 1983 until 1993, Congress prohibited the FEHBP from covering abortion services except in cases where the woman's life was endangered.
- In 1993, through the efforts of the Clinton administration, pro-choice congressional leaders, and the pro-choice community, this restriction was lifted.[48]
- Since 1995, however, anti-choice legislators have annually re-imposed this restriction and thereby prohibiting FEHBP plans from covering abortion services except in cases of life endangerment, rape, or incest.[49]

District of Columbia (D.C.) Medicaid

Abortion-coverage bans have restricted the use of federal Medicaid funds for abortion services for low-income women in D.C. since 1977, just as it has for Medicaid-eligible women in the 50 states. However, while all 50 states have the option of providing coverage for abortion services, the District's use of its own funds is dictated by Congress through the appropriations process.

- From 1988 until 1993, the District was prohibited from using its own, locally raised revenue to provide coverage of these services except in cases where the woman's life is endangered.[50]
- In 1993, Congress lifted this restriction and permitted the District to use locally raised funds to cover abortion services.[51]
- From 1995 to 2009, however, the restriction was annually re-imposed.
- In 2009, Congress lifted the ban.
- In 2011, however, anti-choice forces again prevailed in re-imposing the restriction during negotiations over the 2011 budget.[52]
- Following the reinstatement of the D.C. ban in April 2011, the city was forced abruptly to drop coverage for abortion services from its health programs. At least 28 D.C.

Medicaid enrollees were scheduled to receive abortion care at a local clinic just days after the budget deal was struck.[53] These women who depended on the D.C. Medicaid program to meet their health needs suddenly were left on their own to scramble for funds. The D.C. ban is unjust not only because it treats citizens of the District differently than all other Americans, but also because the policy affects disproportionately communities of color. Of the District residents whose access to abortion care is affected by the local-funds ban,[54] the vast majority are black or Latina.[55]

State and Foreign Operations (SFOPs)

Annually, Congress passes appropriations riders to the SFOPs budget. One rider, which applies to the Peace Corps program, bans the use of federal funding for abortion services with exceptions only for the life of the woman, rape, or incest. The second, called the Helms amendment, restricts the use of foreign-assistance funds to pay for abortion care. Below is relevant political history of these bans.

Peace Corps

Of the 7,209 U.S. citizens who are currently volunteers and trainees for the Peace Corps, 63 percent are women.[56] The program provides health-care coverage to its volunteers and trainees, but from 1979 until December 2014, the abortion-coverage ban for Peace Corps volunteers and trainees had no exceptions. This ban went far beyond the others, most of which included the bare minimum exceptions for the life of the woman, rape, or incest.[57]

- In 2011, 2012, and 2013, the Senate SFOPs appropriations bills included language lifting the Peace Corps ban in cases of life endangerment, rape, or incest.[58] Unfortunately, anti-choice lawmakers quietly dropped the language in each year's final budget legislation.
- In 2014, for the first time, *both* the House and Senate Appropriations Committees approved and passed the funding bill with the exceptions for life, rape, or incest.[59]

Helms Amendment

U.S. foreign-assistance funds support overseas health centers, which provide essential health care for women in developing countries.

- In 1973, Congress enacted the Helms amendment, which bans the use of the funds to pay for "the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions."[60]
- The amendment has been wrongly interpreted and implemented as a de-facto ban on abortion funding at U.S.-funded clinics even when a woman's life is in danger, or she is

a survivor of rape or incest – narrow exceptions that exist in the vast majority of domestic funding bans. Misinterpretation of Helms has also deterred international health-care providers from offering abortion-related counseling or referrals, and sometimes interfered with tangentially associated care such as safe miscarriage management.

Department of Defense (DoD)

Congress included a ban on federal funding for abortion services in the authorizing language for the DoD with exceptions only for the life of the woman, rape, or incest. Sixteen percent of the U.S. military force is female – more than 355,000 women; 97 percent are of reproductive age.[61] Below is relevant political history of this ban.

