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The D.C. Abortion Ban Threatens Women's Health

Although all states currently have discretion over how to spend their local revenue, the House recently passed a spending plan (H.R. 1) that would bar the District of Columbia from using local funds to provide abortion services for low-income women. This ban would prohibit D.C. from deciding how to spend its own revenue and threaten the health of its residents.

The D.C. Abortion Ban Takes Away the District of Columbia's Right to Use Local Funds for Abortion Services

- Under current law, the District of Columbia, like all other states, can decide for itself whether to spend its own locally-raised revenue on abortion care for low-income residents. In 2009, President Obama proposed to restore this right to the District of Columbia by proposing in his FY 2010 budget to rescind a ban that had been in effect since 1996. Congress then decided to allow D.C. to make decisions about how to spend its own locally raised funds and lifted the ban,[i] and the District was able to fulfill its residents' medical needs without Congressional intervention.
- Now Congress has used the District of Columbia's rights as a bargaining chip in the appropriations process. Anti-choice members of Congress want to strip D.C. of the power that all 50 states currently have: the power to make decisions about how to spend locally-raised revenue.

Reviving Restrictions on the District of Columbia's Spending of Local Revenue Would Undermine Home Rule in D.C.

- State governments across the country have discretion over how to spend their local revenue. Without the ban, the District was simply allowed to make its own decisions about the use of local funds for abortion services. This restriction undermines D.C.'s ability to control its own revenue.
- 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-three states currently use local revenue to fund some abortion services for low-income women.[ii] Of those, seventeen states provide comprehensive services to women, funding all or most medically necessary abortions.[iii] When the ban was lifted in 2009, D.C. made the decision to use its locally raised revenue to provide comprehensive coverage for abortion services for low-income residents.
- Permitting D.C. to have discretion over the spending of its local revenue has 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.

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Lack of Local Public Funding for Abortion Services Creates Economic Barriers and Adverse Health Outcomes 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. Often by the time a woman who is living month to month raises enough funds for a first-trimester abortion, she is in her second trimester, when the procedure is more expensive and can carry greater risks. Though the risk of complications from abortion is extremely small, it increases substantially when performed later in a woman's pregnancy.[vii]
- Restrictions on public funding for abortion disproportionately affect minority women as they are more likely to rely on public funding for medical care. In D.C., 26.1% of minority women are living in poverty compared to just 8.6% of white, non-Hispanic women.[viii]

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[i] Omnibus Appropriations Act, 2009, Pub. L. No. 111-8, § 820, 123 Stat. 524, 700 (2009).

[ii] Guttmacher Inst., State Policies in Brief: State Funding of Abortion under Medicaid 1 (March 2011), *available at* http://www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf.

[iii] *See, e.g.*, 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), *available at* http://www.statehealthfacts.org/downloads/womens-health-disparities/D.C..pdf.