

Oppose Efforts to Limit the District of Columbia's Ability to Provide Women with Necessary Medical Care

Although all states currently have discretion over how to spend their local revenue, anti-choice members of Congress have, in the past, barred the District of Columbia from using local funds to provide abortion services.ⁱ In doing so, the federal government has impeded DC's ability to provide access to abortion services for low-income women who cannot afford to pay for these services without public local funding. Under pro-choice leadership, Congress has in the past lifted such restrictions, but anti-choice members of Congress have prevailed in recent years.

The National Women's Law Center urges Congress to defeat efforts to impose this restriction on DC residents during this year's appropriations process. DC should have the ability to exercise its own discretion over local funding with respect to abortion services for low-income women. Abortion is an essential part of women's health care. Such funding restrictions hinder DC's ability to provide important medical services to its low-income residents.

Restrictions on the District of Columbia's Spending of Local Revenue Undermines Home Rule in DC

- State governments across the country have discretion over how to spend their local revenue. The restriction on abortion funding in the District of Columbia undermines DC's ability to control its own revenue. Eliminating the DC ban will simply allow the District to also make its own decisions about the use of local funds for abortion services.
- Since federal funding cannot be used to provide abortion services, many states choose to ensure access to abortion for low-income women through local funding of abortion services. Twenty-four states currently use local revenue to fund abortion services for low-income women.ⁱⁱ Of those twenty-four states, seventeen provide comprehensive services to women, funding all, or most medically necessary abortions.ⁱⁱⁱ Congressional intervention, however, has denied DC the right to similarly meet the needs of its residents.
- Permitting DC to have discretion over the spending of its local revenue would have no impact on the Hyde Amendment, which prohibits states from using *federal* Medicaid funds for abortions unless the pregnancy is the result of rape or incest or the woman's life is in danger.

Lack of Local Public Funding for Abortion Services Creates Economic and Health Barriers for Low-income and Minority Women

- The failure to ensure access to abortion through public funding has the most devastating effects on low-income women. Poor women denied abortion coverage may have to postpone paying for other basic needs like food, rent, heating, and utilities in order to save the money needed for an abortion.^{iv}

- The time needed to save money often results in poor women experiencing delays in obtaining an abortion. The greater the delay in obtaining an abortion, the more expensive^v and less safe^{vi} the procedure becomes. By the time they raise enough funds for a first-trimester abortion, they are in their second trimester, when the procedure is not only more expensive, but can carry greater risks. Though the risk of complications from abortion is extremely small, it does increase substantially when performed later in a woman's pregnancy.^{vii}
- Restrictions on public funding for abortion disproportionately affect minority women, 26.1% of whom in the District of Columbia are living in poverty and are more likely to rely on public funding for basic medical services.^{viii}

President Obama Proposed to Rescind the DC Ban in his Fiscal Year 2010 Budget

- Congress has lifted this ban in the past. Under President Clinton, pro-choice members of Congress defeated efforts to attach the ban to the annual spending bill in the 1994 and 1995 fiscal years, and the District of Columbia was able to fulfill its resident's medical needs without congressional intervention.^{ix} In the decade that followed, however, anti-choice House and Senate leadership reinstated the ban.
- President Obama has called upon Congress to lift the restriction once again, urging Congress to give DC the power to do what the fifty states already can: make decisions about how to spend locally raised funding.^x

ⁱ The restriction on DC's use of local funds was originally put into place for FY 1989. District of Columbia Appropriations Act, 1989, Pub. L. No. 100-462, § 117, 102 Stat. 462 (1988). Although the restriction was lifted for fiscal years 1994 and 1995, Congress has otherwise banned local funds for abortions. *See, e.g.*, Omnibus Appropriations Act, 2009, Pub. L. No. 111-8, § 820, 123 Stat. 524, 700 (2009); Consolidated Appropriations Act, 2008, Pub. L. No. 110-161, § 824, 121 Stat. 1844, 2042 (2007).

ⁱⁱ Guttmacher Inst., *State Policies in Brief: State Funding of Abortion Under Medicaid* (June 2009), www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf.

ⁱⁱⁱ *See, e.g.*, 130 MASS. CODE REGS. 433.455 (2009) (allowing state funding of medically necessary abortions performed in accordance with state law); WASH. ADMIN. CODE 388-532-100, -120(1)(j), (2009) (indicating that the Washington Department of Health and Human Services covers abortion services for women in Medicaid); HAW. CODE R. §17-1727-49 (C)(7) (Weil 2008); Haw. State Med-Quest Div., *Medicaid Provider Manual §6.1* (2002) ("Intentional termination of pregnancy (ITOP) as well as induced and surgical treatments of incomplete, missed abortions are covered by the Department of Human Services."); N.Y. Dep't of Health, *New York State Medicaid Program: Policy Guidelines Manual for Article 28 Certified Clinics 28* (2007) ("The Medicaid Program covers abortions which have been determined to be medically necessary by the attending physician.").

^{iv} HEATHER D. BOONSTRA ET AL., GUTTMACHER INST., *ABORTION IN WOMEN'S LIVES* 29 (2006), <http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf>.

^v Shawn Towey, Stephanie Poggi & Rachel Roth, *Abortion Funding: A Matter of Justice*, NAT'L NETWORK OF ABORTION FUNDS POL'Y REPORT (Nat'l Network of Abortion Funds, Boston, MA), Apr. 2005, at 6.

^{vi} BOONSTRA ET AL., *supra* note iv, at 16-17.

^{vii} *Id.*

^{viii} Kaiser Family Found., *Putting Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level, District of Columbia Fact Sheet*, (2009), <http://www.statehealthfacts.org/downloads/womens-health-disparities/DC.pdf>.

^{ix} District of Columbia Appropriations Act, 1995, Pub. L. 103-334, § 134, 108 Stat. 2576, 2588 (1994); District of Columbia Appropriation Act, 1994, Pub. L. No. 103-127, § 142, 107 Stat. 1336, 1350 (1993).

^x OFFICE OF MGMT. & BUDGET, EXEC. OFFICE OF THE PRESIDENT, BUDGET OF THE UNITED STATES GOVERNMENT, FISCAL YEAR 2010, app., at 1209 § 816(b) (2009).