



**Testimony of Jocelyn Frye  
President, National Partnership for Women & Families**

**House Committee on Oversight and Reform**

**Hearing: Examining the Harm to Patients from Abortion Restrictions and  
the Threat of a National Abortion Ban  
September 29, 2022**

Chairwoman Maloney, Ranking Member Comer and members of the Committee:

Thank you for the opportunity to discuss the landscape of abortion access following *Dobbs v. Jackson Women's Health Organization*<sup>1</sup> and the centrality of abortion to people's ability to live fully and with dignity and equality.

My name is Jocelyn Frye, and I am the president of the National Partnership for Women & Families (National Partnership). The National Partnership is a nonprofit, nonpartisan advocacy organization based in Washington, D.C. Over the last five decades, we have worked to promote fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people, especially women, meet the dual demands of work and family. We focus specifically on tackling gender-based barriers, often rooted in longstanding stereotypes and biases, used to limit the opportunities available to women, especially those whose identities are marginalized including women of color, disabled women, caregivers, LGBTQIA+ people and many others. We believe that it is essential to prioritize equity – in health care and health care systems, in our economy, in our workplaces – to create environments fully capable of responding to the diverse needs of patients, workers, and indeed all people regardless of their background or resources. Our goal is to create a society that is free, fair and just, where nobody has to experience discrimination, all workplaces are family friendly and every person has access to quality, affordable health care and real economic security.

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<sup>1</sup> 142 S. Ct. 2228 (2022).

Ensuring access to abortion care is central to that goal. Abortion is both an essential part of health care and a basic human right. Nearly one in four women in the United States will have an abortion by age 45.<sup>2</sup> Access to abortion care facilitates people's freedom, autonomy, dignity and ability to make decisions about their bodies, their lives and their futures. It also enables people to care for themselves and their families responsibly and responsively, and to fully participate in American society. In short, abortion is fundamental to women's equality and women's opportunity and ability to live their lives to their fullest potential. All people deserve access to abortion care and to comprehensive reproductive health care.

Despite its importance, abortion access has never been guaranteed. The Supreme Court's groundbreaking decision in *Roe v. Wade* provided an essential, if not aspirational foundation – securing access to abortion as a constitutionally protected legal right rooted in the right to privacy – but even that never ensured meaningful access. Black, Indigenous, and other people of color (BIPOC) in particular often have faced significant challenges when attempting to exercise the legal protections afforded by *Roe* because the protections must be utilized in a context where systemic racism and sexism, inequitable health care structures and economic inequality remain entrenched, persistent realities. Prohibitions on federal funding for abortion care, such as the Hyde amendment, and myriad state restrictions that impose often insurmountable barriers to access, disproportionately harm those with the fewest resources and who are most likely to exist on the unstable margins of society. For example, because they live at the intersection of multiple disparities and structural barriers, a disproportionate percentage of Black women, Latina women, and American Indian and Alaskan Native women are enrolled in Medicaid, and they do not have meaningful access to abortion care as a result of the Hyde amendment.<sup>3</sup> Similarly, funding restrictions impacting Indian Health Services mean that Indigenous people also face steep barriers to abortion care. Other restrictions, such as race- and sex-selective abortion bans have targeted Black, Latina, and Asian American and Pacific Islander (AAPI) pregnant people, questioning their motives and perpetuating harmful stereotypes while putting abortion care further out of reach.

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<sup>2</sup> Guttmacher Institute. (2017, October). *Abortion is a common experience for U.S. women, despite dramatic declines in rates*. Retrieved 26 September 2022, from <https://www.guttmacher.org/news-release/2017/abortion-common-experience-us-women-despite-dramatic-declines-rates>.

<sup>3</sup> Kaiser Family Foundation (2022, February). *Medicaid Coverage for Women*. Retrieved 26 September 2022, from <https://www.kff.org/womens-health-policy/issue-brief/medicaid-coverage-for-women/>.

The Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* has only exacerbated the crisis in abortion access. *Dobbs* was the culmination of a decades-long campaign to put politics and ideology ahead of women's health and well-being and the rule of law. That campaign steadily chipped away at abortion access, enacting more than a thousand state-level restrictions on abortion since *Roe*,<sup>4</sup> biding time until an ideologically motivated, anti-choice majority could be assembled on the Supreme Court to once and for all upend longstanding precedent and strip people of the constitutional right to abortion. Indeed, since the Court issued its decision in *Dobbs*, a slew of states have moved rapidly to deny people their fundamental right to control their own bodies. Already, 17 states have enacted partial or complete bans against abortion,<sup>5</sup> with more likely to follow in the coming months. According to research conducted by the National Partnership, bans in the 26 states that have or are likely to restrict abortion could harm 36 million women of reproductive age – including nearly 13 million women who are economically insecure, nearly 15 million women of color, nearly 3 million women with disabilities and almost 400,000 women veterans.<sup>6</sup>

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<sup>4</sup> Nash, E. (2022, January). *State Policy Trends 2021: The Worst Year for Abortion Rights in Almost Half a Century*. Retrieved 26 September 2022 from Guttmacher Institute website: <https://www.guttmacher.org/article/2021/12/state-policy-trends-2021-worst-year-abortion-rights-almost-half-century>.

<sup>5</sup> Gonzalez, O., & Knuston, J. (2022, September 22). Where abortion has been banned now that *Roe v. Wade* has been overturned. *Axios*. Retrieved 26 September 2022, from <https://www.axios.com/2022/06/25/abortion-illegal-7-states-more-bans-coming>.

<sup>6</sup> Robbins, K.G., & Goodman, S. (2022, July). *State Abortion Bans Could Harm Nearly 15 Million Women of Color*. Retrieved 26 September 2022 from National Partnership for Women & Families website: <https://www.nationalpartnership.org/our-work/economic-justice/reports/state-abortion-bans-harm-woc.htm>.

