

116TH CONGRESS
1ST SESSION

S. 758

To ensure affordable abortion coverage and care for every woman, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 12, 2019

Ms. DUCKWORTH (for herself, Mrs. MURRAY, Ms. HIRONO, Ms. HARRIS, Mrs. SHAHEEN, Mrs. GILLIBRAND, Mr. BLUMENTHAL, Mr. WYDEN, Ms. SMITH, Ms. ROSEN, and Ms. KLOBUCHAR) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To ensure affordable abortion coverage and care for every woman, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Equal Access to Abor-
5 tion Coverage in Health Insurance (EACH Woman) Act
6 of 2019”.

7 **SEC. 2. FINDINGS.**

8 Congress makes the following findings:

1 (1) Affordable, comprehensive health insurance
2 that includes coverage for a full range of pregnancy-
3 related care, including abortion, is critical to the
4 health of every person regardless of actual or per-
5 ceived race, color, national origin, immigration sta-
6 tus, sex (including sexual orientation, gender iden-
7 tity, pregnancy, childbirth, a medical condition relat-
8 ing to pregnancy or childbirth, or sex stereotyping),
9 age, or disability status.

10 (2) Neither a woman's income level nor her
11 type of insurance should prevent her from having ac-
12 cess to a full range of pregnancy-related care, in-
13 cluding abortion services.

14 (3) No woman should have the decision to have,
15 or not to have, an abortion made for her based on
16 her ability or inability to afford the procedure.

17 (4) Since 1976, the Federal Government has
18 withheld funds for abortion coverage in most cir-
19 cumstances, affecting women of reproductive age in
20 the United States who are insured through the Med-
21 icaid program, as well as women who receive insur-
22 ance or care through other Federal health plans and
23 programs. Of women aged 15–44 enrolled in Med-
24 icaid in 2017, 55 percent lived in the 35 States and
25 the District of Columbia that do not cover abortion,

1 except in limited circumstances. This amounts to
2 roughly 7.3 million women of reproductive age, in-
3 cluding 3.1 million women living below the Federal
4 poverty level. Women of color are disproportionately
5 likely to be insured by the Medicaid program: Na-
6 tionwide, 32 percent of Black women and 27 percent
7 of Hispanic women aged 15–44 were enrolled in
8 Medicaid in 2017, compared with 16 percent of
9 White women.

10 (5) Moreover, 26 States also prohibit abortion
11 coverage in private insurance plans within or beyond
12 health insurance marketplaces under the Patient
13 Protection and Affordable Care Act.

14 (6) Restrictions on abortion coverage interfere
15 with a woman’s personal decision making, with her
16 health and well-being, and with her constitutionally
17 protected right to a safe and legal medical proce-
18 dure.

19 (7) Restrictions on abortion coverage have a
20 disproportionate impact on low-income women,
21 women of color, immigrant women, and young
22 women. These women are already disadvantaged in
23 their access to the resources, information, and serv-
24 ices necessary to prevent an unintended pregnancy
25 or to carry a healthy pregnancy to term.

1 **SEC. 3. ABORTION COVERAGE AND CARE REGARDLESS OF**
 2 **INCOME OR SOURCE OF INSURANCE.**

3 (a) ENSURING ABORTION COVERAGE AND CARE
 4 THROUGH THE FEDERAL GOVERNMENT IN ITS ROLE AS
 5 AN INSURER, EMPLOYER, OR HEALTH CARE PRO-
 6 VIDER.—The Federal Government shall—

7 (1) ensure coverage for abortion care in public
 8 health insurance programs including Medicaid,
 9 Medicare, and the Children’s Health Insurance Pro-
 10 gram;

11 (2) in its role as an employer or health plan
 12 sponsor, ensure coverage for abortion care for par-
 13 ticipants and beneficiaries; and

14 (3) in its role as a provider of health services,
 15 ensure abortion care is made available to individuals
 16 who are eligible to receive services in its own facili-
 17 ties or in facilities with which it contracts to provide
 18 medical care.

19 (b) PROHIBITING RESTRICTIONS ON PRIVATE INSUR-
 20 ANCE COVERAGE OF ABORTION CARE.—

21 (1) FEDERAL RESTRICTIONS.—The Federal
 22 Government shall not prohibit, restrict, or otherwise
 23 inhibit insurance coverage of abortion care by State
 24 or local government or by private health plans.

25 (2) STATE AND LOCAL GOVERNMENT RESTRIC-
 26 TIONS.—State and local governments shall not pro-

1 hibit, restrict, or otherwise inhibit insurance cov-
2 erage of abortion care by private health plans.

3 **SEC. 4. SENSE OF CONGRESS.**

4 It is the sense of the Congress that—

- 5 (1) the Federal Government, acting in its ca-
6 pacity as an insurer, employer, or health care pro-
7 vider, should serve as a model for the Nation to en-
8 sure coverage of abortion care; and
- 9 (2) moreover, restrictions on coverage of abor-
10 tion care in the private insurance market must end.

11 **SEC. 5. RULE OF CONSTRUCTION.**

12 Nothing in this Act shall be construed to have any
13 effect on any Federal, State, or local law that includes
14 more protections for abortion coverage or care than those
15 set forth in this Act.

16 **SEC. 6. SEVERABILITY.**

17 If any portion of this Act or the application thereof
18 to any person or circumstances is held invalid, such inva-
19 lidity shall not affect the portions or applications of this
20 Act which can be given effect without the invalid portion
21 or application.

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