



National Committee for  
a Human Life Amendment  
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## **Government Funds: Prevent Abortion Funding, Support Maternal and Prenatal Health Care**

### **Prevent Taxpayer Funding of Abortion**

**Hard earned taxpayer dollars should not be used to fund the taking of innocent human life through abortion.** It violates the core values and beliefs of millions of Americans. As the U.S. Supreme Court recognized in *Harris v. McRae*, "abortion is inherently different from other medical procedures."<sup>1</sup>

**The majority of Americans (54%) oppose the use of tax dollars to fund abortion,** including 29% of Democrats and 52% of people who self-identify as Independent.<sup>2</sup>

**At the federal level, the Hyde Amendment<sup>3</sup> has been law for 50 years, regardless of which party controls the White House or the U.S. Congress.** It prohibits Medicaid funding of elective abortion and health plans that cover abortion. The Hyde Amendment has been renewed in every appropriations cycle since 1976.

**When abortion funding is restricted, the lives of unborn children are saved.** It is estimated that the Hyde Amendment has saved more than 2.6 million lives.<sup>4</sup>

**Women should be given the resources to carry their child to term, not offered a government-funded abortion.** A 2023 study found that 60% of women who had an abortion reported that they would have preferred to carry their baby to birth if they had "received more support from others or had more financial security."<sup>5</sup>

**The majority of states prohibit funding of elective abortion with state Medicaid funds (30 plus DC).** Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, Wyoming (plus D.C.).<sup>6</sup>

**The majority of states prohibit Affordable Care Act (ACA) marketplace health plans from covering elective abortion (25 plus WV prohibits abortion overall):** Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Utah, Tennessee, Texas, and Wisconsin.<sup>7</sup> (Plus, West Virginia prohibits abortion in general.)

## **Support Funding of Maternal and Prenatal Health Care**

Governments should not only restrict government funding of abortion, but should also provide funding and tax credits to improve maternal and prenatal health.

### **Tax credits, Deductions, and Funding.**

**Federal Prenatal Tax Credit.** Although there is a child tax credit for a child that is born, it does not apply to the expenses that a pregnant mother incurs during her pregnancy. The federal government should expand the child tax credit so as to allow a pregnant mother to claim the credit retroactively for the time of her pregnancy in the year before birth to provide needed financial assistance.

Various tax credits, such as earned income tax credits (both at the federal and state level), have been shown to benefit both mother and child by reducing maternal smoking and increasing birth weights.<sup>viii</sup> The U.S. Conference of Catholic Bishops reports that the 2021 expanded Child Tax Credit was "extremely effective at reducing child poverty, with some reports indicating a nearly 30 percent decrease."<sup>ix</sup>

**State Unborn Child Exemption.** The state of Georgia has a "Georgia Unborn Child Exemption," whereby Georgia allows expectant parents to take a dependent exemption on state income tax for an unborn child that has a detectable heartbeat.<sup>x</sup>

**Funding** to improve maternal and prenatal health are also important. At the federal level, examples include the PREEMIE Reauthorization Act (funds research regarding the high rate of preterm births), and the Preventing Maternal Deaths Reauthorization Act (supports efforts to identify the cause of pregnancy-related deaths).

**Pregnancy Resource Centers.** There are over 2,700 Pregnancy Resource Centers nationwide. These centers provide needed resources and support to expectant mothers and families, including through parenting classes, counseling, material resources, and help in connecting women to community resources. Governments should be supporting the work of these centers, whose services in 2024 were valued at \$452 million.<sup>xi</sup>

In 2026, the U.S. House passed the Supporting Pregnant and Parenting Women and Families Act, which affirmed that Temporary Assistance for Needy Families (TANF) funds could be used by states to support pregnancy resource centers.

Numerous states provide government funding to pregnancy resource centers. According to the Charlotte Lozier Institute, as of December 2025, "19 states had authorized some form of alternatives to abortion (A2A) funding for life-affirming Pregnancy Help Organizations (PHOs), which typically include pregnancy centers, adoption agencies, maternity homes, and/or life-affirming social service agencies. These states include Arkansas, Florida, Georgia, Indiana, Iowa, Kansas, Louisiana, Missouri, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, Tennessee, Texas, Utah, South Carolina, West Virginia, and Wisconsin."<sup>xii</sup> Texas provides the largest amount of support, providing \$70 million each in FY 24 and FY 25 for its Thriving Texas Families Program. For a breakdown of the funding by state, view the list at the Charlotte Lozier Institute [here](#).

**Connecting Expectant Mothers to Resources.** Every effort must be made to ensure that a woman facing an unexpected pregnancy can easily become familiar with the array of governmental and private resources available to her.

Pregnancy Resource Centers are one method by which women become aware of local resources.

**Federal Pregnant Student's Rights Act.** An initiative put forth in the U.S. Congress in 2026, the Pregnant Students' Rights Act, would require colleges and universities to inform students of resources and accommodations available to a pregnant student, in hopes that a student will continue her schooling during her pregnancy.

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<sup>1</sup> *Harris v. McRae*, 448 U.S. 297 (1980).

<sup>2</sup> Marist/KofC Poll, 2026 at

<https://files.kofc.org/download/assets/Americans%E2%80%99+Opinions+on+Abortion/14d8d5d4fae411f0a09b9a87033bad70>.

<sup>3</sup> FY 2026, Labor, HHS and Education appropriations bill, H.R. 7148, Title V, Section 506 at

<https://www.congress.gov/119/bills/hr/7148/BILLS-119hr7148enr.pdf>.

