

119TH CONGRESS
1ST SESSION

H. R. 4611

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

IN THE HOUSE OF REPRESENTATIVES

JULY 22, 2025

Ms. PRESSLEY (for herself, Ms. DEGETTE, Mr. FROST, Ms. SCHAKOWSKY, Ms. ADAMS, Mr. AGUILAR, Mr. AMO, Ms. ANSARI, Mr. AUCHINCLOSS, Ms. BALINT, Ms. BARRAGÁN, Mrs. BEATTY, Mr. BELL, Mr. BERA, Mr. BEYER, Ms. BONAMICI, Ms. BROWN, Ms. BROWNLEY, Ms. BUDZINSKI, Ms. BYNUM, Mr. CARBAJAL, Mr. CARSON, Mr. CARTER of Louisiana, Mr. CASAR, Mr. CASE, Mr. CASTEN, Ms. CASTOR of Florida, Mr. CASTRO of Texas, Mrs. CHERFILUS-McCORMICK, Ms. CHU, Mr. CISNEROS, Ms. CLARK of Massachusetts, Ms. CLARKE of New York, Mr. CLEAVER, Mr. COHEN, Mr. CORREA, Ms. CRAIG, Ms. CROCKETT, Mr. CROW, Ms. DAVIDS of Kansas, Mr. DAVIS of Illinois, Ms. DEAN of Pennsylvania, Ms. DELAURO, Ms. DELBENE, Mr. DELUZIO, Mr. DESAULNIER, Ms. DEXTER, Mr. DOGGETT, Ms. ELFRETH, Ms. ESCOBAR, Mr. ESPAILLAT, Mr. EVANS of Pennsylvania, Mr. FIGURES, Mrs. FLETCHER, Mr. FOSTER, Mrs. FOUSHEE, Ms. LOIS FRANKEL of Florida, Mr. GARAMENDI, Mr. GARCIA of California, Ms. GARCIA of Texas, Mr. GARCÍA of Illinois, Mr. GOLDEN of Maine, Mr. GOLDMAN of New York, Ms. GOODLANDER, Mr. GOTTHEIMER, Mr. GREEN of Texas, Mrs. HAYES, Mr. HIMES, Mr. HORSFORD, Ms. HOYLE of Oregon, Mr. HUFFMAN, Mr. IVEY, Ms. JACOBS, Ms. JAYAPAL, Mr. JOHNSON of Georgia, Ms. KAMLAGER-DOVE, Mr. KEATING, Ms. KELLY of Illinois, Mr. KENNEDY of New York, Mr. KHANNA, Mr. KRISHNAMOORTHY, Mr. LANDSMAN, Mr. LARSEN of Washington, Mr. LARSON of Connecticut, Mr. LATIMER, Ms. LEE of Nevada, Ms. LEE of Pennsylvania, Ms. LEGER FERNANDEZ, Mr. LEVIN, Mr. LIEU, Mr. MAGAZINER, Mr. MANNION, Ms. MATSUI, Mrs. MCBATH, Ms. MCBRIDE, Mrs. McCLAIN DELANEY, Ms. McCLELLAN, Ms. MCCOLLUM, Mr. MCGARVEY, Mr. MCGOVERN, Mr. MEEKS, Mr. MENENDEZ, Ms. MENG, Mr. MFUME, Mr. MIN, Ms. MOORE of Wisconsin, Mr. MORELLE, Ms. MORRISON, Mr. MOSKOWITZ, Mr. MOULTON, Mr. MULLIN, Mr. NADLER, Ms. NORTON, Ms. OCASIO-CORTEZ, Ms. OMAR, Mr. PALLONE, Mr. PANETTA, Mr. PAPPAS, Ms. PELOSI, Mr. PETERS, Ms. PETTERSEN, Ms. PINGREE, Mr. POCAN, Mr. QUIGLEY, Mrs. RAMIREZ, Ms. RANDALL, Mr. RASKIN, Ms. RIVAS, Ms. ROSS, Mr. RUIZ, Mr. RYAN, Ms. SALINAS, Ms. SÁNCHEZ, Ms. SCANLON, Mr. SCHNEIDER, Ms. SCHOLTEN, Ms.

