



**Statement for the Record from
Planned Parenthood Federation of America and Planned Parenthood Action Fund**

**United States House Committee on Oversight and Reform Hearing Entitled
“A State of Crisis: Examining the Urgent Need to Protect
and Expand Abortion Rights and Access”**

September 30, 2021

Planned Parenthood Federation of America (“Planned Parenthood”) and Planned Parenthood Action Fund (“the Action Fund”) submit these comments for the U.S. House Committee on Oversight and Reform hearing entitled “A State of Crisis: Examining the Urgent Need to Protect and Expand Abortion Rights and Access” held on September 30, 2021.

Planned Parenthood is a leading provider of high-quality, affordable health care and the nation’s largest provider of sex education. With more than 600 health centers across the country, Planned Parenthood health centers provide affordable birth control, vaccinations, lifesaving cancer screenings, testing and treatment for sexually transmitted infections, HIV screenings, and other essential care to 2.4 million patients each year. Planned Parenthood’s health centers are critical for many underserved communities, specifically communities of color and communities with low-incomes, facing limited access to reliable and affordable health care due to systemic barriers and discrimination.

Approximately one in four women in this country will have an abortion by age forty-five. People choose to have abortions for a variety of interrelated health, familial, economic, and personal reasons. A [majority of women](#) having abortions (61 percent) already have at least one child, while most (66 percent) also plan to have a child or additional children in the future. Abortion is a deeply personal medical decision that should be left to an individual with the counsel of their health care provider, not politicians.

We are seeing a surge of abortion restrictions sweeping the country. State lawmakers, emboldened by the new makeup of the Supreme Court and the more than 230 federal judges appointed during the Trump administration, are rushing to control the rights and freedoms of pregnant people. The 2021 state legislative season was the most hostile for reproductive health and rights since *Roe v. Wade* was decided. According to the [Guttmacher Institute](#), nearly 600 abortion restrictions in 47 states have been introduced this year alone, and 97 of those have

been enacted. This already far surpasses 2011 — previously the worst year on record — when 89 restrictions were enacted.

But while these attacks are accelerating, they are not new. State legislatures have enacted over 1,320 restrictions in the 48 years since *Roe* was decided, including 580 restrictions enacted since 2011. By July 1 of this year, eight states had enacted 11 abortion bans, including near-total bans in both Arkansas and Oklahoma; six-week bans in Idaho, Oklahoma, South Carolina, and Texas; and reason-based bans in South Dakota and Arizona.

Texas's extremist S.B. 8 law, an unconstitutional abortion ban, is only one example of a coordinated attack at the state level to restrict access to safe, legal abortion. This draconian law bans abortion as early as six weeks into pregnancy in Texas, before many people even know they're pregnant. Right now, the vast majority of people in Texas seeking an abortion are being denied the care they need and have the right to access. Patients are being forced to travel out of state to get an abortion or, if they are unable to travel, carry pregnancies to term against their will. According to a report from the Guttmacher Institute, Texas [patients](#) will now have to travel 20 times farther to get an abortion — increasing driving times by an average of 3.5 hours each way. The Texas Policy Evaluation Project also [estimates](#) as many of 46% of people seeking abortions in Texans will carry their pregnancies to term against their will.

Although S.B. 8 is a Texas law, the negative effects are rippling throughout the entire country. Since the extreme law has taken effect, and in the days leading up to its effective date, Planned Parenthood of the Rocky Mountains (PPRM)'s health centers [have seen](#) a significant spike in the percentage of patients traveling from Texas seeking abortions at their health centers in New Mexico and Colorado. On average, the Texas patients that PPRM has seen since S.B. 8 went into effect have traveled approximately 650 miles (one way) to access abortion out of state. Planned Parenthood Great Plains and Planned Parenthood of Arkansas & Eastern Oklahoma's health centers [have also](#) witnessed the devastating effect S.B. 8 has had on Texans and their ability to access abortion. The surge of Texans seeking abortions in their Oklahoma health centers since September 1 is unprecedented, and the demand only continues to grow. These demands are causing schedules to become extremely backlogged. There are significant fears from staff that the health center will not be able to continue to serve their existing patient population in Oklahoma in a timely manner given the overflow of patients coming from Texas.

