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The Honorable Mike Johnson
Speaker of the House
H-232, The Capitol
Washington, D.C. 20515

The Honorable Hakeem Jeffries
Democratic Leader
2267 Rayburn House Office Building
Washington, DC 20515

The Honorable John Thune
Majority Leader
United States Senate SD-511
Washington, DC 20510

The Honorable Charles Schumer
Democratic Leader
322 Hart Senate Office Building
Washington, DC 20510

Dear Speaker Johnson, Leader Jeffries, Majority Leader Thune, and Leader Schumer:

We write with grave concern regarding recent reporting on the negotiations around the Enhanced Premium Tax Credits that are part of the Affordable Care Act (ACA). In particular, we have learned that Republican members of Congress may seek to derail the proposal to extend the tax credits, which are designed to help alleviate the high cost of healthcare for millions of Americans, by demanding dangerous restrictions on marketplace plans that would prohibit coverage of abortion.¹ Such a proposal should be soundly and swiftly rejected by our elected representatives as a brazen attempt to stymie extension of the tax credits by threatening access to critical healthcare in an already hostile environment.

Abortion restrictions on marketplace plans would undermine the entire structure of the ACA marketplaces, which protects states' sovereign ability to make decisions about the health and safety of our residents in setting requirements for those plans. The ACA was crafted with state sovereignty at its core, allowing for flexibility and innovation across states, including when it comes to abortion.² This structure is consistent with states' traditional rights and powers to

¹ See Alice Miranda Ollstein et al., *The big sticking point in the White House's health care proposal*, Politico (Nov. 25, 2025), <https://www.politico.com/news/2025/11/25/republicans-trump-obamacare-abortion-00669389> ("House and Senate Republicans, as well as dozens of anti-abortion groups that have [spent months lobbying Congress](#) and the White House, oppose any extension of the subsidies that doesn't bar all insurance plans in the individual market from covering abortion. One of the people granted anonymity to speak candidly said that including the abortion funding restrictions was a 'red line' for a broad swath of Republicans.")

² Laurie Sobel, et al., *Deja Vu: the Future of Abortion Coverage in ACA Marketplace Plans*, KFF (Sept. 26, 2025), <https://www.kff.org/womens-health-policy/deja-vu-the-future-of-abortion-coverage-in-aca-marketplace-plans/>.

protect the health and safety of our residents.³

Under the ACA and by virtue of our constitutional structure, states are responsible for setting requirements for the marketplace to ensure residents have access to critical healthcare services. Many of our states have chosen to mandate or allow for coverage of important services like abortion as part of our commitment to providing access to high-quality and affordable healthcare.⁴ Abortion services are both lifesaving and life-affirming – an estimated 1 in 4 women will have an abortion in their lifetime.⁵ States that restrict abortion access, including by denying coverage, have begun to see their maternal and infant mortality rates sharply rise.⁶ Mandating or allowing coverage for abortion in marketplace plans also aligns with our states’ commitment to equality, in addition to ensuring our residents enjoy dignity and autonomy and can access the healthcare they need. In some cases, ensuring access to abortion services is required by our state constitutions.

A prohibition on such coverage would affect hundreds of thousands of women of reproductive age who are on marketplace plans in our states, making care significantly more expensive by eliminating their ability to use federal tax credits for these plans.⁷

Any allegation that federal dollars “subsidize” abortions covered by ACA marketplace plans in our states is incorrect. Abortion featured prominently in the fight to pass the ACA in 2009 and 2010, resulting in a “compromise”: prohibiting federal premium tax credits from funding any abortion services, with limited exceptions for when the life of the woman is in danger or in cases of rape or incest, and allowing any state to prevent plans on their exchanges from covering abortion services at all.⁸ In most states that require or allow for abortion coverage, any plan that reimburses for abortion services charges each enrollee, who is a resident of that state, a nominal fee of at least \$1 per month to cover such costs. Any claim that federal credits are nonetheless used for prohibited purposes is disingenuous and ill-informed; not only do plans segregate these plan-collected funds, but the total amount collected also exceeds the cost of abortion services in our states each year.⁹

³ U.S. Const. amend. X; *Medtronic, Inc. v. Lohr*, 518 U.S. 470, 475 (1996); see also *Slaughterhouse Cases*, 83 U.S. 36, 62 (1873) (describing the police power as extending “to the protection of the lives, limbs, health, comfort, and quiet of all persons...within the State”).

⁴ In places where state laws impose additional restrictions on plans sold on state marketplaces, our states nonetheless maintain an interest in preserving our state sovereignty and in protecting our exceptions for services in instances of rape, incest, or where the life of the mother is at risk. See KFF, *How State Policies Shape Access to Abortion Coverage*, <https://www.kff.org/womens-health-policy/state-policies-on-abortion-coverage-in-medicaid-private-insurance-and-aca-exchange-plans-2025/> (last updated Jan. 8, 2025).

