

REPORT OF THE CHIEF LEGISLATIVE ANALYST

DATE: September 28, 2016

TO: Honorable Members of the Rules, Elections, Intergovernmental Relations, and Neighborhoods Committee

FROM: Sharon M. Tso 
Chief Legislative Analyst

Council File No.: 15-0002-S217
Assignment No.: 16-09-0810

SUBJECT: Resolution (Martinez – Bonin) to Support HR 2972 (Lee).

CLA RECOMMENDATION: Adopt attached Resolution (Martinez – Bonin) to include in the City's 2015-16 Federal Legislative Program SUPPORT for HR 2972 (Lee), the EACH Woman Act, or any similar legislation that calls upon Congress and President Obama to support and reinstate insurance coverage for abortion services for women enrolled in public insurance programs.

SUMMARY

The Resolution (Martinez - Bonin), introduced on September 13, 2016, states that every woman needs access to a range of safe, affordable and comprehensive reproductive health care throughout her life and that reproductive health is a vital component of a woman's overall health.

On January 22, 1973, the United States Supreme Court ruled in *Roe v. Wade* that the United States Constitution safeguards a woman's ability to make her own personal medical decisions about when or whether to have children. The Resolution states that health insurance, whether private or government funded, should cover the full range of a woman's options when she is facing an unintended pregnancy, so that she is able to make the decision that deems best without interference.

The Resolution advises that we must guard against efforts to erode the availability and affordability of abortion and undermine the protections provided by *Roe v. Wade*. One such restriction is the Hyde Amendment, approved by Congress on September 30, 1976, which has denied abortion coverage for low-income women enrolled in the Medicaid health insurance program. California and other states address this issue by providing state funds for all reproductive healthcare services, including abortion.

Pending in the United States House of Representatives is HR 2972 (Lee), the Equal Access to Abortion Coverage Health Insurance (EACH) Woman Act, which would ensure funding for all reproductive services. The Resolution states that it is imperative that funding of comprehensive reproductive health care be increased and that abortion be covered as part of comprehensive reproductive health care in all public insurance programs.

The Resolution recommends that the City support HR 2972 or any similar legislation that calls upon Congress and President Obama to support and reinstate insurance coverage for abortion services for women enrolled in public insurance programs.

BACKGROUND

In 1973, the United States Supreme Court issued a decision which affirmed that abortion was a constitutionally protected right under the Fourteenth Amendment to the US Constitution (*Roe V Wade*). The passage of the Hyde Amendment in 1976 prohibited the use of Medicare funds for most abortion services and restricts the use of state Medicaid funds for these services. The Hyde Amendment is authorized each year as part of annual Federal Budget process.

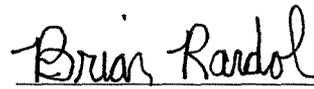
HR 2972, introduced on July 8, 2015, would require the federal government to ensure coverage in public health insurance programs including Medicaid, Medicare, and the Children’s Health Insurance Program. HR 2972 would also require the federal government, as an employer or health plan sponsor, to ensure coverage for abortion care for participants and beneficiaries. The bill would also require the federal government, as a provider of health services, to ensure that abortion care is made available to individuals who are eligible to receive services in its own facilities or in facilities with which it contracts to provide medical care.

Under HR 2972, the federal government may not prohibit, restrict, or otherwise inhibit insurance coverage of abortion care by state or local governments or by private health plans. In addition, State and local governments may not prohibit, restrict, or otherwise inhibit insurance coverage of abortion care by private health plans. Finally, the bill expresses the sense of Congress that: (1) the federal government, acting in its capacity as an insurer, employer, or health care provider, should serve as a model for the nation to ensure coverage of abortion care; and (2) restrictions on coverage of abortion care in the private insurance market must end.

The City has previously supported the availability of abortion and other reproductive healthcare services.

Department Notified

None.



