



May 9, 2023

Senate Committee on Judiciary
SenateJudiciary@rileislature.gov

Re: GLBTQ Legal Advocates & Defenders Support for Senate Bill 32

Dear Chair Euer, Vice Chair Lombardi, and Members of the Senate Judiciary Committee:

I write on behalf of GLBTQ Legal Advocates & Defenders (GLAD), a New England-based legal organization dedicated to creating a just society free of discrimination based on gender identity and expression, HIV status, and sexual orientation. GLAD writes in support of Senate Bill 32, the Equality in Abortion Coverage Act, which will end the ongoing exclusion of abortion health care from state Medicaid services and repeal the abortion coverage exclusion from state employee insurance plans. It is extremely important that Rhode Islanders have equal access to this vital health care.

As you know, Rhode Island has previously signaled its leadership in protecting reproductive rights and health care access. In 2019, the legislature passed the Reproductive Privacy Act, which enshrined into law the protections recognized by the Supreme Court in *Roe v. Wade*. The Equality in Abortion Coverage Act represents a critical next step by ensuring that this important health care and the right to abortion is accessible to all Rhode Islanders.

Accessibility to abortion health care is even more imperative given the recent decision in *Dobbs v. Jackson Women's Health Organization*, 597 U.S. ____ (2022). Through this bill, Rhode Island rises to the challenges posed by an extremist U.S. Supreme Court that has stripped away the long-standing right to abortion and bodily autonomy and has threatened to scale back other foundational rights, including the right to contraception, the right to equal marriage, and the right to LGBTQ intimacy. Passing S 32 clearly signals that Rhode Island will ensure that individuals are able to fully access reproductive health care in Rhode Island.

LGBTQ Rhode Islanders are significantly affected by this proposed legislation. Pregnancy and abortion are common experiences among people across all genders and sexual identities. In Rhode Island, an estimated 4.5% of the population identifies as LGBTQ.¹ LGBTQ people are at least as likely as other people who can become pregnant to experience unintended pregnancies and to require abortion care. More than 80% of bisexual women have experienced at least one pregnancy, as have more than a third of lesbians.² A substantial number of transgender and gender-

¹ LGBT Data & Demographics for Rhode Island, THE WILLIAMS INSTITUTE AT UCLA SCHOOL OF LAW (2019), <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=44#about-the-data>.

² Barbara G. Valanis et al., *Sexual Orientation and Health: Comparisons in the Women's Health Initiative Sample*, 9 ARCHIVES OF FAMILY MEDICINE 843, 843 (Sep. 2000) (abstract).

expansive individuals who were assigned female at birth also may need pregnancy and abortion care throughout their lifetimes.³

Not only do significant numbers of LGBTQ people need abortion health care, but LGBTQ people are more likely to be enrolled in Medicaid than their non-LGBTQ peers.⁴ This correlation is likely influenced by the fact that LGBTQ people are more likely than non-LGBTQ people to live in poverty and not to have health insurance.⁵ Medicaid is therefore a key source of health coverage for LGBTQ adults, with an estimated 1,171,000 LGBTQ persons aged 18-64 nationwide relying on Medicaid as their primary source of health insurance.⁶ In Rhode Island, LGBTQ people are more likely to be unemployed, food insecure, and have an income under \$24,000 than their non-LGBTQ counterparts.⁷ For Rhode Island LGBTQ people, S 32 is critically important to ensure access to abortion health care.

The status quo – no access to abortion care for Rhode Islanders on Medicaid – causes harm and cannot persist. Individuals who are unable to access abortion care face particular harms that extend long beyond their pregnancy. People who are denied abortion health care are more likely to face economic hardship and poverty.⁸ Overall health outcomes are worse among people denied this important reproductive health care compared to those who were able to access care.⁹ LGBTQ women in particular are more likely to face sexual victimization which contributes both to their facing unintended pregnancies at similar rates to non-LGBTQ women as well as increased rates of poverty.¹⁰ Rhode Island high school students who identified as LGBTQ or as unsure of their sexual orientation were significantly more likely to report having had sexual intercourse before age 13, having been physically forced to have sexual intercourse, and having experienced sexual dating

³ See Heidi Moseson et al., *Abortion Experiences of Transgender, Nonbinary, and Gender-Expansive People in the United States*, 224 AM. J. OBSTETRICS & GYNECOLOGY 376, 376 (2021).

⁴ Usha Ranji et al., “Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.,” THE HENRY J. KAISER FAMILY FOUNDATION (April 2015), <http://files.kff.org/attachment/issue-brief-health-and-access-to-care-and-coverage-for-lgbt-individuals-in-the-u-s-2>.