**Women of Reproductive Age Living in States That  
Have Banned or Are Likely to Ban Abortion after *Dobbs***

	Total in the Ban/Likely Ban States	Total in the U.S.	Share of Community in the Ban/Likely Ban States
All women	35,935,100	74,533,200	48.2%
Mothers	15,818,800	31,704,600	49.9%
Women who are economically insecure	12,633,600	23,735,500	53.2%
Women veterans	389,600	733,100	53.1%
Women with disabilities	2,809,900	5,303,000	53.0%
Latinas	6,461,800	15,240,300	42.4%
Black women	5,758,800	10,152,700	56.7%
Asian women	1,298,200	4,952,400	26.2%
Pacific Islander women	34,300	137,000	25.0%
Native American women	285,500	495,900	57.6%
Multiracial women	908,200	2,190,900	41.5%

*Source: National Partnership calculations using 2016-2020 American Community Survey 5-Year Estimates via IPUMS. Figures are for women ages 15-49. Latinas are analyzed separately and not included in individual racial groups.*

**Reproductive Age-Women of Color in States  
That Have Banned or Are Likely to Ban Abortion after *Dobbs***

	All women	Latinas	Black women	Asian women	Pacific Islander women	Native American women	Multiracial women
Alabama	1,110,100	50,000	334,400	18,300	-	4,900	21,200
Arizona	1,595,200	587,600	75,200	66,100	3,100	70,000	45,500
Arkansas	672,900	58,600	116,500	13,600	-	4,500	18,800
Florida	4,543,200	1,361,900	828,100	158,900	2,900	7,700	106,100
Georgia	2,532,900	259,600	879,200	122,700	-	4,200	61,500
Idaho	389,700	56,900	-	6,800	-	4,200	12,000
Indiana	1,512,600	120,400	159,300	47,800	-	2,300	35,400
Iowa	685,300	49,900	28,200	24,400	-	2,300	16,200
Kentucky	994,800	39,400	85,900	21,400	-	-	23,200
Louisiana	1,068,900	55,700	374,200	21,600	-	5,400	20,200
Michigan	2,191,700	133,500	335,800	91,000	-	9,400	69,100
Mississippi	686,100	23,000	287,800	8,600	-	3,100	8,200
Missouri	1,361,000	66,100	176,800	37,200	-	4,700	37,400
Montana	222,900	10,600	-	3,600	-	14,100	7,800
Nebraska	427,300	52,900	22,500	15,000	-	3,400	10,900
North Dakota	168,500	7,800	6,300	4,300	-	9,000	5,000
Ohio	2,577,100	115,100	348,300	79,000	-	3,400	77,300
Oklahoma	887,800	104,500	68,600	25,700	-	72,400	67,200
South Carolina	1,141,800	72,500	335,200	23,700	-	2,900	23,400
South Dakota	184,300	7,900	-	4,200	-	17,200	5,200
Tennessee	1,547,700	92,100	290,600	36,500	-	2,900	33,200
Texas	6,894,700	2,895,500	884,700	388,900	5,600	15,700	140,600
Utah	773,600	115,800	8,200	22,300	6,900	7,600	19,600
West Virginia	378,000	7,200	13,200	4,300	-	-	8,000
Wisconsin	1,262,500	103,900	91,300	50,500	-	8,600	32,100
Wyoming	124,300	13,500	-	-	-	3,300	3,000
<i>Total</i>	35,935,100	6,461,800	5,758,800	1,298,200	34,300	285,500	908,200

*Source: National Partnership calculations using 2016-2020 American Community Survey 5-Year Estimates via IPUMS. Figures are for women ages 15-49. Latinas are analyzed separately and not included in individual racial groups. Figures are unavailable due to small sample sizes for certain groups in certain states. Totals include women from all 26 states.*

**Women of Reproductive Age Living in States  
That Have Banned or Are Likely to Ban Abortion after *Dobbs***

	All women	Mothers	Women who are economically insecure	Women veterans	Women with disabilities
Alabama	1,110,100	478,300	426,200	15,200	104,300
Arizona	1,595,200	680,700	570,400	17,100	115,700
Arkansas	672,900	315,700	278,200	6,100	69,500
Florida	4,543,200	1,820,500	1,601,200	54,900	301,500
Georgia	2,532,900	1,089,800	870,900	38,800	180,100
Idaho	389,700	184,900	139,200	3,100	32,400
Indiana	1,512,600	681,800	507,900	10,800	129,400
Iowa	685,300	320,200	209,800	4,700	46,700
Kentucky	994,800	451,200	372,200	8,800	110,500
Louisiana	1,068,900	472,000	441,300	11,600	96,200
Michigan	2,191,700	943,700	750,000	14,100	192,000
Mississippi	686,100	314,700	303,700	8,400	68,100
Missouri	1,361,000	606,400	458,200	12,900	114,400
Montana	222,900	96,500	77,200	4,100	17,500
Nebraska	427,300	205,700	132,200	4,900	28,400
North Dakota	168,500	81,100	47,000	-	9,700
Ohio	2,577,100	1,143,400	863,800	20,500	223,500
Oklahoma	887,800	408,500	346,300	11,400	87,900
South Carolina	1,141,800	489,300	412,200	17,000	89,200
South Dakota	184,300	88,200	58,600	-	11,700
Tennessee	1,547,700	673,100	558,900	16,900	139,500
Texas	6,894,700	3,131,700	2,434,400	85,800	448,400
Utah	773,600	359,100	215,600	4,100	52,800
West Virginia	378,000	165,600	154,500	3,000	43,400
Wisconsin	1,262,500	558,000	365,800	9,000	87,900
Wyoming	124,300	58,700	37,900	-	9,400
<b>Total</b>	<b>35,935,100</b>	<b>15,818,800</b>	<b>12,633,600</b>	<b>389,600</b>	<b>2,809,900</b>

*Source: National Partnership calculations using 2016-2020 American Community Survey 5-Year Estimates via IPUMS. Figures are for women ages 15-49. Figures are unavailable due to small sample sizes for certain groups in certain states. Totals include women from all 26 states.*

A national abortion ban would have even more far-reaching effects. A bill like the one proposed by Senator Graham (R-SC)<sup>7</sup> would not only limit access to abortion in the U.S. for nearly 75 million women of reproductive age across the country, including more than 15 million Latinas, more than 10 million Black women and more than 5 million women with disabilities, as well as other people who can become pregnant,<sup>8</sup> it would also help to extend more broadly the most extreme aspects of *Dobbs*' underlying rationale.