TRICARE

The DoD provides health-care services to women serving in the military and women military dependents as part of TRICARE, its health-insurance program.[62]

- In 1970, three years prior to *Roe v. Wade*, a memo was issued to the surgeons general of the military departments stating that abortion services could be provided in military facilities "when medically indicated or for reasons involving mental health and subject to the availability of space and facilities and the capabilities of the medical staff."[63] Although this policy included a refusal (please see NARAL Pro-Choice America's fact sheet, *Refusal Laws – Dangerous for Women's Health* for more information), it also had a substantial health exception.
- In 1971, then-President Nixon overruled this policy directing military bases to follow the laws of the state where they were located.
- In 1975, DoD facilities began to provide abortion care in accordance with *Roe v. Wade*. This policy was not seen as controversial until a vocal minority began electing anti-choice lawmakers.
- In 1978, Congress used the appropriations process to prohibit the DoD health-insurance plan from covering abortion except in cases of life endangerment, rape, or incest.
- In 1981 Congress went even further by specifically excluding the exception for rape from TRICARE's abortion coverage.
- In 1984, this coverage ban was made permanent when it was included in the FY'85 DoD authorization bill.[64]
- In 2012, lawmakers added rape and incest exceptions to the funding ban in the FY'13 National Defense Authorization Act.[65]

(Unfortunately, another separate abortion ban remains in force: in all other cases, current law forbids servicewomen and female military dependents from using their *own private funds* for abortion services at military hospitals. Please see NARAL Pro-Choice America's fact sheet, *Lift the Ban on Privately Funded Abortion Services for Military Women Overseas* for more information on this ban.)

Department of Veterans Affairs (VA)

Congress included in the authorizing language for the VA a ban on federal funding for abortion services with no exceptions. There are more than 2 million women veterans.[66] Below is relevant political history of this ban.

Veterans Health Administration
The VA provides health-care services to women veterans and their dependents.

- Since 1992, women veterans who rely on the Veterans Health Administration for their health insurance have been barred from abortion coverage in all cases. This abortion-coverage ban was enacted in the Veterans' Health Care Act of 1992, which established a new set of certain health-care services for women veterans, including pap smears, breast examinations and mammography, and "general reproductive care." However, the language that laid out this new package of well-woman's services explicitly excluded coverage of abortion care, with no exceptions.[67]

Department of Homeland Security

The Bush and Obama administrations included in the health-care regulations for U.S. Immigration and Customs Enforcement (ICE) a ban on federal funding for abortion services with exceptions only for the life of the woman, rape, or incest.[68] Below is relevant political history of this ban.

Immigration-Detention Facilities
ICE has authority over health-care services for women held in immigration detention facilities.

- Despite the fact that ICE already has a ban in place, the House FY'13, FY'14, FY'15, and FY'16 Department of Homeland Security appropriations bills have all included an amendment to make permanent the abortion-funding ban.[69] (As originally introduced in the FY'13 bill, the amendment would have limited exceptions only to cases of life

endangerment and rape. Unable to block the proposal, pro-choice members succeeded in adding an incest exception.) The Senate's versions of the bills have not included this language, and it has not been included in the final spending bills.

Commerce, Justice, and Science

Annually, Congress passes an appropriations rider to the Commerce, Justice, and Science (CJS) budget. Until 2015, this rider, which applies to the Department of Justice, did not include an exception for incest, only for the life of the woman or rape.[70] Below is relevant political history of this ban.

Correctional Facilities

An estimated 14,326 women currently are incarcerated in facilities operated by the Federal Bureau of Prisons.[71] Women inmates at federal correctional institutions receive health-care services through the federal government, but coverage for abortion services is prohibited with exceptions only for the life of the woman, rape, or incest.[72]

- From 1987 to 1993, this ban was in place.
- In 1994, Congress briefly lifted the ban.
- From 1995 to the present, the ban has been reinstated every year.
- In 2015, the House and Senate FY'16 Commerce, Justice, and Science appropriations bills approved and passed an exception for incest.

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Notes

[1] Heather Boonstra, *The Heart of the Matter: Public Funding of Abortion for Poor Women in the United States*, GUTTMACHER POLICY REV. 10 (2007), *at* http://www.guttmacher.org/pubs/gpr/10/1/gpr100112.html (last visited Dec. 16, 2015).

