

Summary of Current Proposed FY24 Appropriations Cuts To Items Affecting Working Women

Labor & Employment

- **Eliminating funding for the Department of Labor's Women's Bureau.** Eliminating the Department of Labor's Women's Bureau would cause extensive damage to women's ability to succeed and advance in the workplace nationwide. From its inception more than 100 years ago, the Women's Bureau has played a vital role in elevating the challenges facing women workers. The Women's Bureau is the only federal agency with the sole mission of focusing on the interests of women in the workforce, providing invaluable research and analysis on women's employment data, and successfully running a number of grantmaking programs to help women advance in the workplace, including the Obama-era state paid leave research fund that delivered state grants to explore creating or expanding state paid family and medical leave programs.
- **Cutting \$75 million for the Department of Labor's Wage and Hour Division,** which is the division responsible for outreach and enforcement of key labor laws like the Family and Medical Leave Act, minimum wage and overtime regulations, protections against workplace retaliation, and the right to express breastmilk at work. These laws are critical to women's participation in the workplace – especially the lowest paid workers, disproportionately women of color and women overall – and cutting funding for outreach and enforcement would give women and workers of color less recourse for unfair labor practices.
- **Cutting \$35 million for the Equal Employment Opportunity Commission,** which protects Americans from job discrimination and sues companies found to engage in prohibited workplace behavior, like sexual harassment. Without the EEOC, women facing discrimination and harassment in the workplace would have no recourse for holding their employers accountable. In FY 2022, the EEOC recovered more than \$500 million for victims of discrimination.

Women's Health

- **Eliminating funding for multiple programs that support diversity in the health care workforce, including the Health Careers Opportunity Program (HCOP), the Centers of Excellence (COE), and the Nursing Workforce Diversity (NWD).** Women are a large share of the health care industry, though women and particularly women of color are underrepresented at the senior levels. Growth in the health care and social assistance sector will account for nearly half (45 percent) of all new jobs over the next decade. In 2021-22, HCOP trained 4,640 students for health careers, more than two-thirds of whom are underrepresented minorities, COE trained 4,027 students, and NDW trained 10,981 students, two-thirds of whom are from disadvantaged backgrounds.
- **Ending all funding for the Agency for Healthcare Research and Quality (AHRQ),** which supports research to improve health care quality, address inequities, reduce costs, advance patient safety, decrease medical errors, and broaden access to primary care and maternity care.

- **Cutting nearly \$800 million from government programs that fund maternal and child health and improve women’s health care**, including: a cut of \$700 million to the Health Resources and Services Administration (HRSA), a cut of \$35 million to the Maternal and Child Health Block Grant and a cut of \$49 million for the Office on Women’s Health. Close to 60 million women and children benefited from the Maternal and Child Health Block Grant through HRSA in FY21 – 92 percent of all pregnant women and 98 percent of all infants.
- **Drastically cutting key health equity programs** such as a \$49 million cut for the Office of Minority Health, and a \$24 million cut for the Minority HIV/AIDS Initiative.
- **Slashing funding for the Centers for Medicare & Medicaid Services by \$798 million.** The agency innovates and improves care quality for Medicare and Medicaid beneficiaries nationwide – 31 million adult women receive Medicaid – the majority of adult beneficiaries. Women are also the majority of Medicare recipients.

Reproductive Rights

- **Restricting the federal government’s ability to cover and support abortion care by prohibiting:**
 - Federal dollars from covering abortion care for those who receive health care or health insurance through the U.S. government.
 - The Department of Defense from implementing a rule that allows servicemembers to take leave to travel for abortion care.
 - The Department of Veterans Affairs from implementing a rule that allows the VA to provide abortions in cases of rape, incest, or when the life or health of a veteran is endangered. Over 400,000 women veterans live in states that have banned or are likely to ban abortion.
 - Abortion counseling in certain programs administered under HHS.
- **Eliminating funding for Title X Family Planning**, which provides high-quality, culturally responsive family planning services to people with low or no incomes and people who are un- or under-insured. In 2021 Title X served more than 1.6 million people.
- **Eliminating all federal funding for Planned Parenthood**, which provides critical reproductive health services to women across the country, with a particular focus on low-income women who may not be able to afford services elsewhere. In 2022, Planned Parenthood and its affiliates served 2.13 million patients.
- **Reinstating medically unnecessary restrictions on and undermining the FDA’s authority over mifepristone**, one of two abortion pills that now accounts for a majority of abortions in the U.S. Mifepristone has been an FDA-approved drug for over twenty years and is incredibly safe and effective.
- **Reinstating and making permanent the Global Gag Rule**, which prevents foreign organizations that receive U.S. global health assistance from using their own, non-U.S. funds to provide abortion or referrals and information about abortion.

Source: NationalPartnership.org