The *Dobbs* decision is rooted in three flawed premises which collectively have unleashed a wave of harms across the nation already – first, that the scope of the constitutional rights of women, in particular, must be perpetually constrained by an 18th century mindset that viewed women as unequal, powerless, and second-class citizens; second, that pregnant people's freedoms to control their bodies and their health are secondary and must be subjugated to the whims of politicians; and third, that denying pregnant people access to abortion and requiring a forced pregnancy are discrete acts that will have no other effects on a woman's life or the life of any person giving birth.

The dangers associated with these outdated and inaccurate views have come clearly into focus since the *Dobbs* ruling. We have repeatedly heard lawmakers voice skepticism about whether women can be trusted to make their own decisions. We have seen states move to reinstate or enforce decades-old laws that had been invalidated by *Roe* in order to step backward to hold women and all those who can become pregnant accountable to outdated attitudes and standards. We have heard lawmakers attempt to minimize the physical and emotional effects of forcing any individual to carry a pregnancy, treating their body as merely a receptacle and not worthy of respect or being seen with dignity. We have seen the fallacy of the Court's argument that abortion access can be viewed in a vacuum play out in real time through harrowing, enraging stories about people who are suffering because of restrictions to their reproductive freedom. For example, pregnant people who are suffering from complications that risk their health are being told that their condition needs to escalate to the level of a significant

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<sup>7</sup> Protecting Pain-Capable Unborn Children from Late-Term Abortions Act of 2022, S. 4840, 117th Cong. (2022)

<sup>8</sup> Robbins, K.G., & Goodman, S. (2022, July). *State Abortion Bans Could Harm Nearly 15 Million Women of Color*. Retrieved 26 September 2022 from National Partnership for Women & Families website: <https://www.nationalpartnership.org/our-work/economic-justice/reports/state-abortion-bans-harm-woc.htm>. Due to data limitations, this analysis focuses on women. However, people who can become pregnant who do not identify as women are also at risk.

emergency (i.e., sepsis) before they can receive necessary care.<sup>9</sup> Hospitals and health care providers are being forced to make decisions based on legal risk assessment rather than standards of care, medical ethics, or what is in the best interests of their patients. Patients with life-threatening medical emergencies are forced to wait hours, even days, as hospital boards and lawyers try to make sense of constantly growing list of abortion bans – many enacted more than a century ago – and determine whether someone’s life is endangered “enough” or whether to risk the hospital or doctor being criminalized under state law. Inevitably, people will die as a result.

Already, pregnant people themselves are being criminalized. For example, in Nebraska, a teenager was charged with a felony for trying to secure medication that would end her pregnancy.<sup>10</sup> In Texas, a woman was charged with murder for seeking the same kind of care.<sup>11</sup> In this post-*Dobbs* environment, the lack of apparent protections for data privacy – whether under HIPAA or in the context of health apps, search engines, and social media – have stoked fear among people who could become pregnant or are pregnant and seeking an abortion, preventing many from pursuing or receiving patient-centered care with full information and confidence. We also know that Black women have been disproportionately surveilled and criminalized when seeking abortion care.<sup>12</sup>

Even people who are not pregnant are being harmed by *Dobbs* – as some care providers are now refusing to prescribe certain medications that can treat conditions like cancer,

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<sup>9</sup> Goodman, J.D., & Ghorayshi, A. (2022, July 20). Women Face Risks as Doctors Struggle With Medical Expectations on Abortion. *The New York Times*. Retrieved 26 September 2022, from <https://www.nytimes.com/2022/07/20/us/abortion-save-mothers-life.html>.

<sup>10</sup> Funk, J. (2022, August 10). A Nebraska woman is charged with helping her daughter have an abortion. *The Associated Press*. Retrieved 26 September 2022, from <https://apnews.com/article/abortion-health-nebraska-government-and-politics-b94abeeed9a8c486cf479d6ae78c62aa>.

<sup>11</sup> Cuellar, C. (2022, April 10). A Texas woman has been charged with murder after a so-called ‘self-induced abortion.’ *National Public Radio*. Retrieved 26 September 2022, from <https://www.npr.org/2022/04/10/1091927639/a-texas-woman-has-been-charged-with-murder-after-a-so-called-self-induced-abortion>.

<sup>12</sup> Huss, L., Diaz-Tello, F. & Samari, G. (2022, August). *Self-Care, Criminalized: August 2022 Preliminary Findings*. Retrieved 26 September 2022 from If When How website: <https://www.ifwhenhow.org/resources/self-care-criminalized-preliminary-findings/>;

Maye, E. (2021, July 16). Black Women Bear the Brunt of Criminalized Pregnancy and Motherhood. Here’s Why We Can’t Afford to Ignore It. *The Root*. Retrieved 26 September 2022, from <https://www.theroot.com/black-women-bear-the-brunt-of-criminalized-pregnancy-an-1847294583>;

Dirks, S. (2022, August 3). Criminalization of pregnancy has already been happening to the poor and women of color. *National Public Radio*. Retrieved 26 September 2022, from <https://www.npr.org/2022/08/03/1114181472/criminalization-of-pregnancy-has-already-been-happening-to-the-poor-and-women-of>.

arthritis and lupus because these same medications can also be used to end a pregnancy.<sup>13</sup> In short, *Dobbs* has created chaos and confusion on the ground – exacerbating existing barriers to abortion and reproductive health care, creating new challenges, and endangering people’s health and lives.

People do not live their lives in siloes, and the harms wrought by *Dobbs* are not limited to people’s reproductive lives. The consequences of this decision – of denying the right to abortion – ripple out into individuals’ and families’ health overall, their economic security and their ability to participate fully and equally in our society.

## **Abortion bans exacerbate health inequities and will worsen the maternal health crisis**

Abortion bans are especially problematic in a context where access to health care overall is inadequate and where health outcomes are inequitable. As the pandemic showed with stark clarity, the ability to access high-quality health care varies sharply by race, ethnicity, income, disability, gender identity and other factors. For low-income patients, Medicaid expansion plays an essential role in addressing disparities in health care coverage and access to care; however, 12 states have failed to expand Medicaid. Uninsured Black Americans are more likely to live in non-expansion southern states,<sup>14</sup> and Black women are more likely than white women to be in the coverage gap population.<sup>15</sup>

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<sup>13</sup> Shepherd, K. & Stead Sellers, F. (2022, August 8). Abortion bans complicate access to drugs for cancer, arthritis, even uclers. *The Washington Post*. Retrieved 26 September 2022, from <https://www.washingtonpost.com/health/2022/08/08/abortion-bans-methotrexate-mifepristone-rheumatoid-arthritis/>.

