

Senator Bailey, Representative Perry and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, my name is Nicole Clegg and I serve as the Acting CEO at Planned Parenthood of Northern New England and I am pleased to submit testimony in support of LD 935, *An Act to Remove Barriers to Abortion Coverage in Private Insurance*.

Planned Parenthood of Northern New England provides comprehensive reproductive and sexual health care to more than 14,000 people in Maine at four health centers located in Biddeford, Portland, Sanford and Topsham. People turn to us for affordable, high-quality care including wellness exams, birth control, disease testing and treatment, cancer screenings, abortion care as well as a variety of primary care services. We see everyone who comes to us regardless of ability to pay, and in a typical year, we provide more than \$4 million in free and discounted care to our communities in Maine.

As a mission driven health care provider, we fundamentally believe everyone should be able to get affordable, high quality sexual and reproductive health care in their communities, no matter where they live or how much money they make and we advocate for policies that help make this vision a reality. It is with this vision in mind that we support LD 935.

In 2019, the Maine Legislature passed LD 820, removing barriers to decision-making about a pregnancy in both public and private insurance. This legislation was designed to ensure that all Mainers regardless of their ability to pay could make personal, medical decisions about abortion. While the law has had a deep impact on people's ability to make their own decisions, it has not met the full need for people needing to use their private insurance coverage for abortion care, especially among those struggling financially, which means that even though it is a covered service the costs are still too great to access the care they need.

The average deductible for a Mainer with employer-sponsored insurance is over \$2600<sup>1</sup>, while the average cost for abortion can range anywhere from just under \$600 dollars early in pregnancy to \$1000 or more later in pregnancy.<sup>2</sup> This gap between procedure cost and insurance coverage means that the many Mainers are forced to pay out of pocket unless they have already maxed out their deductible. This cost can be catastrophic even those in the middle

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<sup>1</sup> Kaiser Family Foundation, "Average Annual Deductible per Enrolled Employee in Employer-Based Health Insurance for Single and Family Coverage", *KFF*, 2021, <https://www.kff.org/other/state-indicator/average-annual-deductible-per-enrolled-employee-in-employer-based-health-insurance-for-single-and-family-coverage>

<sup>2</sup> Ushma D. Upadhyay, Chris Ahlback, Shelly Kaller, Clara Cook, and Isabel Muñoz, "Trends In Self-Pay Charges And Insurance Acceptance For Abortion In The United States, 2017–20", *Health Affairs*, 41:4, April 2022, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01528>

class<sup>3</sup> and can force people to delay the time-sensitive care they need as they struggle to raise the funds, pushing the patient further into their pregnancy and escalating the costs.

Research has also found that denying women access to abortion when she has determined it is the right decision is not only tied to poverty, but it also leads to greater risks of complications in pregnancy and poorer health outcomes. It also is connected to violence as women become tethered to abusive partners.

People struggling financially face significant disparities when it comes to reproductive health. Compared with higher-income women, low-income women's rates of unintended pregnancy and abortion are each five times as high, and their unplanned birth rate is six times as high. These disparities are rooted in deeply entrenched inequities in the areas of health-insurance coverage, health care, and medically accurate sex education, as well as other health-promoting resources. When the Maine Legislature made the decision to mandate abortion coverage for all people regardless of how they were insured, many people's lives were changed as they were able to make the best decisions for themselves, their futures and their families. This legislation builds upon the legislature's previous efforts helping to ensure that reproductive autonomy is a reality in practice not just statute.

Despite the polarizing rhetoric you may hear today, voters are in large agreement about abortion care. When asked what the experience should be like for a woman who has decided to end a pregnancy, the overwhelming majority want them to be supported by loved ones and treated with dignity. Voters don't want women forced to walk through protestors, nor do they want women to face additional burdens in accessing care. More than 8 in 10 say that care should be affordable, available in her community and without delays<sup>4</sup>.

By requiring coverage of abortion in insurance, the LD 820 removed a significant barrier to exercising the rights Maine lawmakers have said are fundamental to a person's ability to self-determine. By passing LD 935 and removing copays, deductibles and other forms of cost-sharing for abortion care from private insurance coverage, the Legislature would ensure that Maine joins five other states in recognizing a simple reality: a right, is not a right if the ability to exercise it is determined largely by one's economic status. This legislation represents a crucial next step toward ensuring all people can access abortion, regardless of their income. It is for all of these reasons that I urge you to vote Ought to Pass on LD 935.

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<sup>3</sup> Carmela Zuniga, Terri-Ann Thompson, Kelly Blanchard, "Abortion as a Catastrophic Health Expenditure in the United States", *Women's Health Issues*, 30:6, November/December 2020, <https://www.sciencedirect.com/science/article/abs/pii/S1049386720300669>

<sup>4</sup><https://view.publitas.com/perryundem-research-communication/perryundem-report-on-public-opinion-toward-abortion/page/22>