



February 11, 2020

The Honorable Anna G. Eshoo
Chairwoman
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

The Honorable Michael C. Burgess
Ranking Member
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

RE: Support the Women's Health Protection Act of 2019 (H.R. 2975)

Dear Chairwoman Eshoo and Ranking Member Burgess:

On behalf of The Leadership Conference on Civil and Human Rights, a coalition charged by its diverse membership of more than 220 national organizations to promote and protect the rights of all persons in the United States, **we urge you to support the Women's Health Protection Act of 2019 (H.R. 2975)**, a critically-needed bill that would protect abortion access from medically unnecessary restrictions that limit access to care and obstruct the right of all persons to obtain safe, legal abortion services. We ask that this statement be entered into the record of the Subcommittee hearing entitled, "Protecting Women's Access to Reproductive Health Care," scheduled for Wednesday, February 12, 2020.

In too many places across America, people are denied the opportunity to participate equally in economic and social life because of who they are or where they live. Ensuring the protection and advancement of the rights, economic security, and dignity of all persons in this country is a priority of The Leadership Conference. The Women's Health Protection Act is a response to the onslaught of state-level abortion bans and medically unnecessary restrictions intended to prevent people from accessing abortion. These laws have frustrated the constitutional right to access abortion and made that right dependent on where a person happens to live and their financial means. Ultimately, this strategy to limit abortion disproportionately impacts the ability of low-income women and women of color to access healthcare, has robbed people of bodily autonomy, and threatens the economic security of individuals and their families.

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The Women’s Health Protection Act would end these harmful abortion restrictions and bans and would protect the right of all people to access abortion, no matter where they live or how much money they make. The Women’s Health Protection Act establishes a statutory right for healthcare providers to provide abortion care to patients free from medically unnecessary restrictions that single-out abortion and impede access to care.

Access to abortion is increasingly under attack. Just last year, nine states enacted various laws banning abortion pre-viability, including one state that enacted a complete ban on abortion at any stage of pregnancy, with no exceptions, and 4 states that banned abortion as early as six weeks of pregnancy, well-before many people even know they are pregnant.¹ All of these bans are blatantly unconstitutional and have been blocked in court, but they are indicative of an emboldened strategy among anti-abortion proponents to deny individuals their right to access abortion.

Under the guise of protecting health and safety, state legislatures—primarily in the South and Midwest—have also enacted hundreds of abortion restrictions since 2011, including 33 new restrictions in 2019, that are medically unnecessary, block access to care, increase costs to patients, and exacerbate healthcare inequities.² These laws single out abortion providers, treating them differently than other healthcare providers, even though abortion is one of the safest medical procedures in the United States.³ Between 2011 and 2017, there has been a net decline of at least 95 clinics—mostly in the South and Midwest.⁴ Today, nearly 90 percent of American counties have no abortion provider, forcing millions of people to incur onerous costs to travel long distances for care, or pushing care entirely out of reach.⁵

The impact of these restrictions on women of color, who because of our history of structural inequality and discrimination are disproportionately low-income, is devastating. Black women, for example, are impacted by clinic closures to a greater degree than non-minority groups. Systemic inequality brought on by past and present policies that target and oppress African-Americans, including the legacy of slavery, mass incarceration, segregation, voter suppression, and exploitative financial practices, such as redlining—have led to concentrated and intergenerational poverty within the Black community. As a result, Black women have diminished access to networks and resources to assist them in overcoming financial obstacles. In the context of clinic closures, Black women are half as likely to be able to travel 25 to 50 miles

¹ Elizabeth Nash et al., Guttmacher Institute, “State Policy Trends 2019: A Wave of Abortion Bans, But Some States are Fighting Back,” Dec. 10, 2019, <https://www.guttmacher.org/article/2019/12/state-policy-trends-2019-wave-abortion-bans-some-states-are-fighting-back>.

² *Id.*

³ National Academies of Sciences, Engineering, and Medicine, *The Safety and Quality of Abortion Care in the United States* (2018), available at <https://www.nap.edu/catalog/24950/the-safety-and-quality-of-abortion-care-in-the-united-states>.

⁴ Nash et al., *supra* note 1.

