October 2, 2017

United States House of Representatives
Washington, DC 20515

RE: VOTE NO on "Pain-Capable Unborn Child Protection Act"

Dear Member of the House,

On behalf of the National Latina Institute for Reproductive Health, In Our Own Voice: National Black Women's Reproductive Justice Agenda, National Asian Pacific American Women's Forum, the undersigned organizations dedicated to achieving reproductive justice for all people, and the millions of people we represent who do not support this legislation, we write to urge you to vote NO on H.R. 36, the "Pain-Capable Unborn Child Protection Act." Reproductive justice will be attained when all people have the economic, social, and political power and means to make decisions about their bodies, sexuality, health, and family, with dignity and self-determination. H.R. 36 works directly counter to this mission by imposing dangerous and unconstitutional barriers to healthcare and preventing communities from accessing abortion. The bill seeks to further limit, and thus disproportionately impact, the healthcare options of low income families, young people and communities of color.

In a blatant attempt to ban later abortion, undermine decades of legal precedent, and directly challenge *Roe v. Wade*, H.R. 36 imposes medically unnecessary and exceptionally onerous requirements on people seeking abortion care. Studies show that for young people, low-income women, and women without access to comprehensive sex education, a pregnancy can take longer to suspect and confirm.[1] Once a pregnancy is confirmed, because of the myriad limitations on abortion already imposed by the federal and state governments, like mandatory delays, coercive "counseling", and unnecessary ultrasounds, people have less time to decide to end a pregnancy, make arrangements, and raise funds. Further, studies show it is more likely that women at or under 100 percent of the federal poverty level will have second-trimester abortions than women at higher income levels.[2] Therefore, a ban on abortion 20 weeks after fertilization like that proposed in H.R. 36 can function as an outright ban on abortion care, even if the patient falls under one of the bill's few exceptions.

H.R. 36 places a high burden on low-income people. Research shows that most low-income people pay for abortion care out of pocket.[3] The time it takes to raise money to pay for a medical procedure and surrounding costs delays care. Nearly 60 percent of women who experienced a delay in obtaining an abortion cite the time it took to make arrangements and raise money.[4] The average out-of-pocket cost to patients for first-trimester abortion care was $397.[5] For second trimester abortion care the average out-of-pocket cost was $854.[6] 58 percent of

abortion patients say they would have liked to have had their abortion earlier. [7] Yet costs and additional barriers to care often make this desire an impossible reality.

H.R. 36 particularly imposes burdens on people of color. People of color are more likely to experience employment discrimination and be paid low wages, leading to high poverty rates. In 2015, 21.4 percent of Latinxs lived below the poverty line. [8] Similarly, 24.1 percent of the Black community lives below the poverty line.[9] Among Asian Americans, 11.4 percent overall live below the poverty line, but numbers are much higher for certain communities.[10] For example, the 2006 to 2010 aggregate poverty rate for Bangladeshi Americans was 21.1 percent and 27 percent for Hmong Americans.[11] These factors mean that families of color are among the least likely to be able to afford out-of-pocket healthcare, whether for abortion services or any other type of care. Thus, existing federal bans on abortion coverage disproportionately affect people of color by forcing them to choose between necessary abortion care and putting food on the table.

H.R. 36 disproportionately impacts low-income people who live far from an abortion provider. Pregnant people forced to travel long distances and pay steep fees out-of-pocket to obtain abortion care must make additional arrangements for travel and childcare, increasing their costs and often further delaying the procedure. People who do not have the means to navigate this legislatively constructed obstacle course are forced to either continue a pregnancy to term or seek other means.

If passed, H.R. 36 would ban abortion 20 weeks after fertilization, with an extraordinarily narrow exception for survivors of rape and incest or "to save the life of the pregnant woman." The "pregnant woman" language is quite damaging, as it is exclusionary of the trans community. Moreover, the exception for survivors of rape requires that the rape be reported. This requirement is particularly harmful and, ultimately, ineffective, as there are countless hurdles and barriers to reporting rape, particularly for communities of color. According to the Department of Justice, only 32% of rape or sexual assault is reported.[12] This bill will harm everyone, but its impact will be felt most acutely by communities of color and low-income people. In order to truly support our communities, we need policies that improve and expand—not limit—access to a full spectrum of healthcare, including abortion. Our communities thrive when people have the ability, resources, and support to make the healthcare decisions that are best for themselves and their families.

We, the undersigned, strongly urge you to vote no on H.R. 36.

Sincerely,

Advocates for Youth
Black Women for Wellness

Black Women's Health Imperative
Center on Reproductive Rights and Justice at UC Berkeley School of Law
Civil Liberties and Public Policy (CLPP)
Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
Desiree Alliance
Forward Together
If/When/How: Lawyering for Reproductive Justice
In Our Own Voice: National Black Women's Reproductive Justice Agenda
National Advocates for Pregnant Women
National Asian Pacific American Women's Forum
National Latina Institute for Reproductive Health
National Network of Abortion Funds
New Voices for Reproductive Justice
New Orleans Abortion Fund
New York Abortion Access Fund
Positive Women's Network-USA
Reproductive Justice Clinic at NYU School of Law
SIA Legal Team
SisterLove, Inc.
SisterReach
SisterSong: National Women of Color Reproductive Justice Collective
SPARK Reproductive Justice NOW!
Tewa Women United
The Religious Coalition for Reproductive Choice
Third Wave Fund
URGE: Unite for Reproductive & Gender Equity
West Fund
Women With A Vision, Inc.
WV FREE
Young Women United

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[1] Lawrence B. Finer, et al., "Timing of steps and reasons for delays in obtaining abortions in the United States," *Contraception* 74(4) (2006): 334–344.

[2] Lawrence B. Finer and Rachel K. Jones, "Who has second trimester abortions in the United States?" *Contraception* 85(6) (2012): 544-51.

[3] Rachel K. Jones, Ushma D. Upadhyay, and Tracy A. Weitz, "At What Cost?: Payment for Abortion Care by U.S Women," *Women's Health Issues* 23 no. 3 (May 2013): e175, http://www.guttmacher.org/pubs/journals/j.whi.2013.03.001.pdf.

[4] Finer, "Timing of steps."

[5] "Research brief: The impact of out-of-pocket costs on abortion care access," http://allaboveall.org/wp/wp-content/uploads/2016/09/OutOfPocket-Impact.pdf.

[6] *Id.*

[7] Finer, "Timing of steps."

[8] Melissa A. Kollar, Bernadette D. Proctor, and Jessica L. Semega, "Current Population Reports, Income and Poverty in the United States: 2015," (U.S. Census Bureau, 2016), https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf.

[9] *Id.*

[10] *Id.*

[11] Farah Z. Ahmad and Karthick Ramakrishnan, "State of Asian Americans and Pacific Islanders Series A Multifaceted Portrait of a Growing Population," 90 (Center for American Progress, 2014), http://aapidata.com/wp-content/uploads/2015/10/AAPIData-CAP-report.pdf.

[12] Jennifer L. Truman and Rachel E. Morgan, "Criminal Victimization, 2015," 6 (U.S. Department of Justice, Bureau of Justice Statistics, 2016), https://www.bjs.gov/content/pub/pdf/cv15.pdf.