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5 Things You Should Know About the Harmful Hyde Amendment on Its 50th Anniversary

The Hyde Amendment is one of the most harmful abortion restrictions, as it prohibits coverage of abortion care for individuals enrolled in the federal Medicaid program, except in the extremely limited cases of rape, incest, and life endangerment. The Hyde Amendment was first passed by Congress on September 30, 1976 and has been reimplemented annually, preventing pregnant people qualified for Medicaid from getting the care they need.

Over the past five decades, Congress has extended the harmful reach of the Hyde Amendment to many other federal programs that provide health care, deepening racial and economic disparities in access to health care. The Hyde Amendment has been so successful at blocking access to abortion care, that anti-abortion extremists have praised it as "one of the greatest achievements of the pro-life movement to date," aiding in their ultimate goal: to ban abortion nationwide.

So, on the 50th anniversary of this harmful anti-abortion provision, here are 5 things you should know:

1. The Hyde Amendment was explicitly created to restrict access to abortion for low-income people, and it has done just that for 50 years.

"I certainly would like to prevent, if I could legally, anybody having an abortion—a rich woman, a middle-class woman, or a poor woman. Unfortunately, the only vehicle available is the...Medicaid bill."

This quote from former Senator Henry Hyde, who first introduced the Medicaid coverage ban in 1976, makes the provision's intent clear: the Hyde Amendment was deliberately designed to deny abortion care to people with low incomes who are enrolled in Medicaid. Due to the Hyde Amendment, abortion patients with Medicaid coverage are forced to pay out of pocket for care. This forces many low-income individuals to either delay their abortion care as they gather the necessary funds or to carry the pregnancy to term.

In 2024, over half (51%) of women below the Federal Poverty Level (FPL) were insured by Medicaid. While abortion costs vary by location, facility, and stage of pregnancy, the median out-of-pocket costs in 2023 were $563 for medication abortion, $650 for first-trimester procedural abortion, and $1,000 for second-

trimester abortion care. Those costs account for just the procedure itself, not additional expenses. And yet, nearly half of American families cannot afford the true cost of living. Income inequality has dramatically widened, with wage increases for low- and middle-income workers stagnating over the past two decades while housing, transportation, groceries, health care, and child care costs rise exorbitantly. This means lower-income households have less income than they need to survive. So, when the Hyde Amendment denies someone abortion care, the compounding costs can push people further into a struggle to survive and meet basic needs.

Costs resulting from denials of abortion coverage have dramatically increased since the Supreme Court's devastating and erroneous decision to overturn *Roe v. Wade*, as the resulting nationwide escalation of abortion restrictions and bans make access to care more logistically challenging, time-consuming, and expensive.

While the Hyde Amendment generally prevents federal Medicaid money from paying for abortion care except in cases of rape, incest, or threat to the pregnant person's life, states can use their own money to cover abortion care. As of July 2026, 29 states and Washington D.C. follow the Hyde Amendment restrictions—including 13 states where abortion is banned—while 21 states use state funds to cover abortion care. As a result, nearly half of women of reproductive age (15-49) enrolled in Medicaid reside in states that either follow Hyde Amendment restrictions (29%) or have laws banning abortion (19%). Being denied a wanted abortion can have serious short and long-term effects on health and well-being: women denied abortion care are more likely to have household incomes below the FPL, incur debt, face bankruptcy or eviction notices after giving birth, and remain tied to an abuser with continued risk of violence.

2. The Hyde Amendment disproportionately affects people of color.

In blocking people with fewer resources from accessing abortion-related care, the Hyde Amendment creates an inequitable two-tier system that amplifies systemic racism in health care. Communities of color, who already face systemic barriers—particularly Black, Hispanic, and Indigenous women —are disproportionately affected by the Hyde Amendment. This deepens financial and health disparities for women of color.

In 2023, half of the 7.7 million women living in states that follow the federal Hyde Amendment—and therefore deny abortion coverage to those enrolled in Medicaid—were women of color. That same year, Medicaid covered 37% American Indian and Alaskan Native women of reproductive age, 30% Black women of reproductive age, and 26% Hispanic women of reproductive age, compared to just 20% of women of reproductive age overall. And among women of reproductive age living below the federal poverty level, 53% were enrolled in Medicaid, including 63% of Black women.

