

119TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

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

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IN THE SENATE OF THE UNITED STATES

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Ms. DUCKWORTH (for herself, Mrs. MURRAY, Ms. HIRONO, Ms. KLOBUCHAR, Ms. WARREN, Mr. PADILLA, Mr. MERKLEY, Mr. BLUMENTHAL, Ms. ROSEN, Mrs. SHAHEEN, Mr. SCHIFF, Mr. HEINRICH, Mrs. GILLIBRAND, Mr. COONS, Ms. CANTWELL, Mr. VAN HOLLEN, Ms. BLUNT ROCHESTER, Mr. SANDERS, Mr. GALLEGGO, Mr. BOOKER, Ms. SMITH, Ms. BALDWIN, Mr. WYDEN, Mr. WELCH, Mr. MARKEY, Mr. MURPHY, Mr. KIM, Mr. WHITEHOUSE, Mr. FETTERMAN, Ms. CORTEZ MASTO, and Mr. KELLY) introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To ensure affordable abortion coverage and care for every person, 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 Act of 2025” or the  
6       “EACH Act of 2025”.

1   **SEC. 2. FINDINGS.**

2       Congress makes the following findings:

3           (1) All people should have access to abortion  
4       services regardless of actual or perceived race, color,  
5       ethnicity, language, ancestry, citizenship, immigra-  
6       tion status, sex (including a sex stereotype; preg-  
7       nancy, childbirth, or a related medical condition;  
8       sexual orientation or gender identity; and sex char-  
9       acteristics), age, disability, or sex work status or be-  
10      havior.

11          (2) A person's income level, wealth, or type of  
12      insurance should not prevent them from having ac-  
13      cess to a full range of pregnancy-related health care,  
14      including abortion services.

15          (3) No person seeking abortion care should be  
16      barred from receiving the procedure based on the  
17      ability or inability to afford the health care service.

18          (4) Since the decision in *Dobbs v. Jackson*  
19      *Women's Health Organization* (597 U.S. 215  
20      (2022)) held that there is no constitutional right to  
21      abortion, 19 States have outright banned the proce-  
22      dure or imposed a ban at an arbitrary point in preg-  
23      nancy. More than 25,000,000 women aged 15 to 44  
24      live in States where there are more restrictions im-  
25      posed than prior to the *Dobbs* decision. This is near-  
26      ly 1 in 5 women.

1           (5) Since 1976, the Federal Government has  
2           banned the use of Federal funds to pay for abortion  
3           services and allows for exceptions only in very nar-  
4           row circumstances. This ban affects people of repro-  
5           ductive age in the United States who are insured  
6           through the Medicaid program, as well as individuals  
7           who receive insurance or care through other feder-  
8           ally funded health programs and plans.

9           (6) Women make up the majority of Medicaid  
10          enrollees (54 percent), and nearly 2 out of 3 women  
11          enrolled in the program are of reproductive age. Due  
12          to systematic barriers and discrimination, a dis-  
13          proportionately higher number of women of color  
14          and Lesbian, Gay, Bisexual, Transgender, or Queer  
15          (LGBTQ) individuals are enrolled in the program.

16          (7) More than 40 percent of youth and children  
17          under age 19 and 12 percent of young people aged  
18          19 to 25 get their health insurance through govern-  
19          ment programs.

20          (8) Women of color are more likely to be in-  
21          sured by the Medicaid program. As of 2020, 25 per-  
22          cent of all Black women aged 19 to 64, or  
23          33,000,000 Black women, and 22 percent of all His-  
24          panic women are enrolled in Medicaid. Nearly 15  
25          percent of Asian American and Pacific Islander

1 women are enrolled in the Medicaid program as of  
2 2019.

3 (9) Medicaid also provides coverage to more  
4 than 1 in 4 (25 percent) non-elderly American In-  
5 dian and Alaska Native (AIAN) women.

6 (10) The Indian Health Service (IHS) is the  
7 federally funded health program for American Indi-  
8 ans and Alaska Natives. The IHS serves a popu-  
9 lation of approximately 2,560,000 and as a federally  
10 funded system, since 1988, it has been barred from  
11 providing abortion services except for very limited  
12 cases. American Indians and Alaska Natives often  
13 face higher levels of poverty and limited access to  
14 health care for a number of intersecting oppressions  
15 thus leaving them without recourse for the Federal  
16 ban on abortion services.

