



**Testimony Presented to the House Health Policy Committee
HB 4949-4959 – Reproductive Health Act and Accompanying Amendments**

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Good morning Chair Rogers and members of the committee. My name is Rachel Richards, Fiscal Policy and Government Relations Director at the Michigan League for Public Policy. For those of you who are not yet familiar, the League is a nonpartisan research and advocacy organization that promotes economic opportunity for all and analyzes the impact of public policy and budget decisions on the lives of Michiganders who have been systemically left out of prosperity. The League is also the state's Kids Count organization working as a part of a national effort to measure the well-being of children at the state and local levels and to shape efforts that improve the lives of Michigan children.

In November 2022, Michigan voters spoke when they approved Proposal 3—Reproductive Freedom for All—with nearly 57% of the state vote. Abortion is a matter of public health, gender equity, and economic, racial, and social justice, all things rooted in our mission as an organization.

We are pleased to support House Bills 4949-4959, a package of bills to enact the Reproductive Health Act and accompanying amendments to various state laws, which will help ensure that Michiganders have the right and ability to make their own health care decisions without political interference. These bills will help eliminate the medically unnecessary barriers that currently make it more difficult for pregnant people, especially pregnant people of color and those with low incomes, to access necessary health care services. Notably, the provisions extending private and public insurance coverage for abortion will help eliminate costs for Michigan residents, ensuring access to affordable health care.

While we support the entire package, as an organization that looks at the impact that state budget decisions have on Michigan residents, we want to specifically highlight and support House Bills 4958 and 4959, sponsored by Representatives Weiss and Grant. These bills, together, will require coverage for abortion services for Michiganders enrolled in Medicaid. Medicaid is a program that provides medical insurance to individuals with low incomes who may not otherwise be able to afford or have access to private insurance. Since 1976, the discriminatory Hyde Amendment has prohibited the use of federal funds to pay for abortions for individuals enrolled in Medicaid, except in limited cases of life endangerment, rape or incest. These restrictions make it more difficult for pregnant people with low incomes to access the reproductive health care they need, despite having access to other comprehensive health care services through Medicaid.

Michigan has generally followed the Hyde Amendment's standards. However, states can, and should, cover the costs of all abortions for persons insured by Medicaid. Currently, 17 states as diverse as California, Montana, Alaska, Minnesota, Maine and Illinois have provided Medicaid

Using data to educate, advocate and fight for policy solutions that undo historic and systemic racial and economic inequities to lift up Michiganders who have been left out of prosperity.

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coverage of abortion services to their residents. Seven additional states provide state dollars to support limited abortion services for persons enrolled in Medicaid. In requiring Medicaid to cover abortions outside of the Hyde Amendment exceptions, Michigan would not be an outlier among states.

Expanding Medicaid coverage for abortions currently excluded would be a significant help to Michigan's residents and would help improve health equity. Based on recent analysis by the Kaiser Family Foundation, nearly 1 in 4 Michigan residents are covered by Medicaid and CHIP, including 1 in 5 adults aged 19-64 and 2 in 5 people with disabilities. While the majority of Michigan's Medicaid population is white, because of other systemic barriers to economic opportunity, people of color are more likely to be covered by Medicaid.

Access to reproductive health care and the ability to make decisions about family planning impacts an individual's ability to remain in the workforce, pursue higher education and demand higher wages. In 2022, nearly 65% of abortions were to people 25 years or older. Research shows women who sought but were denied abortions experience increased poverty, are less able to afford basic living expenses and have higher levels of economic insecurity than women who were able to access abortions.

Expanding Medicaid coverage for abortion will also help improve health and economic outcomes for kids in families covered by Medicaid. About 1 in 3 kids in Michigan lives with a mom who is covered by Medicaid. In 2022, 65.3% of abortions were to people who had already carried a pregnancy to term and given birth. Research shows children of women denied abortions are more likely to grow up below the Federal Poverty Line, which is \$24,860 for a family of three in 2023, and are more likely to experience poor maternal bonding, which can affect a child's social and cognitive development. A mother's economic security is directly linked to the social and economic well-being of her children.

We at the League will not relitigate whether abortion is right; the voters of Michigan have spoken through the overwhelming adoption of Proposal 3 last November, enshrining a right to reproductive freedom in Michigan's Constitution. However, we must now work to implement the will of the people and eliminate the barriers for Michiganders, regardless of who they are, where they live and how much they earn, to access safe, affordable and accessible health care. House Bills 4949-4959 will do just that.

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