

Equality in Abortion Coverage Act (EACA)

H7442 | S2549

FREQUENTLY ASKED QUESTIONS

Is this bill using tax dollars to pay for abortions?

State employees are provided with a public insurance plan. Medicaid is a public insurance program for low-income people. The EACA simply gets rid of the policies that deny health benefits for abortion in these public insurance programs.

Whether someone uses private insurance or a public health plan like Medicaid, they should be able to get the care they need, including abortion. It is wrong to take away one type of health service just because SOME people don't want you to get it. This is harmful and it needs to stop.

Doesn't the public oppose policies to require public funding or public insurance programs to cover abortion?

No, in fact numerous polls over the past ten years have shown majority voter support for providing Medicaid coverage and/or broadly around including abortion in health plans. These are primarily national polls as they were part of efforts to get rid of these harmful policies at the federal level, however the results have been consistent that not only do people support the idea of health insurance covering abortion, but also that when provided more information around the fact that policies limiting health coverage are politically motivated, that providing coverage does not result in a cost increase, and in some research information on the impact of denying coverage, the support increases.

A March poll found that nearly three in five Americans (58%) agree that all health insurance, both private and government-funded, should cover reproductive health care, including abortion.

What do you say to people who want to talk about this as the government forcing people of faith to pay for abortions?

People across and even within religious traditions have varying views about abortion and people across faiths seek abortion care. Religious liberty means we each make our own decisions based on what we need and we believe. It does NOT mean taking away decisions by taking away health coverage! The policies denying health coverage for abortion are pushing one set of beliefs by taking away decisions and thereby denying religious liberty.

Can't people just purchase a special rider for their insurance policy to get abortion coverage?

No. Abortion riders are virtually nonexistent as with any rider very expensive. We are talking about state workers and low-income people who use Medicaid

being asked to pay to get a special add-on because a policy is denying insurance benefits for one procedure that is widely needed and extremely safe. Also, they shouldn't have to. Health benefits should cover the care we need without political interference or barriers to push a particular agenda!

Does the Rhode Island Constitution ban the use of public funds or public insurance programs to pay for abortions?

According to the ACLU of Rhode Island, "Any claim that language in the Rhode Island Constitution bars passage of the Equality in Abortion Coverage Act is completely bogus. Opponents of the Reproductive Privacy Act made the identical argument about the RPA, and only two weeks ago the Rhode Island Supreme Court explicitly rejected that argument, expressly stating that in no way did the state Constitution prohibit the General Assembly from enacting that law."

What does it really mean when people can't get the care they need? ANSIRH produced a longitudinal study examining the mental health, physical health, and socioeconomic consequences of being forced to carry a pregnancy to term. Data from their Turnaway Study has been published in more than fifty scientific, peer-reviewed journals. The study found that many of the common claims about abortion having negative impact are not supported by evidence. Additionally, the research found serious consequences of being denied an abortion.

Qualitative research found that low-income people who are denied abortion coverage may have to postpone paying for other basic needs like food, rent, heating, and utilities in order to save the money needed for an abortion. Moreover, because of the high cost of the procedure, low-income women are often forced to delay obtaining an abortion because they need time to raise the money.

Another study showed that one year after attempting to obtain an abortion, people who were denied an abortion were more likely to live below the federal poverty level and receive public assistance than those who received an abortion. Being forced to forego an abortion pushes people closer to poverty and others deeper into the poverty they are already enduring.

What is the impact of Rhode Island policies that take away health coverage for abortion? Our state employee health plans cover about 32,000 Rhode Islanders, including health professionals, college professors, and students: the public servants who keep our state running, and their family members. They are all denied abortion coverage. Medicaid covers over 25 percent of Rhode Islanders, including 77,000 women of child-bearing age. This is a health insurance program that is meant to serve our lowest wage earners, people with disabilities, and current and former foster youth. They deserve equal access to health care, including abortion. By leaving people on Medicaid out of the Reproductive Privacy Act's protections, we have created an unequal system.

