

United States House of Representatives
Committee on the Judiciary
Subcommittee on the Constitution and Civil Justice

Hearing on the No Taxpayer Funding for Abortion Act

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Mr. Chairman and Distinguished Members of this Subcommittee:

Thank you for the opportunity to appear before you today to present remarks on the "No Taxpayer Funding for Abortion Act."

This bill is a sweeping piece of legislation that would affect nearly *all* women in this country and would do significant harm to many, especially those women and families who are struggling to make ends meet. While the bill is cloaked in the language of taxpayer rights and federal appropriations, a close examination of its true impact reveals a mean-spirited attempt to interfere with a woman's personal decision-making by denying women insurance coverage for abortion care. Every woman deserves coverage for basic health care, including contraception, maternity care and abortion services should she need it.

This legislation reaches far beyond the already troublesome Hyde Amendment, which as you know is an annual appropriations measure that withholds abortion coverage for women enrolled in Medicaid unless their life is endangered by a pregnancy or the pregnancy results from rape or incest. And it reaches beyond the onerous restrictions that were proposed in the Stupak Amendment to the Affordable Care Act (ACA) and beyond the restrictions enacted into the ACA by the Nelson Amendments. In addition to all of those harsh measures, it would also virtually eliminate abortion coverage from the private insurance market and deny tax credits to small businesses that want to offer abortion coverage to their employees. Moreover, it would provide exceptions only for rape and incest or for conditions that put a woman in danger of death.

Congress should reject this harmful and overreaching piece of legislation.

**The Bill Would Ban Abortion Coverage for Virtually All Women in this Country,
Including Those in the Private Insurance Market**

Those who oppose abortion have tried and failed to make it illegal, so instead they have worked to make it almost impossible to obtain. Indeed, some object even to insurance coverage of

contraception, the most effective way to prevent unplanned pregnancy and reduce the need for abortion.

One of the ways they have accomplished this goal of limiting access to abortion is to make it unaffordable. This bill is their most recent attempt to place affordable abortion care out of reach for even more women.

For those who would make abortion illegal, it is not enough that they have tried to deny abortion coverage to the 9.7 million women who are currently enrolled in Medicaid¹ and up to 4.6 million more women who will become subject to the original abortion coverage ban if all the states take up the Medicaid expansion under the ACA.²

It is not enough that they have denied coverage to women who participate in other federal insurance plans and health programs, making them pay out-of-pocket for abortion care. This includes service women, veterans, and military dependents; federal employees; women in federal detention; Native American women; adolescents in the Children's Health Insurance Program; disabled women enrolled in Medicare; and Peace Corps volunteers.

No, in order to cut off access to affordable abortion care for the rest of the women in the country, abortion opponents need this bill as the final piece of the puzzle. If Congress enacts this bill into law, you are taking away coverage from women who live in places where private insurance plans that include abortion coverage are sold today. And you would take away a woman's ability to use her own health savings accounts to cover her medical costs related to abortion care – an unprecedented insertion of abortion politics into tax policy.

Historically, the vast majority of insurance plans have typically covered abortion services. It is no coincidence—it's an instance where good health policy meets good financial policy to address a woman's health care needs. In our analysis of both the Stupak and Nelson amendments, we raised the concern that Congress would create a chilling effect on plans by creating burdensome accounting requirements and would lead many more women to lose abortion coverage. Adding to the restrictions already in place in the ACA, further changing the tax credits for individuals and for small employers providing health care coverage could lead to significant changes in the health insurance coverage that women have had, potentially creating a "tipping point" in the nature of health insurance whereby women lose abortion coverage entirely.³ It is the nature of health insurance that insurers may no longer provide plans that include coverage which would come with burdensome regulatory requirements such as proposed

¹Guttmacher Institute, Unpublished tabulations using the 2012 and 2013 Current Population Survey (CPS), March Supplements.

²Kenney G, et. al. "Opting in to the Medicaid Expansion under the ACA: Who Are the Uninsured Adults Who Could Gain Health Insurance Coverage?" *Urban Institute, Timely Analysis of Immediate Health Policy Issues* (Summer 2012). Available at <http://www.urban.org/UploadedPDF/412630-opting-in-medicaid.pdf>.

³Rosenbaum S, Cartwright-Smith L, Margulies, R, Wood S, and Mauery D. An Analysis of the Implication of the Stupak/Pitts Amendment for Coverage of Medically Indicated Abortions. (George Washington University School of Public Health and Health Services, Dept of Health Policy, 2009).

in H.R. 7. Since approximately 60% of women of reproductive age, or 37 million women, get their health coverage through private insurance, this legislation could have a profound effect.⁴

This Bill Would Affect All Women, And Especially Hurt the Most Vulnerable Women

This bill represents more than just meddling in women's personal decisions; by making abortion care unaffordable, it will effectively ban abortion for some women. While it may not seem like a big expense to a Member of Congress, in these tough financial times, for many people, abortion care costs more than their monthly rent, putting it out of reach for their family's pocketbook. Studies show that most Americans do not have enough savings to cover a financial emergency, which means they have to borrow, sell or pawn personal items, or divert money from another financial obligation to cover emergencies such as an unexpected health care need.⁵

Moreover, cutting off access to abortion has profoundly harmful effects on the public health. Based on the experience with the ban that has long been imposed on women who qualify for Medicaid, we know that one in four low-income women who seek an abortion are forced to carry a pregnancy to term due to lack of coverage and cost.⁶

- Births which result from unintended or closely spaced pregnancies are associated with adverse maternal and child health outcomes. These include delayed prenatal care, premature birth, low birth weight, and other negative health effects for children.⁷
- A woman who wants to get an abortion but is denied is less likely to have a full-time job⁸ and twice as likely to be a victim of domestic violence.⁹
- Women with lower socioeconomic status – in other words, those who are least able to afford out-of-pocket medical expenses – already experience disproportionately high rates of adverse health conditions. Denying them access to abortion care will only exacerbate existing health disparities.

