

Buckman, Annie-Laurie

From: Snow, Veronica
Sent: Wednesday, March 27, 2019 9:19 AM
To: Buckman, Annie-Laurie
Subject: [HCIFS] FW: Testimony for LD 820
Attachments: Zager LD 820 Testimony 3-27-19.docx

From: Sam Zager <samzager@gmail.com>
Sent: Tuesday, March 26, 2019 11:12 PM
To: HCIFS <HCIFS@legislature.maine.gov>
Cc: Sanborn, Heather <Heather.Sanborn@legislature.maine.gov>; Tepler, Denise <Denise.Tepler@legislature.maine.gov>; Jorgensen, Erik <Erik.Jorgensen@legislature.maine.gov>; Sanborn, Linda <Linda.Sanborn@legislature.maine.gov>; Clegg, Nicole <Nicole.Clegg@ppnne.org>; Hymanson, Patricia <Patricia.Hymanson@legislature.maine.gov>; Brooks, Heidi <Heidi.Brooks@legislature.maine.gov>; Gramlich, Lori <Lori.Gramlich@legislature.maine.gov>; Gratwick, Geoff <Geoff.Gratwick@legislature.maine.gov>; Perry, Anne <Anne.Perry@legislature.maine.gov>
Subject: Testimony for LD 820

Dear Veronica,

I regret that I won't be able to attend tomorrow's hearing due to some clinical responsibilities. I request that you include my testimony in the materials for the committee to consider. Thank you for all the important work you do!

Be well,

Sam

Testimony in support of
An Act to Prevent Discrimination in Public and Private Insurance Coverage for Pregnant Women in Maine
LD 820

Joint Committee for Health Coverage, Insurance, and Financial Services
129th Maine Legislature

Sam Zager, MD, M.Phil, FAAFP

Wednesday, March 27, 2019

Senator Sanborn, Representative Tepler, other distinguished members of the committee, I am Sam Zager, a family physician living and practicing in Portland, and a member of Maine Providers Standing Up for Healthcare. I support Representative McCreight's bill LD 820, and appreciate all the co-sponsors.

This bill makes me think of recent events in the life of a patient of mine, who I'll call Brittany. She is around 30 years old, and is a hard-working mother of two children. Over the years, I've seen how she toils to build a better life for the three of them, with a patchwork of low-wage and seasonal jobs. They've drifted in and out of homelessness, at times sleeping in the car. Brittany is tired, stressed, and just barely holding it together—like so many other folks receiving Mainecare.

She did not want to have any more children at this point because it would essentially close the door on some training and job opportunities. While Brittany was considering contraceptive options, though, she became pregnant.

So what was Brittany to do?

For Brittany, it didn't feel right to let a baby develop and be born into poverty. Indeed, **financial hardship is the most common reason women cite for choosing an abortion.**^{[1],[2]} She didn't think that putting the baby up for adoption was right for them either. It was a deeply personal and agonizing decision Brittany had to make, and she wasn't sure what to do.

Professor Diana Greene Foster and colleagues explored what happens when pregnant women seeking an abortion have barriers to it. The UC San Francisco researchers conducted what has become known as the *Turnaway Study* starting in 2008.^[3] Over a two-year period, approximately 1,000 pregnant women seeking an abortion in Maine and across the country were interviewed and followed for five years. The authors compared quantitative and qualitative data from different baseline categories of patients: women who were able to get the abortion, and those whose gestational age was too old for an abortion (who were thus "turned away").

Diana Greene Foster herself summarized the findings last year^[4], "Being denied a wanted abortion results in

- a reduction in full-time employment that lasts about four years;
- an increase in public assistance that persists until women are timed out of these programs [6x higher odds of needing public assistance];
- an increase in household poverty [nearly 4x higher odds of poverty];
- an increased likelihood that women don't have enough money to pay for food, housing, and transportation;
- an increased chance that women are raising children alone.

In short, the study shows that **not being able to access abortion services makes poor women poorer.**"

Brittany chose to have an abortion during the first trimester. Weeks later, she said the decision was difficult, but was right for her.

The right *policy* decision ought to account for a vicious cycle: Poverty is a chief driver of women to seek an abortion, and barriers to having a sought abortion entrench women further into poverty and government dependence. **If one wishes to reduce poverty or abortion demand, then it makes sense to support LD 820.**

Thank you.

^[1] In one study, a woman said, "This is how I described it [my reasons for abortion] to my doctor 'social, economic', I had a whole list, I don't feel like I could raise a child right now and give the child what it deserves." Biggs, M et al. (2013). "Understanding why women seek abortions in the US." *BMC Women's Health* 13(1): 29.

^[2] Two-thirds of abortion patients nationally have an annual income under \$25,000. Jones RK et al. "At What Cost? Payment for Abortion Care by U.S. Women." *Women's Health Issues*. 2013; e173-e178.

^[3] The principal paper from the Turnaway Study was published in *The American Journal of Public Health*. Foster DG, Biggs MA, Ralph L, Gerdtz C, Roberts S, Glymour MM. "Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States." *Am J Public Health*. 2018 Mar;108(3):407-413.

^[4] Foster Diana Green, "Restricting access to abortion makes poor women poorer" *Los Angeles Times*. 2018 Jan 22.

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Pregnant Women in Maine*
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⁴ Foster Diana Green, “Restricting access to abortion makes poor women poorer” *Los Angeles Times*. 2018 Jan 22.