Brian Randol
Analyst

Attachments: 1) Resolution (Martinez – Bonin)
 2) Text of HR 2972

RESOLUTION

WHEREAS, any official position of the City of Los Angeles with respect to legislation, rules, regulations or policies proposed to or pending before a local, state or federal governmental body or agency must have first been adopted in the form of a Resolution by the City Council with the concurrence of the Mayor; and

WHEREAS, Every woman needs access to a range of safe, affordable and comprehensive reproductive health care throughout her life, including cancer and sexually transmitted infection screenings, contraceptive services, abortion care, prenatal care, and labor and delivery services; and

WHEREAS, reproductive health is a vital component of a woman's overall health, and a woman's freedom to make reproductive decisions is vital to her safety, well-being, economic opportunity, and ability to participate equally in society; and

WHEREAS, on January 22, 1973, the U.S. Supreme Court, in a historic and landmark decision, ruled in Roe v. Wade that the U.S. Constitution safeguards a woman's ability to make her own personal medical decisions about when or whether to have children; and

WHEREAS, in the last 43 years, access to abortion care has allowed women to participate more fully in society, saved lives, and strengthened families; and

WHEREAS, the government, by partially or fully subsidizing health insurance and health care services for individuals who meet certain eligibility criteria, recognizes that health care is essential to protect an individual's ability to fully participate in her family, community, and society; and

WHEREAS, health insurance, whether private or government funded, should cover the full range of a woman's options when she is facing an unintended pregnancy, so that she is able to make the decision she deems best for her and her family without interference; and

WHEREAS, we must guard against efforts to deliberately erode the availability and affordability of abortion and undermine the protections provided by Roe v. Wade; and

WHEREAS, one such restriction is the Hyde Amendment, passed by Congress on September 30, 1976, which has for [nearly] 40 years denied abortion coverage for low-income women enrolled in the Medicaid health insurance program, significantly impeding their ability to access abortion; and

WHEREAS, California and many other states offer vital health care to fill the gap left by the federal Hyde Amendment by providing those enrolled in the state Medicaid plan with coverage for the full range of pregnancy-related services, including abortion; and

WHEREAS, many women in the City of Los Angeles, including state and federal employees, Peace Corps members, and beneficiaries of Indian Health Services and military insurance programs, obtain insurance coverage through other public insurance programs that also include restrictions that withhold coverage for abortion; and

WHEREAS, September 30, 2016 marks the 40th year of the federal Hyde Amendment, which denies women use of Medicaid insurance for abortion and represents the nexus of deeply entrenched economic injustice, racism, and gender inequity;

WHEREAS, the Equal Access to Abortion Coverage in Health Insurance (EACH) Woman Act was introduced in the U.S. House of Representatives in July 2015; and

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WHEREAS, the EACH Woman Act would ensure coverage for abortion for every woman: however much she earns, however she is insured, or wherever she lives, and prohibits political interference with decisions of private health insurance companies to offer coverage for abortion care; and

WHEREAS, laws that restrict insurance coverage of abortion can create insurmountable obstacles to quality health care; and

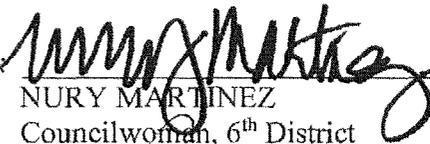
WHEREAS, when health insurance coverage for abortion is restricted, the harm falls hardest on those who already face significant barriers to receiving high-quality health care, such as low-income women, immigrant women, young women, women of color, and transgender and gender-nonconforming people; and

WHEREAS, 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; and

WHEREAS, it is imperative that funding of comprehensive reproductive health care be increased and that abortion be covered as part of comprehensive reproductive health care in all public insurance programs to ensure that services are accessible for women who are enrolled in such programs.

NOW, THEREFORE, BE IT RESOLVED that with concurrence of the Mayor and by adoption of this resolution, City of Los Angeles hereby includes in its Federal Legislative Program SUPPORT for HR 2972 (Lee), the EACH Woman Act, or any similar legislation that calls upon Congress and President Obama to support and reinstate insurance coverage for abortion services for women enrolled in public insurance programs.

