United States Senate
Committee on the Judiciary

Hearing
"S.1696, The Women's Health Protection Act:
Removing Barriers to Constitutionally Protected Reproductive Rights"

Testimony Submitted for the Record by the Undersigned Organizations

July 22, 2014
Washington, DC

The Honorable Patrick Leahy
437 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Chuck Grassley
135 Hart Senate Office Building
Washington, D.C. 20510

July 22, 2014

Re: S.1696, The Women's Health Protection Act

Dear Chairman Leahy and Ranking Member Grassley,

We, the undersigned reproductive justice advocates,[1] write in support of the Women's Health Protection Act, which protects a woman's ability to obtain abortion services by dismantling many of the barriers that currently exist for women seeking this important health care. Every woman faces her own unique circumstances, challenges, and potential complications, and must be able to make her own decisions based on her doctor's advice, her personal values, and what is best for her and her family. Every woman needs affordable and accessible pregnancy-related care, including abortion, regardless of where she lives and notwithstanding her economic, political, or personal situation. We urge Congress to pass the Women's Health Protection Act, and uphold our nation's promise of equal rights under the Constitution, so that every woman can make personal reproductive health decisions with dignity.

Despite the clear constitutional rights established in *Roe v. Wade*, a growing number of women are finding it increasingly challenging to access abortion care. In our communities throughout the country, it has become extremely difficult for women to safely and legally end a pregnancy because states have enacted laws singling out reproductive health care for onerous regulations that are not imposed on other areas of medicine. Lower income women, women of color, and young women are more likely to experience unintended pregnancy and therefore more likely to need abortion services than affluent white women: these outcomes are caused by socioeconomic disadvantage, lack of access to family planning, persistent forms of racism and other structural barriers to care, and mistrust in a medical system that has a history of discrimination and disparate treatment.[2] As a result, restrictions on abortion care amplify existing health disparities, disproportionately harming women who already face barriers to accessing quality health care, due to their socioeconomic status, gender, and race.

We can protect women's health and well-being by ensuring that every woman has access to the reproductive health care she needs. Restrictions imposed on health care providers and abortion services impede meaningful access to essential services to the detriment of public health — particularly for women who are already disadvantaged by systems of economic and racial oppression. According to a recent survey of state health departments, more than 50 abortion clinics have closed or stopped providing abortion since the 2010 onslaught of legislative attacks on reproductive health services began around the country.[3] In Mississippi, for example, a medically unnecessary admitting privileges law creates a significant obstacle to receiving care.

Mississippi is the poorest state in the country and is one of the reportedly five states that have only one remaining clinic.[4] Many patients of the sole Mississippi clinic already take on the burden of cost and two to three hours of travel to receive care.[5] The 2012 law would close the last remaining clinic in the state and would force women to venture out of state to access care.[6] For now, the clinic remains open while the case is pending in federal court.

The distance women must travel to reach an abortion provider negatively impacts their ability to access reproductive health services. Eighty-two percent of U.S. counties do not have abortion services and 74 percent of women living in rural areas must travel more than 50 miles to get to the nearest abortion clinic.[7] Rural women are doubly burdened by lack of access to care: not only due to a lack of providers, but also because 95 percent of U.S. counties that exhibit persistent patterns of poverty are in rural areas.[8] In 2008, one-third of U.S. women reported travelling more than 25 miles to reach a clinic and women in states with mandatory counseling and waiting period requirements were more likely than their peers to travel even further.[9] Despite strong evidence that medication abortion can be safely prescribed via telemedicine and dispensed by trained nurses, state legislatures have specifically targeted the way that women in rural areas access abortion by restricting the mode by which they receive the medicine and the medical professional who dispenses it.[10]

Every woman deserves to make informed decisions about her health care based on scientifically accurate information from a doctor she trusts, free from discrimination. Race and sex-selective abortion bans encourage medical professionals to scrutinize women based on racial or ethnic background, based only on stereotypes.[11] Such bans do nothing to address the true causes of racism and sexism; rather, they open up the floodgates to anti-immigrant and racist sentiments based in stereotypes about the Asian American community and about a black woman's ability to determine the best course to take in her reproductive health care.

Furthermore, women should not be mandated to receive or listen to false information prior to receiving care – not only because it is medically inaccurate, but also because restrictions requiring multiple visits unnecessarily increase the expense of the procedure. State-mandated biased counseling serves no purpose other than to intimidate and stigmatize women seeking medical treatment. Such laws have been proven to drive up the cost to women, thereby preventing services to some women and delaying care into the second trimester when the procedure is less safe.[12] African American women are regularly the target of misleading and false information intended to dissuade them from choosing abortion: for example, anti-abortion organizations often claim that communities of color are being targeted by abortion providers in order to commit "black genocide."[13] Finally, our nation's youth are in special need of medically accurate information about reproductive and sexual health: for example, research shows that Asian Pacific American teens are less likely to communicate with their medical provider about sexuality and risk prevention than any other ethnic group.[14]

