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**TESTIMONY IN OPPOSITION TO 16-H 7760,
RELATING TO INSURANCE FOR ABORTIONS
March 29, 2016**

As an organization that has long supported a woman's right to reproductive freedom, the ACLU of Rhode Island's positions on the various bills being heard tonight should not be difficult to deduce.¹ This written testimony, however, focuses on only one bill, H-7760, which we strongly oppose.

The General Assembly has, regrettably, passed a series of laws over the years severely restricting funding of abortions. For example, by law, health insurance plans for state employees and the state's RItStart program exclude virtually all abortion coverage. Just last year, as a result of implementing anti-choice provisions codified into the state's health benefit exchange statute, over 9,000 enrollees in the exchange were, without their knowledge, switched to insurance programs that do not cover abortion.

H-7760 would take these restrictions one step further, and far beyond any limitations imposed by federal law. They would prevent women who get an insurance plan tax credit from buying a plan that includes any abortion coverage beyond life, rape, and incest, even though all federal tax credits or subsidies cannot be used for, and must already be segregated from, any abortion coverage.

The net effect of this bill is to effectively block a woman struggling to make ends meet from getting comprehensive insurance coverage that includes abortion and that gives her access to the care she needs. Requiring her to find a separate plan that will cover abortion at an extra premium is a significant burden that many women will not be able to, or will not understand that they have to, overcome, and that may not even be offered by insurers in any event.

When political interference restricts access to abortion, the harm falls hardest on low-income women, women of color, and young women. As the American Congress of Obstetricians and Gynecologists has noted, laws like these "constitute a significant barrier to abortion access and increase reproductive health inequities." When a woman is living paycheck to paycheck, denying her coverage for an abortion can push her deeper into poverty. In addition, a woman who has to pay for an abortion out of pocket may be forced to delay the procedure to raise the necessary funds, leading to later and riskier abortions.

It is especially disturbing that this legislation contains no exception for a woman's health. When a pregnancy is complicated by a health condition, or a woman's health is jeopardized by

¹ For the record, the ACLU opposes H-7170, H-7282, H-7313, H-7611 and H-7764. We support H-7444 and H-7612.

the pregnancy itself, insurance coverage is particularly essential. Eliminating such coverage forces women to shoulder costly medical bills they may not be able to afford and puts their health at serious risk. The whole point of having insurance is to prevent those scenarios. Yet even when an abortion might be deemed medically necessary, because, for example, the woman has cancer, or if she is carrying an anencephalic fetus or one with severe fetal abnormalities with no chance of survival, her ability to protect her health is put at risk under this bill merely because she has qualified for tax credits to help pay for her other health coverage.

For those who claim that it is somehow unfair for their tax funds to pay for abortion against their deeply held beliefs, it is important to emphasize that this bill applies to abortions that would not be paid for with government funds. In any event, it is wrong to continually single out this medical procedure for such discriminatory treatment. People should not be able to determine, based on their own religious objections, what health care coverage *others* should have. Whether it is Jehovah's Witnesses objecting to blood transfusions, Christian Scientists objecting to various forms of medical care, or parents with sincere religious beliefs opposed to vaccinations for their children, they have no right to put obstacles in the way of other people gaining access to these medically indicated services. The same should be true for those who are seeking to exercise their constitutional right to reproductive choice.

In sum, a woman with insurance who needs an abortion should have coverage for it, just as she does for other health care services. It should not matter how she gets her insurance, whether she has private or government-funded insurance or qualifies for tax credits. It is bad enough that the law already withholds government funds from covering a woman's abortion, even when it is medically necessary, and prohibits the use of tax credits or subsidies for abortion. To put a woman's health at risk by imposing yet an additional barrier to coverage for this procedure is insupportable.

We urge this Committee to focus on expanding access to reproductive health care instead of putting up additional hurdles before a woman can access the care she needs. We ask the Committee to reject this bill.