⁵ Kellan Baker et al., *The Medicaid Program and LGBT Community: Overview and Policy Recommendations*, CENTER FOR AMERICAN PROGRESS (Aug. 9, 2016), <https://www.americanprogress.org/article/the-medicaid-program-and-lgbt-communities-overview-and-policy-recommendations/>.

⁶ Kerith Conron & Shoshana Goldberg, *LGBT Adults with Medicaid Insurance*, THE WILLIAMS INSTITUTE AT UCLA SCHOOL OF LAW (Jan. 2018), <https://williamsinstitute.law.ucla.edu/publications/lgbt-medicaid-coverage-us/>.

⁷ *Supra* note 2.

⁸ Diana Greene Foster et al., *Socioeconomic Outcomes of Women Who Receive and Women Who are Denied Wanted Abortions in the United States*, 108 AM. J. PUBLIC HEALTH 407, 407 (Mar. 2018).

⁹ Lauren J. Ralph et al., *Self-reported Physical Health of Women Who Did and Did Not Terminate Pregnancy After Seeking Abortion Services: A Cohort Study*, 20 ANNALS OF INTERNAL MED. 238, 244-45.11 (Aug. 20, 2019).

¹⁰ Caroline Sten Hartnett et al., *Congruence Across Sexual Orientation Dimensions and Risk for Unintended Pregnancy Among Adult U.S. Women*, 27 WOMEN’S HEALTH ISSUES 145, 145 (2017) (finding that unintended pregnancies are at least as common for sexual minority women as for heterosexual women); Bethany G. Everett et al., *Sexual Orientation Disparities in Mistimed and Unwanted Pregnancy Among Adult Women*, 49 PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH 157, 161-62 (Sep. 2017) (finding that adult and adolescent sexual minority women are at greater risk of unintended pregnancy than are their heterosexual counterparts); and Rachel K. Jones et al., *Sexual Orientation and Exposure to Violence Among U.S. Patients Undergoing Abortion*, OBSTET. & GYNECOL. 605, 610 (Sept. 2018).

violence than their non-LGBQ counterparts.¹¹ Among abortion patients in particular, LGBTQ women are significantly more likely than non-LGBTQ women to experience sexual violence, sometimes by a factor of 15 or more.¹² Adolescents who are lesbian and bisexual also have especially high risk of unintended pregnancy due to social pressures to hide their sexual orientation.¹³ The 2019 Data Brief on Adolescent Sexual Health in Rhode Island found that “LGB youth continue to be more likely to engage in risky sexual behaviors than heterosexual youth.”¹⁴ Overall, the vulnerability of LGBTQ people puts them at high risk of experiencing harms from denial of abortion care.

Rhode Island’s current prohibition on the use of Medicaid and state insurance funds for abortion health care presents a significant barrier to LGBTQ people’s bodily autonomy, health, and well-being. As it stands, existing Rhode Island law prohibits Rhode Islanders from seeking vital abortion health care through state insurance and Medicaid programming,¹⁵ placing Rhode Island behind other New England states such as Connecticut, Maine, Massachusetts and Vermont who already ensure coverage for Medicaid-covered populations.¹⁶

S 32 represents an important step in ensuring access to reproductive health care for all Rhode Islanders, including LGBTQ people, by providing for Medicaid coverage of abortion and repealing the abortion coverage exclusion from state employee insurance plans. Thank you for the opportunity to provide testimony in support of S 32. GLAD hopes the bill will receive a favorable vote out of committee.

Sincerely,



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Director of Family Advocacy

¹¹ *State Profile – Rhode Island*, SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES (2019), <https://siecus.org/wp-content/uploads/2019/03/Rhode-Island-FY18-Final.pdf>.

¹² Jones et al., *Sexual Orientation...*, at 609.

¹³ See Susan M. Blake et al., *Teen Pregnancy Preventing Sexual Risk Behaviors Among Gay, Lesbian, and Bisexual Adolescents: The Benefits of Gay-Sensitive HIV Instruction in Schools*, 91 AM. J. PUBLIC HEALTH 940, 944 (June 2001).

¹⁴ *Adolescent Sexual Health – 2019 Data Brief*, RHODE ISLAND DEPARTMENT OF HEALTH (2020), <https://health.ri.gov/publications/databriefs/2019ASHDataBrief.pdf>.

¹⁵ R.I. GEN. LAWS § 36-12 2.1.

¹⁶ *State Funding of Abortion Under Medicaid*, GUTTMACHER INSTITUTE (Jan. 1, 2022), <https://www.guttmacher.org/state-policy/explore/state-funding-abortion-under-medicare>.