⁵ *One in Four US Women Expected to Have an Abortion in Their Lifetime*, Guttmacher Inst. (Apr. 17, 2024), <https://www.guttmacher.org/news-release/2024/one-four-us-women-expected-have-abortion-their-lifetime>.

⁶ See Rachel Yavinsky & Mark Mather, *Abortion Bans Linked to Sharp Rise in Sepsis, Infant Death, and Pregnancy-Associated Deaths*, *New Research Shows*, PRB (Aug. 7, 2025), <https://www.prb.org/articles/abortion-bans-linked-to-sharp-rise-in-sepsis-infant-death-and-maternal-mortality-new-research-shows/>.

⁷ See KFF, *Marketplace Enrollment, 2012-2025*, <https://tinyurl.com/yc7m76z4>.

⁸ See Paul Kane, *To Sway Nelson, A Hard -Won Compromise on Abortion Issue*, *Wash. Post* (Dec. 20, 2009), <https://www.washingtonpost.com/wp-dyn/content/article/2009/12/19/AR2009121902383.html>; Laurie Sobel et al., *supra* note 2.

⁹ Laurie Sobel et al., *supra* note 2.

This proposal amounts to yet another effort to implement a back-door federal abortion ban by further diminishing access to care in an already under-resourced environment. The July 2025 “Big Beautiful Bill” targeted Planned Parenthood by seeking to prohibit member clinics from using federal Medicaid dollars for *any* services if the clinics (or their undefined “affiliates”) provide abortion care—which notably accounts for only four percent of all care Planned Parenthood provides and is *never* funded by Medicaid.¹⁰ In August of this year, the Trump administration proposed a rule that would imperil access to abortion services for veterans and their survivors and dependents by banning abortion at all VA medical centers, doing away with exceptions for rape, incest, and the life of a pregnant veteran.¹¹ Now, in addition to this proposal that would prevent our states and private insurance companies from covering abortion, certain members of Congress have proposed legislation that would limit Graduate Medical Education funding to programs that make all lifesaving abortion and miscarriage training opt-in.¹²

The healthcare of Americans is not a bargaining chip, and access to abortion should not be on the negotiating table. Abortion access is overwhelmingly popular with voters – 63 percent believe it should be legal in all or most cases.¹³ Any vote to extend the Enhanced Premium Tax Credits with abortion-related restrictions will be deeply unpopular across the country and harm our states’ residents. This proposal would leave many of our states’ residents, particularly those who are low-income, without a means to access essential care. We urge you to reject this proposal and any other that would affect states’ sovereign province to determine the health-related needs of our residents and make our own appropriate policy decisions.

Sincerely,



Andrea Joy Campbell
Massachusetts Attorney General



Letitia James
New York Attorney General

¹⁰ Adam Sonfield & Amy Friedrich-Karnik, *New Federal Medicaid Cuts Will Devastate Coverage for Reproductive Health Care*, Guttmacher Inst. (Nov. 2025), <https://www.guttmacher.org/2025/11/new-federal-medicaid-cuts-will-devastate-coverage-reproductive-health-care>; Brittini Frederiksen et al., *Major Federal and State Funding Cuts Facing Planned Parenthood*, KFF (May 15, 2025), <https://tinyurl.com/2x39rnmz>.

¹¹ 22 State Atty’s Gen., Comment Letter on Proposed Rule Banning Abortion (Sept. 3, 2025), <https://oag.ca.gov/system/files/attachments/press-docs/AGO%20Multistate%20Letter%209.3.2025%20-%20final.pdf>.

¹² Conscience Protections for Medical Residents Act, H.R. 6219, 119th Cong. (2025), <https://www.congress.gov/congressional-record/congressional-record-index/119th-congress/1st-session/conscience-protections-for-medical-residents-act/1975611>. Such training is already “opt-out”, meaning those trainees with reservations about receiving miscarriage and abortion training may choose not to receive it. This proposed restriction would go further and make *not* receiving such training the default.

¹³ Fact Sheet, *Public Opinion on Abortion*, Pew Rsch. Ctr. (June 12, 2025), <https://www.pewresearch.org/religion/fact-sheet/public-opinion-on-abortion/>.



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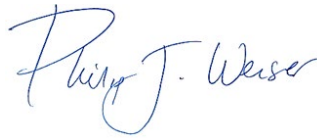
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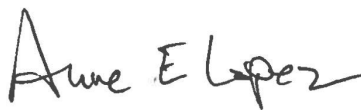
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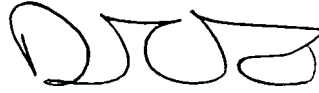
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