The Hyde Amendment directly threatens the health and lives of these women. Because of a persisting legacy of discrimination, unequal distribution of resources, and inequitable access to care, Black women are three times more likely to die from pregnancy-related causes than white women. Black, American Indian or Alaska Native, and Native Hawaiian or Pacific Islander women also are more likely to have preterm births, low birthweight births, or births for which they received late or no prenatal care. And the recent dramatic rise in ectopic pregnancies—whose fatality rates have nearly doubled over the past five years across all demographic groups—puts Black women at greater risk. In 2021, ectopic pregnancy was the fifth-leading cause of maternal death among Black women. By restricting access to care, the Hyde Amendment worsens this health crisis for women of color.

3. The Hyde Amendment and the onslaught of abortion restrictions over the past 50 years is all part of a targeted campaign to ban abortion nationwide.

In the past five decades, anti-abortion extremists have significantly expanded the Hyde Amendment's reach, replicating bans on coverage for other individuals who rely on the federal government for insurance coverage. Hyde-Amendment-like bans now impact those serving in the U.S. military, Peace Corps volunteers, D.C. residents, federal employees, individuals in federal prisons, those detained in federal immigration facilities, the Indian Health Service, and young people who rely on the Children's Health Insurance Program (CHIP).

Recently, the Trump-Vance administration has taken every opportunity to use the Hyde Amendment as a justification for further restrictions on abortion. Just four days after taking office in 2025, President Trump released an executive order titled "Enforcing the Hyde Amendment" that dismantled a range of guidance, regulations, and policies implemented by the Biden administration to address the reproductive health care crisis facing the country.

The administration also cited the Hyde Amendment when rescinding a key travel policy for military service members who are forced to travel off-base for abortion care, and when it instituted a near-total ban on abortion care and counseling at the Department of Veterans Affairs (VA). Until the Hyde Amendment is permanently rescinded, anti-abortion extremists will continue to weaponize it to put abortion care out of reach for as many people as they can.

4. Hyde Amendment-like tactics are now being used to attack access to trans-related health care.

The Hyde Amendment strategy—banning coverage for certain care in federal programs—is now being used by the Trump administration to target health care for transgender youth. In August 2026, the administration finalized a dangerous and discriminatory regulation barring Medicaid and CHIP coverage of trans-related care for young people, forcing many trans youth and families to delay or forgo care or pay out of pocket for this essential treatment. This discriminatory regulation is a particular threat to transgender youth of color, since youth of color are more likely to be enrolled in Medicaid.

Prohibiting the use of federal funding under these health care programs poses a significant threat to the health and well-being of transgender individuals, denies young people access to potentially lifesaving care, and exacerbates existing disparities in health care access. Like the Hyde Amendment, this rule will have the greatest impact on communities who already face the most barriers to care and are discriminated against because of their race, class, disability, and gender.

Modeling attacks on trans-related health care for youth on the Hyde Amendment reflects a recent trend among opponents of bodily autonomy, who have repurposed anti-abortion tactics to target trans youth, their families, and their access to health care.

5. Congress must take action to eliminate the Hyde Amendment and help address barriers to abortion care.

It's time to put an end to the harmful and discriminatory Hyde Amendment, once and for all. Congress needs to stop adding the Hyde Amendment to annual appropriations bills and instead allow Medicaid to fund abortion care as part of its standard medical coverage—as it was originally designed to do—because abortion is health care.

Congress must also pass the Equal Access to Abortion Coverage in Health Insurance (EACH) Act, which would repeal the Hyde Amendment permanently and help ensure that people who receive health coverage through the federal government can access abortion without discriminatory political interference.

Without solutions like the EACH Act, the Hyde Amendment will continue to force people with low incomes to struggle for the care they need or carry a pregnancy against their will. Everyone, no matter who they are, where they live, how much money they make, or how they get their insurance, deserves access to abortion care without barriers.