[2] Jon O. Shimabukuro, *Abortion: Judicial History and Legislative Response*, Congressional Research Service, Sept. 16, 2015, at 12, *available at* www.fas.org/sgp/crs/misc/RL33467.pdf (last visited Dec. 16, 2015); 1999 Omnibus Appropriations Act. 112 STAT. 2681–362 (1998); 107 STAT. 1084, 1113 (1994); 10 U.S.C. § 1093(a) (2013); 109 STAT 468, 495 (1995), Kirstin B. Blom & Ada S. Cornell, *Laws Affecting the Federal Employee Health Benefits Program (FEHBP),* Congressional Research Service, Jul. 22, 2015, at n. 4-5, *available at* http://www.fas.org/sgp/crs/misc/R42741.pdf (last visited Dec. 16, 2015); Indian Health Service, *Current Restrictions on Use of Indian Health Service Funds for Abortions,* SGM 96-01 (Aug. 12, 1996), http://www.ihs.gov/ihm/index.cfm?module=dsp_ihm_sgm_main&sgm=ihm_sgm_9601 (last visited Dec.

16, 2015); 92 STAT. 1591, 1597 (1978); 106 STAT. 4943, 4947 (1992); Sidath Viranga Panagala, *Health Care for Veterans: Answers to Frequently Asked Questions,* Apr. 30, 2015, at 7, available at https://www.fas.org/sgp/crs/misc/R42747.pdf (last visited Dec 16, 2015).

[3] Sneha Barot, *Abortion Restrictions in U.S. Foreign Aid: The history and Harms of the Helms Amendment,* GUTTMACHER POLICY REV. VOL. 16, NO. 3 (2013), *at* https://www.guttmacher.org/pubs/gpr/16/3/gpr160309.html (last visited Dec. 7, 2015).

[4] ACLU, *Promoting Reproductive Freedom for Low-Income Women,* ACCESS DENIED: ORIGINS OF THE HYDE AMENDMENT AND OTHER RESTRICTION ON PUBLIC FUNDING FOR ABORTION, *at* https://www.aclu.org/access-denied-origins-hyde-amendment-and-other-restrictions-public-funding-abortion (last visited Sept. 3, 2015).

[5] Heather Boonstra, *The Heart of the Matter: Public Funding of Abortion for Poor Women in the United States*, GUTTMACHER POLICY REV. 10 (2007), *at* http://www.guttmacher.org/pubs/gpr/10/1/gpr100112.html (last visited Dec. 16, 2015).

[6] Consolidated Appropriations Act of 2016, (2015).

[7] In 1978, Congress passed a Foreign Assistance (precursor to State and Foreign Ops) Appropriation bill that explicitly prohibited volunteers from abortion care in any circumstance, "none of the funds appropriated in this paragraph shall be used to pay for abortions." Foreign Assistance and Related Programs Appropriations Act, Pub. L. No. 95-481, Title III, 92 Stat. 1591, 1597 (1978). That prohibition, the first of its kind for the Peace Corps, has since been included in every relevant appropriations law since. Curt Tarnoff, *The Peace Corps: Current Issues*, CONGRESSIONAL RESEARCH SERVICE at 15 (Dec. 23, 2014), *available at* http://www.fas.org/sgp/crs/misc/RS21168.pdf (last visited Dec. 16, 2015).

[8] *Roe v. Wade,* 410 U.S. 113 (1973).

[9] *See, e.g., Akron v. Akron Center for Reproductive Health, Inc.*, 462 U.S. 416 (1983); *Thornburgh v. American College of Obstetricians and Gynecologists*, 476 U.S. 747 (1986); *Casey*, 505 U.S. 833 (1992), *cf. Lawrence v. Texas*, 539 U.S. 558 (2003).

[10] CBS News Poll, *Abortion and Birth Control,* 2014, *at* http://www.pollingreport.com/abortion.htm (last visited Oct. 2, 2015).

[11] Boonstra, H. *The Heart of the Matter: Public Funding of Abortion for Poor Women in the United States*. Guttmacher Policy Review. Guttmacher Institute, 2007, available at http://www.guttmacher.org/pubs/gpr/10/1/gpr100112.html; Arons, J. et all. *Out of Range Obstacles to Reproductive and Sexual Health Care in the Military*. Center for American Progress. July 2014. Available at https://cdn.americanprogress.org/wp-content/uploads/2014/07/Arons_OutOfRange-report1.pdf; Federal Bureau of Prisons Statistics. May 2015. Available at http://www.bop.gov/about/statistics/statistics_inmate_gender.jsp; Peace Corps Fast Facts. Available at http://www.peacecorps.gov/about/fastfacts/.

[12] 42 U.S.C. §§ 431.51

[13] Carina Storrs, CNN, *How exactly fetal tissue is used for medicine*, November 30, 2015, available at http://www.cnn.com/2015/07/17/health/fetal-tissue-explainer/ (last visted Dec. 7, 2015).

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