<sup>14</sup> Office of Health Policy, Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. (2022, February). *Health Insurance Coverage and Access to Care Among Black Americans: Recent Trends and Key Challenges*. Retrieved 26 September 2022, from: <https://aspe.hhs.gov/sites/default/files/documents/08307d793263d5069fdd6504385e22f8/black-american-s-coverages-access-ib.pdf>.

<sup>15</sup> Novello, A. (2022, August). *Closing the Coverage Gap Could Improve Coverage, Economic Security, and Health Outcomes for Over 650,000 Black Women*. Retrieved 26 September 2022 from National Partnership for Women & Families website: <https://www.nationalpartnership.org/our-work/resources/health-care/medicaid/closing-the-coverage-gap.pdf>.

Notably, every state that has failed to adopt Medicaid expansion also has either somewhat or very restrictive laws on abortion.<sup>16</sup> Research has shown that women who seek but are denied abortions report more chronic pain and rate their overall health as worse.<sup>17</sup> Without access to affordable health care, these outcomes are likely to be even worse.

The impact of *Dobbs* is especially staggering in light of our ongoing maternal mortality and morbidity crisis. In a nation with the worst record for maternal health outcomes in the developed world, abortion bans will worsen conditions for all pregnant people, and particularly for Black and Indigenous women, who already are the most likely to die from pregnancy-related causes. Women giving birth after being denied an abortion experience more potentially life-threatening complications during and after pregnancy, such as preeclampsia and postpartum hemorrhage.<sup>18</sup> Even prior to *Dobbs*, research found that states that enacted abortion restrictions based on gestation increased their maternal mortality rate by 38 percent.<sup>19</sup> And new research estimates that an additional 75,000 forced births will occur in the first year after *Roe* being overturned.<sup>20</sup> Those states are poorly prepared to support the growing number of pregnant and parenting people and their children. In addition, research indicates that a national ban on abortion would sharply increase the maternal mortality rate by 24 percent, with an even higher increase for pregnant Black people.<sup>21</sup>

Various factors may be at the root of this correlation between abortion restrictions and maternal mortality and morbidity. For example, trying to obtain and then being denied

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<sup>16</sup> National Partnership for Women & Families. (2022, August). *Threats on All Fronts*. Retrieved 26 September 2022, from <https://www.nationalpartnership.org/our-work/health/reports/threats-on-all-fronts.html>.

<sup>17</sup> Ralph, L.J., Schwarz, E.B., Grossman, D., & Foster, D.G. (2019, August). Self-reported physical health of women who did and did not terminate pregnancy after seeking abortion services: A cohort study. *Annals of Internal Medicine*, 171(4), 238-247; Gerdts, C., Dobkin, L., Foster, D.G., & Schwarz, E.B. (2015, January). Side Effects, Physical health consequences, and mortality associated with abortion and birth after an unwanted pregnancy. *Women's Health Issues*, 26(1), 55-59.

<sup>18</sup> Ibid.

<sup>19</sup> Hawkins, S., Ghiani, M., Harper, S., Baum, C., & Kaufman, J. (2020, February). Impact of State-Level Changes on Maternal Mortality: A Population-Based, Quasi-Experimental Study. *American Journal of Preventive Medicine* 58(2), 165-174.

<sup>20</sup> Knowles Myers, C. [@Caitlin\_K\_Myers]. (2022, May 6). My most up-to-date projection, accounting for policy changes in the last month, is that about 100,000 women seeking abortions will [Tweet]. Retrieved 26 September 2022, from Twitter [https://twitter.com/Caitlin\\_K\\_Myers/status/1522540905881903104](https://twitter.com/Caitlin_K_Myers/status/1522540905881903104).

<sup>21</sup> Stevenson, A.J., Root, L., & Menken, J. (2022, June). The maternal mortality consequences of losing abortion access. Retrieved 26 September 2022, from <https://osf.io/preprints/socarxiv/7g29k>.

abortion care can cause high levels of stress and anxiety.<sup>22</sup> Women who are denied an abortion are also more likely to delay prenatal care, which can result in higher incidence of maternity-related and infant health problems.<sup>23</sup> Legal threats and concerns about surveillance of people who express an interest in obtaining abortion may also cause people to delay or forego prenatal care.<sup>24</sup> For women who experience illnesses or conditions during pregnancy where abortion would be medically indicated – but where state law has made abortion inaccessible or entirely unavailable – being forced to carry a pregnancy to term can exacerbate their health conditions and put them at much higher risk for serious complications or death.

In addition, at the policy level, cuts to family planning providers, underfunding of state Medicaid programs, and failure to expand postpartum Medicaid coverage, along with other similar government actions common in states with restrictive abortion laws also significantly limit pregnant people’s ability to access affordable, timely and quality health care, increasing the likelihood that pregnant people in those states will experience poor maternal and infant health outcomes. In light of all these factors, it is particularly unconscionable to force people to carry unwanted pregnancies – or pregnancies where the person’s health is at risk – to term.

Ultimately, it is necessary to address the maternal health crisis in tandem with increasing access to abortion to ensure that all pregnant and birthing people – and especially those who are Black – are able to control their reproductive lives.

## **Abortion bans jeopardize the economic security of millions of pregnant people and families**

One of the most egregious aspects of the *Dobbs* decision is its refusal to acknowledge how the denial of access to abortion affects the ability of women, and indeed all people, to live their lives in the way that they choose. *Dobbs* tries unconvincingly to argue that

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<sup>22</sup> Advancing New Standards in Reproductive Health. (2022, June). *Introduction to the Turnaway Study*. Retrieved 26 September 2022 from ANSIRH website:

<https://www.ansirh.org/sites/default/files/2022-07/turnawaystudyannotatedbibliography063022.pdf>.