SCHRIER, Mr. DAVID SCOTT of Georgia, Mr. SHERMAN, Ms. SHERRILL, Ms. SIMON, Mr. SMITH of Washington, Mr. SORESENSEN, Mr. SOTO, Ms. STANSBURY, Mr. STANTON, Ms. STEVENS, Ms. STRICKLAND, Mr. SUBRAMANYAM, Mr. SWALWELL, Mrs. SYKES, Mr. TAKANO, Mr. THANEDAR, Mr. THOMPSON of California, Ms. TITUS, Ms. TLAIB, Ms. TOKUDA, Mr. TONKO, Mrs. TORRES of California, Mr. TORRES of New York, Mrs. TRAHAN, Mr. TRAN, Ms. UNDERWOOD, Mr. VARGAS, Mr. VASQUEZ, Mr. VEASEY, Ms. VELÁZQUEZ, Ms. WASSERMAN SCHULTZ, Mr. WHITESIDES, Ms. WILLIAMS of Georgia, Ms. WILSON of Florida, Ms. JOHNSON of Texas, Mr. NEGUSE, Mr. OLSZEWSKI, and Mr. COURTNEY) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Natural Resources, Armed Services, Veterans' Affairs, the Judiciary, Oversight and Government Reform, and Foreign Affairs, 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 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”.

7 **SEC. 2. FINDINGS.**

8 Congress makes the following findings:

9 (1) All people should have access to abortion

10 services regardless of actual or perceived race, color,

11 ethnicity, language, ancestry, citizenship, immigra-

12 tion status, sex (including a sex stereotype; preg-

1 nancy, childbirth, or a related medical condition;
2 sexual orientation or gender identity; and sex char-
3 acteristics), age, disability, or sex work status or be-
4 havior.

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

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

12 (4) Since the decision in *Dobbs v. Jackson*
13 *Women's Health Organization* (597 U.S. 215
14 (2022)) held that there is no constitutional right to
15 abortion, 19 States have outright banned the proce-
16 dure or imposed a ban at an arbitrary point in preg-
17 nancy. More than 25,000,000 women aged 15 to 44
18 live in States where there are more restrictions im-
19 posed than prior to the *Dobbs* decision. This is near-
20 ly 1 in 5 women.

21 (5) Since 1976, the Federal Government has
22 banned the use of Federal funds to pay for abortion
23 services and allows for exceptions only in very nar-
24 row circumstances. This ban affects people of repro-
25 ductive age in the United States who are insured

1 through the Medicaid program, as well as individuals
2 who receive insurance or care through other feder-
3 ally funded health programs and plans.

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

11 (7) More than 40 percent of youth and children
12 under age 19 and 12 percent of young people aged
13 19 to 25 get their health insurance through govern-
14 ment programs.

15 (8) Women of color are more likely to be in-
16 sured by the Medicaid program. As of 2020, 25 per-
17 cent of all Black women aged 19 to 64, or
18 33,000,000 Black women, and 22 percent of all His-
19 panic women are enrolled in Medicaid. Nearly 15
20 percent of Asian American and Pacific Islander
21 women are enrolled in the Medicaid program as of
22 2019.

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

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

12 (11) As of 2025, 30 States and the District of
13 Columbia apply Hyde-like restrictions and restrict
14 Medicaid from covering abortion procedures except
15 in cases of rape, incest, or the pregnant person's life
16 is in danger despite allowance for a State's un-
17 matched funds to provide coverage for abortion. As
18 of 2024, 35 percent, or 5,500,000 women aged 15
19 to 49 who are enrolled in Medicaid live in States
20 where abortion is legal but not covered by the pro-
21 gram except in Hyde-allowable circumstances.

22 (12) Moreover, 25 States also prohibit coverage
23 of abortion services in the marketplaces and 10 pro-
24 hibit coverage in private health insurance plans
25 under the Patient Protection and Affordable Care

1 Act (Public Law 111–148). Conversely, 8 States
2 have no coverage limitations, and an additional 12
3 require coverage in Medicaid, private and market-
4 place plans.

