

# THE INS AND OUTS OF U.S. ABORTION-RELATED RESTRICTIONS ABROAD AND AT HOME

POLICY	WHAT IS IT? <sup>1</sup>	STATUTORY OR EXECUTIVE BRANCH POLICY	IN FORCE	HOW IT IMPACTS SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AROUND THE WORLD
<b>HELMS AMENDMENT</b>	Restricts the use of U.S. foreign assistance “to pay for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions.”	Foreign Assistance Act of 1961 (FAA) AND Appropriations (SFOPS)	1973	<p>Prevents the United States from being able to provide safe abortion services as part of its global health programs. As such, the United States cannot adequately address maternal mortality as a result of unsafe abortion around the world.<sup>2</sup></p> <p>Does not restrict the provision of counseling or information on abortion where legal.</p>
<b>GLOBAL GAG RULE</b>	As a condition of eligibility to receive U.S. global health assistance, a foreign nongovernmental organization must certify that it will not perform, counsel or refer patients on abortion care or advocate for the liberalization of abortion laws in its own country even if these activities are provided with private, non-U.S. funds.	Presidential memorandum	1984-1993 (Reagan - Bush)  2001-2009 (Bush)  2017-present (Trump)	Cuts off funding and supplies to some of the most trusted and experienced health care providers, interferes in health care providers’ relationships with their clients and stifles advocacy efforts. Expanded by the Trump administration, this policy has disrupted contraceptive uptake and health services, stalled efforts to improve health outcomes, placed administrative burdens that derail the efficacy of U.S. investments and negatively impacted health systems. It disproportionately impacts at-risk populations, including adolescents and youth, people living with HIV/AIDS, rural communities, LGBTI individuals and sex workers. <sup>3</sup>
<b>KEMP-KASTEN AMENDMENT</b>	No U.S. funds may be made available to “any organization or program which, as determined by the president of the United States, supports or participates in the management of a program of coercive abortion or involuntary sterilization.”	Appropriations (SFOPS) only	1985	<p>Though framed broadly, this amendment was intended to and has been specifically used by Republican administrations as a pretext to defund the United Nations Population Fund (UNFPA), based on repeatedly disproven claims about UNFPA’s work in China and alleged support for the country’s coercive population control policies.</p> <p>As such, the U.S. is not currently funding UNFPA’s vital work to end the unmet need for family planning, preventable maternal mortality and harmful practices like gender-based violence, child marriage and female genital mutilation. UNFPA also provides lifesaving sexual and reproductive health care and coordination around the response to gender-based violence in humanitarian crises.<sup>4</sup></p>
<b>SILJANDER AMENDMENT</b>	Prohibits the use of U.S. foreign assistance “to lobby for or against abortion.”	Appropriations (SFOPS) only	1981	The United States is unable to support the work of organizations or governments seeking to address unsafe abortion through the liberalization laws or policies, even when those efforts are based on human rights and sound public health evidence. In 2019, the Department of State used accusations of Siljander violations to reduce funding to the Organization of American States. <sup>5</sup>

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<b>HYDE AMENDMENT</b>	Prohibits federal funds from being used to pay for abortion, except in cases of rape, incest or life endangerment. The measure primarily restricts federal Medicaid coverage. <sup>6</sup>	Mostly appropriations (Labor, HHS, FSGG, CJS, DHS and others)	1976	<p>The following groups receiving health insurance through federally funded programs are denied abortion coverage under this policy:</p> <ul style="list-style-type: none"> <li>• Medicaid, Medicare and Children’s Health Insurance Program enrollees;</li> <li>• Federal employees and their dependents;</li> <li>• Peace Corps volunteers;</li> <li>• Native Americans;</li> <li>• Women in federal prisons and detention centers, including those detained for immigration purposes;</li> <li>• Military servicewomen, veterans and their dependents; and</li> <li>• Low-income women in Washington, D.C.</li> </ul> <p>Half of reproductive-age women enrolled in Medicaid and subject to abortion coverage restrictions are women of color.<sup>7</sup></p>

**This chart includes several key abortion-related provisions but is not a complete list.**

<sup>1</sup> Congressional Research Service. (2019, October 23). Abortion and Family Planning-Related Provisions in U.S. Foreign Assistance Law and Policy. <https://fas.org/sgp/crs/row/R41360.pdf>

<sup>2</sup> Ipas. (2020). How U.S. Foreign Policy Blocks Women’s Access to Safe Abortion Overseas. <https://ipas.azureedge.net/files/Helms-factsheet-branded.pdf>

<sup>3</sup> PAI. (2019). So Far So Bad. The Wide Ranging Impacts of the Global Gag Rule Happening Now. <https://pai.org/wp-content/uploads/2019/11/GGR-Impact-Summary.pdf>

<sup>4</sup> PAI. (2019). Why the United States Should Restore Funding to UNFPA. [https://pai.org/wp-content/uploads/2011/07/PAI\\_UNFPA\\_PIB\\_2015-05.pdf](https://pai.org/wp-content/uploads/2011/07/PAI_UNFPA_PIB_2015-05.pdf)

<sup>5</sup> PAI. (2019). Pompeo Whacks OAS Contribution, Escalating Administration’s Crackdown on Reproductive Rights. <https://pai.org/newsletters/pompeo-whacks-oas-contribution-escalating-administrations-crackdown-on-reproductive-rights>

<sup>6</sup> All Above All. (2019). The Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act: Groundbreaking Legislation for Reproductive Justice. <https://allaboveall.org/wp/wp-content/uploads/2019/03/EACH-Woman-Act-Fact-Sheet-pdf>

<sup>7</sup> Guttmacher Institute. (2017, January 5). In Real Life: Federal Restrictions on Abortion Coverage and the Women They Impact. <https://www.guttmacher.org/gpr/2017/01/real-life-federal-restrictions-abortion-coverage-and-women-they-impact>