



**SB0423 - Public Health – Federal and State Funding for Abortions –
Prohibition and Exceptions**

Presented to the Hon. Delores Kelley and Members of the Senate Finance Committee
March 10, 2021 1:00 p.m.

POSITION: OPPOSE

NARAL Pro-Choice Maryland urges the Members of the Senate Finance Committee to issue **an unfavorable report on SB0423 Public Health – Federal and State Funding for Abortions – Prohibition and Exception**, sponsored by Senator Salling.

Our organization is an advocate for reproductive health, rights, and justice. As part of our efforts to protect reproductive freedom for all Marylanders, we work to ensure every individual has the right to decide if, when, and how to form their families, and to parent in good health, in safety, and with dignity. We recognize that all people, regardless of income, deserve meaningful access to abortion care – not just the theoretical “right.”

Low-income people make up a disproportionate number of abortion patients, and are disproportionately impacted by the cost of abortion care in comparison to their middle- and high-income counterparts.

Approximately [three-quarters of abortion patients](#) qualify as low-income, and more than half of patients are [already parents](#).¹ An average first-trimester abortion costs [\\$470](#).² Based on this figure, and estimates of average income for Medicaid recipients, paying out-of-pocket for abortion care can consume more than [25%](#) of a Medicaid recipient’s monthly income.³ This directly translates to an individual’s ability to pay rent, put food on the table, and support their existing family. Medicaid is charged with covering necessary health care for low-income people, and abortion care should be no exception. All pregnancy-related healthcare is necessary healthcare.

Research shows that women are [more likely to experience delays](#) in obtaining an abortion if they live in a state where Medicaid does not cover abortion care, or if they struggle to get insurance to cover the care.⁴ Individuals who are forced to delay care as they fundraise for a procedure often get stuck in an impossible positive feedback loop: struggling to raise more money as the care gets more expensive each week. Ultimately, they may be forced to carry the pregnancy to term, or end up accessing abortion care much later than they intended. Data from the [Turnaway Study](#) found that women who were unable to access the abortion care they wanted were more likely to experience economic insecurity; more likely to stay in an abusive relationship; and, more likely to experience complications while continuing their pregnancy.⁵

Looking beyond forced pregnancy and birth as a reason our state should continue to cover abortion care, Medicaid’s coverage of abortion care makes great economic sense. A Medicaid recipient who cannot access the

¹ Jerman J, Jones R, Onda T. Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008. Guttmacher Institute; 2016:1-28

² Dennis A, Manski R, Blanchard K. Does Medicaid Coverage Matter?: A Qualitative Multi-State Study of Abortion Affordability for Low-income Women. Journal of Health Care for the Poor and Underserved. 25(4):1571-1585. 2016.

³ *Ibid*

⁴ *Ibid*

⁵ Introduction to the Turnaway Study (annotated bibliography). Accessed at

<https://www.ansirh.org/sites/default/files/publications/files/turnawaystudyannotatedbibliography.pdf>

abortion care she needs will likely go on to give birth. On average, Medicaid would be responsible for paying [\\$12,599](#) for the labor and delivery of a pregnant person – more than 25 times the cost of a first trimester abortion. Not having enough money to care for a child or support another child is the [most common reason](#) women give for wanting to terminate an unintended pregnancy.⁶ A 2015 report from the United States Department of Agriculture (USDA) puts the current average cost of raising a child through the age of 17 at [\\$233,610](#).⁷ We should respect people's desires to become or remain economically secure by not adding a child they do not want and cannot afford to have.

For these reasons, NARAL Pro-Choice Maryland **urges an unfavorable committee report on SB0423 - Public Health – Federal and State Funding for Abortions – Prohibition and Exceptions**. Thank you for your time and consideration.

⁶ Biggs, M., et al. (2013). "Understanding why women seek abortions in the US." BMC Women's Health 13(1): 29.

⁷ Lino M, Kuczynski K, Rodriguez N, Schap T. Expenditures on Children by Families, 2015. United States Department of Agriculture; 2017:30.