PRESENTED BY:


NURY MARTINEZ
Councilwoman, 6th District

SECONDED BY:



ORIGINAL

114TH CONGRESS
1ST SESSION

H. R. 2972

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

IN THE HOUSE OF REPRESENTATIVES

JULY 8, 2015

Ms. LEE (for herself, Ms. SCHAKOWSKY, Ms. DEGETTE, Ms. SLAUGHTER, Ms. NORTON, Ms. MOORE, Ms. WASSERMAN SCHULTZ, Mr. GRIJALVA, Ms. JUDY CHU of California, Mr. ELLISON, Mr. HONDA, Mr. FARR, Mr. CONYERS, Mr. QUIGLEY, Mr. GALLEGO, Ms. CLARKE of New York, Mr. BLUMENAUER, Mr. MCDERMOTT, Mr. CÁRDENAS, Mr. TED LIEU of California, Mr. NADLER, Ms. DELAURO, Ms. JACKSON LEE, Mr. JOHNSON of Georgia, Mr. SWALWELL of California, Mrs. WATSON COLEMAN, Ms. BROWN of Florida, Ms. MCCOLLUM, Mr. BEYER, Mr. DEUTCH, Ms. LINDA T. SÁNCHEZ of California, Ms. FUDGE, Ms. BONAMICI, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. KENNEDY, Ms. CLARK of Massachusetts, Mrs. LAWRENCE, Mr. RYAN of Ohio, Ms. CASTOR of Florida, Mr. DESAULNIER, Mr. GUTIÉRREZ, Mr. ISRAEL, Ms. KELLY of Illinois, Ms. FRANKEL of Florida, Mrs. LOWEY, Ms. PINGREE, Mr. RANGEL, Mr. TONKO, Mr. ENGEL, Mr. CAPUANO, Ms. BASS, Mr. CUMMINGS, Ms. WILSON of Florida, Mr. VAN HOLLEN, Mrs. CAROLYN B. MALONEY of New York, Mr. PRICE of North Carolina, Mr. SERRANO, Mr. POCAN, Mr. CONNOLLY, Ms. EDWARDS, Mr. SCHIFF, Ms. SPEIER, Mr. O'ROURKE, Mr. PALLONE, Ms. ADAMS, Mr. WELCH, Mr. NORCROSS, Mr. COHEN, Ms. BROWNLEY of California, Mr. KILMER, and Ms. MICHELLE LUJAN GRISHAM of New Mexico) 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 2015”.

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 2013 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.

6 (5) Moreover, 25 States also prohibit abortion
7 coverage in private insurance plans within or beyond
8 health insurance marketplaces under the Patient
9 Protection and Affordable Care Act, according to an
10 analysis of State policies by the Guttmacher Insti-
11 tute.

12 (6) A report by the Center for Reproductive
13 Rights details how restrictions on abortion coverage
14 interfere with a woman's personal decisionmaking,
15 with her health and well-being, and with her con-
16 stitutionally protected right to a safe and legal med-
17 ical procedure.

18 (7) Restrictions on abortion coverage have a
19 disproportionate impact on low-income women,
20 women of color, immigrant women, and young
21 women, according to reports by both the Center for
22 American Progress and the Guttmacher Institute.
23 Also according to the reports, these women are al-
24 ready disadvantaged in their access to the resources,
25 information, and services necessary to prevent an

1 unintended pregnancy or to carry a healthy preg-
2 nancy to term.

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

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

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

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

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

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

23 (1) FEDERAL RESTRICTIONS.—The Federal
24 Government shall not prohibit, restrict, or otherwise

1 inhibit insurance coverage of abortion care by State
2 or local government or by private health plans.

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

7 **SEC. 4. SENSE OF CONGRESS.**

8 It is the sense of the Congress that—

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

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

15 **SEC. 5. RULE OF CONSTRUCTION.**

16 Nothing in this Act shall be construed to have any
17 effect on any Federal, State, or local law that includes
18 more protections for abortion coverage or care than those
19 set forth in this Act.

20 **SEC. 6. SEVERABILITY.**

21 If any portion of this Act or the application thereof
22 to any person or circumstances is held invalid, such inva-
23 lidity shall not affect the portions or applications of this

1 Act which can be given effect without the invalid portion
2 or application.

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