<sup>23</sup> Thomas, A., & Monea, E. (2011, July). *The High Cost of Unintended Pregnancy*. Retrieved 5 September 2019 from Brookings Institution website:

[https://www.brookings.edu/wp-content/uploads/2016/06/07\\_unintended\\_pregnancy\\_thomas\\_monea.pdf](https://www.brookings.edu/wp-content/uploads/2016/06/07_unintended_pregnancy_thomas_monea.pdf).

<sup>24</sup> Weigel G., Sobel, L., & Salganicoff, A. (2020, April). Criminalizing Pregnancy Loss and Jeopardizing Care: The Unintended Consequences of Abortion Restrictions and Fetal Harm Legislation. *Women’s Health Issues*, 30(3), 143-146.

its analysis is limited solely to abortion, and completely ignores the broader health and economic effects of abortion access. In order for people to secure the financial stability they need to reach their full potential, they must be able to exercise control over one of life's most important and personal decisions: the decision of whether or when to have children. Indeed, the evidence establishing a direct relationship between reproductive justice and economic justice is crystal clear. Research has found that people who are denied an abortion are significantly more likely to fall into poverty, increase their amount of debt and generally have worse financial security for years.<sup>25</sup> Inability to access abortion also has severe consequences for a person's career trajectory, limiting educational attainment, labor force participation and the ability to access higher paying jobs, especially for Black women.<sup>26</sup> When women are able to access abortion, their existing and future children also experience greater economic security and overall well-being, compared to children of women who were denied abortion care.<sup>27</sup> And it is not just families themselves who suffer. Lack of access to abortion impacts our entire economy. The Institute for Women's Policy Research estimates that even before *Dobbs*, state-level abortion restrictions cost state economies \$105 billion annually – and eliminating state-level restrictions would increase the nation's GDP by nearly 0.5 percent.<sup>28</sup>

This is, in part, because the costs of being pregnant, giving birth and raising children can be staggering – especially for people who already struggle to make ends meet. The estimated cost of raising a child from birth to age 17 is nearly \$300,000,<sup>29</sup> including

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<sup>25</sup> Miller, S., Wherry, L., & Foster, D.G. (2022, January). *The Economic Consequences of Being Denied an Abortion*. Retrieved 26 September 2022 from the National Bureau of Economic Research website: [https://www.nber.org/system/files/working\\_papers/w26662/w26662.pdf](https://www.nber.org/system/files/working_papers/w26662/w26662.pdf); Foster, D.G., Ralph, L.J., Biggs, M.A., Gerdtz, C., Roberts, S.C.M., & Glymour, M.A. (2018, February) Socioeconomic outcomes of women who receive and women who are denied wanted abortions. *American Journal of Public Health*, 108(3), 407-413; Miller, S., Wherry, L.R., & Foster, D.G. (2020, January). What happens after an abortion denial? A Review of Results from the Turnaway Study. *AEA Papers and Proceedings*, 110, 1-6.

<sup>26</sup> Among young Black women, access to abortion increases college entrance by 100 percent and employment status by 44 percent. Jones, K. (2021, August). At a Crossroads: The impact of abortion access on future economic outcomes. Retrieved 5 September 2022 from the American University website: <https://dra.american.edu/islandora/object/auislandora%3A95123/datastream/PDF/view>.

<sup>27</sup> Foster, D.G., Biggs, M.A., Raifman, S., Gipson, J.D., Kimport, K., & Rocca, C.H. (2018, September). Comparison of health, development, maternal bonding, and poverty among children born after denial of abortion vs after pregnancies subsequent to an abortion. *JAMA Pediatrics*, 172(11), 1053-1060; Foster, D.G., Raifman, S.E., Gipson, J.D., Rocca, C.H., & Biggs, M.A. (2018, October). Effects of carrying an unwanted pregnancy to term on women's existing children. *The Journal of Pediatrics*, 205, 183-189.e1.

<sup>28</sup> Institute for Women's Policy Research. (2021, May). *The Costs of Reproductive Health Restrictions*. Retrieved 27 September 2022, from <https://iwpr.org/costs-of-reproductive-health-restrictions/>.

<sup>29</sup> Costs vary by family income, type and size. In 2015 dollars the cost of "child-rearing expenses from birth through age 17 in a two-child, middle-income, married-couple family is \$233,610." Lino, M.,

unaffordable child care, which costs more than college tuition in 34 states.<sup>30</sup> Those costs are even more out of reach for people who do not have access to other policies necessary to support working families.

Additionally, the costs of health care during pregnancy are astronomical: co-pays for prenatal visits (assuming someone has health insurance), expensive morning-sickness medications that are not covered by insurance, sky-high costs for labor, delivery, neonatal care and more. One study found that spending on childbirth admission in the U.S. averaged \$13,811 – and that is for individuals who are fortunate enough to have employer-sponsored insurance.<sup>31</sup> For the many pregnant people who suffer from life-threatening maternal health conditions or pregnancy complications, these costs can climb even higher.<sup>32</sup>

Contributing to these high costs is this country's lack of vital work supports and protections, such as paid leave, paid sick days, and reasonable accommodations for pregnancy, which mean that many people need to work while pregnant, immediately after giving birth, and while juggling parenting responsibilities. This means that millions are forced to choose between paying their bills and caring for their own health and the health of their loved ones. Nearly one in four workers does not have a single paid sick day, and three out of four do not have paid family leave,<sup>33</sup> with Black, Latinx and Native

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Kuczynski, K., Rodriguez, N., & Schap, T. (2017, March). *Expenditures on Children by Families, 2015*. Retrieved (23 September 2022) from the U.S. Department of Agriculture website: <https://fns-prod.azureedge.us/sites/default/files/resource-files/crc2015-march2017.pdf#page=5>. These estimates are conservative in that they do not account for college education expenses. They also do not include costs not paid by parents (such as the cost of public school). Adjusted for inflation using the Bureau of Labor Statistics. (n.d). CPI Inflation Calculator. Retrieved 23 September 2022, from [https://www.bls.gov/data/inflation\\_calculator.htm](https://www.bls.gov/data/inflation_calculator.htm). These costs are \$296,048 in 2022 dollars (analysis performed on 23 September 2022).

<sup>30</sup> Economic Policy Institute. (n.d.). *Child Care Costs in the United States*. Retrieved 23 September 2022, from <https://www.epi.org/child-care-costs-in-the-united-states/>. Figure compares annual infant care costs to the cost of in-state tuition at a four-year, public college.

