

Pre-signature draft, originated by All* Above All

November 10, 2020

The Honorable Joe Biden
President-elect of the United States
[Transition Office]

Dear Mr. President-elect:

As organizations committed to ensuring all people can access reproductive health care, including abortion, no matter how much money they make, where they are born, or their race or gender, we believe that each of us should be able to make decisions about pregnancy and parenting that are best for our families without political interference. However, policymakers have enacted bans on insurance coverage of abortion that push this decision out of reach for many, particularly those struggling to make ends meet. We appreciate your past statements in support of ending the Hyde Amendment, and are ready to work with your new Administration towards making this shared goal a reality.

This is a crucial moment for Black and Brown communities, women, LGBTQ folks, immigrants, and young people. Our communities are still trying to survive a pandemic. Just last month, millions of people marched because of the Senate's inaction on pandemic relief but swift action to ram through an anti-abortion Supreme Court nominee. We are fighting for a future in which we can control our own bodies and safely care for our families. We are reimagining a world in which each of us makes a living wage and everyone has access to the full spectrum of reproductive health care, including abortion.

During your campaign you [committed](#) to repeal the Hyde amendment and affirmed that access to abortion care is not dependent on someone's income or zip code. **We are asking you to show bold leadership and take a critical first step toward realizing this vision by eliminating the Hyde Amendment and related abortion coverage restrictions from your Fiscal Year 2022 budget.** Such restrictions on coverage have a far-reaching impact on people enrolled in Medicaid and Medicare; federal employees and their dependents; Peace Corps Volunteers; Native Americans; women in federal prisons and immigration detention centers; and residents of the District of Columbia.

Access to reproductive health care services, including abortion, is crucial for justice and economic security and should not be contingent on a person's income, insurance coverage, immigration status, or where they live. Withholding coverage for abortion care creates profound hardships for people across the country, particularly for those who already face significant barriers to receiving high-quality health care, such as low-income people, immigrants, young people, women of color, and transgender and gender nonconforming people.

For many, insurance coverage for abortion care means the difference between getting the health care they need and being denied that care. Approximately one in four Medicaid-eligible women who would have had an abortion if funds were available must carry the pregnancy to term because they are unable to afford the cost of that care.¹ A counselor at a health center recounted, “There are certainly women who have an unwanted pregnancy, and wish to terminate, and don’t have the funds to. They may, out of necessity, continue the pregnancy because they don’t even have \$340 dollars to do the termination.²” A recent study found out of pocket costs for second trimester abortion would be catastrophic for households earning state’s median monthly income in all 50 states and D.C.³ The impact of abortion coverage bans can have long-term effects on a family’s economic future.

Reproductive health care— including abortion – has never been more seriously under attack. In 2019 alone, 12 states enacted 25 abortion bans, many of which would ban abortion before a person may know they are pregnant.⁴ Multiple states exploited the coronavirus pandemic to try to ban abortion and cut patients off from care. The pandemic exposed the long-standing structural racism and inequities in our healthcare system, with communities of color, particularly those in the Black, Latinx, and Pacific Islander communities, and Indigenous people facing disproportionately high rates of infection and death from COVID-19. We know that same systemic racism is at the core of abortion coverage bans like the Hyde amendment and disproportionately impacts the same communities as the pandemic.

Over the past 10 years, a movement led by Millennials, communities of color, and reproductive and economic justice advocates, rose up calling for the end of these obstacles to abortion care. In 2015, members of the House of Representatives, led by Congresswoman Barbara Lee (D-CA13), joined this movement and took a significant step forward by introducing the Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act (H.R. 1692) – bold legislation to end the Hyde Amendment and related abortion coverage restrictions. Senators Duckworth, Hirono, Harris, and Murray made history in 2019 when they introduced the EACH Woman Act in the Senate (S. 758). With the EACH Woman Act, politicians will no longer be able to deny a woman abortion coverage based on her income, type of insurance, or zip code.

Not only does this legislation have a historical level of support, but it also has the support of the American people. Battleground polling released in September 2019 shows that 69% of voters agree that someone enrolled in Medicaid should have all of their pregnancy-related health care covered by their insurance, including abortion services. It also shows that the

¹ Henshaw, S.K., Joyce T., Dennis, A., Finer, L.B., and Blanchard, K. “Restrictions on Medicaid Funding for Abortions: A Literature Review.” Guttmacher Institute. Jul 2009. Available at <http://bit.ly/2dh6DIY>

² “Research Brief: The Impact Of Medicaid Coverage Restrictions on Abortion”. Ibis Reproductive Health and All* Above All. August 2014. Available at <http://bit.ly/2eesf9H>

³ Zuniga, C., Thompson, T., Blanchard, K. (2020) Abortion as a Catastrophic Health Expenditure in the United States. Women’s Health Issues. Retrieved from: [https://www.whijournal.com/article/S1049-3867\(20\)30066-9/fulltext](https://www.whijournal.com/article/S1049-3867(20)30066-9/fulltext)

⁴ Nash, E., Mohammed, L., Cappello, E., Naide, O. (2019). State Policy Trends 2019: A Wave of Abortion Bans, But Some States Are Fighting Back. Guttmacher Institute. Retrieved from: <https://www.guttmacher.org/article/2019/12/state-policy-trends-2019-wave-abortion-bans-some-states-are-fighting-back>

proportion of voters who strongly favor Medicaid coverage of abortion services has increased 7 points since 2017, from 31% to 38% nationally.⁵

In your words, “If I believe health care is a right, as I do, I can no longer support an amendment that makes that right dependent on someone’s ZIP code”.⁶ We urge you to begin your presidency with a clear statement that discriminatory abortion coverage bans have no place in our public policy by eliminating all such restrictions from your FY 2022 budget. This will send a strong message of leadership to Congress and the country that everyone should be able to decide when and how to start a family— however much money they make, the type of insurance they have, or where they live.

Sincerely,

⁵ New polling shows that a significant majority of the American electorate supports Medicaid coverage of abortion services; support in battleground congressional districts is even stronger. <https://allaboveall.org/press/national-poll-shows-tide-is-turning-on-43-years-of-restricting-abortion-coverage/>

⁶ Joe Biden Denounces Hyde Amendment, Reversing His Position. <https://www.nytimes.com/2019/06/06/us/politics/joe-biden-hyde-amendment.html>