Beyond the immediate neighboring states, S.B. 8 is causing harmful consequences to providers and communities across the country. One recent week after the Texas law went into effect, a southern Illinois Planned Parenthood health care center [served patients](#) from Arkansas, Louisiana, Kentucky, Tennessee, and Texas. Patients are driving over twelve hours to access the health care they need — adding additional barriers such as finding child care, paying long-distance gas mileage, and overnight hotel stays. The damage of the Texas law will only continue to spread as the backlog of patients whose needs are not met continues to grow. The consequences of this will have severe impacts on patient's lives, forcing them to seek abortions later in pregnancy — which are more restricted and expensive, pressure patients in the surrounding states to scramble to seek care in other states farther away. Many pregnant people

without the resources will be forced to carry unwanted pregnancies to term. This extreme law burdens patients seeking the health care they need and the providers, some who are the only providers at their health centers.

Laws like S.B. 8 single out abortion care for medically unnecessary restrictions that do not apply to similar health care services. Instead of protecting pregnant people, they actually make it nearly impossible for individuals to get the care they need by placing onerous regulations on what is a very safe and legal medical procedure. Medically unnecessary restrictions on abortion do not seek to improve access to health care but rather to delay and in some cases block access entirely, all the while shaming people who seek this care. These laws are designed to create fear and have a chilling effect on patients and providers.

Due to systemic barriers and discrimination, not everyone has equitable access to the health care they need. Burdensome and unnecessary restrictions on abortion exacerbate health inequities already facing disproportionate economic and health care barriers due to systemic discrimination. These attacks disproportionately harm the same people who have always faced systemic and discriminatory barriers to care — Black, Latino, and Indigenous communities, the LGBTQ+ community, young people, those living in rural communities, people with disabilities, and people with low incomes.

Already, people who struggle to make ends meet are often forced to delay abortion services because they need time to secure the funds. Due to decades of racist economic policies, the poverty rate for Black women and Latinas is disproportionately high. People who have abortions are disproportionately low-income, young, Black, and Latina. Additionally, when policymakers deny insurance coverage for abortion, people are either forced to carry a pregnancy to term or pay for care out of their own pocket. When someone has made the personal decision to end a pregnancy but cannot afford to, they may forgo basic necessities such as heat and electricity in order to save the required funds. The economic barriers to abortion care are sometimes insurmountable for people looking to terminate a pregnancy. Many people seeking abortions are not able to access abortion unless they can afford to travel hundreds of miles out of state, take time off work, and arrange child care, transportation, and lodging.

For some, immigration status and checkpoint concerns may also inhibit travel. One example of this is in South Texas where Latino communities and immigrants already [face disproportionate barriers](#) to abortion due to long distances, travel restrictions, Texas' mandatory 24-hour waiting period, and border patrol checkpoints [scattered](#) along the [100-mile U.S.-Mexico border region](#). For undocumented women in the region, crossing an inland border patrol checkpoint to get an abortion poses the [risk of deportation](#).

Pregnant people may also be forced to carry pregnancies to term against their will at risk of their health in Texas and throughout the United States. Texas is a state with one of the worst maternal mortality rates in the country. Because of structural racism in the maternal health care system and the state's lack of investment in social supports to help Black birthing people thrive,

they are at a greater risk of dying or suffering severe complications during pregnancy, birth, and the postpartum period.

Twenty-six states are poised to move to ban abortion if *Roe v. Wade* were overturned. Today, nearly 90% of American counties are without a single abortion provider, and 27 cities have become “abortion deserts,” because people who live there must travel 100 miles or more to reach a provider. There are currently five states with only one abortion provider. [80% of the American public supports legal abortion](#) and there is no state where outlawing abortion is popular.

For many people — especially immigrants, Black, and Latino communities — abortion is already a right in name only and S.B. 8 has decimated what little access remained. No one is free unless they have control of their own body and future. Every single person deserves access to sexual and reproductive health care, no matter their income, state of residence, zip code, or immigration status. Abortion is normal — nearly one in four women will have an abortion in her lifetime. Abortion is health care. And no one should take the right to access that health care away from you. Planned Parenthood applauds the House for passing a FY22 Labor-HHS-Education Appropriations bill that excludes the Hyde amendment and for passing H.R. 3755, the Women’s Health Protection Act, just last week. We must protect safe, legal abortion for anyone no matter how much money they have, where they live, or whether they have insurance.

Sincerely,

A handwritten signature in black ink that reads "Jacqueline Ayers". The signature is written in a cursive, flowing style.

Jacqueline Ayers
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