House Committee on Energy & Commerce
Subcommittee on Health
"Protecting Women's Access to Reproductive Health Care"
February 12, 2020

Dear Chairman Pallone, Chairwoman Eshoo, Ranking Member Burgess, and Members of the Subcommittee,

The National Women's Law Center focuses on issues of central importance to women and their families, including economic security, employment, education, health, and reproductive rights, with a particular focus on the needs of low-income women and those who face multiple and intersecting forms of discrimination. Our vision is a world where all people, regardless of gender, have the same opportunities to participate in economic, social, and political life.

Access to reproductive health care – including abortion – is vital to gender justice. The ability to make decisions about whether to have an abortion, and the ability to access abortion, is a key part of a person's liberty, equality, and economic security. As the U.S. Supreme Court affirmed in its 1992 *Planned Parenthood of Southeastern Pennsylvania v. Casey* decision: "The ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives."[i]

Yet despite this truth – or because of it – lawmakers continue to pass restrictions on women's ability to make this fundamental decision. Since 2010, state lawmakers have passed more than 450 abortion restrictions, intended to make *Roe v. Wade* irrelevant and ignoring the Supreme Court's clear statements that reproductive decisions are foundational liberties protected by the Fourteenth Amendment.[ii] These restrictions range from measures that judge and shame women seeking abortion to laws that shut down abortion clinics to – most recently – all-out bans on abortion. Just last year, lawmakers in seven states – Alabama, Georgia, Kentucky, Louisiana, Mississippi, Ohio, and Missouri – passed laws that would prohibit abortion care before most people even know they are pregnant.[iii]

These restrictions do nothing to make abortion – an already extremely safe procedure – safer. Instead, they are intended to close clinics, and they have done just that. Between 2011 and 2017, the South lost 50 abortion clinics and the Midwest lost 33 clinics, in part because of these laws.[iv]

The closure of clinics has led to longer waiting times for appointments and increased travel to clinics, which often result in increased associated costs – such as long-distance travel, a hotel stay in a different city, additional child care costs, and more time off of work.[v] These costs compound with other restrictions intended to make abortion unaffordable and, therefore, inaccessible. For example, people seeking abortion in these states often must pay out of pocket for the abortion care itself, since these same legislatures have also banned insurance coverage of abortion.[vi] The impact of this web of restrictions means that, for many people already, the right to abortion has been decimated.

Let's be clear about who bears the brunt of these efforts to ban abortion: it's low income women who cannot afford to make multiple trips to a provider, drive across state, and pay out of pocket for the abortion care.[vii] It's women of color who already face tremendous inequality in health care, including maternal health, which is particularly true for Black and indigenous women.[viii] It includes those who live in rural areas, given the lack of providers and clinics in such areas, and

LGBTQ individuals, who already face barriers to reproductive health care. In short, it is those who often have the least representation in the very governmental entities that are seeking to control them.

Abortion restrictions compound the existing economic and social disparities many individuals seeking abortion already face. Women seeking abortion care disproportionately live in poverty. In 2014, nearly half of abortion patients were women with family incomes below the federal poverty level; women whose families earned less than 200% of the federal poverty level made up an additional quarter of abortion patients.[ix] Flexibility to travel to multiple clinic visits is also a luxury unavailable to low-wage workers, who are disproportionately women and especially women of color.[x] Women are also more likely than men to hold part-time positions without sick leave and flexible schedules, and women of color are disproportionately likely to do so.[xi] Extended travel and multiple clinic visits also require considerable advanced planning. However, low-wage workers frequently receive their work schedules just one week or less in advance, and their schedules often change at the last minute.[xii] Moreover, many employees lack paid sick leave or any form of leave—and low-wage jobs in particular lack these benefits.[xiii] Consequently, if a low-wage worker who needs an abortion is unable to align her work schedule with an over-burdened clinic's schedule, she may lose income, and even her job, in order to obtain an abortion.

In addition to travel costs, hotel expenses, and lost wages, many women seeking an abortion will also incur child care costs, as most women having an abortion are already mothers.[xiv] A 2013 study found that 40% of women surveyed sought abortions because they were not prepared to support a child financially, while nearly 30% cited their need to focus on parenting existing children.[xv] In fact, according to the Federal Reserve, approximately 40% of adults in the U.S. would struggle to cover an unexpected expense of $400.[xvi] Not surprisingly, one study found that one-third of women getting an abortion had to delay or forgo paying bills, food, and even rent.[xvii] One-half relied on financial assistance from others, but such assistance is never assured. Women needing abortions are already more likely to have low incomes, be mothers, and be single.[xviii] Many women, particularly low-income women, already have abortions later than they would prefer because they need time to raise money for the procedure and related travel.[xix]

It is critical to bring the focus back to the people who are making the decision to seek abortion care – those who are making the best decisions for their circumstances but who are delayed, blocked, shamed, or judged by politicians who impose restrictions and barriers. We need to lift those barriers and restrictions to ensure that those who are deciding if and when to have a child are being supported—not deliberately undermined—in whichever decision they make.

The current dire state of abortion care in the United States demands immediate and comprehensive action and we need Congress to lead in this moment. It can start by passing the Women's Health Protection Act. This bill is essential to unravel the hundreds of interlocking abortion restrictions that delay care, decrease the quality of care, and deny people the ability to make these personal decisions.

For these reasons, we urge swift passage of the Women's Health Protection Act.

Thank you.