What type of out-of-pocket costs are we forcing people to incur?

The Women's Health and Education Fund (WHEF) has stated that the average cost of an abortion in RI is \$600. There are many individuals and families who simply do not have anything extra sitting around if their insurance says they won't cover their abortion. Decades under these archaic and discriminatory state policies have resulted in too many people and their families being pushed further into poverty as they scramble to find the money for an abortion.

How do abortion bans fuel racial and health inequity?

Women of color are overrepresented in low-wage jobs and are more likely to use the state Medicaid program, meaning that the state ban on Medicaid abortion coverage disproportionately affects them. Black women have the highest unintended pregnancy rate of any racial or ethnic group, more than double that of non-Hispanic white women due to barriers to contraception, preventative health care, and lack of access to timely and affordable access to a range of services.

Recent research found that more than half of women of childbearing age enrolled in Medicaid have family incomes below the poverty level. When insurance coverage is denied, low-income people are likely to spend a third or more of their monthly income on a healthcare procedure – or are forced to forgo the care. That's what this policy means.

Questions on S2386, S2625, S2387 and S2626 (anti-abortion bills also being heard in Senate Judiciary)

What's wrong with the “born alive” bills (S2386, S2625, S2387)?

These bills imply that doctors or health professionals who provide abortions would ever withhold care from an infant. It is insulting and dangerous to imply that this is happening. Abortion providers are trained and compassionate professionals doing their best to help patients in spite of frequent harassment and even violence. This bill is meant to disparage them and to lay the groundwork to take away all access to abortion and we know who that harms most – people who are pushed to the margins who are already struggling to obtain affordable, quality health services. Existing homicide laws would indeed apply to a case of intentionally withholding care. These bills are solving a problem that does not exist.

The term “born alive” is not a term rooted in science or medicine. This disinformation opens the door to allowing politicians to interfere with family decisions about palliative care for an infant who tragically won't survive for long. These families are making the best decision they can in heartbreaking circumstances. That is a problem created by this misguided legislation - and one we should not allow.

Why would you oppose licensing requirements for abortion facilities (S2626)?

This bill sets up special, medically unnecessary requirements only for facilities that provide abortion. An abortion provider should not have to go through special licensing. Abortion is incredibly safe with a complication rate of less than 1%. This is not about safety. These bills, which have been pushed across the country, are about special - and often onerous - requirements to try to make it harder to provide care - and in some cases to force clinics to close due to costly requirements. Both medication and procedural abortions are very safe interventions, carrying lower complication risks than other common outpatient procedures and yet this bill does not try to create extra obstacles or expectations for other outpatient care.

CAMPAIGN PARTNERS (list growing weekly):

ACLU of Rhode Island, Alpert Medical School Medical Students For Choice, American Academy of Pediatrics, RI Chapter, American College of Obstetricians and Gynecologists, Amnesty Intl, RI Chapter, Black Lives Matter, PAC, Brown College Democrats, Brown University's Department of Family Medicine, The College Dems of RI, The College Democrats at Roger Williams, Coyote RI, Economic Policy Institute, GLBTQ Legal Advocates & Defenders, Haus of Codec, House of Hope CDC, Latino Policy Institute, LBGTQ Action RI, League of Women Voters, RI Chapter, OLOC-RI- Old Lesbians Organizing for Change, Party for Socialism and Liberation, Physicians for a National Health Program – RI Chapter, Providence Democratic Socialists of America, Reproductive Health Access Project RI, RI Academy of Family Physicians, RI Coalition Against Domestic Violence, RI Democratic Women's Caucus, RI Healthcare Access and Affordability Partnership, RI Medical Society, RI NOW, RI Queer Political Action Committee, RI Working Families Party, RIOT RI, SHIP, SISTA Fire, Sojourner House, South County Huddle, SURJ-RI, The Womxn Project, Unitarian Universalist Church of SC- Social Justice Team, Women's Fund of RI, Youth Pride RI