17 (11) As of 2025, 30 States and the District of  
18 Columbia apply Hyde-like restrictions and restrict  
19 Medicaid from covering abortion procedures except  
20 in cases of rape, incest, or the pregnant person's life  
21 is in danger despite allowance for a State's un-  
22 matched funds to provide coverage for abortion. As  
23 of 2024, 35 percent, or 5,500,000 women aged 15  
24 to 49 who are enrolled in Medicaid live in States

1       where abortion is legal but not covered by the pro-  
2       gram except in Hyde-allowable circumstances.

3           (12) Moreover, 25 States also prohibit coverage  
4       of abortion services in the marketplaces and 10 pro-  
5       hibit coverage in private health insurance plans  
6       under the Patient Protection and Affordable Care  
7       Act (Public Law 111–148). Conversely, 8 States  
8       have no coverage limitations, and an additional 12  
9       require coverage in Medicaid, private and market-  
10      place plans.

11          (13) A recent report details how restrictions on  
12      abortion services coverage interfere with a person’s  
13      individual decision making, with their health and  
14      well-being, with their economic security, with their  
15      vulnerability to intimate partner violence, and with  
16      their constitutionally protected right to a safe and  
17      normal health care service.

18          (14) About 25 percent of women covered by  
19      Medicaid seeking abortion services must carry their  
20      pregnancies to term because they are unable to ob-  
21      tain funds for their care. Government-imposed bar-  
22      riers to abortion services restrict people’s decisions  
23      on if, when, and how to parent, and have long-last-  
24      ing and life-altering harmful effects on the pregnant  
25      person, their families and their communities. Those

1       who seek and are denied abortion services are more  
2       likely to remain in or fall into poverty than those  
3       who access the care they need.

4           (15) Restrictions on abortion service coverage  
5       have a disproportionately harmful impact on women  
6       with low incomes, women of color, immigrant  
7       women, LGBTQ people, and young women. Addi-  
8       tionally, numerous State-imposed barriers make it  
9       disparately difficult for low-income people, people of  
10      color, immigrants, LGBTQ people, and young people  
11      to access the health care and resources necessary to  
12      prevent unintended pregnancy or to assure that they  
13      are able to carry healthy pregnancies to term. Fur-  
14      thermore, young people of reproductive age (ages 15  
15      to 24) are more likely to have a lower income than  
16      those older than that, and this income gap is greater  
17      for young BIPOC. Without insurance coverage for  
18      abortion services, young people are at greater risk of  
19      not having the economic means to afford care out-  
20      side of insurance. Young people face dispropor-  
21      tionate access barriers to abortion, including paren-  
22      tal involvement requirement (notification and con-  
23      sent) and cost, in addition to barriers to contracep-  
24      tion and inadequate and incomplete sexual and sexu-  
25      ality education. These challenges, which are mag-

1 nified for BIPOC and queer, trans, and nonbinary  
2 youth, can cause significant delays in access to need-  
3 ed care, and could ultimately harm the life of the  
4 young person seeking abortion services. These insti-  
5 tutionalized barriers deny young people's right to  
6 bodily autonomy and can force young people to en-  
7 counter an abusive parent or guardian, ignores  
8 trusted relationships young people may have with  
9 adults other than a parent or legal guardian, and in  
10 the case of the judicial bypass process, may force  
11 young BIPOC to interact with a legal system that  
12 has historically targeted and caused harm to com-  
13 munities of color.

14 (16) These and other government-created and  
15 government-institutionalized barriers—including the  
16 restriction on funding for abortion services in Fed-  
17 eral programs—exacerbate and create poverty and  
18 racial inequality in income, wealth-generation, and  
19 access to services.

20 (17) Access to health care, including abortion  
21 services, promotes the general welfare of people liv-  
22 ing in the United States. Singling out abortion serv-  
23 ices for funding restrictions in health care programs  
24 otherwise designed to promote the health and well-  
25 being of people in the United States has cost preg-

1       nant people their lives, their livelihoods, their ability  
2       to obtain or maintain economic security for them-  
3       selves and their families, their ability to meet their  
4       family’s basic needs, their ability to continue their  
5       education without disruption, and their ability to  
6       break free of abusive relationships.

