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Medical aid shouldn't stand in the way of women's access to abortion.

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Help every woman get care, regardless of her insurance. STEVEN SENNE/AP PHOTO

For too long, this country has denied access to abortion care to anyone insured through the federal government. With few exceptions, the Hyde Amendment denies those who are poor, disabled, in the military, insured through the Indian Health Service or who work for the federal government access to a safe, common, legal medical procedure.

I am a family medicine doctor. I am also an abortion provider. I worked previously in New York, where the state has chosen to step in where the federal government has not and covered abortion care for all women insured through Medicaid. It is one of 17 states that picks up those costs. When I worked in New York, few patients I saw would have to be turned away because they couldn't pay for their procedure. When I moved to my current job in Pennsylvania, my practice and my interaction with my patients changed overnight. Women with government insurance in Pennsylvania are denied coverage for abortion care, both at the state and federal level. And though the same Hyde Amendment exceptions apply, multiple studies have shown that it remains difficult to obtain coverage in those circumstances. The very first patient I saw in my Philadelphia practice who needed an abortion had Medicaid insurance. I was about to ask about her medical history when she stopped me and asked me about the cost of the visit because her insurance was prohibited from paying for the abortion.

I found myself in a whole new world, helping the patient figure out how she was going to find the money to cover her costs. I am trained to counsel my patients about their health, their options and the risks and benefits of each procedure. I was never trained in what to do when my patient needs medical care, but her insurance is barred from covering it for no good reason. I wasn't trained in how to find a local abortion fund that uses private fundraising to pay for procedures. And no training prepared me to talk a woman through pawning her personal items to pay for medical care. These are women with insurance, but who are being denied access to coverage that other women could get, simply because they are poor.

A woman is forced to pay out of pocket with money she does not have. People with Medicaid coverage are already living paycheck to paycheck and making choices between paying rent and paying for household basics. I have seen time and time again how a woman in Pennsylvania is forced to delay care in order to find money to pay for her abortion, often ending up having a procedure later in pregnancy than they expected.

[ALSO: [Number of Abortions Nationwide Declining \(//www.usnews.com/news/blogs/data-mine/2015/06/08/number-of-abortions-nationwide-declining\)](http://www.usnews.com/news/blogs/data-mine/2015/06/08/number-of-abortions-nationwide-declining)]

In addition, she has to weigh the cost of every medical decision. When I counseled patients in New York about pain management methods and nausea medication, they could work with me to choose what was right for them. Patients in Pennsylvania are forced to add up the cost of each dose, nickeling and diming their way through the list to decide which ones they can afford. I saw a woman recently who barely scraped together the money for her abortion; when I told her there were medication options for mild sedation prior to the procedure, she said that she wished she could have them but didn't have any extra money.

My outrage for my patients' situations is intensified because I practice mere minutes from the Pennsylvania- New Jersey state line. If my patients lived in New Jersey, their abortion care would be covered. They wouldn't have to scrounge and scrape. If they lived in New York, their dignity wouldn't be denied. If they lived in Maryland or California, they wouldn't need to sell their car or borrow money from their family. Are the women of Pennsylvania, the District of Columbia, Idaho or any of the 33 states that deny coverage less worthy of access to their full range of decisions? Shouldn't they be granted the same ability to decide what is right for them and their families?

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It's time to overturn the Hyde Amendment, which creates this unfair patchwork of coverage in our states. Members of Congress introduced the Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act this week, legislation that would do just that. It is backed by 70 co-sponsors who believe, like I and countless other doctors do, that abortion care should be affordable and available for all those who need it, not just those who can afford it. The EACH Woman Act would ensure that we don't parcel out rights to women in some states while ignoring others. It would ensure that no matter where you live, that your personal decisions are based on what is right for you and your family, not how much is in your bank

Deserves Care based on the care that is best for them, not about how US News Opinion on Craigslist so they can afford the health care they need. It's time to end this discriminatory practice.

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