

WHY THE HYDE AMENDMENT HURTS THE LGBTQ COMMUNITY

The Hyde Amendment restricts the ability of people living with low incomes to obtain an abortion, and has a disproportionate impact on communities of color.

LGBTQ people are deeply harmed by the injustices of the Hyde Amendment.

- This onerous restriction was first introduced by Representative Henry Hyde III (R-IL) in 1976.
- The original amendment banned federal Medicaid coverage of abortion, and has since expanded to exclude abortion coverage for people enrolled in Medicare, CHIP, or Indian Health Services; federal employees and their dependents; Peace Corps volunteers; individuals in federal prisons and detention centers, including those detained for immigration purposes; military personnel and veterans; and the District of Columbia.
- The Hyde Amendment has narrow carve outs for rape, incest, and when the life of the pregnant person is in danger, however some states are not in compliance with this requirement.¹

LGBTQ individuals are more likely to have low incomes and are more likely to rely on Medicaid for health care. They are also less likely to be able to afford an abortion out-of-pocket.

- On average, poverty rates are higher among those more likely to need access to abortion care, including lesbian and bisexual women, transgender men, and nonbinary and gender nonconforming people assigned female at birth.
 - More than 28% of lesbian and bisexual women are living in poverty,² and 29% of transgender, nonbinary, and gender nonconforming people overall are living in poverty.³

Unplanned pregnancies are equally as common, if not more common, for cisgender lesbian and bisexual women as for cisgender heterosexual women.⁴

- A majority of cisgender lesbian and bisexual women have had intercourse with cisgender men, and at least 30% have been pregnant.⁵ At least 16% have had one or more abortions.⁶

Additionally, transgender men and nonbinary and gender nonconforming people assigned female at birth experience unintended pregnancies.⁷

- Many transgender, nonbinary, and gender nonconforming people have intercourse with partners who have the ability to get them pregnant.⁸
 - For example, in one study of almost 200 transgender men, 17% became pregnant and roughly 12% of those who became pregnant had an abortion.⁹

The Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act is needed to eliminate the Hyde Amendment and related abortion funding restrictions.

EACH would ensure that everyone receiving insurance through the federal government will have coverage for abortion services. The bill is crucial for the LGBTQ community, as it would ensure critical access to abortion services and coverage.

- This bill would restore coverage for abortion care to people enrolled in a government health insurance plan, as listed above.¹⁰
- Additionally, this bill would remove the bans on abortions at facilities or locations owned or operated by the federal government.



ENDNOTES

- ¹ U.S. Gov't Accountability Office, "CMS Action Needed to Ensure Compliance with Abortion Coverage Requirements." GAO-19-159 (Jan 4, 2019)(publicly released: Feb 4, 2019), <https://www.gao.gov/products/GAO-19-159>.
- ² The Kaiser Family Foundation, "*Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.*" (June 2016), <http://files.kff.org/attachment/Health-and-Access-to-Care-and-Coverage-for-LGBT-Individuals-in-the-US>.
- ³ Nat'l Ctr. for Transgender Equality, THE REPORT OF THE 2015 U.S. TRANSGENDER DISCRIMINATION SURVEY (2016) at 144. Notably, this statistic is an average for all respondents and could be lower or higher for those assigned female at birth.
- ⁴ Caroline S. Hartnett, Lisa L. Lindley and Katrina M. Walsemann, *Congruence across Sexual Orientation Dimensions and Risk*, WOMEN'S HEALTH ISSUES JOURNAL (2016).
- ⁵ J.M. Marrazzo & K. Stine, *Reproductive Health History of Lesbians: Implications for Care*, AM. J. OF OBSTETRICS AND GYNECOLOGY (2003).
- ⁶ Elizabeth M. Saewyc, Linda H. Bearinger, Robert Wm. Blum & Michael D. Resnick, *Sexual Intercourse, Abuse and Pregnancy Among Adolescent Women: Does Sexual Orientation Make a Difference?*, 31 FAMILY PLANNING PERSPECTIVES 127 (1999).
- ⁷ Porsch, L. M., Dayananda, I., & Dean, G., *An Exploratory Study of Transgender New Yorkers' Use of Sexual Health Services and Interest in Receiving Services at Planned Parenthood of New York City*, TRANSGENDER HEALTH, Vol. 1 (1) (2016), <https://doi.org/10.1089/trgh.2016.0032>; see also Obedin-Maliver, J., & Makadon, H. J., *Transgender men and pregnancy*, OBSTETRIC MEDICINE, Vol. 9(1) (2015), <https://doi.org/10.1177/1753495X15612658>.
- ⁸ Porsch, et al., *supra* note 7.
- ⁹ Alexis Light, et al., *Family planning and contraceptive use in transgender men*, CONTRACEPTION JOURNAL, Vol. 9 (4) (2018), <https://doi.org/10.1016/j.contraception.2018.06.006>.
- ¹⁰ All* Above All, THE EQUAL ACCESS TO ABORTION COVERAGE IN HEALTH INSURANCE (EACH Woman) ACT: *Groundbreaking Legislation for Reproductive Justice* (2019), <https://allaboveall.org/wp/wp-content/uploads/2019/02/EACH-Woman-Act-Fact-Sheet-.pdf>.