

May 22, 2017

The Honorable Bruce Rauner  
Governor of Illinois  
207 State House  
Springfield, IL 62706

Dear Governor Rauner:

We are concerned with your recent public statements regarding HB 40, which ends the unfair denial of abortion care coverage for women who receive their health insurance through Medicaid or a state employee plan and protects access to legal abortion care in Illinois. The Center for Reproductive Rights urges you to protect women's health and to sign HB 40 when it reaches your desk.

The Center for Reproductive Rights is a legal advocacy organization dedicated to protecting the rights of women to access safe and legal abortion and other reproductive health care. For nearly 25 years, we have successfully challenged restrictions on abortion throughout the United States. Indeed, just last June, we won the landmark case *Whole Woman's Health v. Hellerstedt*, in which the U.S. Supreme Court reaffirmed the Constitution's robust protections for a woman's decision to have an abortion.

**I. HB 40 ends the unfair denial of abortion care coverage for women who receive their health insurance through Medicaid or a state employee plan**

Current Illinois law unfairly denies coverage for abortion, one of the most common types of medical care sought by women, to women who work for the state or who receive coverage through Medicaid.

**a. Women should be able to make decisions about abortion with dignity and respect, regardless of their source of insurance**

A majority of Americans agree that politicians should not be able to deny a woman access to abortion because of where she receives her health coverage.<sup>1</sup> A woman should not be targeted because politicians can more easily control their coverage.

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<sup>1</sup> Hart Research Associates, *Polling on Repealing the Hyde Amendment (2015)*, available at <http://allaboveall.org/wp/wp-content/uploads/2016/06/Polling-Memo.pdf>.

When women are unable to obtain insurance coverage for abortion, it can cause some women to delay abortion care at potentially increased risk to their health while they raise the necessary funds to pay for the procedure. Moreover, restrictions on abortion coverage amplify existing health disparities, disproportionately harming women who already face barriers to accessing health care, including low-income women and women of color. Poor women who decide to have an abortion often have to wait up to three weeks to have the procedure while they raise the necessary funds – and this wait actually drives up the cost and increases the risk of the procedure.<sup>2</sup> Furthermore, a woman working to raise the necessary funds must often divert money from paying for food, rent, or utilities.<sup>3</sup> If a woman is ultimately unable to afford an abortion, she may be forced to carry her unwanted pregnancy to term. And if this is the case, she is three times more likely to fall below the federal poverty line within two years.<sup>4</sup>

The best public health policy ensures that a woman has coverage for a full range of pregnancy-related care, including abortion, regardless of where she gets her insurance. Insurance coverage should always provide a full range of legal medical procedures, including abortion, so a woman can make the best decision for her circumstances.

**b. Singling out abortion care makes it difficult for women to obtain coverage even in cases where it is allowed**

Illinois is currently required to cover abortion for individuals in the Medicaid program in the cases of rape, incest or life endangerment – however, few women are able to receive coverage even under those circumstances. Singling out abortion from other medical procedures by requiring additional documentation – such as written statements to certify an abortion qualifies for one of the above situations – makes it more difficult and burdensome for providers to seek reimbursement. In a recent study, more than half of Medicaid-eligible procedures were reported to be under-reimbursed or not reimbursed at all due to bureaucratic, confusing, and onerous claims procedures.<sup>5</sup> As a result, some abortion providers have stopped seeking reimbursement or refuse to see Medicaid patients entirely, which further limits access to a broad spectrum of

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<sup>2</sup> Heather D. Boonstra, “The Heart of the Matter: Public Funding of Abortion for Poor Women in the United States,” Guttmacher Institute (2007), available at <http://www.guttmacher.org/pubs/gpr/10/1/gpr100112.pdf>.

<sup>3</sup> Boonstra, “Heart.”

<sup>4</sup> Joshua Lang, “Unintentional Motherhood,” New York Times Sunday Magazine, June 16, 2013, accessed February 27, 2014, <http://www.nytimes.com/2013/06/16/magazine/study-women-denied-abortions.html?pagewanted=all>.

<sup>5</sup> Deborah Kacanek et al., Ibis Reproductive Health, “Medicaid Funding for Abortion: Providers’ Experiences with Cases Involving Rape, Incest and Life Endangerment,” Perspectives on Sexual and Reproductive Health 42, no. 2 (2010).

reproductive health services for women working to make ends meet.<sup>6</sup> HB 40 would remove such requirements by providing coverage of abortion like any other medical service.

## II. HB 40 would ensure abortion will remain legal in Illinois

*Roe v. Wade* – the landmark Supreme Court case establishing access to abortion as a constitutional right – has been settled law for over 40 years, yet remains under constant attack. Now that President Donald Trump has been sworn into office, we face potentially the greatest threat to reproductive rights in more than a generation. HB 40 would respond to these threats by affirming Illinois’ commitment to ensuring that every woman in the state has access to safe medical care. The bill would repeal harmful language in Illinois law that expresses the desire to prohibit abortion if *Roe* is overturned, ensuring that the legal standards established in that decision will remain the law in Illinois regardless of what happens at the federal level.

For the foregoing reasons, we urge you to sign HB 40. Please do not hesitate to contact us with any questions or for additional information.

Sincerely,



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<sup>6</sup> Kacanek et al., “Medicaid;” Amanda Dennis et al., Ibis Reproductive Health, “Strategies for Securing Funding for Abortion Under the Hyde Amendment: A Multistate Study of Abortion Providers’ Experiences Managing Medicaid,” American Journal of Public Health 101 (2011).