7           (18) Like other health care and health insur-  
8       ance markets in the United States, abortion services  
9       and public insurance programs are commercial ac-  
10      tivities that affect interstate commerce. Providers  
11      and patients travel across State lines, and otherwise  
12      engage in interstate commerce, to provide and access  
13      abortion services. Material goods, services, and fed-  
14      erally regulated medications used in abortion serv-  
15      ices circulate in interstate commerce.

16           (19) Congress has the authority to enact this  
17      Act to ensure affordable coverage of abortion and  
18      other services pursuant to—

19           (A) its powers under the necessary and  
20      proper clause of Section 8, Article I of the Con-  
21      stitution of the United States;

22           (B) its powers under the commerce clause  
23      of Section 8, Article 1 of the Constitution of the  
24      United States;



1 (C) its powers to tax and spend for the  
2 general welfare under Section 8, Article 1 of  
3 the Constitution of the United States; and

4 (D) its powers to enforce section 1 of the  
5 Fourteenth Amendment under Section 5 of the  
6 Fourteenth Amendment to the Constitution of  
7 the United States.

8 (20) Congress has exercised these constitutional  
9 powers to create, expand, and insure health care ac-  
10 cess for people in the United States for decades.  
11 Pursuant to this constitutional authority, Congress  
12 has enacted, and subsequently reauthorized, numer-  
13 ous health care programs including title XVIII of  
14 the Social Security Act (Medicare, enacted in 1965);  
15 title XIX of the Social Security Act (Medicaid, en-  
16 acted in 1965); and title XXI of the Social Security  
17 Act (Children’s Health Insurance Program, enacted  
18 in 1997).

19 **SEC. 3. DEFINITIONS.**

20 For purposes of this Act:

21 (1) **ABORTION SERVICES.**—The term “abortion  
22 services” means an abortion and any services related  
23 to, and provided in conjunction with, an abortion,  
24 whether or not provided at the same time or on the  
25 same day as the abortion.

1           (2) HEALTH PROGRAM OR PLAN.—The term  
2       “health program or plan” means the following  
3       health programs or plans that pay the cost of, or  
4       provide, health care:

5           (A) The Medicaid program under title XIX  
6       of the Social Security Act (42 U.S.C. 1396 et  
7       seq.).

8           (B) The Children’s Health Insurance Pro-  
9       gram under title XXI of the Social Security Act  
10      (42 U.S.C. 1397 et seq.).

11          (C) The Medicare program under title  
12      XVIII of the Social Security Act (42 U.S.C.  
13      1395 et seq.).

14          (D) A medicare supplemental policy as de-  
15      fined in section 1882(g)(1) of the Social Secu-  
16      rity Act (42 U.S.C. 1395ss(g)(1)).

17          (E) The Indian Health Service program  
18      under the Indian Health Care Improvement Act  
19      (25 U.S.C. 1601 et seq.).

20          (F) Medical care and health benefits under  
21      the TRICARE program (as defined in section  
22      1072(7) of title 10, United States Code).

23          (G) Benefits under the uniform health ben-  
24      efits program for employees of the Department  
25      of Defense assigned to a nonappropriated fund

1 instrumentality of the Department established  
2 under section 349 of the National Defense Au-  
3 thorization Act for Fiscal Year 1995 (Public  
4 Law 103–337; 10 U.S.C. 1587 note).

5 (H) Benefits for veterans under chapter 17  
6 of title 38, United States Code.

7 (I) Medical care for survivors and depend-  
8 ents of veterans under section 1781 of title 38,  
9 United States Code.

10 (J) Medical care for individuals in the care  
11 or custody of the Department of Homeland Se-  
12 curity pursuant to any of sections 235, 236, or  
13 241 of the Immigration and Nationality Act (8  
14 U.S.C. 1225, 1226, 1231).

15 (K) Medical care for individuals in the care  
16 or custody of the Department of Health and  
17 Human Services, Office of Refugee Resettle-  
18 ment under section 235 of the William Wilber-  
19 force Trafficking Victims Protection Reauthor-  
20 ization Act of 2008 (8 U.S.C. 1232) or section  
21 462 of the Homeland Security Act of 2002 (6  
22 U.S.C. 279).

