

May 25, 2023

The Honorable Patty Murray, Chair, Senate Appropriations Committee
The Honorable Chris Van Hollen, Chair, Senate Appropriations Subcommittee on Financial Services and General Government
United States Senate
Washington, DC 20510

Dear Chairs Murray and Van Hollen,

As an organization comprised of—and that advocates on behalf of—federal employees, the DOJ Gender Equality Network (DOJ GEN)¹ strongly urges you to lift the ban on comprehensive abortion coverage for federal employees in the Financial Services and General Government appropriations package for Fiscal Year (FY) 2024.²

The Federal Employee Health Benefits Program (FEHBP) is the largest employersponsored group health insurance program in the world, covering almost nine million people.³ Every fiscal year since 1983 except for one, Congress has denied those beneficiaries—including more than two million federal employees⁴—the opportunity to choose a private health plan that includes comprehensive abortion coverage. Instead, we must pay out of pocket unless in extreme circumstances: if our lives are in danger or if our pregnancies resulted from rape or incest.

¹ DOJ GEN is a federal employee-run organization with approximately 1,300 members from the Department of Justice. Since our founding in 2016, we have worked diligently to promote gender equity and equality at DOJ and throughout the federal workforce. To that end, DOJ GEN advocates for expanded abortion access, the eradication of pay inequities and sexual misconduct, and family-friendly policies and workplace flexibility. DOJ GEN does not speak for the Department of Justice or any component thereof. The views expressed in this document are solely those of DOJ GEN and the signatories and do not necessarily reflect the views of the Department of Justice. You can read more about us at <u>www.dojgen.org</u>.

² We also advocated the removal of all abortion coverage bans, including the FEHBP ban, from the final FY 2023 appropriations package. *See* Stacey Young & Jen Swedish, *The Government Should Be Ahead of the Curve on Abortion Coverage, Not Behind*, The Hill (Dec. 5, 2022), <u>https://thehill.com/opinion/healthcare/3762323-the-government-should-be-ahead-of-the-curve-on-abortion-coverage-not-behind/</u>.

³ U.S. Office of Personnel Management, Federal Employee Health Benefits Facts, <u>https://www.opm.gov/retirement-center/publications-forms/pamphlets/ri75-13.pdf</u>.

⁴ Congressional Research Service, Federal Workforce Statistics Sources: OPM and OMB (June 28, 2022), https://sgp.fas.org/crs/misc/R43590.pdf.

As federal employees, we have learned the hard way that the government we serve denies us access to the full spectrum of health care and limits our ability to make decisions about the course of our lives. As one DOJ GEN member recounts:

I was distraught when my doctor told me that my fetus had a condition that was "incompatible with life." The doctor explained that my pregnancy would either result in a late stillbirth or the death of my son within days after being born, during which time he would be in pain and would be unable to eat, breathe, or regulate his body temperature on his own. My doctor advised me to call my insurance company to help assess my options. I did so and listened in disbelief as the insurance company explained that terminating my pregnancy, which would save the baby from a short life filled only with pain or myself from having to go through labor to manage a stillbirth, would not be covered by my federal insurance plan. If my fetus survived, insurance would cover his brief stay in the NICU; if my fetus died in utero, insurance would cover an induced labor to manage the stillbirth. The worst day of my life was made more traumatic by being told that I would not be supported if I made the incredibly difficult decision to terminate my pregnancy, which I viewed as the only way to protect the fetus from a very short life of pain.

Another member of DOJ GEN endured financial hardship and emotional stress when she discovered that her abortion would not be covered by her federal health insurance plan. Nationwide, the average cost of an abortion ranges from \$550 to around \$1,700, depending on gestation.⁵ The total cost can be dramatically higher—especially now that people are forced to travel longer distances due to limited provider options and state bans. Everyone, including federal employees, should be free to decide what is best for them and their families without any politician putting a thumb on the scale.

Denying federal employees insurance coverage for abortion care also puts the government out of step with the private sector, where the vast majority of insured employees work for an employer that includes abortion coverage in some or all cases.⁶ This disparity hinders the government's efforts to recruit and retain talented employees.

We urge Congress to demonstrate its commitment to federal civil servants by finally ending the exclusion of abortion coverage from our health care plans. We also appreciate your support of the Equal Access to Abortion Coverage in Health Insurance (EACH) Act, which is

⁵ Elizabeth Witwer, *et al., Abortion Service Delivery in Clinics by State Policy Climate in 2017*, 2 Contraception: X 1, 3–4 (2020), <u>https://www.guttmacher.org/article/2020/10/abortion-service-delivery-clinics-state-policy-climate-2017</u>.

⁶ Michelle Long, *et al.*, *Exclusion of Abortion Coverage from Employer-Sponsored Health Plans*, Kaiser Family Foundation (May 12, 2020), <u>https://www.kff.org/womens-health-policy/issue-brief/exclusion-of-abortion-coverage-from-employer-sponsored-health-plans/</u>.

designed to remove abortion coverage bans permanently.⁷ These steps would expand abortion coverage for millions of Americans.

DOJ GEN would welcome the opportunity to discuss this issue further. We remain grateful for your ongoing support of abortion rights, and we encourage you to fight to protect abortion access in FY 2024.

Respectfully,

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On behalf of the following members of DOJ GEN's Abortion Access Working Group:

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⁷ H.R. 2234, 117th Cong. (2021); S.1021, 117th Cong. (2021).