U.S. FUNDING FOR ABORTION: How the Helms and Hyde Amendments harm women and providers

In 1973, the Helms Amendment became the first abortion funding restriction enacted by the U.S. Congress. Three years later Congress passed an additional funding restriction called the Hyde Amendment. By enacting these restrictions, politicians are taking away the ability of women to get safe, affordable abortion care. While the Helms Amendment prohibits funding for abortion through U.S. foreign aid, the Hyde Amendment prohibits coverage of abortion in the United States through federally funded health insurance programs like Medicaid. The Helms and Hyde restrictions disproportionately affect young, poor women of color across the United States and around the globe.

The Helms Amendment: Restricting U.S. funds for abortion overseas

Appended to the U.S. Foreign Assistance Act in 1973, the Helms Amendment prohibits the use of foreign assistance for the performance of abortion "as a method of family planning or to motivate or coerce any person to practice abortions." The amendment does not prohibit U.S. foreign assistance for abortion in cases of rape, incest or threat to the woman's life, and yet U.S. agencies administering foreign aid deny women information and care even in these circumstances. Despite the limited scope of the Helms Amendment language, the U.S. government has applied it as a total ban on abortion-related services and information.

HARMFUL IMPACT

... on women

- Denial of legally indicated abortion care due to healthcare providers' fear or misinformation about the law
- Increased stigma around abortion that compels women to seek unsafe, clandestine procedures
- Disproportionate impact on women of color and those who are poor and/or young
- Barriers to access such as abortion services being offered at separate facilities from other health-care services and discontinuity of care because a woman's health-care provider cannot give her necessary abortion information, counseling and/or referral

... on health-care providers

- Confusion and lack of information about when or if a woman can receive abortion information, counseling or referral
- Censoring of abortion-related information

 Reduced access to equipment required for basic reproductive health care if it can also be used for abortion

lpas's assessment of the impact of the Helms Amendment due to the U.S. government's restrictive application of the law shows that U.S. government agencies administering foreign assistance programs—namely the U.S. Agency for International Development (USAID) and the State Department—do not support abortion care even in cases of threat to the woman's life, rape and incest. As a result, health professionals censor abortion-related information, and women do not receive information and counseling on where to get a safe abortion. Another consequence of the Helms Amendment is that health-care providers do not have basic health-care supplies like the manual vacuum aspirator and misoprostol—which are necessary to treat women suffering from post-partum hemorrhage, miscarriage and the consequences of unsafe abortion—simply because they could also be used for induced abortion procedures.

Note: The U.S. government does support the treatment of complications and injuries that result from unsafe abortion, which is also known as postabortion care.

Restricting access to abortion only serves to further compound the global problem of unsafe abortion.

- Of the 22 million unsafe abortions worldwide each year, 98 percent occur in the developing world.
- Unsafe abortions cause 47,000 women to die each year, and millions more to experience needless injuries.

The Hyde Amendment: Restricting funds for abortion in the United States

The Hyde Amendment, passed in 1976 and renewed annually as part of the federal budget, prohibits federal funding for Medicaid coverage of abortion care except in cases of rape, incest or risk to the woman's life. States have the option to use their own funds to provide Medicaid abortion care coverage in a wider range of cases, but only 17 do; most states follow the federal example and restrict Medicaid coverage to the limited cases allowed under the Hyde Amendment. Medicaid is an essential health insurance program for the 71.5 million people enrolled in it, yet politicians have imposed a restriction that denies coverage to the full range of reproductive health care, which interferes with the legal right to access abortion care.

HARMFUL IMPACT

... on women

- Creates financial barriers to care as women must find money to pay for their own abortion care despite having health insurance—usually around \$500 but costing more than \$1,500 in some circumstances
- Delays abortion care, which negatively impacts health and well-being
- Forces some women to continue an unwanted pregnancy
- Discriminates against poor women who cannot afford other health insurance

... on health-care providers

- Prevents timely provision of abortion care for women in need
- Forces health-care providers to assume the cost of abortion care they believed Medicaid should have covered but did not
- Prevents patients from receiving up-to-date information on abortion coverage due to Medicaid bureaucracy

Ibis Reproductive Health's research on the Hyde Amendment's impact on abortion providers and women seeking abortion services while navigating Medicaid funding restrictions reveals that the amendment often impedes providers' ability to offer timely abortion care to patients who need it. Providers are also forced to eat the cost of abortion services they thought were covered—costing some up to \$100,000 annually. Confusion about Medicaid reimbursement and delays in care while coverage is determined or while the woman tries to find the necessary out-of-pocket funds result in many women continuing unwanted pregnancies, while others suffer harm to their physical and mental health due to delayed care.

Recommendations

As the single largest bilateral donor to international family planning and reproductive health programs, the United States has a moral imperative to ensure women's human The impact of bans on abortion coverage is farreaching, especially for a woman struggling to make ends meet:

- Restricting Medicaid coverage of abortion forces one in four poor women seeking an abortion to carry an unwanted pregnancy to term.
- A woman who wants to get an abortion but is denied is more likely to fall into poverty than one who can get an abortion.
- When politicians deny coverage, the harm falls hardest on low-income women, women of color and young women.

right to access safe, legal abortion care. Restrictions on funding and insurance coverage of abortion send a message that abortion is wrong and thus generate and reinforce the stigma surrounding abortion. In countries where the United States funds health programs, the stigma generated by the Helms Amendment leads to its interpretation as a total abortion ban. In the United States, Hyde Amendment restrictions on the use of public funds for abortion coverage explicitly shame low-income women for both their poverty and their abortion.

Short-term solutions can be implemented to provide women in the United States and abroad with some relief from these two harmful policies:

- The Administration can act now to implement the Helms Amendment in a way that, at a minimum, recognizes narrow funding exceptions for abortion in cases of threat to the woman's life, rape and incest.
- States can provide Medicaid staff with guidance about abortion coverage policies and appropriate implementation.

Ultimately, in order to fully protect the health and guarantee the human rights of women in the United States and abroad, the U.S. government **must lift all its restrictions on abortion funding and insurance coverage**. A comprehensive approach to reproductive health care anywhere in the world must include safe abortion funding,

This fact sheet was adapted from:

lpas and lbis. (2015). U.S. funding for abortion: How the Helms and Hyde Amendments harm women and providers. Chapel Hill, NC: lpas.





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