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

12 (14) About 25 percent of women covered by
13 Medicaid seeking abortion services must carry their
14 pregnancies to term because they are unable to ob-
15 tain funds for their care. Government-imposed bar-
16 riers to abortion services restrict people’s decisions
17 on if, when, and how to parent, and have long-last-
18 ing and life-altering harmful effects on the pregnant
19 person, their families and their communities. Those
20 who seek and are denied abortion services are more
21 likely to remain in or fall into poverty than those
22 who access the care they need.

23 (15) Restrictions on abortion service coverage
24 have a disproportionately harmful impact on women
25 with low incomes, women of color, immigrant

1 women, LGBTQ people, and young women. Addi-
2 tionally, numerous State-imposed barriers make it
3 disparately difficult for low-income people, people of
4 color, immigrants, LGBTQ people, and young people
5 to access the health care and resources necessary to
6 prevent unintended pregnancy or to assure that they
7 are able to carry healthy pregnancies to term. Fur-
8 thermore, young people of reproductive age (ages 15
9 to 24) are more likely to have a lower income than
10 those older than that, and this income gap is greater
11 for young BIPOC. Without insurance coverage for
12 abortion services, young people are at greater risk of
13 not having the economic means to afford care out-
14 side of insurance. Young people face dispropor-
15 tionate access barriers to abortion, including paren-
16 tal involvement requirement (notification and con-
17 sent) and cost, in addition to barriers to contracep-
18 tion and inadequate and incomplete sexual and sexu-
19 ality education. These challenges, which are mag-
20 nified for BIPOC and queer, trans, and nonbinary
21 youth, can cause significant delays in access to need-
22 ed care, and could ultimately harm the life of the
23 young person seeking abortion services. These insti-
24 tutionalized barriers deny young people's right to
25 bodily autonomy and can force young people to en-

1 counter an abusive parent or guardian, ignores
2 trusted relationships young people may have with
3 adults other than a parent or legal guardian, and in
4 the case of the judicial bypass process, may force
5 young BIPOC to interact with a legal system that
6 has historically targeted and caused harm to com-
7 munities of color.

8 (16) These and other government-created and
9 government-institutionalized barriers—including the
10 restriction on funding for abortion services in Fed-
11 eral programs—exacerbate and create poverty and
12 racial inequality in income, wealth-generation, and
13 access to services.

14 (17) Access to health care, including abortion
15 services, promotes the general welfare of people liv-
16 ing in the United States. Singling out abortion serv-
17 ices for funding restrictions in health care programs
18 otherwise designed to promote the health and well-
19 being of people in the United States has cost preg-
20 nant people their lives, their livelihoods, their ability
21 to obtain or maintain economic security for them-
22 selves and their families, their ability to meet their
23 family's basic needs, their ability to continue their
24 education without disruption, and their ability to
25 break free of abusive relationships.

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

10 (19) Congress has the authority to enact this
11 Act to ensure affordable coverage of abortion and
12 other services pursuant to—

13 (A) its powers under the necessary and
14 proper clause of Section 8, Article I of the Con-
15 stitution of the United States;

16 (B) its powers under the commerce clause
17 of Section 8, Article 1 of the Constitution of the
18 United States;

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

22 (D) its powers to enforce section 1 of the
23 Fourteenth Amendment under Section 5 of the
24 Fourteenth Amendment to the Constitution of
25 the United States.

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

12 **SEC. 3. DEFINITIONS.**

13 For purposes of this Act:

14 (1) **ABORTION SERVICES.**—The term “abortion
15 services” means an abortion and any services related
16 to, and provided in conjunction with, an abortion,
17 whether or not provided at the same time or on the
18 same day as the abortion.

19 (2) **HEALTH PROGRAM OR PLAN.**—The term
20 “health program or plan” means the following
21 health programs or plans that pay the cost of, or
22 provide, health care:

23 (A) The Medicaid program under title XIX
24 of the Social Security Act (42 U.S.C. 1396 et
25 seq.).

1 (B) The Children's Health Insurance Pro-
2 gram under title XXI of the Social Security Act
3 (42 U.S.C. 1397 et seq.).

4 (C) The Medicare program under title
5 XVIII of the Social Security Act (42 U.S.C.
6 1395 et seq.).

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

10 (E) The Indian Health Service program
11 under the Indian Health Care Improvement Act
12 (25 U.S.C. 1601 et seq.).

13 (F) Medical care and health benefits under
14 the TRICARE program (as defined in section
15 1072(7) of title 10, United States Code).