Leila Abolfazli
Director of Federal Reproductive Rights

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[i] *Planned Parenthood of Se. Pa. v. Casey*, 505 U.S. 833, 835 (1992).
[ii] CTR. FOR REPRODUCTIVE RIGHTS & IBIS REPRODUCTIVE HEALTH, EVALUATING PRIORITIES: MEASURING WOMEN AND CHILDREN'S HEALTH AND WELL-BEING AGAINST ABORTION RESTRICTIONS IN THE STATES 4 (vol. II 2017), available at https://reproductiverights.org/sites/default/files/documents/USPA-Ibis-Evaluating-Priorities-v2.pdf.
[iii] GUTTMACHER INST., STATE POLICY TRENDS AT MID-YEAR 2019: STATES RACE TO BAN OR PROTECT ABORTION (2019), available at https://www.guttmacher.org/article/2019/07/state-policy-trends-mid-year-2019-states-race-ban-or-protect-abortion.
[iv] GUTTMACHER INST., THE U.S. ABORTION RATE CONTINUES TO DROP: ONCE AGAIN, STATE ABORTION RESTRICTIONS ARE NOT THE MAIN DRIVER, (vol. XXII 2019), available at https://www.guttmacher.org/gpr/2019/09/us-abortion-rate-continues-drop-once-again-state-abortion-restrictions-are-not-main.
[v] Brief of Amici Curiae National Women's Law Center and 47 Additional Organizations Committed to Equality and Economic Opportunity for Women in Support of Petitioners at 19, *Whole Woman's Health v. Hellerstedt*, 136 S. Ct. 2292 (2016) (No. 15-274),available at https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2016/01/RRH_Whole-Womens-Health-Amicus-Brief_1.4.16.pdf.
[vi] *State Funding of Abortion Under Medicaid*, GUTTMACHER INST. (Feb. 1, 2020), https://www.guttmacher.org/state-policy/explore/state-funding-abortion-under-medicaid; *Regulating Insurance Coverage of Abortion*, GUTTMACHER INST. (Feb. 1, 2020), https://www.guttmacher.org/state-policy/explore/regulating-insurance-coverage-abortion.
[vii] *See id.* at 19 (providing that "triple clinic visits is a luxury unavailable to low-wage workers who frequently receive their work schedules just one week in advance").
[viii] Nat'l P'ship for Women & Families, Black Women's Maternal Health (2018), available at http://www.nationalpartnership.org/our-work/resources/health-care/maternity/black-womens-maternal-health-issue-brief.pdf; Roni Caryn Rabin, *Huge Racial Disparities Found in Deaths Linked to Pregnancy*, NEW YORK TIMES (May 7, 2019), https://www.nytimes.com/2019/05/07/health/pregnancy-deaths-.html.
[ix] Rachel K. Jones & Jenna Jerman, *Population Group Abortion Rates and Lifetime Incidence of Abortion: United States*, 2008–2014, 107 AM. J. PUB. HEALTH 1904, 1906 (2017).
[x] Although women constitute half the workforce, they hold nearly three in five low-wage jobs. Nearly half of these low-wage jobs are held by women of color. JASMINE TUCKER & KAYLA PATRICK, NAT'L WOMEN'S LAW CTR., WOMEN IN LOW-WAGE JOBS MAY NOT BE WHO YOU EXPECT 1 (Aug. 2017), https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/08/Women-in-Low-Wage-Jobs-May-Not-Be-Who-You-Expect.pdf.
[xi] ANNE MORRISON & KATHERINE GALLAGHER ROBBINS, NAT'L WOMEN'S LAW CTR., PART-TIME WORKERS ARE PAID LESS, HAVE LESS ACCESS TO BENEFITS—AND TWO-THIRDS ARE WOMEN 1 (Sept. 2015), https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2015/08/part-time_workers_fact_sheet_8.21.1513.pdf.
[xii] Daniel Schneider & Kristen Harknett, *It's About Time: How Work Schedule Instability Matters for Workers, Families, and Racial Inequality*, SHIFT 1–2 (Oct. 2019), https://shift.berkeley.edu/files/2019/10/Its-About-Time-How-Work-Schedule-Instability-Matters-for-Workers-Families-and-Racial-Inequality.pdf (finding two-thirds of workers in retail and food service receive less than two weeks' notice of their schedules, and half of those get less than a week's notice).
[xiii] INST. FOR WOMEN'S POL'Y RES., 44 MILLION U.S. WORKERS LACKED PAID SICK DAYS IN 2010, at 1 (Jan. 2011), http://www.iwpr.org/publications/pubs/44-million-u.s.-workers-lacked-paid-sick-days-in-2010-77-percent-of-food-service-workers-lacked-access.
[xiv] Rachel K. Jones & Jenna Jerman, *Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014,* 107 Am. J. Pub. Health 1904, 1906 (2017).
[xv] M Antonia Biggs et al., *Understanding Why Women Seek Abortions in the US*, BMC WOMEN'S HEALTH, July 2013, at 6.
[xvi] BD. GOVERNORS FED. RESERVE SYS., REPORT ON THE ECONOMIC WELL-BEING OF U.S. HOUSEHOLDS IN 2018, at 21 (May 2019), https://www.federalreserve.gov/publications/files/2018-report-economic-well-being-us-households-201905.pdf.
[xvii] Rachel K. Jones et al., *At What Cost? Payment for Abortion Care by U.S. Women*, 23 WOMEN'S HEALTH ISSUES e173, e176 (2013).
[xviii] Rachel K. Jones & Jenna Jerman, *Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014,* 107 AM. J. PUB. HEALTH 1904, 1906 (2017).
[xix] Lawrence B. Finer et al., *Timing of Steps and Reasons for Delays in Obtaining Abortions in the United States*, 74 CONTRACEPTION 334, 335, 341 (2006).