<sup>31</sup> Johnson, W., Milewski, A., Martin, K., & E. Clayton. (2020, May). *Understanding Variation in Spending on Childbirth Among the Commercially Insured*. Retrieved 26 September 2022 from Health Care Cost Institute website: <https://healthcostinstitute.org/hcci-research/understanding-variation-in-spending-on-childbirth-among-the-commercially-insured>.

<sup>32</sup> Luthra, S. (2022, July 13). The cost of giving birth with insurance: \$2,854, a new study says. *The 19th*. Retrieved 26 September 2022, from <https://19thnews.org/2022/07/cost-giving-birth-pregnancy-insurance/>. Figures in this article are out-of-pocket costs.

<sup>33</sup> National Partnership analysis of Bureau of Labor Statistics. (2022). *Employee Benefits in the United States Summary* [Press Release]. Retrieved 26 September 2022, from <https://www.bls.gov/news.release/ebs2.nr0.htm>.

workers and those in low-paid jobs the least likely to have access to paid leave or the economic resources to take unpaid leave.<sup>34</sup>

This has tremendous ramifications for both families and the economy overall. Research has found that workers and their families lose an estimated \$22.5 billion each year in wages due to a lack of paid family and medical leave.<sup>35</sup> In fact, if women in the U.S. participated in the labor force at levels similar to other comparable nations, 4.85 million additional women would be working, adding \$650 billion to the economy annually.<sup>36</sup>

Even before *Dobbs*, lack of paid leave and paid sick days exacerbated disparities in abortion access, the maternal health crisis, and health inequities more broadly.<sup>37</sup> Now, the lack of paid leave means that many of those forced to travel out of state for abortion care will face not only the time and expense of additional travel, but the risk of losing a paycheck or job simply to seek health care.<sup>38</sup> At the same time, many of those forced to

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<sup>34</sup> Mason, J., & Molina Acosta, P. (2021, March). *Called to Care: A Racially Just Recovery Demands Paid Family and Medical Leave*. Retrieved 26 September 2022 from National Partnership for Women & Families website:

<https://www.nationalpartnership.org/our-work/economic-justice/reports/called-to-care-a-racially-just-demands-paid-family-and-medical-leave.html>; Gupta, P., Goldman, T., Hernandez, E. & Rose, M. (2018, December). *Paid Family and Medical Leave is Critical for Low-Wage Workers and Their Families*. Retrieved 26 September 2022 from the Center for Law and Social Policy website: <https://www.clasp.org/publications/fact-sheet/paid-family-and-medical-leave-critical-low-wage-workers-and-their-families/>.

<sup>35</sup> Glynn, S. J. (2020, January). *The Rising Cost of Inaction on Work-Family Policies*. Retrieved 15 April 2021 from The Center for American Progress website: <https://www.americanprogress.org/issues/women/news/2020/01/21/479555/rising-cost-inactionworkfamily-policies/>.

<sup>36</sup> Novello, A. (2021, July). *The Cost of Inaction: How A Lack of Family Care Policies Burdens and U.S. Economy and Families*. Retrieved 26 September 2022 from National Partnership for Women & Families website: <https://www.nationalpartnership.org/our-work/resources/economic-justice/other/cost-of-inaction-lack-of-family-care-burdens-families.pdf>.

<sup>37</sup> Mason, J., & Molina Acosta, P. (2021, March). *Called to Care: A Racially Just Recovery Demands Paid Family and Medical Leave*. Retrieved 26 September 2022 from National Partnership for Women & Families website: <https://www.nationalpartnership.org/our-work/economic-justice/reports/called-to-care-a-racially-just-demands-paid-family-and-medical-leave.html>; National Partnership for Women & Families. (2019, May). *Paid Sick Days Enhance Women's Abortion Access and Economic Security*. Retrieved 26 September 2022, from <https://www.nationalpartnership.org/our-work/health/repro/reports/paid-sick-days-enhance-womens-abortion-access-and-economic-security.html>.

<sup>38</sup> National Partnership for Women & Families. (2019, May). *Paid Sick Days Enhance Women's Abortion Access and Economic Security*. Retrieved 26 September 2022, from <https://www.nationalpartnership.org/our-work/health/repro/reports/paid-sick-days-enhance-womens-abortion-access-and-economic-security.html>.

continue a pregnancy to term will do so without paid sick leave for prenatal care or paid leave to recover from birth and care for a new child – and their co-parents or other loved ones will not have paid family leave to support their health and recovery or share in caregiving responsibilities.

Moreover, moms are increasingly the breadwinners in their families, meaning their economic contributions are crucial. An estimated nearly two-thirds of mothers are breadwinners, and these numbers rise even higher for some women of color – more than 80 percent of Black mothers are sole, primary, or co-breadwinners for their families.<sup>39</sup> Yet mothers, like other women, experience a substantial pay gap. If they have a job to return to after giving birth, they often face a “motherhood wage penalty,” due in part to caregiving responsibilities,<sup>40</sup> with mothers working full time, year round paid just 74 cents for every dollar paid to fathers.<sup>41</sup> This penalty is especially stark for mothers of color. For every dollar paid to white, non-Hispanic fathers, Latina mothers are paid just 47 cents, Native American mothers just 49 cents, and Black mothers only 52 cents.<sup>42</sup> Forcing women to carry a pregnancy to term will only add to these caregiving responsibilities and widen the pay gap.

Again, the state level overlap in policies – or rather, the lack thereof – gives the lie to the idea that anti-abortion laws are “pro-life” or “pro-family.” The states with the most severe abortion bans and restrictions also fail to provide sufficient workplace supports for pregnant and parenting people.<sup>43</sup> Conversely, states that rate positively on work-family policy metrics also tend to have laws that are supportive of abortion access, recognizing that both are necessary to enable women and families to thrive.<sup>44</sup>

Attacks on abortion rights cannot be separated from attacks on civil rights and voting rights, and from efforts to undermine our democracy

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<sup>39</sup> Glynn, S.J. (2019, May). *Breadwinning Mothers Continue To Be the U.S. Norm*. Retrieved 26 September 2022 from The Center for American Progress website: <https://www.americanprogress.org/article/breadwinning-mothers-continue-u-s-norm/>.

