

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

ALLEGHENY REPRODUCTIVE	:	
HEALTH CENTER, et al.,	:	
	:	
Petitioners,	:	
	:	
v.	:	
	:	
	:	
PENNSYLVANIA DEPARTMENT OF	:	
HUMAN SERVICES, et al.,	:	
	:	
Respondents.	:	

DECLARATION OF COLLEEN M. HEFLIN

I, Colleen M. Heflin, make this declaration:

1. I am currently a Professor of Public Administration and International Affairs, and a Senior Research Associate in the Center for Policy Research at the Maxwell School of Citizenship and Public Affairs at Syracuse University. For the past 20 years, my research has focused on the study of poverty and social policy, with a special emphasis on the inability to meet basic needs and evaluating the consequences of participation in social programs. I have also taught classes on poverty and social policy in addition to research methods and program evaluation. My resume is attached as Exhibit A.

2. Through my research, I am familiar with the trade-offs poor and low-income women make between essential needs (such as food, medical care,

housing, and utilities) when faced with unexpected medical expenses, such as an unwanted pregnancy, and the consequences of those choices for the woman as well as her family.

3. It is my understanding that Pennsylvania state law currently prohibits state funds from being used to cover abortions, and as a result women who are enrolled in or eligible for Medical Assistance are unable to use that coverage to pay for the costs of an abortion in all but a small number of situations. I offer the opinions in this affidavit to assist the Court in understanding the challenges faced by poor and low-income women in coping with an unexpected medical expense (such as an abortion) and the hardship the current law creates.

Poverty in Pennsylvania

4. A household is defined by the U.S. Census Bureau as being poor when the household income falls below the national needs standard for the household size. For example, a household with one adult and one child is defined as poor in 2017 if their annual household income falls below \$16,240¹ or \$1,353 per month. In Pennsylvania, 12.5 percent of residents live in households where the income falls below the needs standard for their household size and are classified as

¹ U.S. Dep't of Health & Human Servs., 2017 Poverty Guidelines, <http://aspe.hhs.gov/2017-poverty-guidelines#thresholds> (last visited Dec. 26, 2019).

poor.² This means that 1,600,692 people across the state of Pennsylvania live below the poverty income threshold. The child poverty rate in Pennsylvania is even higher at 17.0 percent, meaning that 444,468 children aged 0-17 live in households with incomes below the poverty line.³

5. Poverty in Pennsylvania tends to be geographically clustered in the major cities of Philadelphia and Pittsburgh. These cities have levels of poverty that are nearly twice the state average at 25.8 percent and 22 percent, respectively.⁴ Additionally, the northern and western rural counties of Pennsylvania have levels of poverty that are above the state average as well. For example, Forest County, located in Northwestern Pennsylvania, had a poverty level of 22 percent in 2017.⁵

6. The risk of poverty is not spread evenly throughout society but is concentrated in particular demographic groups. For example, poverty in

² U.S. Census Bureau, Quick Facts: Pennsylvania, <http://www.census.gov/quickfacts/pa> (last visited Dec. 26, 2019).

³ Children's Defense Fund, Child Poverty in America 2017: State Analysis, <http://www.childrensdefense.org/wp-content/uploads/2018/09/Child-Poverty-in-America-2017-State-Fact-Sheet.pdf> (last visited Dec. 26, 2019).

⁴ U.S. Census Bureau, Quick Facts: Philadelphia, Pennsylvania; Pittsburgh, Pennsylvania, <http://www.census.gov/quickfacts/fact/table/philadelphiacitypennsylvania,pittsburghcitypennsylvania/PST045217> (last visited Dec. 26, 2019).

⁵ U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), http://www.census.gov/data-tools/demo/saипе/saипе.html?s_appName=saипе&map_yearSelector=2017&map_geoSelector=aa_c&s_measures=aa_snc&s_state=42 (last visited December 26, 2018).

Pennsylvania is more common among women than men (13.7 versus 11.2 percent) and the poverty rate is higher among female-headed households (28 percent).

