



February 8, 2011

Members of the Subcommittee on the Constitution
U.S. House Committee on the Judiciary
Ford House Office Building H2-362
Washington, DC 20515

Dear Members of the Subcommittee:

The National Asian Pacific American Women's Forum (NAPAWF) is the only national, multi-issue Asian and Pacific Islander (API) women's organization in the country. NAPAWF's mission is to build a movement to advance social justice and human rights for API women and girls. Since its founding, NAPAWF has supported access to reproductive health care. We believe that health care is a human right and we should provide health care that protects a woman's life and strengthens our families, protects the patient-doctor relationship, and allows personal decisions about proper medical care to be made by a patient and her doctor, rather than by politicians.

As a result, we oppose HR 3 for going against the will of the majority of Americans and imposing restrictions that go beyond current standards to expand barriers to women's access to abortion services.

1. Banning coverage of abortion in the new health-care system creates unfair barriers for low-income women to exercise their constitutional right to receive abortions.

The Affordable Care Act currently has restrictions in place that prevent federal funds from being used to cover abortion. HR 3 imposes restrictions that go beyond the Hyde Amendment restrictions, disproportionately impacting low income women. 11.1% of all Asians and Pacific Islanders live below the poverty level, compared with 8.3% of non-Hispanic whites. Moreover, 67% of Laotians, 66% of Hmong and 47% of Cambodians in the U.S. live in poverty.

Currently, 36% of APA women under age 65 have no health insurance, and Korean Americans are the most likely racial or ethnic group to be uninsured. Additional federal law created a 5-year bar on Medicaid benefits for immigrants entering the country after August 1996. States may offer Medicaid coverage for reproductive health care services to post-enactment immigrants but they must do so at their own cost. Currently, less than

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half of states opt to use their own funds to provide any coverage during the waiting period. In 2001, more than 60% of poor immigrant women of reproductive age were uninsured.

Because of these restrictive federal laws, many API and immigrant Asian women are denied abortion coverage, even in states in which Medicaid pays for abortion. This causes a significant financial barrier that is disproportionately felt by low income women.

2. Imposing tax penalties on private insurance plans and American families to restrict access to comprehensive health care and interfere with the health insurance market.

The Affordable Care Act was designed to expand access to comprehensive health care services to individuals who lacked health care insurance while protecting the coverage that those with insurance already benefitted from. Yet, instead of expanding access to health care, these tax penalties stand in direct contrast to the intent of the law by creating unnecessary and costly barriers to abortion services for private companies and raising taxes on American families. Americans have rejected this type of penalization within the health insurance market. The proposed tax penalties increase costs to the coverage of abortion in the following ways:

- Denying tax credits to employers or other entities that pay for health plans that cover abortion;
- Denying tax credits to individuals or entities that pay for abortion care
- Disallowing medical deductions for payments for any health plan that includes abortion coverage or for any medical expenses related to abortion care;
- Treating amounts paid for an abortion from a tax-preferred trust or account, such as a health savings account, as income.

The tax penalties will interfere with the private market. They impose financial barriers to private employers and insurance companies for providing access to abortion services and even penalize the use of private dollars that are used to pay for abortion services. Additionally, the tax penalties would have a negative impact on women owned businesses. As of 2006, there are an estimated 7.7 million majority women-owned firms. They employ about 7.2 million workers, and generate \$1.1 trillion in sales. The tax penalties would have a huge economic impact. The number of minority women-owned firms increased by an estimated 55% between 1997 and 2004 - over twice the rate of all



women-owned firms (23%) and six times the rate of all U.S. firms(9%) during the same period.

3. Codifying the ban on abortion care for women in the military by denying them access to abortion care at overseas military hospitals, even if they pay for the service with their own money

Many women serve in the military and put their lives at risk to protect our country. Instead of thanking them, we force servicewomen to travel long distances to find a safe abortion provider, seek abortion services from a local, unfamiliar health care facility, attempt to self-induce an abortion, or have an unsafe, back-alley abortion that puts their lives at risk. Physicians on military bases are prohibited from providing abortions, even if the woman pays with her own funds. All women, including those serving in our military, deserve access to comprehensive reproductive health care that protects their life and well-being.

4. Severely limiting the exceptions for when abortions can be provided.

HR 3 narrows the current federal exceptions for abortion care by reducing allowable exceptions to rape, incest with a minor and when the woman's life will be endangered. These exceptions are too limited to capture all the circumstances for when women would need medical assistance.

The narrow definition will create an additional barrier for API women who have been sexually assaulted. In Asian & Pacific Islander (API) communities, women may be subjected to sexual violence as a result of human trafficking, labor and sexual exploitation, forced marriages, and virginity examinations. API women who are forced into abusive relationships and dangerous work conditions are often unable to find protection and support because of a lack of culturally and linguistically competent programs and services. The National Violence Against Women Survey (NVAWS) found that 6.8% of Asian/Pacific Islander women reported rape in their lifetime. API women tend to report lower rates of rape and other forms of sexual violence than do women and men from other minority backgrounds.

In conclusion, HR 3 imposes unreasonable restrictions that go farther than the Hyde Amendment to prevent women from accessing abortion services. These barriers disproportionately impact low-income women and women of color by unfairly impeding



access to abortions, a right that has been upheld by the US Supreme Court. NAPAWF opposes these unfair restricts to comprehensive health care and urges the House Judiciary Committee to prevent this harmful legislation from moving forward.

Respectfully,

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Executive Director
National Asian Pacific American Women's Forum