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Expanding Access to Reproductive Healthcare in FY2022 Appropriations

Last updated July 20, 2021

For decades, politicians have used the annual appropriations process to restrict access to reproductive healthcare. The FY2022 appropriations process could break this cycle and advance reproductive rights and justice.

“Legacy riders” in appropriations currently limit access to basic reproductive healthcare services in the U.S. and around the world, and the fight over these riders has additional urgency. On May 17, 2021, the Supreme Court announced it would consider [*Dobbs v. Jackson Women’s Health Organization*](#), raising the risk that the Court may revisit its landmark 1973 *Roe v. Wade* decision deeming pre-viability abortion bans unconstitutional.

The Legacy of Appropriations Riders

While some programs like Medicare, Medicaid, and Social Security have permanent funding, Congress funds much of the federal government through annual appropriations bills. The appropriations process involves subcommittee and committee markups in both the House and Senate Appropriations Committees. Then appropriations bills are brought to the floor, sometimes as individual bills but more often as omnibus or “minibus” packages combining funding for many areas of government in a single bill. **For more information on the appropriations process, see CPCC’s [FY2021 Appropriations Explainer](#).**

Appropriations bills are among the annual “must-pass” bills in Congress. If they don’t pass, the government shuts down. As a result, legislators try to include priorities on appropriations bills that they cannot pass as standalone legislation. Opponents of reproductive healthcare have used the appropriations process to attach restrictive policy riders. Over time, inertia took over. These provisions became “legacy riders” that legislators continued to include in annual appropriations each year.

Although the U.S. Supreme Court has upheld the right to contraception and abortion, access to reproductive healthcare remains uneven and fragmented. Legacy riders targeting reproductive health contribute to racial and gender inequities and increased maternal mortality, both in the U.S. and around the world.

Major Legacy Riders Restricting Reproductive Healthcare

This table provides a quick overview of the four major legacy riders restricting access to basic reproductive healthcare services. Read below for more on each individual rider. These restrictions fall under the following Appropriations Subcommittees:

- Labor, Health & Human Services, and Education (LHHS)
- State and Foreign Operations (SFOPS)
- Financial Services and General Government (FSGG)
- Commerce, Justice, and Science (CJS)

Legacy Rider	Description	First Year	Appropriations Subcommittee
Hyde Amendment	<ul style="list-style-type: none"> • Blocks federal funding for abortion services through Medicaid 	1976	LHHS, with related restrictions in FSGG, CJS, and SFOPS ¹
Weldon Amendment	<ul style="list-style-type: none"> • Threatens state and local governments that seek to protect or expand abortion care or coverage with the loss of federal health dollars • Emboldens health care entities to use personal or religious beliefs to deny patients abortion care and coverage 	2004	LHHS
Helms Amendment	<ul style="list-style-type: none"> • Blocks use of U.S. foreign assistance for abortion 	1973 ²	SFOPS
Global Gag Rule (Mexico City Policy)	<ul style="list-style-type: none"> • Blocks funding to organizations that use independent financing for abortion information, referral, care, or advocacy 	1984 ³	SFOPS

¹ In addition to restricting abortion access for Medicaid recipients, Congress has also restricted abortion access for people who live in the District of Columbia (FSGG), who work in the federal government (FSGG), who are detained in federal prisons (CJS), and who serve in the Peace Corps (SFOPS).

² The Helms Amendment first appeared in the 1973 Foreign Assistance Act, and then Congress included it in the SFOPS appropriations bill in 1980.

³ The Global Gag Rule began with an executive action in 1984 and later showed up in SFOPS appropriations bills.

Hyde Amendment

The Hyde Amendment excludes abortion services from federal funding for Medicaid, affecting women in [34 states and the District of Columbia](#).⁴

Medicaid provides healthcare coverage for [13.9 million women](#)—nearly 1 in 5 women between 19-44 years old. Even for those making the median monthly income in most states, paying for an abortion out-of-pocket is [financially catastrophic](#). **The Hyde Amendment creates an often [insurmountable barrier](#) to abortion for people across the country already struggling to get affordable healthcare and relying on Medicaid for health coverage.** The Hyde Amendment [disproportionately affects](#) those who are low-income, people of color, young, immigrants, and/or live in rural communities.

[Since 1976](#), Congress has renewed the Hyde Amendment “rider” by including it in the LHHS appropriations bill, which funds the Department of Health and Human Services. Several other legacy riders, similar to the Hyde Amendment, have also been included in other annual appropriations bills that impact coverage for federal employees, people detained in federal prison, residents of the District of Columbia, and people who serve in the Peace Corps. In March 2021, members of the U.S. Senate and House of Representatives introduced the [Equal Access to Abortion Coverage in Health Insurance \(EACH\) Act of 2021 \(H.R. 2234/S. 1021\)](#), which would [end the Hyde Amendment](#).