A woman cannot make a meaningful decision about whether to become a parent if safe, legal, available, and affordable abortion services are out of reach. Approximately 69 percent of women obtaining abortions live close to or below the federal poverty level and 42 percent of those women reported income qualifying them as poor, meaning that they have income below 100 percent of the federal poverty line.[15] Poor women who decide to have an abortion often have to

wait many weeks to have the procedure while they raise the necessary funds and this wait drives up the cost and increases the risk of the procedure.[16] Women commonly cite financial barriers as leading to a delay in getting an abortion and if a woman is ultimately unable to afford the procedure, she may be forced to carry her unwanted pregnancy to term.[17] Furthermore, a woman working to raise the necessary funds must often divert money from paying for food, rent, or utilities, and harmful restrictions such as mandatory counseling and waiting periods compound the cost for women due to lost wages and added childcare and transportation expenses.[18] Moreover, young and low-income women are most likely to experience such delays, and thus mounting costs, due to procedures performed later in pregnancy.[19] Furthermore, research shows that women who carry unwanted pregnancies to term because they are denied care due to gestational age are three times more likely to fall below the federal poverty line within two years.[20]

Our government has a particular responsibility to ensure that women who have limited access to affordable health care can receive the same quality of care as those with means. Due to the link between institutional racism and socioeconomic disadvantage, women of color are at higher risk of living in poverty and are more likely to lack access to regular, high-quality family planning and other health care services.[21] Women of color are disproportionately affected by restrictions that increase the cost of an abortion because they are more likely than white women to experience unintended pregnancy,[22] to seek abortion care,[23] and to qualify for public insurance.[24] Sixty-six percent of women who have an abortion have some form of health insurance, but 57 percent report paying out of pocket, largely because many forms of state and federal Medicaid do not cover abortion.[25] Restrictions also unduly affect immigrant women, who are more likely to live in poverty than women born in the United States, and are routinely denied access to health care coverage, including abortion coverage.[26] In fact, low-income immigrants who qualify for Medicaid are excluded from coverage for their initial five years of residence.[27] Undocumented women are unjustly excluded from federal Medicaid benefits and cannot even purchase health plans at full price in state insurance marketplaces.[28] Such barriers to care are not only unfair, but are also flawed public health policy, preventing immigrants from maintaining their health and that of their families.

It should be noted that the reproductive health disparities affecting our communities are broader than high unintended pregnancy rates. More consistent exposure to medical care could improve health outcomes that significantly impact our communities, especially with regards to maternal mortality, HIV prevention, and earlier detection of cancers. Maternal mortality is highly pronounced for African American women, as they are three to four times more likely to die from pregnancy related causes than white women, a risk that is compounded by lack of access to contraception.[29] Lower income women and women of color are also less likely to receive routine exams such as mammograms and pap smears that improve early detection of life-threatening conditions. Most likely due to late detection and the prohibitive cost of care, African American women are more likely than any other group of women to die from breast cancer and Latinas are more likely to be diagnosed in a later stage of cancer when it is harder to treat than are white women.[30] Moreover, the racial disparity of HIV infection is stark: African American women are twenty times more likely than white women to be infected with HIV.[31] One in thirty-two African American women will be diagnosed with HIV in their lifetimes.[32]

Taken together, the barriers to accessing safe, legal, affordable abortion care, free from medically unnecessary restriction, are formidable and seriously undermine women's health, human rights, dignity, and self-determination. The Women's Health Protection Act would begin to address some, though not all, of these barriers, focusing on dismantling the restrictions aimed at closing clinic doors and making it more difficult and less dignified for women to access this care. We believe that this legislation, in combination with separate, but parallel efforts to restore insurance coverage for abortion, protect abortion access for young people, and eliminate violence against providers, will bring us closer to a landscape where every woman is able to get the health care she needs, regardless of her circumstances.

Every woman has the right to good health and well-being for herself and her family. But for too long, the reproductive health care needs of our communities have been undermined by inaccessibility of care, prohibitive costs, discrimination, and medically unnecessary and restrictive legislation. Study after study by national and international experts show that restrictions on abortion don't reduce its frequency, but rather delay or prevent women's access to the procedure. Every woman needs affordable and accessible pregnancy-related care, including abortion, regardless of where she lives and notwithstanding her economic or racial status or her personal situation. We urge Congress to act now and pass the Women's Health Protection Act.

Sincerely,

Abortion Rights Fund of Western Mass
ACCESS Women's Health Justice
Bay Area Doula Project
Black Women's Health Imperative
California Latinas for Reproductive Justice
Center on Reproductive Rights and Justice at Berkeley Law at University of California
Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
Forward Together
The Lilith Fund
Ms. Foundation for Women
National Asian Pacific American Women's Forum
National Latina Institute for Reproductive Health
New Voices Pittsburgh: Women of Color for Reproductive Justice
New Voices Cleveland: Women of Color for Reproductive Justice
Oklahoma Coalition for Reproductive Justice
Political Research Associates
Provide
Raising Women's Voices for the Health Care We Need
Religious Coalition for Reproductive Choice
SisterReach
SisterSong Women of Color Reproductive Justice Collective
SPARK Reproductive Justice NOW
Surge Northwest
Women's Medical Fund

Endnotes

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