23 (L) Medical assistance to refugees under  
24 section 412 of the Immigration and Nationality  
25 Act (8 U.S.C. 1522).

1 (M) Other coverage, such as a State health  
2 benefits risk pool, as the Secretary of Health  
3 and Human Services, in coordination with the  
4 Secretary of the Treasury, recognizes for pur-  
5 poses of section 5000A(f)(1)(E) of the Internal  
6 Revenue Code of 1986.

7 (N) The Federal Employees Health Ben-  
8 efit Plan under chapter 89 of title 5, United  
9 States Code.

10 (O) Medical care for individuals under the  
11 care or custody of the Department of Justice  
12 pursuant to chapter 301 of title 18, United  
13 States Code.

14 (P) Medical care for Peace Corps volun-  
15 teers under section 5(e) of the Peace Corps Act  
16 (22 U.S.C. 2504(e)).

17 (Q) Other government-sponsored programs  
18 established after the date of the enactment of  
19 this Act.

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

22 (a) ENSURING ABORTION COVERAGE AND CARE  
23 THROUGH THE FEDERAL GOVERNMENT IN ITS ROLE AS  
24 AN INSURER AND EMPLOYER.—Each person insured by,  
25 enrolled in, or otherwise receiving medical care from

1 health programs or plans described in section 3(2) shall  
2 receive coverage of abortion services. Health programs or  
3 plans described in section 3(2) shall provide coverage of  
4 abortion services.

5 (b) ENSURING ABORTION COVERAGE AND CARE  
6 THROUGH THE FEDERAL GOVERNMENT IN ITS ROLE AS  
7 A HEALTH CARE PROVIDER.—In its role as a provider  
8 of health services, including under health programs de-  
9 scribed in section 3(2) and health services covered by  
10 health plans described in section 3(2), the Federal Govern-  
11 ment shall ensure access to abortion services for individ-  
12 uals who are eligible to receive medical care in its own  
13 facilities or in facilities with which it contracts to provide  
14 medical care.

15 (c) PROHIBITING RESTRICTIONS ON PRIVATE INSUR-  
16 ANCE COVERAGE OF ABORTION SERVICES.—The Federal  
17 Government shall not prohibit, restrict, or otherwise in-  
18 hibit insurance coverage of abortion services by State or  
19 local government or by private health plans.

20 **SEC. 5. REPEAL OF SECTION 1303.**

21 (a) IN GENERAL.—Section 1303 of the Patient Pro-  
22 tection and Affordable Care Act (42 U.S.C. 18023) is re-  
23 pealed.

24 (b) CONFORMING AMENDMENTS.—

1           (1) BASIC HEALTH PLANS.—Section 1331(d) of  
2           the Patient Protection and Affordable Care Act (42  
3           U.S.C. 18051(d)) is amended by striking paragraph  
4           (4).

5           (2) MULTI-STATE PLANS.—Section 1334(a) of  
6           the Patient Protection and Affordable Care Act  
7           (Public Law 111–148) is amended—

8                     (A) by striking paragraph (6); and

9                     (B) by redesignating paragraph (7) as  
10           paragraph (6).

11 **SEC. 6. SENSE OF CONGRESS.**

12       It is the sense of Congress that—

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

17           (2) restrictions on coverage of abortion services  
18           in the private insurance market must end.

19 **SEC. 7. RULE OF CONSTRUCTION.**

20       Nothing in this Act shall be construed to have any  
21       effect on any Federal, State, or local law that includes  
22       more protections for abortion coverage or abortion services  
23       than those set forth in this Act.

1   **SEC. 8. RELATIONSHIP TO FEDERAL LAW.**

2           This Act supersedes and applies to all Federal law,  
3   and the implementation of that law, whether statutory or  
4   otherwise, and whether adopted before or after the date  
5   of enactment of this Act and is not subject to the Religious  
6   Freedom Restoration Act of 1993 (42 U.S.C. 2000bb et  
7   seq.).

8   **SEC. 9. SEVERABILITY.**

9           If any portion of this Act or the application thereof  
10   to any person, entity, government, or circumstances is  
11   held invalid, such invalidity shall not affect the portions  
12   or applications of this Act which can be given effect with-  
13   out the invalid portion or application.