Poverty in Pennsylvania is more common among African-Americans (24.8 percent), Native Americans (24.6), and those of Hispanic ethnicity (28.7 percent) than it is among non-Hispanic whites (9.1 percent).⁶ These high levels of poverty in Pennsylvania are relevant to the current case because low-income women face a higher probability of having an unintended pregnancy, lacking health insurance, and facing an unexpected medical expense.⁷

7. It is widely acknowledged by researchers in the field of poverty that the official federal poverty line underestimates the number of households who struggle to make ends meet. The measure was originally designed in the 1960s by taking the average amount of money required to support a modest diet and multiplying that by three, since food consumption comprised one-third of a household's total expenses at that historical period. The federal needs standard has been adjusted for inflation but no other changes have been made since its creation.

⁶ U.S. Census Bureau, Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months, <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF> (last visited Dec. 26, 2018).

⁷ Lawrence B. Finer & Mia R. Zolna, *Declines in Unintended Pregnancy in the United States 2008-2011*, New England J. Med. 2016, 374:843-852; U.S. Census Bureau, Percentage of People by Type of Health Insurance Coverage by Household Income and Income-to-Poverty Ratio: 2016 and 2017, <http://www2.census.gov/programs-surveys/demo/tables/p60/264/table4.pdf>.

This creates an inaccurate measure because today, as opposed to in the 1960s, food purchases constitute only about one-eighth of total household consumption; other costs, such as utilities and transportation, have increased; and new categories of spending have emerged that did not exist in the 1960s, such as cell phones, internet coverage, and microwaves. Furthermore, the official federal poverty measure does not account for work-related expenses, child care, or medical expenses that are mandatory and not discretionary. Finally, the official poverty line ignores regional differences in the cost of living as well as the value of near-cash transfers, such as food stamps, housing assistance, and the Earned Income Tax Credit, in the calculation.⁸

8. Many families whose household income is more than twice the federal poverty line still experience difficulty avoiding trade-offs in basic needs and fully making ends meet. National data demonstrates that among low-income households in which one member is employed but not working full-time, year-round, 2 out of 5 households report housing insecurity and 2 out of 5 households report food insecurity.⁹ In Pennsylvania, more than 725,000 families survived on incomes

⁸ John Iceland, *Poverty in America* 24-27 (3d ed. 2013).

⁹ Gregory Acs & Pamela Loprest, *The Urban Institute, Who Are Low-Income Working Families?* (Sept. 2015), <http://www.urban.org/sites/default/files/publication/51726/311242-who-are-low-income-working-families-.pdf>.

below 200 percent of the federal poverty line according to data from the American Community Survey 2013-2017.¹⁰

9. Food insecurity, a measure created by the U.S. Department of Agriculture and defined as households with “limited or uncertain availability of nutritionally adequate or safe foods or the inability to acquire personally-acceptable foods in socially-accepted ways,” is an alternative measure of economic well-being to the official federal poverty line.¹¹ Over the 2015-2017 time period, on average 12.1 percent of households in Pennsylvania were food insecure according to the USDA.¹² Feeding America, the nation’s largest hunger-relief organization, estimates that approximately 1,599,520 individuals in Pennsylvania were food insecure in 2016,¹³ and 2 out of 5 of these people were living in

¹⁰ U.S. Census Bureau, Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months, <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF> (last visited Dec. 26, 2018).

¹¹ Sue Ann Andersen, Life Sciences Research Office, *Core Indicators of Nutritional State for Difficult to Sample Populations*, J. Nutrition 1990, 120:1557S.

¹² Alisha Coleman-Jensen, et al., United States Dep’t of Agriculture, Household Food Security in the United States in 2017 (Sept. 2018), <http://www.ers.usda.gov/webdocs/publications/90023/err-256.pdf?v=0>.

¹³ Feeding America, Food Insecurity in Pennsylvania, <http://map.feedingamerica.org/county/2016/overall/pennsylvania> (last visited Dec. 26, 2018).

households with incomes above 160 percent of the official federal poverty line,¹⁴ demonstrating that individuals have difficulty meeting essential needs at income levels well above the official poverty threshold.