<sup>40</sup> Boesh, D., & Hamm, K. (2020, June). *Valuing Women’s Caregiving During and After the Coronavirus Crisis*. Retrieved 26 September 2022 from The Center for American Progress website: <https://www.americanprogress.org/article/valuing-womens-caregiving-coronavirus-crisis/>.

<sup>41</sup> National Women’s Law Center. (2022, August 31). *The Wage Gap Shortchanges Mothers*. Retrieved 26 September 2022, from <https://nwlc.org/resource/mothers-equal-pay-day/>.

<sup>42</sup> Ibid.

<sup>43</sup> National Partnership for Women & Families. (2022, August). *Threats on All Fronts*. Retrieved 26 September 2022, from <https://www.nationalpartnership.org/our-work/health/reports/threats-on-all-fronts.html>.

<sup>44</sup> Ibid.

The Supreme Court’s decision in *Dobbs* must be understood as part of a coordinated, nationwide campaign to roll back the civil rights and human rights that generations of activists have fought to secure. As the dissent noted, the decision in *Dobbs* threatens to unravel the constitutional fabric that protects bodily autonomy and familial relationships, and other rights central to the 14th Amendment’s guarantee of liberty.<sup>45</sup> Abortion access is closely interwoven with other fundamental rights, including marriage.<sup>46</sup> In fact, Justice Thomas’s concurring opinion provides a roadmap for how to dismantle other rights stemming from substantive due process, from access to contraceptives to marriage equality. These are rights that have undergirded the tremendous advancement we’ve seen in the equality of women and LGBTQIA+ people.

In addition to the direct threat the *Dobbs* decision poses to abortion and a range of unenumerated rights necessary to realize the Constitution’s protection of life, liberty and property, abortion rights are inextricably linked with voting rights and the erosion of both threatens the gains towards equality that women, particularly women of color, have made in recent decades. Despite Justice Alito’s belief that the constitutional protections guaranteed in *Roe* are no longer necessary in part because “[w]omen are not without electoral or political power,”<sup>47</sup> the truth is that such power has been deliberately and systematically undermined by the same actors who have long sought to overturn *Roe*.<sup>48</sup> It is disingenuous for the Court to state it is merely returning the issue of abortion “to the people and their elected representatives”<sup>49</sup> when the Court has spent the last decade eviscerating voting rights and the structure of our democracy. In *Shelby County v. Holder*, the Court gutted the Voting Rights Act of 1965 by holding that there is no longer any “pervasive, flagrant, widespread, and rampant discrimination” in voting, and ending the requirement that states with histories of racial discrimination at the ballot box get administrative or judicial preapproval to change their voting laws.<sup>50</sup>

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<sup>45</sup> *Dobbs v. Jackson Women’s Health Org.*, 142 S. Ct. 2228, 2319 (2022) (Breyer, J., Sotomayor, J., and Kagan, J., dissenting).

<sup>46</sup> *Ibid.*

<sup>47</sup> *Dobbs*, 142 S. Ct. at 2277.

<sup>48</sup> Chen, E. (2012, October). *A Dual Disenfranchisement – How Voter Suppression Denies Reproductive Justice to Women of Color*. Retrieved 26 September 2022, from The Center for American Progress website: <https://www.americanprogress.org/wp-content/uploads/2012/10/DualDisenfranchisement1.pdf>.

<sup>49</sup> *Dobbs*, 142 S. Ct. at 2259.

<sup>50</sup> *Shelby County v. Holder*, 570 U.S. 529, 554 (2013) (internal quotation marks omitted).

Unsurprisingly, that decision unleashed a flood of voting restrictions that make it disproportionately challenging for people of color to participate in democracy.<sup>51</sup>

Importantly, a recent nonpartisan ranking of the difficulty of voting in each state – based on how much time and resources residents must invest in order to vote – indicates that the states with the greatest restrictions on abortion access are the same states making it most difficult for their citizens to exercise their electoral power.<sup>52</sup>

With reproductive rights on the line on a state-by-state basis, the undermining of a fair electoral process obstructs democracy and harms the same individuals who are most affected by state anti-abortion laws.<sup>53</sup> As threats to our democracy only grow – including in the form of “radical state and federal lawmakers openly coordinating with violent extremists on a campaign of suppression and intimidation” – there has never been a more urgent need to understand the connection between abortion rights and civil and voting rights, and to strengthen protections for all of them together.<sup>54</sup>

## Conclusion

Attacks on abortion cause serious harm to the health, economic security, and well-being of individuals and families, especially for people of color and others who are

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<sup>51</sup> Brennan Center for Justice. (2022, January). *The Impact of Voter Suppression on Communities of Color*. Retrieved 26 September 2022, from <https://www.brennancenter.org/our-work/research-reports/impact-voter-suppression-communities-color>.

<sup>52</sup> Of the 10 states where is it most costly to vote, all have at least some abortion restrictions and 7 of the 10 are classified as “very” or “the most” restriction on abortion. Corasaniti, N. & McCann, A. (2022, September 20). The ‘Cost’ of Voting in America: A Look at Where It’s Easiest and Hardest. *The New York Times*. Retrieved 26 September 2022, from <https://www.nytimes.com/interactive/2022/09/20/us/politics/cost-of-voting.html>; National Partnership for Women & Families. (2022, August). *Threats on All Fronts*. Retrieved 26 September 2022, from <https://www.nationalpartnership.org/our-work/health/reports/threats-on-all-fronts.html>.

<sup>53</sup> Chen, E. (2012, October). *A Dual Disenfranchisement – How Voter Suppression Denies Reproductive Justice to Women of Color*. Retrieved 26 September 2022 from The Center for American Progress website: <https://www.americanprogress.org/wp-content/uploads/2012/10/DualDisenfranchisement1.pdf>.