⁴ Guttmacher Institute, Unpublished tabulations using the 2012 and 2013 Current Population Survey (CPS), March Supplements.

⁵ National Foundation for Credit Counseling, Majority of Americans do not have money available to meet an unplanned expense, news release, Aug. 15, 2011. Available at http://www.nfcc.org/NewsRoom/newsreleases/FLOI_July2011Results_FINAL.cfm, accessed Aug. 20, 2013. Cited in Boonstra, HD, "Insurance Coverage of Abortion: Beyond the Exceptions for Life Endangerment, Rape and Incest." *Guttmacher Policy Review*, Vol. 16, No. 3, 2013.

⁶ Henshaw SK et al., *Restrictions on Medicaid Funding for Abortions: A Literature Review*, New York: Guttmacher Institute, 2009. Available at <http://www.guttmacher.org/pubs/MedicaidLitReview.pdf>.

⁷ Guttmacher Institute, "Unintended pregnancy in the United States," *Fact Sheet*, December 2013. Available at <http://www.guttmacher.org/pubs/FB-Unintended-Pregnancy-US.html>.

⁸ Upadhyay U, et al. "Denial of Abortion Because of Provider Gestational Age Limits in the United States." *American Journal of Public Health* p.3-4 (2013). Available at http://www.ansirh.org/wp-content/uploads/2013/08/upadhyay_ajph1-2013.pdf.

⁹ Chibber, K, et al, "Receiving versus being denied an abortion and subsequent experiences of intimate partner violence," abstract presented at the annual meeting of the American Public Health Association, San Francisco, Oct. 27–31, 2012. Available at <https://apha.confex.com/apha/140am/webprogram/Paper263991.html>.

Although most of the women affected by these bans still find a way to end their pregnancies, they often do so at great personal cost. Many are forced to delay their procedure for as long as two to three weeks while they pull together enough money to pay for the care they need, with the price and risks of the procedure increasing the longer they wait.¹⁰ By banning abortion coverage for even more women through private insurance, as this bill would do, Congress would expand the number of women and families struggling with unsolvable budget dilemmas, including many middle class families still recovering from the Great Recession.

In the current insurance market, coverage denial policies such as the ones proposed in this bill can have a serious and detrimental effect on people's financial security. Even with the premium assistance provided by the Affordable Care Act, there are individuals and families who have to stretch their budgets to pay for health insurance, leaving no margin to pay for medical costs that are not covered by their plans. When policymakers deny abortion coverage and make these health services unaffordable, it can jeopardize a family's financial security. When a woman is living paycheck to paycheck, denying coverage for an abortion can push her deeper into poverty. Indeed, studies show that a woman who seeks an abortion but is denied is three times more likely to fall into poverty than one who is able to get an abortion.¹¹

Limited exceptions only for rape, incest or danger of death

H.R. 7 limits abortion coverage to the current exceptions in Medicaid coverage: in cases of rape, incest or if the woman is in danger of death. These narrow exceptions, now in place for women covered by Medicaid in all but 15 states, would be further extended into the private market. Though plans could follow the coverage exemptions in Medicaid, it would be simpler for them to exclude abortion coverage in all circumstances. If choosing to cover the exceptions, then both private health plans and the IRS would need to make determinations of the nature of plan coverage as well as evaluate coverage decisions to ensure that they were in compliance. Neither the private market nor the IRS is suited for such determinations about a woman's risk of death or determination of rape or incest. Women potentially could be required to provide evidence of rape to the insurer as part of a claim.

The need for access to abortion to protect the health of women, not just when they are in danger of imminent death, is critical. As stated by the American Congress of Obstetricians and Gynecologists when the House considered this legislation during the 112th Congress, this bill "would leave women whose health is seriously threatened by their pregnancies with limited access to the care their doctors recommend to protect their health." Health conditions, such as diabetes, hypertension, epilepsy or others would not necessarily fit the definition of placing a woman in "danger of death," but could have potentially serious consequences for her health. Health insurance currently routinely covers the range of pregnancy care and other health services

¹⁰ Boonstra, HD, "Insurance Coverage of Abortion: Beyond the Exceptions for Life Endangerment, Rape and Incest." *Guttmacher Policy Review*, Vol. 16, No. 3, 2013. Available at <http://www.guttmacher.org/pubs/gpr/16/3/gpr160302.html>.

¹¹ Foster DG, Roberts SCM and Mauldon J, Socioeconomic consequences of abortion compared to unwanted birth, abstract presented at the annual meeting of the American Public Health Association, San Francisco, Oct. 27–31, 2012. Available at <https://apha.confex.com/apha/140am/webprogram/Paper263858.html>.

that may be needed by any individual woman. By denying abortion coverage, this would not only change the current insurance women have, but would put some women's health at risk.

In conclusion, this bill would impose a sweeping and unprecedented ban on abortion coverage, with far-reaching and harmful consequences for women's health and economic security. When it comes to the most important decisions in life, such as whether to become a parent, it is vital that a woman be able to consider all her options--including an abortion-- no matter what her income or source of insurance. It makes sense that health programs cover the whole spectrum of women's reproductive health needs, including birth control, abortion, and childbirth, because when people can plan if and when to have children, it's good for them and for society as a whole.