



**Testimony of Vicki Saporta, President and CEO of the  
National Abortion Federation**

**Submitted to the House Judiciary Subcommittee on the Constitution  
Hearing on H.R. 7, the “No Taxpayer Funding for Abortion Act”  
January 9, 2014**

The National Abortion Federation (NAF) is the professional association of abortion providers in North America. Our members include private and non-profit clinics, Planned Parenthood affiliates, women’s health centers, physicians’ offices, and hospitals who together care for more than half the women who choose abortion in the U.S. and Canada each year. Our members also include public hospitals and both public and private clinics in Mexico City, and private clinics in Colombia.

The mission of the National Abortion Federation is to ensure that abortion care is safe, legal, and accessible, which promotes health and justice for women. Since 1977, we have actively opposed funding bans and restrictions on access to abortion care at the federal and state levels. We have also provided direct support to women seeking accurate information about pregnancy options and abortion care.

As President and CEO of NAF, I’m in a unique position to comment on this bill. NAF hears from tens of thousands of women every year who would be harmed by the unjust policies contained in H.R. 7. Every day we hear from women facing considerable barriers to accessing the abortion care they need, often due to existing funding bans. These women are desperate to make the best decisions for themselves and their families, but frequently cannot – because of law, because of circumstances, and because of the decisions of politicians who think they know better.

In this already difficult climate, H.R. 7 would implement insurmountable obstacles for countless women needing to access abortion care, and I have no doubt that this is the bill’s sole intention. Not only does this bill burden low-income women, a perennial target for anti-choice lawmakers, but it also targets every woman dependent on the private insurance market for health care. It is an unprecedented interference in the lives of women and their families.

**H.R. 7 Would Interfere in Women’s Private Health Care Decisions**

The “No Taxpayer Funding for Abortion Act” is a misleading and dangerous bill that aims to dismantle insurance coverage for abortion care. Its effect would range from burdensome to tragic, and would be felt by millions of women and families. The Smith Bill would drastically alter the insurance landscape with two sweeping changes. First, through a regulation similar to the defeated Stupak-Pitts amendment, it would render any state exchange health plan that covers abortion unsustainable. Second, by banning health care related tax deductions for private

insurance plans that include abortion care, this bill would penalize individuals and small businesses for keeping plans that offer comprehensive coverage. These two regulations would have a dramatic effect on the insurance market, where historically the majority of private health insurance plans cover abortion care.

As the professional association of abortion providers, we know that serious health conditions or life endangering situations can arise during pregnancy that make abortion care a woman's best option. But, after dismantling the current insurance market, H.R. 7 could create a market that only offers coverage for abortion care in the narrow exceptions of rape, incest, and life endangerment. A woman's health or well-being is not a consideration in Representative Smith's bill.

H.R. 7 would affect women like Carly,<sup>i</sup> who could be forced to choose between financial ruin and her health and well-being. Carly was suffering from kidney disease and was in a great deal of pain. She was unable to work, and was having trouble providing for her two children. When she became pregnant, she made the decision to have an abortion so that she could have her kidney removed and begin the road to recovery. Carly knew that carrying her pregnancy to term would create many more health problems, and would leave her unable to care for her family. A lack of coverage likely to result from H.R. 7 would mean that Carly could not afford the care she needed.

Further, the tax penalties in H.R. 7 would deter small businesses from choosing the most comprehensive reproductive health coverage for their employees, with devastating health consequences for small business employees and their families. We recently heard from Samantha,<sup>ii</sup> who was seriously injured in a car accident, which left her unable to walk. Samantha was pregnant and carrying the pregnancy to term was not an option for her. Without coverage from her employer's health plan, she would not have been able to afford the abortion care she needed. Under H.R. 7, women like Samantha could lose their coverage.

