

HB 6618 - "An Act Concerning Medical Assistance for Certain Persons Receiving Abortion Care and Related Services in Connecticut"

Overview: HB 6618 requires the State of Connecticut, through the Department of Social Services, to use Connecticut taxpayer funds to pay for 100% of the cost of abortion services for out-of-state low- income women. The women are eligible for this coverage if they meet certain income requirements and come from a state that has laws making the abortion service being sought illegal in their home state.

Connecticut taxpayers must not be forced to pay for a service that they believe is the taking of an innocent human life and totally immoral. The \$2 million being proposed by the Governor for this program would actually expand the amount of Connecticut taxpayer money being used to pay for abortions. Many people are unaware that taxpayers in Connecticut already pay for abortions under the Medicaid program. In 2018, based on state Department of Social Services and Department of Public Health numbers, taxpayers expended \$4.2 million to pay for abortions under Medicaid. This comprised 75% of all abortions performed that year.

Questions raised by the bill:

- Why are CT taxpayers paying for abortions for out-of-state residents? CT does not pay for out-of-state women to come to CT to receive services that may save their unborn child's life. CT is full with state of the art medical care, which may not be available in other states.
- 2. If a woman arranges to travel to Connecticut to have an abortion, and then changes her mind at the abortion clinic, would she still be eligible for the funding to cover her travel and lodging expenses? Or would the refusal of funding be used as pressure for her to receive the abortion? Remember that this legislation is aimed at low-income women.
- Will CT become a state that markets abortion to out-of-state low-income women?
 The 2018 numbers mentioned above already show that abortion is promoted as birth control among low-income women.
- 4. Does having out-of-state women receive a medical procedure that could result in complications leave them with no options for following up with the provider?
- 5. If an out-of-state woman has serious issues with the abortion she received in Connecticut, would her rights to legal action, or the rights of her home state to legal action, be impede by the safe harbor law passed last year?

Technical Questions and Issues with the Bill:

The term "abortion care and related services" is used throughout the bill but never defined. "Abortion care" is almost self-explanatory – it means getting an abortion. What does 'related services" in relation to an abortion mean? This term should be defined. Does this mean travel and hotel coverage? Does it mean the cost of hospitalization should an emergency occur during the abortion? What does it mean?

The **income eligibility limit** used is much higher (not exceeding 263% of federal poverty level) than the standard Medicaid income eligibility limits. The current limit in Connecticut for an individual to receive Medicaid coverage is income not exceeding 138% of the federal poverty level. There is an exception in state law that allows a pregnant woman to have income not exceeding 258% of the federal poverty level. It appears they are using an income percentage reflective of the higher limit for a pregnant woman. The higher income limit for a pregnant woman is to supposedly ensure proper prenatal care for an increased number of women and their unborn children. That is not at all the case when a woman is seeking an abortion. This does not increase the rate of reimbursement the abortionist will receive, but can significantly increase the number of patients. Thus, increasing the cost to the state and its taxpayers.

Eligibility verification is done completely by the abortion provider, who has the most to financially gain by the enactment of this law. The bill fails to provide details about what must be presented as proof of financial eligibility, leaving the program open to abuse.

Federal Financial Reimbursement – Section 1(4)(b) mentions that the DSS Commissioner will take actions to secure any available federal funding. This is a statement meant to mislead the public and potentially other legislators. The federal government is prohibited by law in the use of federal funds to pay for abortions. This is called the Hyde Amendment. It is because of this law that DSS currently pays 100% of the cost of an abortion performed on a Medicaid patient.