



November 22, 2022

The Honorable Rosa DeLauro  
United States House of Representatives  
Washington, DC 20515

Dear Representative DeLauro:

The members of the DOJ Gender Equality Network (DOJ GEN)<sup>1</sup> urge you to remove all bans on comprehensive abortion coverage from the final appropriations package for Fiscal Year (FY) 2023. The recent elections demonstrate strong public support for abortion rights in the wake of the Supreme Court decision overturning *Roe v. Wade*, yet bans on insurance coverage continue to keep abortion care out of reach for millions of people throughout the country.<sup>2</sup>

As an organization that advocates on behalf of federal employees, DOJ GEN is particularly concerned about the ban on abortion coverage in the Federal Employee Health Benefits Program (FEHBP). FEHBP is the largest employer-sponsored group health insurance program in the world, covering almost 9 million people.<sup>3</sup> And every fiscal year since 1983 except for one, Congress has denied those beneficiaries—including federal employees—the opportunity to choose a private health plan that includes comprehensive abortion coverage. Instead, some politicians have decreed that we must pay out of pocket unless our lives are in danger or our pregnancies resulted from rape or incest.

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<sup>1</sup> DOJ GEN is a federal employee-run organization with approximately 1,250 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 strives to eradicate pay inequities and sexual misconduct, while encouraging family-friendly policies and workplace flexibility. DOJ GEN does not speak for the Department of Justice or any component thereof. You can read more about us at [www.dojgen.org](http://www.dojgen.org).

<sup>2</sup> Abortion-coverage bans affect a wide range of people who obtain health insurance or health care through the federal government, including federal employees and their dependents (FEHBP and TRICARE); enrollees in federal insurance programs (Medicaid, Medicare, Children's Health Insurance Program); and people who rely on the federal government to provide their health care (Indian Health Service, Peace Corps, Bureau of Prisons, Immigration and Custom Enforcement). See Megan K. Donovan, *In Real Life: Federal Restrictions on Abortion Coverage and the Women They Impact*, 20 Guttmacher Policy Review 1, 3 (2017), <https://www.guttmacher.org/gpr/2017/01/real-life-federal-restrictions-abortion-coverage-and-women-they-impact>; U.S. Dep't of Veterans Affairs, Press Release, VA Will Offer Abortion Counseling and – in Certain Cases – Abortions to Pregnant Veterans and VA Beneficiaries (Sept. 2, 2022), <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5820>.

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

Federal employees deserve the right to live safe and healthy lives, and to be free to define our own paths. This requires access to the full spectrum of healthcare, including abortion, which should not be denied by the government we serve. Failing to provide comprehensive insurance coverage for abortion limits or even eliminates our ability to make our own health care decisions. We, in consultation with our healthcare providers—not politicians— know what is best for us and our families.

The FEHBP ban also frustrates the goal of gender equity and parity for federal employees by disproportionately burdening women. Federal employees who need abortion care have no choice but to pay out of pocket – ranging from \$550 to around \$1,700, depending on gestation.<sup>4</sup> If employees must also travel long distances due to limited provider options or restrictive state laws, they may have to pay several thousand dollars.<sup>5</sup> Although many private employers now cover abortion-related travel costs, the federal government has failed to do so for its civilian employees, despite DOJ GEN’s requests and the needs of government workers.<sup>6</sup> Without insurance coverage, these costs will place a significant financial burden on federal employees—particularly women, people of color and their families—and may put abortion care entirely out of reach for many of them, especially the thousands of federal employees who live at or near the federal poverty level.<sup>7</sup>

Denying federal employees insurance coverage for abortion care also hinders the Administration’s work to advance diversity, equity, inclusion, and accessibility in the federal workforce, and harms its efforts to recruit and retain talented employees.<sup>8</sup> Removing the ban on abortion coverage in FEHBP from the FY 2023 appropriations package would facilitate the Administration’s stated goal of becoming a “model employer and being competitive in the labor market.”<sup>9</sup>

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

<sup>5</sup> Allison McCann, *What It Costs to Get An Abortion Now*, NY Times (Sept. 28, 2022), <https://www.nytimes.com/interactive/2022/09/28/us/abortion-costs-funds.html>.

<sup>6</sup> Letter from DOJ GEN to OPM, OMB & White House Gender Policy Counsel (May 18, 2022), <https://static1.squarespace.com/static/61f3032d7eb5233ccc782af9/t/62854ff336543b1f47ab89a4/1652903923392/DOJ+GEN+letter+to+Admin+leaders+re+leave+for+abortion+care.pdf>; Letter from DOJ GEN to Vice President Harris, DOJ, OPM, OMB & White House Gender Policy Counsel (Aug. 4, 2022), [https://static1.squarespace.com/static/61f3032d7eb5233ccc782af9/t/62ebfb875c2de16588ec397f/1659632519646/DOJ+GEN+Letter+on+Abortion+Access+for+Federal+Employees\\_8.4.22.pdf](https://static1.squarespace.com/static/61f3032d7eb5233ccc782af9/t/62ebfb875c2de16588ec397f/1659632519646/DOJ+GEN+Letter+on+Abortion+Access+for+Federal+Employees_8.4.22.pdf).

<sup>7</sup> U.S. Dept. of Health & Human Servs., *HHS Poverty Guidelines for 2022*, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>; OPM, FedScope (December 2021), <https://www.fedscope.opm.gov/>.

<sup>8</sup> *See, e.g.*, Executive Order on Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce, Exec. Order No. 14035, 86 F.R. 34593 (June 25, 2021); Executive Order on Establishment of the White House Gender Policy Council, Exec. Order No. 14020, 86 F.R. 13797 (Mar. 8, 2021).

<sup>9</sup> The Biden-Harris Management Agenda Vision (November 18, 2021), [https://assets.performance.gov/PMA/Biden-Harris\\_Management\\_Agenda\\_Vision\\_11-18.pdf](https://assets.performance.gov/PMA/Biden-Harris_Management_Agenda_Vision_11-18.pdf).

We urge you to demonstrate Congress's commitment to federal employees by finally ending the exclusion of abortion coverage from our healthcare plans. We also appreciate your support of the Equal Access to Abortion Coverage in Health Insurance Act, or EACH, Act, which is designed to remove abortion coverage bans permanently.<sup>10</sup> These steps will expand abortion coverage to millions of Americans.

We appreciate your ongoing support of abortion rights and hope you will fight to expand abortion access in FY 2023.

Respectfully,

*Jen Swedish*  
Jen Swedish

*Stacey Young*  
Stacey Young  
President, DOJ GEN

*On behalf of the DOJ GEN Abortion Access Working Group*

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<sup>10</sup> H.R. 2234, 117th Cong. (2021); S.1021, 117th Cong. (2021).