### **H.R. 7 Contains Hyde-Like Restrictions on Federal Funding That Jeopardize Women's Health**

This bill also contains a federal funding ban targeting low-income women who rely on the federal government for their health care. It would codify the Hyde Amendment, which since 1976 has prohibited the use of federal funds for most abortion care. The Hyde Amendment is a harmful policy that unfairly denies comprehensive health care and autonomy to our nation's low-income women. Women should not be forced to sacrifice basic necessities, including rent, food, or child care, in order to obtain the necessary funds to have an abortion. Nor should they further risk their own health by delaying their abortion care until later in their pregnancy while they try to raise funds.

The restrictions imposed by federal funding bans unfairly jeopardize the health and well-being of low-income women and their families. Women in desperate situations may resort to self-inducing an abortion or obtaining unsafe procedures from untrained practitioners. Federal funding bans also harm women's health by denying coverage for abortion care in cases where women have serious physical or mental health concerns.

The Hyde amendment denied Reagan<sup>iii</sup> coverage for her abortion care. When Reagan discovered she was pregnant her doctor told her that the medication she took to control her seizures was likely to cause fetal anomalies. Reagan decided very early in her pregnancy that an abortion was the best course of treatment. However, Medicaid would not cover her abortion care. Fortunately, Reagan worked with a clinic, which helped raise the funds so she could have an abortion.

Federal funding bans have a disproportionate effect on women of color, who are more likely to live below the poverty line and become eligible for government health care. According to census data, 25.5 percent of African Americans, 25 percent of Latinas, 67 percent of Laotians, 66 percent of Hmong, 47 percent of Cambodians, and 27 percent of Native Americans and Alaskan Natives are living below the poverty level, compared to only 10.4 percent of whites.<sup>iv</sup>

The sweeping ban contained in this bill would also deny coverage for abortion care for federal employees, servicewomen, and Peace Corps volunteers. The employees, volunteers, soldiers, airwomen, marines, and sailors who serve our country, and their families, do not deserve to be denied access to comprehensive reproductive health care because of the political posturing of members of Congress.

The National Abortion Federation has worked on equity for servicewomen for more than a decade, and we've heard from many women who are affected by this ban. Women like Jane,<sup>v</sup> an active duty servicewoman stationed in Afghanistan whose first priority is serving her country, not starting a family. Unfortunately, her doctors failed to tell her that her government-issued malaria pills would interfere with her birth control pills. As a result, Jane, who is stationed with her husband, became pregnant. She should not be forced to end her front-line duty in Afghanistan and her military career, but that's exactly what could happen under H.R. 7.

### **H.R. 7 Restricts DC from Using Its Own Locally Raised Funds**

H.R. 7 would also permanently prohibit the District of Columbia from using its own locally raised funds to provide abortion care. This is a violation of DC's right to self government, and detrimental to the health care needs of women who live in the District of Columbia. When the federal ban was temporarily lifted in recent years, DC's own civic representatives chose to provide abortion coverage for Medicaid eligible women. Women like Allison,<sup>vi</sup> who is a single mother of four, living in the District of Columbia. Unfortunately, when Allison learned she was pregnant, the federal restriction was back in place and the District of Columbia, once able to help her, was barred by Congress from offering her aid. Allison was enrolled in Medicaid and only had \$20 to her name. After exhausting all of her options, she was fortunately able to get support from a local fund, and the clinic agreed to discount the cost of her procedure so she could access the abortion care she needed.

### **NAF Urges You to Vote Against this Extreme and Harmful Bill**

A ban this widespread would deny millions of women the reproductive health care coverage they need to make the best decisions for themselves and their families. We urge you to reject this dangerous bill.

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<sup>i</sup> Name changed to protect privacy.

<sup>ii</sup> Name changed to protect privacy.

<sup>iii</sup> Name changed to protect privacy.

<sup>iv</sup> *See* Suzanne Macartney et al, “Poverty Rates for Selected Detailed Race and Hispanic Groups by State and Place: 2007–2011” (Washington: United States Census Bureau, 2013), and National Asian Pacific American Women’s Forum Fact Sheet “Hyde: Thirty Years is Enough” (2008).

<sup>v</sup> Name changed to protect privacy.

<sup>vi</sup> Name changed to protect privacy.