

115TH CONGRESS  
1ST SESSION

# H. R. 771

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

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 31, 2017

Ms. LEE (for herself, Ms. SCHAKOWSKY, Ms. CLARK of Massachusetts, Mr. CONNOLLY, Miss RICE of New York, Mr. CUMMINGS, Mr. MEEKS, Mr. GRIJALVA, Ms. MOORE, Mr. SMITH of Washington, Ms. NORTON, Ms. BONAMICI, Mr. FOSTER, Mr. MOULTON, Mr. QUIGLEY, Ms. WASSERMAN SCHULTZ, Ms. MCCOLLUM, Ms. PINGREE, Mr. CAPUANO, Mr. KILDEE, Mrs. CAROLYN B. MALONEY of New York, Ms. CLARKE of New York, Mr. YARMUTH, Mr. NADLER, Mrs. NAPOLITANO, Mr. RYAN of Ohio, Ms. MENG, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Mr. ELLISON, Mr. LOWENTHAL, Mr. O’ROURKE, Mr. PRICE of North Carolina, Mr. TAKANO, Ms. DEGETTE, Mr. DEUTCH, Mr. SCHIFF, Ms. DELBENE, Mr. NORCROSS, Mr. GUTIÉRREZ, Ms. DELAURO, Mrs. WATSON COLEMAN, Mr. WELCH, Mr. LEWIS of Georgia, Ms. BROWNLEY of California, Mr. CICILLINE, Mr. BLUMENAUER, Ms. TITUS, Ms. CASTOR of Florida, Ms. SPEIER, Mr. SERRANO, Mr. TED LIEU of California, Mr. ENGEL, Ms. SLAUGHTER, Ms. MATSUI, Mr. TONKO, Mr. AGUILAR, Mr. CLAY, Mr. SCOTT of Virginia, Ms. FRANKEL of Florida, Mr. VEASEY, Mr. CÁRDENAS, Mr. DANNY K. DAVIS of Illinois, Mr. KENNEDY, Mr. MCGOVERN, Ms. SÁNCHEZ, Ms. JUDY CHU of California, Mr. COHEN, Mr. CONYERS, Mr. BEYER, Mr. PERLMUTTER, Ms. ADAMS, Ms. JAYAPAL, Mr. SWALWELL of California, Ms. LOFGREN, Mr. HECK, Mrs. LOWEY, Mr. HASTINGS, Mr. BERA, Mr. DOGGETT, Mrs. LAWRENCE, Mr. RICHMOND, Ms. WILSON of Florida, Mr. KEATING, Mrs. BEATTY, Mr. PAYNE, Mr. THOMPSON of California, Mr. SCHNEIDER, Mrs. DAVIS of California, Mr. HUFFMAN, Mr. SEAN PATRICK MALONEY of New York, Ms. KELLY of Illinois, Mr. KHANNA, Ms. TSONGAS, Mr. MCNERNEY, Mr. BUTTERFIELD, Mr. POCAN, Ms. ESTY, Mr. GALLEGGO, Mr. PALLONE, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. FUDGE, Mr. EVANS, Mr. PETERS, and Mrs. TORRES) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

# 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 2017”.

7       **SEC. 2. FINDINGS.**

8       Congress makes the following findings:

9               (1) Affordable, comprehensive health insurance  
10       that includes coverage for a full range of pregnancy-  
11       related care, including abortion, is critical to the  
12       health of every woman.

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

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

20              (4) Since 1976, the Federal Government has  
21       withheld funds for abortion coverage in most cir-  
22       cumstances. As a 2017 analysis by the Guttmacher

1 Institute shows, this affects women of reproductive  
2 age in the United States who are insured through  
3 the Medicaid program, as well as women who receive  
4 insurance or care through other Federal health plans  
5 and programs. Of women aged 15–44 enrolled in  
6 Medicaid in 2015, 58 percent lived in the 35 States  
7 and the District of Columbia that do not cover abor-  
8 tion, except in limited circumstances. This amounts  
9 to roughly 7.5 million women of reproductive age,  
10 including 3.5 million women living below the Federal  
11 poverty level. Women of color are disproportionately  
12 likely to be insured by the Medicaid program: Na-  
13 tionwide, 31 percent of Black women and 27 percent  
14 of Hispanic women aged 15–44 were enrolled in  
15 Medicaid in 2015, compared with 15 percent of  
16 White women.

17 (5) Moreover, 25 States also prohibit abortion  
18 coverage in private insurance plans within or beyond  
19 health insurance marketplaces under the Patient  
20 Protection and Affordable Care Act, according to an  
21 analysis of State policies by the Guttmacher Insti-  
22 tute.

23 (6) A report by the Center for Reproductive  
24 Rights details how restrictions on abortion coverage  
25 interfere with a woman’s personal decisionmaking,

1 with her health and well-being, and with her con-  
2 stitutionally protected right to a safe and legal med-  
3 ical procedure.

4 (7) Restrictions on abortion coverage have a  
5 disproportionate impact on low-income women,  
6 women of color, immigrant women, and young  
7 women, according to reports by both the Center for  
8 American Progress and the Guttmacher Institute.  
9 Also according to the reports, these women are al-  
10 ready disadvantaged in their access to the resources,  
11 information, and services necessary to prevent an  
12 unintended pregnancy or to carry a healthy preg-  
13 nancy to term.

14 **SEC. 3. ABORTION COVERAGE AND CARE REGARDLESS OF**  
15 **INCOME OR SOURCE OF INSURANCE.**

16 (a) ENSURING ABORTION COVERAGE AND CARE  
17 THROUGH THE FEDERAL GOVERNMENT IN ITS ROLE AS  
18 AN INSURER, EMPLOYER, OR HEALTH CARE PRO-  
19 VIDER.—The Federal Government shall—

20 (1) ensure coverage for abortion care in public  
21 health insurance programs including Medicaid,  
22 Medicare, and the Children’s Health Insurance Pro-  
23 gram;

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

4           (3) in its role as a provider of health services,  
5           ensure abortion care is made available to individuals  
6           who are eligible to receive services in its own facili-  
7           ties or in facilities with which it contracts to provide  
8           medical care.

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

11           (1) FEDERAL RESTRICTIONS.—The Federal  
12          Government shall not prohibit, restrict, or otherwise  
13          inhibit insurance coverage of abortion care by State  
14          or local government or by private health plans.

15           (2) STATE AND LOCAL GOVERNMENT RESTRIC-  
16          TIONS.—State and local governments shall not pro-  
17          hibit, restrict, or otherwise inhibit insurance cov-  
18          erage of abortion care by private health plans.

19      **SEC. 4. SENSE OF CONGRESS.**

20          It is the sense of the Congress that—

21           (1) the Federal Government, acting in its ca-  
22          pacity as an insurer, employer, or health care pro-  
23          vider, should serve as a model for the Nation to en-  
24          sure coverage of abortion care; and

1           (2) moreover, restrictions on coverage of abor-  
2           tion care in the private insurance market must end.

3 **SEC. 5. RULE OF CONSTRUCTION.**

4           Nothing in this Act shall be construed to have any  
5 effect on any Federal, State, or local law that includes  
6 more protections for abortion coverage or care than those  
7 set forth in this Act.

8 **SEC. 6. SEVERABILITY.**

9           If any portion of this Act or the application thereof  
10 to any person or circumstances is held invalid, such inva-  
11 lidity shall not affect the portions or applications of this  
12 Act which can be given effect without the invalid portion  
13 or application.

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