16 (G) Benefits under the uniform health ben-
17 efits program for employees of the Department
18 of Defense assigned to a nonappropriated fund
19 instrumentality of the Department established
20 under section 349 of the National Defense Au-
21 thorization Act for Fiscal Year 1995 (Public
22 Law 103-337; 10 U.S.C. 1587 note).

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

1 (I) Medical care for survivors and depend-
2 ents of veterans under section 1781 of title 38,
3 United States Code.

4 (J) Medical care for individuals in the care
5 or custody of the Department of Homeland Se-
6 curity pursuant to any of sections 235, 236, or
7 241 of the Immigration and Nationality Act (8
8 U.S.C. 1225, 1226, 1231).

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

17 (L) Medical assistance to refugees under
18 section 412 of the Immigration and Nationality
19 Act (8 U.S.C. 1522).

20 (M) Other coverage, such as a State health
21 benefits risk pool, as the Secretary of Health
22 and Human Services, in coordination with the
23 Secretary of the Treasury, recognizes for pur-
24 poses of section 5000A(f)(1)(E) of the Internal
25 Revenue Code of 1986.

1 (N) The Federal Employees Health Ben-
2 efit Plan under chapter 89 of title 5, United
3 States Code.

4 (O) Medical care for individuals under the
5 care or custody of the Department of Justice
6 pursuant to chapter 301 of title 18, United
7 States Code.

8 (P) Medical care for Peace Corps volun-
9 teers under section 5(e) of the Peace Corps Act
10 (22 U.S.C. 2504(e)).

11 (Q) Other government-sponsored programs
12 established after the date of the enactment of
13 this Act.

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

16 (a) ENSURING ABORTION COVERAGE AND CARE
17 THROUGH THE FEDERAL GOVERNMENT IN ITS ROLE AS
18 AN INSURER AND EMPLOYER.—Each person insured by,
19 enrolled in, or otherwise receiving medical care from
20 health programs or plans described in section 3(2) shall
21 receive coverage of abortion services. Health programs or
22 plans described in section 3(2) shall provide coverage of
23 abortion services.

24 (b) ENSURING ABORTION COVERAGE AND CARE
25 THROUGH THE FEDERAL GOVERNMENT IN ITS ROLE AS

1 A HEALTH CARE PROVIDER.—In its role as a provider
 2 of health services, including under health programs de-
 3 scribed in section 3(2) and health services covered by
 4 health plans described in section 3(2), the Federal Govern-
 5 ment shall ensure access to abortion services for individ-
 6 uals who are eligible to receive medical care in its own
 7 facilities or in facilities with which it contracts to provide
 8 medical care.

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

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

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

18 (b) CONFORMING AMENDMENTS.—

19 (1) BASIC HEALTH PLANS.—Section 1331(d) of
 20 the Patient Protection and Affordable Care Act (42
 21 U.S.C. 18051(d)) is amended by striking paragraph
 22 (4).

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

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

2 (B) by redesignating paragraph (7) as
3 paragraph (6).

4 **SEC. 6. SENSE OF CONGRESS.**

5 It is the sense of Congress that—

- 6 (1) the Federal Government, acting in its ca-
7 pacity as an insurer, employer, or health care pro-
8 vider, should serve as a model for the Nation to en-
9 sure coverage of abortion services; and
10 (2) restrictions on coverage of abortion services
11 in the private insurance market must end.

12 **SEC. 7. RULE OF CONSTRUCTION.**

13 Nothing in this Act shall be construed to have any
14 effect on any Federal, State, or local law that includes
15 more protections for abortion coverage or abortion services
16 than those set forth in this Act.

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

18 This Act supersedes and applies to all Federal law,
19 and the implementation of that law, whether statutory or
20 otherwise, and whether adopted before or after the date
21 of enactment of this Act and is not subject to the Religious
22 Freedom Restoration Act of 1993 (42 U.S.C. 2000bb et
23 seq.).

1 **SEC. 9. SEVERABILITY.**

2 If any portion of this Act or the application thereof
3 to any person, entity, government, or circumstances is
4 held invalid, such invalidity shall not affect the portions
5 or applications of this Act which can be given effect with-
6 out the invalid portion or application.

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