

Testimony of Elise Higgins, M.A.
Opposing SCR 1613/HCR 5019
Joint House Federal and State Affairs and Senate Judiciary Committees
January 21, 2020

As a Kansan, a woman, and an expert on reproductive rights, I ask you to vote no on the constitutional amendment HCR 5019/SCR 1613 that denies the right to reproductive freedom in the Kansas Constitution. The exceptions contained in the concurrent resolutions are functionally meaningless. Abortion is normal and common, and restrictions on abortion disproportionately impact marginalized groups. Finally, the process by which the legislation is moving through the legislature is fundamentally undemocratic.

The exceptions contained in the concurrent resolutions are functionally meaningless:

According to the Rape, Abuse, and Incest National Network, about 3 in 4 sexual assaults go unreported.¹ According to a nationwide study conducted by ThinkProgress, most states rarely if ever pay for abortions even when their laws mandate it for survivors of rape. In 2017, KanCare paid for only one such abortion. Additionally, when providers are able to get reimbursed for abortion care, such reimbursement is minimal; KanCare paid only \$290, less than half of the cost of an abortion, in the 2017 instance of coverage.² Kansans For Life has ensured that abortions allowed to “save the life of the mother” are practically nonexistent. All Kansas abortion statute now specifies that exceptions to current abortion law are not allowed even if they are “based on a claim or diagnosis that the woman will engage in conduct which would result in her death or in substantial and irreversible physical impairment of a major bodily function.”³ Considering that current exceptions require a “serious risk of substantial and irreversible physical impairment of a major bodily function,”⁴ Kansans should not trust that exceptions to save the life of the mother will extend to cover those who urgently need abortions in a post-amendment world.

Abortion is normal and common:

Today, the abortion rate is at an historic low (14.6 abortions per 1,000 women), which has largely been attributed to the steep increase (130%) in long-acting reversible contraception among all age demographics.⁵ However, the unintended pregnancy rate in the United States remains high at 45%. Out of these pregnancies, about 40% are aborted.⁶ Overall, one in four women will obtain an abortion by the age of 45; but the abortion rate is not evenly distributed in the population. For instance, the abortion rate is the lowest among women with a college education and highest among women living in poverty.⁷ People between the ages of 20 to 24 account for 34% of abortions, followed by those aged 25-29 who account for 27%.⁸ Adolescents make up the smallest percent of people seeking abortions: 18-19 years

¹ “The Criminal Justice System: Statistics | RAINN,” accessed January 17, 2020, <https://www.rainn.org/statistics/criminal-justice-system>.

² “How Do Rape Exceptions for Abortion Work? They Don’t,” accessed January 17, 2020, <https://thinkprogress.org/rape-exceptions-for-abortion-medicare-dont-work-data-b550718fc70b/>.

³ “65-6701,” accessed January 17, 2020, https://www.ksrevisor.org/statutes/chapters/ch65/065_067_0001.html.

⁴ “65-6701.”

⁵ Rachel K. Jones and Jenna Jerman, “Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014,” *American Journal of Public Health* 107, no. 12 (December 2017): 1904–9.

⁶ “Induced Abortion in the United States,” Guttmacher Institute, May 3, 2016, <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>.

⁷ Jones and Jerman, “Population Group Abortion Rates and Lifetime Incidence of Abortion.”

⁸ “Induced Abortion in the United States.”

olds account for 8%; 15-17 years old comprise 3%; and people younger than 15 account for 0.2%. Most abortion patients (94%) identify as heterosexual, and 62% identify as Catholic, Protestant, evangelical Protestant or some other religious affiliation (Guttmacher, 208). The majority (54%) of abortion patients were cohabitating or married to a male partner when they became pregnant, and 59% have had previous births.⁹

Restrictions on abortion disproportionately impact marginalized groups:

Poverty and race have a significant role in abortion rates. Seventy-five percent of people seeking abortions are poor or low-income, which is also reflected in the disproportionate number of patients of color. White patients account for 39% of abortions, followed by 28% black, 25% Latino, and 9% of patients identifying as other races or ethnicities.¹⁰ The concentrated abortion rates among women of color stem from a combination of factors including an historical pattern of racism and discrimination, limited access to health insurance, substandard health care, and contraception options.¹¹ In addition, poor and low-income women are disproportionately affected by restrictive state laws, which can increase travel time, delay their ability to access abortion care, and in turn, increase the cost.¹²

In a post-Roe environment, estimates suggest that 39% of the national population of women seeking abortion services would experience increased travel distance for services, ranging from 1 to 791 miles. People living in the Midwest and South would experience the biggest impact. On average, their travel distance would increase 249 additional miles, which would pose a significant barrier to obtaining services.¹³

The legislative process around HCR 5019 and SCR 1613 is undemocratic:

Posters extolling letting Kansans decide cannot hide the fundamentally undemocratic nature of the concurrent resolutions: they are being shoved through the legislature without a deliberative committee process in both chambers and are intended to be voted on by a small percentage of Kansans. The bill's title and Kansans for Life's messaging cannot disguise the true intent of this legislation: to undemocratically ensure that, once *Roe v. Wade* is undermined or overturned, access to abortion in Kansas ceases to exist.

Vote no:

This amendment takes away rights from women in the Kansas Constitution. We can disagree on abortion, but we should agree that it is a personal, private medical decision made by a woman, her family, her faith, and her doctor. Kansans deserve the right to make our own personal, private medical decisions without politicians' interference. And our constitutional right to make decisions for our bodies, our lives, and our futures should never be up for a vote.

⁹ "Induced Abortion in the United States."

¹⁰ "Induced Abortion in the United States."

¹¹ "Abortion Is a Common Experience for U.S. Women, Despite Dramatic Declines in Rates," Guttmacher Institute, October 18, 2017, <https://www.guttmacher.org/news-release/2017/abortion-common-experience-us-women-despite-dramatic-declines-rates>.

¹² Jenna Jerman, Rachel K Jones, and Tsuyoshi Onda, "Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008," *Guttmacher Institute*, n.d., 29.

¹³ Caitlin Myers, Rachel Jones, and Ushma Upadhyay, "Predicted Changes in Abortion Access and Incidence in a Post-Roe World," *Contraception* 100, no. 5 (November 1, 2019): 367–73, <https://doi.org/10.1016/j.contraception.2019.07.139>.