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Good morning, Chairwoman Murray, Ranking Member Burr, and members of the committee. Thank you for the opportunity to testify today on Reproductive Care in a post-Roe America. I'm Dr. Jamila Taylor and I serve as the director of health care reform and senior fellow at The Century Foundation—a 100-year-old progressive think tank that conducts research, develops solutions, and drives policy change to make people's lives better.

I sit here before you today, deeply dismayed by the U.S. Supreme Court's decision to overturn *Roe v. Wade*. Not only am I disturbed by the impact this landmark decision will have on the health and well-being of millions of women and people who want and need abortion care, I am also frightened by the impact this decision will surely have on this country's ongoing maternal health crisis.

U.S. maternal health outcomes are worsening at an alarming rate, with Black women and birthing people bearing the brunt of this crisis. According to the most recent estimates released by the CDC, Black women are dying of pregnancy-related causes at three times the rate of their white counterparts. We are also most likely to experience severe maternal morbidity. For Black women, pregnancy and childbirth—no matter how desired or planned out—put our lives at risk. It is always unconscionable to force the continuation of an unwanted pregnancy—but for Black women and other populations who have been historically marginalized, it is particularly immoral and dangerous.

Abortion care is overwhelmingly safe. But when abortion is difficult or impossible to access, complicated health conditions can worsen and even result in death. For example, one study conducted by researchers at the University of California San Francisco found that women who were denied abortion care are more likely to experience high blood pressure and other serious medical conditions during the pregnancy; more likely to remain in relationships where interpersonal violence is present; more likely to experience anxiety and stress shortly after being denied care; and more likely to experience poverty.

Research also shows that states with the most restrictions on abortion are precisely those with the worst maternal health outcomes. This is no coincidence: these states also have fewer supportive policies in place for parents and their families— supports like universal child care, paid leave, affordable health care, equal access to nutritious foods, and adequate funding for the wrap-around services low-income families and families of color desperately need. If we want

to actually support women and families, then equitable access to compassionate abortion care must be paired with policies that make it possible to raise a family in the first place.

In the face of the Supreme Court's decision to overturn *Roe*, and the impact it will have on the maternal health crisis in this country, there are many policy solutions that can help address these challenges. Congress must pass the Women's Health Protection Act—critical legislation to restore the federal right to abortion, and it must be combined with the Equal Access to Abortion Coverage in Health Insurance Act (also known as EACH) so that abortion care is affordable and accessible to all, regardless of income or source of insurance. Last but certainly not least, Congress must pass the Black Maternal Health Momnibus Act—a comprehensive legislative package aimed at addressing various dimensions of the U.S. maternal health crisis among Black women and ensure that postpartum Medicaid coverage extends for a full year for every birthing person in every state.

The twin emergencies of the maternal health crisis and lack of federal protections for abortion will in fact harm Black women the most. Both crises stem from historical and ongoing racism, tied to the legacy of reproductive control and coercion. Make no mistake: these disparities are rooted in racism, not race. This racism can be seen today in the persistence of discrimination, unequal distribution of resources, and inequitable access to care. With our bodies and health care decisions under unprecedented attack, it is critical that we finally address the maternal health crisis while also increasing access to abortion—so that every Black woman and birthing person in this country can control their reproductive lives. Thank you again for the opportunity to testify. I look forward to your questions.