⁵ Guttmacher Institute, Data Center, <https://data.guttmacher.org/states> (last visited Feb. 11, 2020).

for abortion care than non-minority groups, which tend to have more financial resources, information, and social resources that allow them to travel.⁶

Clinic closures, however, are just one barrier to abortion care. Other laws that force unnecessary tests or procedures, provide confusing and medically inaccurate information, or force individuals to make multiple clinic visits also drive up individual costs, which can delay abortion access and aggravate economic and health care disparities felt by women of color, low-income women, immigrant women, rural women, and LGBTQ people.

Restricting access to abortion also threatens to undermine the ability of poorer people and people of color to achieve economic security. People of color and women are disproportionately represented in low-wage jobs,⁷ and women of color continue to endure discriminatory wage gaps. Black women, for example, are paid just 62 cents for every dollar paid to a white man. Latina women are paid only 55 cents, and some Asian American and Pacific Islander women are paid as low as 50 cents for every dollar paid to a white man.⁸ Restrictions on accessing abortion mean that low-income people and many women of color have to choose between paying their rent, purchasing food, or paying for other basic necessities, and receiving abortion care.

Studies also show that women who are denied wanted abortions face more economic hardship than women who wanted and received abortions. Women who are denied an abortion and forced to bear a child are four times more likely to fall into poverty.⁹ They are also more likely to experience poor health outcomes, including maternal death, as compared to women who received abortions,¹⁰ a trend that is particularly concerning for Black women who are up to four times more likely to experience pregnancy-related death than white women.¹¹ Conversely, abortion access has been shown to increase women's participation in the workforce, particularly for Black

⁶ Liza Fuentes and Jenna Jerman, "Distance Traveled to Obtain Clinical Abortion Care in the United States and Reasons for Clinic Choice," *Journal of Women's Health*, Dec. 28, 2019, *available at* <https://www.ncbi.nlm.nih.gov/pubmed/31282804>.

⁷ Laura Huizar and Tsedeye Gebreselassie, National Employment Law Project, Policy Brief, "What a \$15 Minimum Wage Means for Women and Workers of Color," Dec. 2016, <https://www.nelp.org/wp-content/uploads/Policy-Brief-15-Minimum-Wage-Women-Workers-of-Color.pdf>.

⁸ Ariane Hegewisch & Adiam Tesfaselassie, Institute for Policy Research, *The Gender Wage Gap: 2018; Earnings Differences by Gender, Race, and Ethnicity* (Sept. 11, 2019), <https://iwpr.org/publications/annual-gender-wage-gap-2018/>; Morgan Harwood, National Women's Law Center, *Equal Pay for Asian American and Pacific Islander Women* (Mar. 2019), <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2019/03/Asian-Women-Equal-Pay-3.7.19-v2.pdf>.

⁹ Diana Greene Foster et al., "Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States," *American Journal of Public Health*, Feb. 7, 2018, *available at* <https://ajph.aphapublications.org/doi/10.2105/AJPH.2017.304247>.

¹⁰ National Partnership for Women & Families and In Our Own Voice: National Black Women's Reproductive Justice Agenda, Issue Brief, "Maternal Health and Abortion Restrictions: How Lack of Access to Quality Care is Harming Black Women," Oct. 2019, <https://www.nationalpartnership.org/our-work/resources/repro/maternal-health-and-abortion.pdf>.

¹¹ *Id.*



women, and has led to gains in educational attainment.¹² Access to comprehensive reproductive health care, including abortion, is also critical to women's health.

Every person in the United States deserves the ability to make the healthcare decisions that are right for them. Access to comprehensive reproductive health care promotes health, economic security, and the well-being of families. State-level restrictions aimed at blocking access to care harm the most vulnerable communities and frustrates the constitutional right to access abortion. The Leadership Conference urges you to support the Women's Health Protection Act. It simply cannot be that our constitutional rights and ability to access comprehensive reproductive healthcare depends on who we are or where we live. Please contact Gaylynn Burroughs, Senior Policy Counsel, at burroughs@civilrights.org or (202) 466-3311, with any questions.

Sincerely,



Vanita Gupta
President & CEO

¹² Kelly Jones and Anna Bernstein, Institute for Women's Policy Research, Fact Sheet, "The Economic Effects of Abortion Access: A Review of the Evidence," July 2019, <https://iwpr.org/publications/economic-effects-abortion-access-fact-sheet/>.