How the Hyde Amendment Discriminates Against Poor Women and Women of Color

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The Hyde Amendment discriminates against poor women by prohibiting Medicaid from covering abortion care.

By Jessica Arons and Lindsay Rosenthal | Friday, May 10, 2013

In 1973 the Supreme Court decided in the landmark case *Roe v. Wade* to recognize the constitutional right to abortion for all women. Forty years later, however, this guarantee remains an empty promise for thousands of poor women and women of color thanks to the Hyde Amendment, an annual appropriations measure first passed in 1976. This provision intentionally discriminates against poor women by prohibiting Medicaid, the health-insurance program for low-income individuals and families, from covering abortion care.

Because of the intersection in our country between race, ethnicity, and socioeconomic status, this restriction also has a disproportionate impact on women of color. Due to a number of root causes related to inequality, women of color are more likely to qualify for government insurance that restricts abortion coverage, more likely to experience higher rates of unintended pregnancy, and less likely to be able to pay for an abortion

out of pocket. The Hyde Amendment therefore does not only undermine gender equity, but it also violates principles of racial and economic justice.

The Hyde Amendment discriminates against poor women

- **Congress passed the Hyde Amendment in order to deny poor women access to abortion.** Former Rep. Henry Hyde (R-IL), the law's sponsor, admitted during the debate of his proposal that he was targeting poor women. "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," he said. "Unfortunately, the only vehicle available is the … Medicaid bill."
- **1 in 10 women of reproductive age in the United States relies on Medicaid for their health coverage.** By prohibiting Medicaid from covering abortion services, the Hyde Amendment has used the primary source of health care for low-income women to restrict access to abortion.
- **Poor women face significant disparities when it comes to reproductive health**. Compared with higher-income women, poor women's rates of unintended pregnancy and abortion are each five times as high, and their unplanned birth rate is six times as high. These disparities are rooted in deeply entrenched inequities in the areas of health-insurance coverage, health care, and medically accurate sex education, as well as other health-promoting resources.
- **Abortion costs between $300 and $950 in the first trimester, making it unaffordable for poor women without insurance coverage.** In 2009 more than half of nonelderly adult women enrolled in Medicaid had family incomes below the poverty level; one-quarter had incomes below 50 percent of the poverty level. The monthly income for a family of three living at half the current poverty level is $813.75.
- **One in four Medicaid-qualified women who seek an abortion is forced to carry her pregnancy to term because of cost.** Many more are forced to delay their procedure for as long as two to three weeks while they raise money, with the costs and risks of the procedure increasing the longer they wait.

The Hyde Amendment discriminates against women of color

- **A dissenting Supreme Court opinion recognized that the Hyde Amendment was discriminatory.** Supreme Court Justice Thurgood Marshall's dissenting opinion in *Harris v. McRae* noted that the law was "designed to deprive poor and minority women of the constitutional right to choose abortion."
- **Women of color are disproportionately poor and therefore less likely to be able to pay out of pocket for their health care.** According to 2011 census data, 25.5 percent of African Americans and 25 percent of Latinas are living below the poverty level, compared to only 10.4 percent of whites and 12.2 percent of Asians. Moreover, certain groups of Asian and Pacific Islander women face much higher

poverty rates than are reflected in the aggregate census data. For example, 67 percent, 66 percent, and 47 percent of people of Laotian, Hmong, and Cambodian descent, respectively, live in poverty in the United States.

- **Women of color are more likely to be enrolled in government insurance.** In 2011, 40.9 percent of African American females and 36.3 percent of Latinas had government-based insurance, including 29.2 percent and 29.6 percent participation, respectively, in Medicaid. In contrast, 32.6 percent of white females and 24.4 percent of Asian American females got their insurance through a government program. While Asian and Pacific Islander women use Medicaid at lower rates for a variety of reasons—only 6 percent were enrolled in the program in 2004—participation is quite high among various subgroups. For example, 20 percent of women of Southeast Asian descent are covered by Medicaid.
- **Women of color are disproportionately more likely to need an abortion.** Black women had the highest unintended pregnancy rate of any racial or ethnic group and more than double that of non-Hispanic white women. The unintended pregnancy rate of Latinas is 78 percent higher than the non-Hispanic rate. These high unintended pregnancy rates are part of the reason women of color seek abortion at higher rates than non-Hispanic whites. Although they represent much smaller segments of the population as a whole, black and Latina women comprise 30 percent and 25 percent of women who have abortions, respectively. Data on Asian and Pacific Islander women's utilization of health services, including abortion, is extremely limited, but one study has shown that 35 percent of pregnancies for Asian and Pacific Islander women end in abortion, compared to 18 percent for non-Hispanic white women.
- **These health disparities mirror other health disparities that women of color experience.** In addition to higher rates of unintended pregnancy and abortion, women of color face higher rates of reproductive cancers, HIV and other sexually transmitted infections, premature births, low birth weights, and maternal and infant morbidity and mortality. They also encounter poorer health outcomes for diabetes, cardiovascular disease, and obesity, among other health conditions.
- **Root causes of inequality drive the health disparities women of color face.** Differential access to treatment, lower levels of respect and competency from health care providers, lack of trust in the medical establishment, lack of accurate information, and a host of other socioeconomic factors lead to poorer outcomes along racial and ethnic lines for overall health indicators, specifically with regard to reproductive health.

The Hyde Amendment treats the rights of women in this country according to two different standards: whether you can afford to pay for your rights or not. That is not equality.

Repealing the Hyde Amendment and similar restrictions will not, by itself, ensure full equality for poor women and women of color. But doing so is a necessary precondition. Anyone who cares about fighting racism and poverty must realize that attacks on

abortion—and especially on abortion coverage—are first and foremost attacks on poor women and women of color.

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