




EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

THE DIRECTOR

January 24, 2025

M-25-12

MEMORANDUM TO THE HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

FROM: Matthew J. Vaeth, Acting Director 

SUBJECT: Guidance Regarding Revocation of Executive Orders 14076 and 14079 and
Complying with Statutory Restrictions on Taxpayer Funding for Abortion

Background

On January 24, 2025, President Trump signed the Executive Order (E.O.), *Enforcing the Hyde Amendment*. Among other things, the Executive Order rescinded E.O. 14076 of July 8, 2022 (*Protecting Access to Reproductive Healthcare Services*) and E.O. 14079 of August 3, 2022 (*Securing Access to Reproductive and Other Healthcare Services*), which had, among other things, directed Federal agencies to promote abortion.

Over more than five decades, Congress has enacted a series of laws to protect federal taxpayers from being forced to pay for abortion. Among these, the Hyde Amendment has been enacted annually in appropriations Acts for the Department of Health and Human Services since 1976. The revocation of these E.O.s is consistent with longstanding statutory restrictions on taxpayer funding for abortion.

Ending Federal support for abortion is also necessary to respect the Constitutional authority of the States, and the people therein, to enact laws protecting life, consistent with the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, 597 U.S. 215 (2022).

Guidance

It is the policy of this Administration not to use taxpayer funds to fund, facilitate, or promote abortion, including travel or transportation to obtain an abortion, consistent with the Hyde Amendment and other statutory restrictions on taxpayer funding for abortion.

Federal departments and agencies may, however, pay for or perform abortion in cases of rape, incest, or to save the life of the mother, provided that such payment or performance is authorized by Federal law and such abortion is permitted under State law.

Executive departments and agencies may no longer rely on E.O. 14076 or E.O. 14079, and shall strictly adhere to all statutory restrictions on taxpayer funding for abortion.

In accordance with this policy, the heads of all Executive departments and agencies shall—

- (1) Within 60 days, reevaluate all policies, regulations, directives or other agency actions in conformity with the policy set out by the E.O., *Enforcing the Hyde Amendment*, including, but not limited to, those issued pursuant to E.O. 14076 or E.O. 14079, and consider rescinding such actions through rulemaking where appropriate or other lawful means;
- (2) Within nine months, as appropriate, audit Federally funded projects, programs or activities in which Federal funds may be reasonably suspected to have been expended in violation of any statutory restriction on taxpayer funding for abortion, and take appropriate measures to address, and prevent the recurrence of, any violations; and
- (3) submit a monthly report to the Office of Management and Budget (OMB) on their progress in carrying out this memorandum until all necessary actions are complete.

The heads of all departments and agencies are also reminded that the Antideficiency Act, 31 U.S.C. § 1341(a), generally prohibits Federal agencies from making expenditures in excess of available appropriations or in advance of appropriations. Under 31 U.S.C. §§ 1349(a) and 1350, there are penalties associated with violations of the Antideficiency Act. Providing funding for abortions in violation of any statutory restrictions on taxpayer funding for abortion, therefore, may give rise to such a violation.

If you have any questions regarding this Memorandum, please contact OMB's Office of General Counsel.

Definition:

For purposes of this memorandum, the term “statutory restriction on taxpayer funding for abortion” includes, but is not limited to, any of the following provisions of law:

- (1) Sections 506 and 507 of the Labor, Health and Human Services Appropriations Act, 2024 (Division D of the Further Consolidated Appropriations Act, 2024, Public Law 118-47, March 23, 2024), or any similar provision in a predecessor or successor appropriations Act (commonly known as the Hyde Amendment)
- (2) [Section 1093 of title 10 of the United States Code](#)
- (3) Section 106(a)(3) of the *Veterans Health Care Act of 1992*, Pub. L. 102–585, title I, Nov. 4, 1992, [106 Stat. 4947](#) ([38 U.S.C. 1710 note](#))
- (4) Section 104(f)(1) of the Foreign Assistance Act of 1961 ([22 U.S.C. 2151b\(f\)\(1\)](#)), section 7018 and the fifth proviso under the heading “Global Health Programs” in the State, Foreign Operations, and Related Programs Appropriations Act, 2024 (Division F of the Further Consolidated Appropriations Act, 2024, Public Law 118-47, March 23, 2024), or any similar provision in a predecessor or successor appropriations Act (commonly known as the Helms Amendment)

- (5) The seventh proviso under such heading, commonly known as the Siljander Amendment, or any similar provision in a predecessor or successor appropriations Act
- (6) The fifth and sixth provisos under the heading “Peace Corps” in the State, Foreign Operations, and Related Programs Appropriations Act, 2024 (Division F of the Further Consolidated Appropriations Act, 2024, Public Law 118-47, March 23, 2024), or any similar provision in a predecessor or successor appropriations Act
- (7) Sections 613, 614 of the Financial Services and General Government Appropriations Act, 2024 (Division B of the Further Consolidated Appropriations Act, 2024, Public Law 118-47, March 23, 2024), or any similar provision in a predecessor or successor appropriations Act (commonly known as the Smith Amendment)
- (8) Section 1008 of the Public Health Service Act ([42 U.S.C. 300a-6](#))
- (9) Section 1303 of the Patient Protection and Affordable Care Act, Pub. L. 111–148, [124 Stat. 896](#) ([42 U.S.C. 18023](#))
- (10) Section 202 of the Commerce, Justice, Science, and Related Agencies Appropriations Act, 2024 (Division C of the Consolidated Appropriations Act, 2024, Public Law 118-42, March 9, 2024), or any similar provision in a predecessor or successor appropriations Act
- (11) Section 806 of the Indian Health Care Improvement Act ([25 U.S.C. 1676](#))
- (12) Section 399Z–1(a)(3)(C), (f)(1)(B) of the Public Health Service Act [[42 U.S.C. 280h-5\(a\)\(3\)\(C\)](#), [\(f\)\(1\)\(B\)](#)]
- (13) Sections 2105(c)(1),(7) and 2210(a)(16) of the Social Security Act ([42 U.S.C. 1397ee\(c\)\(1\),\(7\)](#), [1397jj\(a\)\(16\)](#))
- (14) Section 104(f)(3) of the Foreign Assistance Act of 1961 ([22 U.S.C. 2151b\(f\)\(3\)](#))