



**House Committee on the Judiciary
Subcommittee on the Constitution, Civil Rights, and Civil
Liberties
Hearing on “Threats to Reproductive Rights in America”**

June 4, 2019

Statement Submitted by
National Partnership for Women & Families
1875 Connecticut Avenue NW
Suite 650
Washington, DC 20009

Dear Chairman Cohen, Ranking Member Johnson and Members of the Subcommittee:

The National Partnership for Women & Families is a nonprofit, nonpartisan organization that has fought for decades to advance the rights and well-being of America's women and families, including the right to access abortion care free of shame, stigma or barriers.

Abortion is an essential part of health care and a basic human right. Nearly one in four women in the United States will have an abortion by age 45.¹ Access to abortion care facilitates people's autonomy, dignity and ability to make decisions about their bodies, their lives and their futures. It also enables people to adequately care for themselves and their families, and to fully contribute to American society. In short, abortion is fundamental to women's equality, and all people deserve access to abortion care and to comprehensive reproductive health care.

Yet across the country, access to abortion is under attack with increasing levels of inflammatory rhetoric and disregard for science and medicine or the realities of people's lives. Bans on abortion are moving with alarming speed in state legislatures.² For example, just since January 2019, bans on abortion after 6 weeks – before most people even know that they are pregnant – have passed in Louisiana, Ohio, Georgia, Kentucky and Mississippi and have passed one chamber in legislatures in South Carolina and Tennessee. A ban on abortion after 8 weeks has passed in Missouri, and the state is currently attempting to revoke the license to provide abortion care from the last remaining Missouri clinic, meaning the state could be the first without an abortion provider since before *Roe v. Wade*. Alabama has passed a law that criminalizes abortion at any stage in pregnancy. Trigger laws, which would automatically criminalize abortion in the event that *Roe v. Wade* is overturned, have recently passed in Arkansas, Kentucky and Tennessee. And bans on a commonly-used second trimester abortion procedure have passed in Indiana and North Dakota and are moving forward in Michigan.

These bans are compounded by other efforts at both the federal and state levels to limit access to abortion care and family planning services, such as this administration's Title X gag rule, state efforts to prohibit Planned Parenthood from receiving reimbursement under state Medicaid programs, and other efforts to limit who can provide abortion care and other reproductive health services.

All of this federal and state level activity is part of a concerted and explicit effort to ban abortion outright. **This hearing is a necessary venue for bringing these unprecedented attacks on access to abortion and reproductive health care to light, and for affirming the right of all people to have access to the care that they need, free of barriers, shame or stigma.**

We commend the Chairman for holding today's hearing and urge the House to take seriously the very real, devastating impacts that restrictions or bans on abortion access have on people's health, well-being, and economic security.

People who are denied access to an abortion have been found to suffer adverse physical and mental health consequences. For example, according to a longitudinal study that is frequently cited in peer-reviewed journals, women denied abortion care are more likely to experience eclampsia, death, and other serious medical complications during the end of

pregnancy, more likely to remain in relationships where interpersonal violence is present, and more likely to suffer anxiety.³ Restrictions and bans on abortion care also fall disproportionately on people of color and exacerbate existing health disparities, including maternal health and maternal mortality disparities.

In addition to health impacts, having access to abortion care also benefits the economic security of individuals and families. Research has shown that women who seek but are denied abortion care are worse off financially and significantly more likely to fall into poverty than women who are able to get the care they need.⁴ People who have an abortion are already disproportionately poor, and lack of access to care only further entrenches their economic insecurity. Additionally, women who are denied an abortion had more than three times greater odds of being unemployed six months later than women who were able to access an abortion;⁵ access to abortion is linked with greater workforce attachment and higher lifetime earnings. In one study, women who were able to have an abortion were six times more likely to have positive life plans – most commonly related to education and employment –and are more likely to achieve them than women denied an abortion.⁶

Access to abortion care also benefits children and families, most directly by allowing people to take on the costs of having children when they are best able or to have the resources necessary to care and provide for the children they already have. Research has found that denying women abortion care has negative developmental and socioeconomic consequences for their existing children.⁷

We urge the House to reject efforts to undermine access to abortion care, and to stand up for the health, security and dignity of America's women and families. Following this hearing, **the House should swiftly pass the Women's Health Protection Act (WHPA), which would protect abortion access across the country. The House should also promptly pass the EACH Woman Act, which, as a complement to WHPA, would ensure abortion access for people no matter their income or how they are insured.**

If you have questions, please contact Jessi Leigh Swenson, director of outreach and engagement for reproductive health and rights, at jswenson@nationalpartnership.org or 202-986-2600.

1 Guttmacher Institute. (2017, October). *Abortion is a common experience for U.S. women, despite dramatic declines in rates*. [News release]. Retrieved 4 April 2019, from <https://www.guttmacher.org/news-release/2017/abortion-common-experience-us-women-despite-dramatic-declines-rates>

2 Nash, E., Cappello, O., Naide, S., Mohammed, L., & Ansari-Thomas, Z. (2019, April). *Radical Attempts to Ban Abortion Dominate State Policy Trends in the First Quarter*. Retrieved 4 April 2019 from Guttmacher Institute website: <https://www.guttmacher.org/article/2019/04/radical-attempts-ban-abortion-dominate-state-policy-trends-first-quarter-2019>

3 See Advancing New Standards in Reproductive Health: University of California San Francisco. (2018). *Turnaway Study*. Retrieved 4 April 2019, from <https://www.ansirh.org/research/turnaway-study>

4 Foster, D., Roberts, S.C., & Mauldon, J. (2012, October). *Socioeconomic consequences of abortion compared to unwanted birth*. Paper session presented at the American Public Health Associations annual meeting, from <https://apha.confex.com/apha/14oam/webprogram/Paper263858.html>

5 Advancing New Standards in Reproductive Health: University of California San Francisco. (2018, August). *Issue Brief: Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions* (p. 1). Retrieved 4 April 2019, from https://www.ansirh.org/sites/default/files/publications/files/turnaway_socioeconomic_outcomes_issue_brief_8-20-2018.pdf

6 Upadhyay, U., Biggs, M., & Foster, D. (2015, October). The effort of abortion on having and achieving aspirational one-year plans (pp. e9-10). *Boston Medical Center Women's Health*, 15, e1-10, from <https://bmcmomenshealth.biomedcentral.com/track/pdf/10.1186/s12905-015-0259-1>

7 Foster, D., Raifman, S., Gipson, J., Rocca, C., Biggs, M. (2019, February). Effects of carrying an unwanted pregnancy to term on women's existing children (p. 183). *Journal of Pediatrics*, 205, 183-189.