



**NARAL**  
Pro-Choice America

## **Abortion-Coverage Ban on the Federal Employees Health Benefits Program**

Anti-choice lawmakers are consistently unsuccessful in their attempts to make abortion illegal again; an unfortunate consequence is that they try to make it impossible for women to obtain. Specifically, among other tactics, they use abortion-coverage bans to put the procedure financially out of reach for as many women as possible. Many of these bans prohibit insurance coverage of abortion services in government-run health-care programs. (For more information, please see the fact sheet *Bans on Abortion Coverage in Government-Run Health-Care Programs*). Federal employees are a prime target of this type of coverage ban because anti-choice legislators happen to have control over their private health insurance. Consequently, anti-choice members of Congress pass legislation every year that denies federal employees the opportunity to choose a private health plan that includes comprehensive coverage of reproductive-health services.

### **Background on the Abortion-Coverage Ban for Federal Employees**

The Federal Employees Health Benefits (FEHB) program provides health insurance to civilian federal employees. Operated by the Office of Personnel Management (OPM), the FEHB program is a network of private insurance plans that covers more than eight million federal employees, their dependents, and retirees.<sup>1</sup> It was created by the Federal Employees Health Benefits Act of 1959 (FEHB Act) and has been in effect since 1960.<sup>2</sup> The FEHB Act authorizes OPM to contract with qualified carriers to provide health-benefits plans to federal employees.

For more than 30 years, anti-choice lawmakers have used the Financial Services and General Government appropriations bill (or its predecessor appropriations legislation), which provides funding for the FEHB program, as an opportunity to deny access to abortion coverage to federal employees:

- From 1983 to 1993, anti-choice lawmakers annually banned federal employees from choosing a health-care plan that covered abortion.
- In 1993 and 1994, Congress reversed course and allowed federal employees to choose among health-care plans that covered abortion.<sup>3</sup> In 1994, 178 FEHB plans out of 345 offered abortion coverage.<sup>4</sup>
- In 1995, a new anti-choice majority in Congress reinstated the ban.<sup>5</sup> It has been continued annually since.

### **Abortion-Coverage Ban Penalizes Public Servants**

Federal employees, who commit their lives to public service, should not be penalized because of the source of their health insurance. These workers contribute their own private dollars to pay their premium costs, as do most American workers who receive health insurance through their

employers. Government workers deserve the same benefits and access to comprehensive health care as those in the private sector enjoy. (Absent political interference, 87 percent of private health-insurance plans include abortion coverage.<sup>6</sup>) Leaving women without coverage for safe, common, and sometimes critical health care denies them the comprehensive coverage they need and exposes them to unanticipated additional costs.

Lifting the ban would *not* mandate that all FEHB plans offer abortion coverage. Permitting FEHB plans to offer abortion coverage simply would allow participating plans to choose whether or not to cover abortion care, just as they do in the private marketplace. Given that the vast majority of private plans include abortion coverage when it is left up to them, federal employees would have the option of choosing a truly comprehensive health-plan.

### **Abortion-Coverage Bans Jeopardize Women's Health**

Singling out abortion care and requiring its exclusion from health-insurance plans that cover other reproductive-health services is not only discriminatory, but is harmful to women's health. The ban on abortion coverage in FEHB plans has no exception to protect a woman's health. While many women welcome pregnancy at some point in their lives and can look forward to a safe childbirth, for some, pregnancy can be dangerous. When a pregnancy is complicated by a health condition, or a woman's health is jeopardized by the pregnancy itself, insurance coverage is particularly essential, as abortion procedures in these cases can be prohibitively expensive. The FEHB coverage ban limits abortion access for federal workers in the most desperate of circumstances, whose care is often the most expensive and the most urgent:

- D.J., a federal employee, was 11 weeks into a wanted pregnancy when she learned that her fetus had anencephaly, meaning that it would never fully develop a brain. Her doctor provided abortion care at a local hospital. Several months later, D.J. received a bill for \$9,000—and was told her insurance would not cover the costs because as a federal employee, she was not entitled to insurance coverage for abortion services unless the pregnancy endangered her life.

Laws that make it harder or more expensive to obtain abortion care can themselves jeopardize a woman's health. Women who seek such services may face high out-of-pocket costs, and many will be forced to postpone care while attempting to raise the necessary funds—a delay that no one, whether pro-choice or pro-life, wants to occur.

Women seek abortion care for many reasons: some face unintended pregnancies, while other women with wanted pregnancies ultimately must seek this care to protect their own health, because they must undergo life-saving medical treatment such as chemotherapy, or because of a serious fetal anomaly. Politicians cannot possibly know the circumstances of every woman making medical decisions about her pregnancy. Every pregnancy is different. By limiting

coverage options for federal employees, we limit women's ability to make decisions that are best for them, their families, and their circumstances.

### Conclusion

NARAL Pro-Choice America opposes harmful abortion-coverage restrictions, which segregate abortion care from other necessary health-care services, run counter to the purpose of comprehensive insurance coverage, and put women's health in jeopardy. Federal employees should not be denied access to basic reproductive-health services simply because they receive their private, employer-based health insurance through the federal government. Government workers contribute to the cost of their health-insurance premiums with hard-earned, private dollars, and should enjoy the same access to comprehensive health-care services as do private-sector employees. Protecting the health of those who commit themselves to public service is an important first step towards protecting women's health across the country.

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- <sup>1</sup> Press Release, U.S. Office of Personnel Management, OPM Announces 2015 Federal Employees Health Benefits Program Premium Rates (Oct. 7, 2014), *available at* <http://www.opm.gov/news/releases/2014/10/opm-announces-2015-federal-employees-health-benefits-program-premium-rates/> (last visited Nov. 6, 2015); *see also* U.S. OFFICE OF PERSONNEL MGMT., FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) FACTS (2008), *available at* <http://www.opm.gov/retirement-services/publications-forms/pamphlets/ri75-13.pdf> (last visited Nov. 6, 2015).
- <sup>2</sup> P.L. 86-382, 86TH CONGRESS (1959).
- <sup>3</sup> Adam Clymer, *Federal Employees Given Coverage for Abortions*, N.Y. TIMES, Aug. 4, 1993, *available at* <http://www.nytimes.com/1993/08/04/us/federal-employees-given-coverage-for-abortions.html> (last visited Nov. 6, 2015).
- <sup>4</sup> CONG. REC. S10276 (daily ed. Sept. 11, 1996) (statement of Sen. Snowe).
- <sup>5</sup> Treasury, Postal Service, and General Government Appropriations Act of 1996, P.L. 104-52, § 524 (1995).
- <sup>6</sup> Adam Sonfield et al., *U.S. Insurance Coverage of Contraceptives and the Impact of Contraceptive Coverage Mandates, 2002*, 36 PERSP. ON SEXUAL & REPROD. HEALTH 2, 72-79 (2004), *available at* <http://www.guttmacher.org/pubs/journals/3607204.html> (last visited Nov. 6, 2015); *see also* Guttmacher Institute, *Memo on Private Insurance Coverage of Abortion* (Jan. 2011), *available at* <http://www.guttmacher.org/media/inthenews/2011/01/19/index.html> (last visited Nov. 6, 2015).