The [FY2022 LHHS appropriations bill](#) approved by the House Appropriations Committee excludes the Hyde Amendment. The committee also excluded Hyde-like restrictions for the DC residents, federal employees, federal prisoners, and the Peace Corps from its FY2022 [FSGG](#), [CJS](#), and [SFOPS](#) bills.

Weldon Amendment

The Weldon Amendment threatens state and local governments that seek to protect or expand abortion care or coverage with the loss of federal health dollars. For example, in December 2020, the Trump Administration tried to strip California of millions of dollars in Medicaid funding because of a state law ensuring that insurance plans cover abortion just like other pregnancy-related care.

The Weldon Amendment also emboldens health care entities to use personal or religious beliefs to deny patients abortion care and coverage. **The Weldon Amendment [creates barriers to abortion care, endangers patients’ safety, and violates patients’ right to autonomy](#).**

Since 2005, the LHHS Appropriations Subcommittee has [attached and passed](#) the Weldon Amendment appropriations rider each year. However, the [FY2022 LHHS](#)

⁴ Since Medicaid is jointly funded by both federal and state governments, states could choose to cover abortion services. However, [only 16 states](#) include access to abortion services. In another six states, Medicaid coverage for abortion services is limited to certain exceptions where the pregnancy resulted from rape, incest, or would endanger the pregnant person’s life.

[appropriations bill](#) approved by the House Appropriations Committee excludes the Weldon Amendment.

Helms Amendment

The Helms Amendment [prohibits the use of U.S. foreign assistance funds](#) to perform abortion as a method of family planning or “to motivate or coerce individuals to practice abortions,” blocking millions of women around the world from receiving reproductive care. Although this should allow for exceptions for pregnancies resulting from rape, incest, or life endangerment, previous U.S. presidential administrations have interpreted and overimplemented the Helms Amendment as a total ban on aid for abortion performed under any circumstances.

The global chilling effect of the Helms Amendment causes unsafe abortions around the world, which [kill 47,000 women and injure millions annually](#). Under Helms, [healthcare providers are untrained and under-equipped](#) with medications needed to treat patients after miscarriages or unsafe abortions because those supplies can also be used for abortions.

Undoing the harm of Helms would require both [a legislative repeal of the 1973 provision from the Foreign Assistance Act and exclusion from future appropriations bills](#) in the SFOPS Subcommittee.

On March 9, 2021, Representative Janice Schakowsky (IL-9) introduced [H.R. 1670, the Abortion is Health Care Everywhere Act of 2021](#), which would remove the Helms Amendment from the Foreign Assistance Act. The [FY2022 SFOPS appropriations bill](#) approved by the House Appropriations Committee excludes Helms Amendment restrictions and would substantially increase global funding for family planning.

Global Gag Rule

The Global Gag Rule, or “Mexico City Policy,” is an executive action that goes even further than the Helms Amendment by [prohibiting U.S. assistance](#) to any organizations that independently finance their abortion services, including counseling and referral, or advocate for expanding abortion access in their country. It conditions U.S. global health assistance on abortion censorship that [could be ruled unconstitutional](#) if applied in the U.S. **The Global Gag Rule blocks health care access, silences providers and advocates, and undermines human rights worldwide.** The Trump Administration radically expanded this policy, and these additional restrictions risk becoming the new norm if the current Administration and Congress do not take action.

Since 1984, the Global Gag Rule has come in and out of force through [executive actions](#) as well as riders in SFOPS appropriations bills. In 2021, President Joe Biden [rescinded the Global Gag Rule](#). However, the Global Gag Rule could be easily reinstated by a future administration and the instability in the field hurts sustainable progress and partnerships.

On January 28, 2021, Representative Barbara Lee (CA-13) and Senator Jeanne Shaheen (D-NH) introduced the [Global Health, Empowerment, and Rights \(HER\) Act](#)

([H.R. 556/S. 142](#)), which would prohibit disqualifying a foreign non-governmental organization from receiving funds solely for promoting or providing abortion services. The bill is endorsed by [over 150](#) diverse organizations, and [70 percent of Americans](#) support ending the Global Gag Rule. The [FY2022 SFOPS bill](#) approved by the House Appropriations Committee would permanently repeal the Global Gag Rule.

Breaking the Cycle

Although *Roe v. Wade* established the fundamental right to abortion in 1973, Congress has, for decades, used appropriations riders to restrict access to reproductive health services and limit people's autonomy over their bodies and lives. The Hyde, Helms, and Weldon Amendments, as well as the looming threat of the Global Gag Rule, violate the right to comprehensive reproductive healthcare. The impact of these restrictions abroad also mean more unsafe abortions, injuring and killing millions around the world. These legacy riders disproportionately harm [people with low incomes, people of color, immigrants](#), and those [living in the Global South](#).

FY2022 could be the moment to end this terrible legacy and advance reproductive freedom. This year's appropriations bills will be pivotal to repealing restrictions on abortion and expanding health care access for millions locally and globally.

The Congressional Progressive Caucus Center thanks All* Above All, National Women's Law Center, and Planned Parenthood Federation of America for their comments and insights.