

116TH CONGRESS  
1ST SESSION

# H. R. 1692

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

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 12, 2019

Ms. LEE of California (for herself, Mrs. DINGELL, Ms. JOHNSON of Texas, Mr. ESPAILLAT, Mr. FOSTER, Ms. FUDGE, Mr. GOMEZ, Ms. HAALAND, Mr. HASTINGS, Ms. JAYAPAL, Mrs. BEATTY, Mr. KENNEDY, Mr. KHANNA, Mr. KRISHNAMOORTHY, Ms. KUSTER of New Hampshire, Mr. LARSEN of Washington, Mrs. LAWRENCE, Mr. LEVIN of Michigan, Mr. TED LIEU of California, Mrs. LOWEY, Mrs. CAROLYN B. MALONEY of New York, Ms. SCHAKOWSKY, Ms. DEGETTE, Mr. DEUTCH, Mr. SMITH of Washington, Mr. GREEN of Texas, Mr. BERA, Mr. BLUMENAUER, Ms. BONAMICI, Mr. CARBAJAL, Mr. CASE, Mr. CASTEN of Illinois, Ms. JUDY CHU of California, Mr. CICILLINE, Ms. CLARK of Massachusetts, Mr. COHEN, Mr. CONNOLLY, Mr. CRIST, Ms. DELAURO, Ms. DELBENE, Mr. DESAULNIER, Ms. MCCOLLUM, Mr. MCNERNEY, Ms. MENG, Ms. MOORE, Mr. MORELLE, Mr. MOULTON, Mr. NADLER, Mr. NEGUSE, Ms. OCASIO-CORTEZ, Ms. OMAR, Mr. PAYNE, Ms. PINGREE, Mr. POCAN, Ms. PRESSLEY, Mr. PRICE of North Carolina, Mr. ROSE of New York, Mr. ROUDA, Mr. SEAN PATRICK MALONEY of New York, Ms. SÁNCHEZ, Mr. SCHIFF, Mr. SERRANO, Ms. SPEIER, Mr. SWALWELL of California, Mr. TAKANO, Mr. VEASEY, Mr. TONKO, Ms. WASSERMAN SCHULTZ, Mrs. WATSON COLEMAN, Mr. WELCH, Ms. WEXTON, Mr. DANNY K. DAVIS of Illinois, Mr. NORCROSS, Ms. BARRAGÁN, Mr. KILMER, Mr. SCHNEIDER, Mr. CUMMINGS, Ms. VELÁZQUEZ, Mr. QUIGLEY, Mrs. LEE of Nevada, Mr. DELGADO, Ms. GARCIA of Texas, Ms. BLUNT ROCHESTER, Mr. BEYER, Mr. AGUILAR, Mr. CÁRDENAS, Ms. CASTOR of Florida, Mr. PALLONE, Mr. GALLEGRO, Mr. HECK, Ms. MATSUI, Miss RICE of New York, and Mrs. TORRES of California) 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 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 2019”.

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 person regardless of actual or per-

13        ceived race, color, national origin, immigration sta-

14        tus, sex (including sexual orientation, gender iden-

15        tity, pregnancy, childbirth, a medical condition relat-

16        ing to pregnancy or childbirth, or sex stereotyping),

17        age, or disability status.

18            (2) Neither a woman’s income level nor her

19        type of insurance should prevent her from having ac-

20        cess to a full range of pregnancy-related care, in-

21        cluding abortion services.

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

4           (4) Since 1976, the Federal Government has  
5           withheld funds for abortion coverage in most cir-  
6           cumstances, affecting women of reproductive age in  
7           the United States who are insured through the Med-  
8           icaid program, as well as women who receive insur-  
9           ance or care through other federal health plans and  
10          programs. Of women aged 15–44 enrolled in Med-  
11          icaid in 2017, 55 percent lived in the 35 States and  
12          the District of Columbia that do not cover abortion,  
13          except in limited circumstances. This amounts to  
14          roughly 7.3 million women of reproductive age, in-  
15          cluding 3.1 million women living below the Federal  
16          poverty level. Women of color are disproportionately  
17          likely to be insured by the Medicaid program: Na-  
18          tionwide, 32 percent of Black women and 27 percent  
19          of Hispanic women aged 15–44 were enrolled in  
20          Medicaid in 2017, compared with 16 percent of  
21          White women.

22          (5) Moreover, 26 States also prohibit abortion  
23          coverage in private insurance plans within or beyond  
24          health insurance marketplaces under the Patient  
25          Protection and Affordable Care Act.

1           (6) Restrictions on abortion coverage interfere  
2 with a woman’s personal decision making, with her  
3 health and well-being, and with her constitutionally  
4 protected right to a safe and legal medical proce-  
5 dure.

6           (7) Restrictions on abortion coverage have a  
7 disproportionate impact on low-income women,  
8 women of color, immigrant women, and young  
9 women. These women are already disadvantaged in  
10 their access to the resources, information, and serv-  
11 ices necessary to prevent an unintended pregnancy  
12 or to carry a healthy pregnancy to term.

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

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

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

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

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

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

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

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

16 **SEC. 4. SENSE OF CONGRESS.**

17          It is the sense of the Congress that—

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

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

1 **SEC. 5. RULE OF CONSTRUCTION.**

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

6 **SEC. 6. SEVERABILITY.**

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

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