Testimony of Lee Hasselbacher and Maryl Sackeim in support of HB 2495

Senior Policy Researcher, Ci3, and Family Planning Fellow at the University of Chicago

To Chair and members of the Committee,

My name is Lee Hasselbacher and I am a senior policy researcher and representative of Ci3, an academic research center at the University of Chicago. Ci3 conducts research to understand and address the individual, social and structural determinants of sexual and reproductive health. Ci3’s mission is to create a world in which all youth emerge into adulthood with agency over their bodies and futures. I am joined in this testimony by Dr. Maryl Sackeim, who provides obstetric and gynecological care to patients seeking the full spectrum of reproductive health care at the University of Chicago.

We are writing in support of House Bill 2495, the Reproductive Health Act. While we support the bill in its entirety, we are writing to express particular support for private insurance coverage for abortion care in Illinois.

Abortion is part of many people’s reproductive lives and experiences. One in three U.S. women will have an abortion by age 45.1 As the authors of a Committee Opinion from the American College of Obstetricians and Gynecologists (ACOG) observe, many factors influence or necessitate an individual's decision to have an abortion, including contraceptive failure, barriers to contraceptive use and access, rape, intimate partner violence, fetal anomalies, exposure to teratogenic medications, and pregnancy complications.2 A person may also choose abortion because of health needs within their family; the majority of abortions are obtained by women who already have one or more children.3

Dr. Sackeim recently provided care to two patients who sought abortion care for very different reasons, one who faced the extremely difficult diagnosis of anencephaly—the fetus had not developed a brain—in the second trimester of her highly desired pregnancy. The second was a 15-year-old young woman who came to the clinic with her mother because she was not ready to be a parent herself.
Abortion care is health care

Individuals seeking health insurance should have health benefits that reflect the reproductive health care they might need throughout their lives – from pregnancy to contraception to abortion. However, coverage of abortion has often been limited or excluded. While some private insurance plans cover abortion, many do not or place restrictions based on the reason for the procedure. Research Ms. Hasselbacher conducted with colleagues at EverThrive Illinois in 2015 found that of the eight insurance carriers offering plans on the Illinois marketplace, three carriers covered "medically necessary" abortion services and five carriers covered abortion in one or more of the following instances: threat to the life of the woman, rape and/or incest. A recent review of literature looking at patient experiences found that many who have private insurance cannot or do not use it to cover abortion services. In a 2014 national survey of abortion clients, 31% of abortion clients had private insurance, but only 15% of abortion clients used it to cover some or all of the procedure.

Insurance coverage of abortion care should be comparable to that of other essential health care services. There are very few, if any, other medically safe and routine services that are uniformly and purposely excluded from health insurance coverage. Four states, Washington, California, New York, and Oregon, have sought to close this gap and require all state-regulated private health insurance policies to include abortion coverage.

The same two patients in the care of Dr. Sackeim who were discussed above did not have insurance coverage for their procedures. Despite having a good job with a private insurance plan, abortion was not covered under any circumstances for the first patient. The second patient was on her mother's private insurance, which would not provide coverage for an “elective” abortion.

Without insurance coverage, people can struggle to pay for an abortion

According to a recent study, the average price of a first trimester abortion was $497, with costs doubling and tripling as gestational age increases. In another study, researchers found that among individuals who do not use insurance for their abortion, more than half found it difficult to pay for the procedure. One-half of patients relied on someone else to help cover costs, most commonly the other person involved in the pregnancy. Most people incurred additional expenses in the form of transportation, lost wages, childcare, and other travel-related costs. Some people also delayed or did not pay bills such as rent, food, or utilities in order to pay for the abortion. Furthermore, research suggests that gathering funding to cover the cost of abortion and associated costs may result in delays in care, which can further increase costs. A recent federal report found that four in 10 adults, if faced with an unexpected expense of $400, would either not be able to cover it or would cover it by selling something or borrowing money. The same report found that over one-fifth of adults had major, unexpected medical bills to pay, with a median expense of $1,200. Among those with medical expenses, 37 percent have unpaid debt from those bills.

The patient stories shared by Dr. Sackeim echo these concerns. Both patients were forced to pay out of pocket for procedures they needed. Both patients were frustrated to face these unexpected health care costs and struggled to cover them.
All individuals should have access to insurance coverage for abortion in Illinois

With the passage of HB40, Illinois now assures that women enrolled in Medicaid have access to a full spectrum of reproductive health care coverage, including abortion. Individuals with private insurance coverage should have the same access. Ci3 supports health policies that ensure individuals can access affordable reproductive health care, including abortion. We urge you to vote for the Reproductive Health Act.

5 Hasstedt K. Abortion coverage under the affordable care act: The laws tell only half the story. Guttmacher Policy Review. 2014;17(1).