NATIONAL WOMEN'S LAW CENTER
EXPANDING THE POSSIBILITIES

FACT SHEET

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

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The District of Columbia—unlike any of the fifty states—is currently barred from using its local funds to provide abortion services for low-income women. This ban prohibits D.C. from deciding how to spend its own revenue and threatens the health of its residents.

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

- Under current law, D.C. is prohibited from deciding for itself whether to spend its own locally-raised revenue on abortion care for low-income residents. Anti-choice members of Congress have denied D.C. of the power that all 50 states currently have: the power to make decisions about how to spend locally-raised revenue.
- 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 decided to allow D.C. to make decisions about how to spend its own locally raised funds and lifted the ban,[1] and the District was able to fulfill its residents' medical needs without Congressional intervention. The D.C. abortion coverage ban was re-imposed in the FY2011 appropriations bill[2] and remains in effect to this day.

Lack of Local Public Funding for Abortion Services Hurts Low-Income Minority Women

- Every woman, whether she has public or private insurance, should have coverage for the full range of pregnancy-related care, including abortion care, so she can make personal health decisions based on what is best for her and her family. 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.[3]
- 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[4] and less safe[5] 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.[6]
- Restrictions on public funding for abortion disproportionately affect minority women. In D.C., 79 percent of non-elderly Medicaid recipients are Black, 15 percent are Hispanic, and 54 percent are women.[7]

Restriction on D.C.'s Spending of Local Revenue Undermines Home Rule in D.C.

- State governments across the country have discretion over how to spend their local revenue. Without the ban, D.C. 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.[8] Of those, seventeen states provide comprehensive services to women, funding all or most medically necessary abortions.[9] 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.

1 Omnibus Appropriations Act, 2009, Pub. L. No. 111-8, § 820, 123 Stat. 524, 700 (2009).
2 Department of Defense and Full-Year Continuing Appropriations Act, 2011, Pub. L. No. 112-10 § 1572, 125 Stat. 38, 138 (2011).
3 HEATHER D. BOONSTRA ET AL., GUTTMACHER INST., ABORTION IN WOMEN'S LIVES 29 (2006), http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf.
4 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.
5 BOONSTRA ET AL., *supra* note iv, at 16-17.
6 *Id.*
7 Kaiser Family Found., Distribution of the Nonelderly with Medicaid by Race/Ethnicity, (2011), *available at* http://kff.org/medicaid/state-indicator/distribution-by-raceethnicity-4/#table, and Kaiser Family Found., Distribution of the Nonelderly with Medicaid by Gender, (2011), *available at* http://kff.org/medicaid/state-indicator/distribution-by-gender-4/.
8 Guttmacher Inst., State Policies in Brief: State Funding of Abortion under Medicaid 1 (July 2013), *available at* http://www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf.
9 *Id.*