



IMMIGRANT[†] LATIN@S* & ABORTION: THE FIGHT FOR ACCESS TO COMPREHENSIVE COVERAGE AND CARE

BARRIERS TO HEALTH INSURANCE COVERAGE AND CARE FOR IMMIGRANT LATIN@S

The right to end a pregnancy has been upheld as a constitutional right, yet it remains out of reach for many immigrant Latin@s living and working in the United States. Of all the barriers immigrant Latin@s face to the abortion care they need, access to affordable health insurance coverage—which includes coverage of abortion care—is a particularly formidable challenge. Without comprehensive coverage, immigrant Latin@s must pay for abortion care out-of-pocket, forcing them to choose between the care they need and meeting other basic needs like housing and food. Lack of access to affordable reproductive healthcare has also made it more difficult for immigrant Latin@s to obtain contraceptives, early prenatal care and testing, and pregnancy options counseling.

Abortion access is an essential component of reproductive healthcare. Federal and state laws restricting abortion not only make it increasingly difficult to obtain care, but also have a disproportionate impact on immigrant Latin@s, who are more likely to be low-wage workers and unable to obtain or afford health insurance.

Despite the extensive reforms to our nation's healthcare system through the Affordable Care Act (ACA), immigrant Latin@s continue to face many legal and other barriers to affordable and quality health insurance coverage. These barriers put many reproductive healthcare services, including abortion care, out of reach for immigrant Latin@s. Approximately 45 percent of all immigrant Latin@s and 55 percent of non-citizen Latin@s in the U.S. are uninsured for healthcare.¹

HOW IMMIGRANT LATIN@S ARE HURT BY RESTRICTIONS ON ABORTIONS

Federal Bans on Coverage of Abortion Care Harm Immigrant Latin@s

A number of federal policies, passed through the annual budget process, deny abortion coverage for Medicaid recipients,² people in immigration detention,³ and others. Federal restrictions on insurance coverage for abortion have a harmful and disproportionate impact on the health, economic security, and overall well-being of people of color. For example, these bans limit the ability of federally run healthcare safety-net providers to provide abortion care. Federally-qualified community health centers (FQHCs)—a lifeline for communities of color including the 6 million Latin@s served per year—must overcome a number of obstacles, including complex administrative procedures caused by federal bans on abortion coverage, to provide abortion care. As such, abortion care is limited in these safety-net sites. In addition, federal policies make it essentially impossible to access abortion care in immigration detention, despite the fact that many detainees are women of reproductive age and the high incidence of sexual assault experienced by women crossing the U.S.-Mexico border and inside detention facilities themselves.

Later Abortion Bans Hurt Immigrant Latin@s

There are many reasons someone may decide to end a pregnancy. Abortions after 20 weeks make up only 1.2 percent of all abortions,⁴ but are an important option. Of later abortion patients, 58 percent say they would have liked to have had their abortion earlier. Nearly 60

percent of those who experienced a delay in obtaining abortion care cite the time it took to make arrangements and raise money.⁵ The cost of abortion care increases dramatically over time. A 2011 study found that the average cost to patients for first-trimester abortion care was \$397 and \$854 for second trimester abortion care.⁶ Later abortion bans disproportionately harm immigrant Latin@s, as immigrant Latin@s have fewer options for insurance coverage of abortion care and fewer financial resources to overcome the gaps in coverage. In addition, immigrant Latin@s face many restrictions on travel, which can also delay access to care.

Forced Parental Involvement Laws Hurt Immigrant Latin@s

Almost three-quarters of states (38 out of 50) have laws in place that require written notification to or written consent of one or both parents or legal guardians of a minor seeking abortion care.⁷ The Child Interstate Abortion Notification Act (CIANA), first introduced in the 109th Congress, has the narrow purpose to make it more difficult for a young person to obtain the abortion care she needs.

Demographic surveys indicate that the Latin@ population is younger than the non-Latin@ population, with 34.9 percent of Latin@ under the age of 18, compared to 20.9 percent of non-Latin@ whites.⁸ Since CIANA would, and state laws already do, target young people, Latin@s would see greater harm from this kind of restriction on abortion access. Furthermore, young Latin@s are more likely to experience unintended pregnancy compared to other ethnic and racial groups, despite

[†] NLIRH uses the term 'immigrant' broadly. Immigration status is not a binary; there are many kinds of immigration status and an individual's status may be unclear and in flux. Someone may be undocumented or have unclear documentation for a range of reasons, including lapsed documentation, documentation-in-progress, as well as unsanctioned border crossing. The only exception is when referencing data, NLIRH mirrors the language from the data.

* NLIRH embraces gender justice and LGBTQ liberation as core values and recognizes that inappropriately gendered language marginalizes many in our community. As such, we use the gender-inclusive term "Latin@" to recognize multiple gender identities and gender nonconforming people.



decreases in recent years.⁹ For young undocumented Latin@s, the judicial bypass procedure is not always a realistic recourse due to the fear of immigration enforcement. In mixed-status households, Latin@s face the fear of drawing attention to undocumented parents. In other cases, a young person may not have access to their parents or legal guardians if they have been detained or deported. Young people, including immigrant youth, should have the same legal rights to confidential healthcare as all who may need such care.

Targeted Regulation of Abortion Providers (or TRAP laws) Hurt Immigrant Latin@s

Efforts to shut down clinics by passing onerous and medically unnecessary restrictions on abortion care have gained steam since

2010—despite the facts that abortion is already highly regulated and one of the safest, and most common, medical procedures in the United States. Over the years, 24 states have enacted some form of these restrictions, causing clinic closures across the country.¹⁰ These statutes have had a devastating impact on immigrant women and families with less access to resources and travel. In the southern Texas, for example, Latin@ immigrants are locked in to a region of the country that may soon have no abortion providers, and are unable to travel due to a line of interior border checkpoints established by the Department of Homeland Security.

NLIRH POLICY RECOMMENDATIONS

NLIRH believes that all people should have access to safe and legal abortion services, regardless of where they live, their ability to pay, their age or their immigration status. It is time to end policies barring immigrants from participating in public and affordable health coverage programs on the sole basis of their immigration status.

- Congress should enact comprehensive sex education legislation that would ensure federal dollars going to comprehensive sex education programs are medically accurate and age-appropriate, evidence-based, and inclusive of LGBTQ relationships.
- Congress should remove all language in annual appropriations legislation that restricts coverage for, or the provision of, abortion care in public health insurance programs. This includes repeal of the Hyde Amendment, and all policies that restrict funding for abortion care and coverage.

- Congress should support proactive legislation to uphold a young person's right to end a pregnancy and dismantle forced parental involvement laws.
- Congress should support and fully fund Title X family planning counseling and services, including the full range of FDA-approved contraceptive methods.
- Congress should pass the Health Equity & Access under the Law (HEAL) for Immigrant Women and Families Act, which lifts legal barriers to healthcare for immigrants authorized to live and work in the United States, including those granted Deferred Action for Childhood Arrivals (DACA).
- State and federal policymakers should support proactive legislation, such as the Women's Health Protection Act, which aims to ensure reproductive health by working to remove barriers to abortion access.

The National Latina Institute for Reproductive Health (NLIRH) is the only national reproductive justice organization dedicated to building Latina power to advance health, dignity, and justice for the 26 million Latinas, their families, and communities in the United States through leadership development, community mobilization, policy advocacy, and strategic communications.

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