<sup>54</sup> Northup, N., Howell, M., Hewitt, D., Wiley, M., Johnson, D., Nelson, J...McGuire, K.I. (2022, July 8). *Letter written July 8, 2022, to President Joseph R. Biden*. Retrieved 26 September 2022, from [https://drive.google.com/file/d/1rbclZUdXrdTzcZ0E\\_wBUwuvjG8SKwXvt/view](https://drive.google.com/file/d/1rbclZUdXrdTzcZ0E_wBUwuvjG8SKwXvt/view); The Leadership Conference on Civil and Human Rights (2022). *National Civil Rights and Reproductive Rights Leaders Meet with Vice President Harris to Stress the Urgency to Protect Reproductive and Voting Rights*. [Press Release]. Retrieved 26 September 2022, from <https://civilrights.org/2022/09/12/national-civil-rights-and-reproductive-rights-leaders-meet-with-vice-president-harris-to-stress-the-urgency-to-protect-reproductive-and-voting-rights/>.

marginalized and oppressed. *Dobbs* has made – and will continue to make – things significantly worse.

Abortion access goes hand in hand with policies like Medicaid coverage, including in the postpartum period, and economic policies that support the ability to both work and care for oneself and one's family, including paid family and medical leave, paid sick days, fair pay, raising the minimum wage, pregnancy accommodations, and fair scheduling. Each of these policies is necessary to provide the foundation for pregnant people and their families to thrive. At the same time, no single one of these policies is a panacea. Instead, they are mutually reinforcing, and we need a comprehensive strategy to improve women's health, labor force participation and economic security. Importantly, none of these policies are substitutes for legally protected access to abortion – but losing the right to abortion and simultaneously not having these additional policy supports compounds harms. Most of all, the intersections of these policies – or lack thereof – reveal how, fundamentally, these are issues of dignity and equality for people of all genders.

Moreover, we know that voters care deeply about these issues and are motivated to fight back against abortion bans in the states. Majorities of voters oppose restrictive state laws and support legislation that would guarantee access to abortion nationwide.<sup>55</sup> In one survey, more than three-quarters of those who disapprove of *Dobbs* say elected officials are not doing enough to secure abortion access nationally.<sup>56</sup> Even

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<sup>55</sup> Kirzinger, A., Schumacher, S., Quasem, M., Stokes, M., & Brodie, M. (2022, August) *KKF Health Tracking Poll July 2022: Inflation Tops Voters' Priorities, But Abortion Access Resonates for Key Voting Blocs*. Retrieved 26 September 2022 from Kaiser Family Foundation website: <https://www.kff.org/womens-health-policy/poll-finding/kff-health-tracking-poll-july-2022/>; Associated Press & National Opinion Research Center. (2022, July). *More Americans Disapprove than Approve of the Supreme Court's Decision to Overturn Roe v. Wade*. Retrieved 26 September 2022, from <https://apnorc.org/projects/more-americans-disapprove-than-approve-of-the-supreme-courts-decision-to-overture-roe-v-wade/>; Franklin, C. (2022, July 21). *Detailed Results of the Marquette Law School Supreme Court Poll*. Marquette University Law School Poll. Retrieved 26 September 2022, from <https://law.marquette.edu/poll/2022/07/21/detailed-results-of-the-marquette-law-school-supreme-court-poll-july-5-12-2022/>; Monmouth University. (2022, June 28). *Only 1 in 10 back "no exception" bans and prosecuting out-of-state abortions*. Retrieved 26 September 2022, from [https://www.monmouth.edu/polling-institute/reports/monmouthpoll\\_us\\_062822/](https://www.monmouth.edu/polling-institute/reports/monmouthpoll_us_062822/); Newall, M., & Rollason, C., (2022, August 10). *Majority of Americans would vote in favor of abortion legality in hypothetical state-level ballot measure*. IPSOS. Retrieved 26 September 2022, from <https://www.ipsos.com/en-us/news-polls/state-level-abortion-ballots>.

<sup>56</sup> Agiesta, J. (2022, July 28). *CNN Poll: About two-thirds of Americans disapprove of overturning Roe v. Wade, see negative effect for the nation ahead*. *CNN*. Retrieved 26 September 2022, from <https://www.cnn.com/2022/07/28/politics/cnn-poll-abortion-roe-v-wade/index.html>.

among those who approve of *Dobbs*, just two in 10 want elected officials to enact a national ban.<sup>57</sup> A national abortion ban would not only be harmful and devastating, it also goes against the will and opinions of the vast majority of American people.

We are appreciative of the steps this Committee and the House of Representatives have already taken to protect abortion rights, including twice passing the Women's Health Protection Act and passing the Right to Contraception Act and the Ensuring Women's Right to Reproductive Freedom Act. We urge Congress to continue to advance other legislation that is critical to ensuring abortion access and the supports that pregnant people and families need to be healthy, economically secure, and full and equal participants in our society:

- **Equal Access to Abortion Coverage in Health Insurance (EACH) Act**, which would restore abortion coverage to people who receive health care or insurance through the federal government, and would prohibit political interference with health insurance companies that decide to offer coverage for abortion care.
- **Family and Medical Insurance Leave (FAMILY) Act**, which would create a national paid leave insurance program to allow workers to earn a portion of their pay while they take a limited amount of time away from their jobs to care for a newborn or newly adopted child or newly placed foster child; care for a family member with a serious health condition; address their own serious health condition; or manage certain military caregiving responsibilities.
- **The Black Maternal Health Momnibus Act**, groundbreaking legislation to comprehensively address every dimension of the maternal health crisis in America.
- Build on the **American Rescue Plan** to make 12 months of postpartum Medicaid coverage permanent and mandatory nationwide.
- **Healthy Families Act**, which would establish a national paid sick days standard, allowing workers to earn up to seven paid, job-protected sick days each year to use to recover from their own illnesses, access preventive care, provide care to a sick family member, or attend school meetings related to a child's health condition or disability.
- **Pregnant Workers Fairness Act (PWFA)**, which would help ensure pregnant women have equal access to reasonable workplace accommodations and promote the health and economic security of pregnant women and their families.

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<sup>57</sup> Ibid.

- **Paycheck Fairness Act**, which would make it harder for employers to engage in sex-based wage discrimination, prohibit employers from forbidding their workers from discussing wages and institute data collection that will help inform future enforcement efforts.
- **Raise the Wage Act**, which would increase the federal minimum wage and eliminate subminimum wages for tipped, youth and disabled workers.
- **Child Care for Working Families Act**, which would provide high-quality, affordable child care for most families in the U.S. and improve job conditions for the child care workforce.

*The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at [NationalPartnership.org](https://NationalPartnership.org).*

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