<sup>4</sup> NRLC, The Status of Abortion in the United States, 2026, p. 27 at <https://nrlc.org/wp-content/uploads/2026/02/StatusofAbortion2026.pdf>.

<sup>5</sup> Reardon DC, Rafferty KA, Longbons T. The Effects of Abortion Decision Rightness and Decision Type on Women's Satisfaction and Mental Health. *Cureus*. 2023 May 11;15(5) at

[https://www.researchgate.net/publication/370712209\\_The\\_Effects\\_of\\_Abortion\\_Decision\\_Rightness\\_and\\_Decision\\_Type\\_on\\_Women's\\_Satisfaction\\_and\\_Mental\\_Health](https://www.researchgate.net/publication/370712209_The_Effects_of_Abortion_Decision_Rightness_and_Decision_Type_on_Women's_Satisfaction_and_Mental_Health).

<sup>6</sup> Ala. Admin. Code 560-X-6.09; Ariz. Health Care Cost Containment System (AHCCCS) Fee-For-Service Provider Billing Manual, Chapter 101, Revised 5/2/24 (note, allows coverage for "serious physical or mental health"); Ark. Const. Amend. 68, § 1; D.C.'s restriction is found in the annual appropriations bill for the District of Columbia; Fla. AHCA MedServ Form 011, (JUN 2016), incorp by ref in Rule 59G-1.045, F.A.C.; Georgia Dept. of Community Health, Policies and Procedures for Hospital Services § 911 (2026); Idaho Admin. Code r. 16.03.09.511; 405 IAC 5-28-7; Iowa Admin. Code 441-78.1(17); Kan. Stat. Ann. § 65-6733, see also Kansas Medical Assistance Program Fee-for-Service Provider Manual § 8400; Ky. Rev. Stat. Ann. § 311.715; La. Rev. Stat. Ann. § 40:1061.6; Mich. Comp. Laws § 400.109a; Miss. Code Ann. § 41-41-91; Mo. Rev. Stat. § 188.205; Neb. Rev. Stat. § 71-7606; NH Healthy Families Provider Manual (Jan. 2026), see also SPA Attachment 3.1-B, Amount, Duration and Scope of Services Provided Medically Needy Groups; N.C. Gen. Stat. § 143C-6-5.5; N.D. Cent. Code § 14-02.3-01; Ohio Rev. Code Ann. § 5101.56; Okla. Stat. tit. 63, § 1-741.1, see also Okla. Admin. Code § 317:30-5-6; 18 Pa. Cons. Stat. Ann. § 3215; S.C. Code Ann. § 1-1-1035; S.D. Codified Laws § 28-6-4.5; Tenn. Code Ann. § 9-4-5116; 1 Tex. Admin. Code § 354.1167; Utah Code Ann. § 76-7-331; Va. Code Ann. §§ 32.1-92.1, 32.1-92.2; W. Va. Const. Art. VI § 57, W. Va. Code § 9-2-11; Wisc. Stat. Ann. § 20.927; Wyo. Stat. Ann. §§ 35-6-138, 21-16-1801.

<sup>7</sup> Ala. Code § 26-23C-3; Ariz. Rev. Stat. Ann. § 20-121; Ark. Code Ann. § 23-79-156; Fla. Stat. §§ 627.64995, 627.66996, 641.31099; Ga. Code Ann. §§ 33-24-59.17; Idaho Code Ann. § 41-1848; Ind. Code §§ 27-8-33, 16-34-1-8; Kan. Stat. Ann. § 40-2,190(b); Ky. Rev. Stat. Ann. § 304.5-160; La. Rev. Stat. Ann. § 22:1014; Miss. Code Ann. § 41-41-99; Mo. Rev. Stat. § 376.805; Neb. Rev. Stat. § 44-8403; N.C. Gen. Stat. § 58-51-63; N.D. Cent. Code § 14-02.3-03; Ohio Rev. Code Ann. § 3901.87; Okla. Stat. Ann. § 63-1-741.3; 40 Pa. Cons. Stat § 3301-3302; S.C. Code Ann. § 38-71-238; S.D. Codified Laws § 58-17-147; Tenn. Code Ann. § 56-26-134; Tex. Ins. Code Ann. § 1697.002; Utah Code Ann. § 31A-22-726; Wis. Stat. § 632.8985.

<sup>viii</sup> See Hull C, Prenatal Tax Credits and Child Support for the Unborn: A Literature Review, *Charlotte Lozier Institute*, Aug. 27, 2024 at <https://lozierinstitute.org/prenatal-tax-credits-and-child-support-for-the-unborn-a-literature-review/>.

<sup>ix</sup> USCCB, Letter from bishops Coakley, Lori, Dorsonville and Cordileone, to the U.S. Senate, May 19, 2022 at <https://www.usccb.org/resources/Letters%20to%20Congress%20on%20Child%20Tax%20Credit.%20May%2019,%202022.pdf>.

<sup>x</sup> O.C.G.A. § 48-7-26(a).

<sup>xi</sup> Charlotte Lozier Institute, Pregnancy Centers Provided Over \$452 Million in Services and Goods to Families (2025) at <https://lozierinstitute.org/new-pregnancy-centers-provided-over-452-million-in-services-and-goods-to-families/>.

<sup>xii</sup> Maxon J, Fact Sheet: State Alternatives to Abortion Funding, *Charlotte Lozier Institute* (Dec. 18, 2025) at <https://lozierinstitute.org/fact-sheet-state-alternatives-to-abortion-funding/>.