10. In fact, income eligibility for most federal social welfare programs extends above the federal poverty threshold. Federal eligibility for the Supplemental Nutritional Assistance Program (SNAP), also known as food stamps, is at 130 percent of the federal poverty line.¹⁵ Income eligibility for school meal programs goes up to 185 percent of the federal poverty line, as does eligibility for the Women, Infants and Children Program (WIC).¹⁶ Subsidized housing income eligibility is tied to the median income of the county or metropolitan area, which tends to be much higher than the federal poverty threshold.¹⁷ States set their own income eligibility for the Low-Income Heating and Energy Assistance Program, but the federal government mandates that it fall between 110 and 150 percent of

¹⁴ Feeding America, Map the Meal Gap: Overall Food Insecurity in Pennsylvania by County in 2016, http://www.feedingamerica.org/sites/default/files/research/map-the-meal-gap/2016/overall/PA_AllCounties_CDs_MMG_2016.pdf.

¹⁵ U.S. Dep't of Agriculture, Supplemental Nutrition Assistance Program (SNAP): FY 2018 Income Eligibility Standards, <http://fns-prod.azureedge.net/sites/default/files/snap/FY18-Income-Eligibility-Standards.pdf>.

¹⁶ U.S. Dep't of Agriculture, Special Supplemental Nutrition Program for Women, Infants and Children (WIC): 2018/2019 Income Eligibility Guidelines, 83 Fed. Reg. 14,240 (Apr. 3, 2018).

¹⁷ U.S. Dep't of Housing, HUD's Public Housing Program, http://www.hud.gov/topics/rental_assistance/phprog (last visited Dec. 26, 2018).

the federal poverty line.¹⁸ Finally, states have the option to extend public health insurance coverage via the federal Medicaid program up to 300 percent of the federal poverty line in some cases.¹⁹ Thus, it is well-established through various state and federal programs that it is American social policy that households well-above the official federal poverty line may need assistance to cover basic expenses such as food, housing, utilities, and medical care.

11. If a woman in Pennsylvania is working full-time, year-round at the Pennsylvania minimum wage of \$7.25, her annual gross income is \$15,080 or \$1,256/month, which puts her below the federal poverty rate for a family of two. This family type, an unmarried woman and one child, is based on 2017 vital statistics data for Pennsylvania which indicate that 87.7 percent of women who obtain an abortion are unmarried²⁰ and 61.3 percent have had at least one live birth.²¹

¹⁸ U.S. Dep't of Health & Human Servs., LIHEAP Assistance Eligibility (Jan. 11, 2016), <http://www.acf.hhs.gov/ocs/resource/liheap-eligibility-criteria>.

¹⁹ Centers for Medicare & Medicaid Services, Medicaid, Children's Health Insurance Program, & Basic Health Program Eligibility Levels, <http://www.medicare.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html> (last visited Dec. 26, 2018).

²⁰ Pa. Dep't of Health, 2017 Abortion Statistics (Dec. 2018) (Table 6), http://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/Documents/Pennsylvania_Annual_Abortion_Report_2017.pdf.

²¹ Pa. Dep't of Health, 2017 Abortion Statistics (Dec. 2018) (Table 13), http://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/Documents/Pennsylvania_Annual_Abortion_Report_2017.pdf.

12. Low-wage jobs have several characteristics that make it particularly difficult to deal with an unexpected medical expense separate from the low-wages earned themselves. First, while almost 3 out of 4 of all workers have access to sick leave, this ratio falls to 1 in 3 for those earning in the bottom 10 percent.²² Without sick leave, women in low-wage jobs are very likely to need to take uncompensated time off work to deal with medical issues, making it even harder to pay for the medical expense. Second, low-wage workers are likely to have unpredictable work schedules, with last minute changes to the posted schedule and the total hours worked.²³ This adds to household income instability and makes it difficult to plan ahead to schedule a doctor's appointment. Additionally, women may not feel like they have the ability to turn down work hours when offered by an employer without a loss of job security. Finally, 15 percent of all employed workers hold down more than one job at a time, making it even harder to plan ahead to get time off work for a doctor's appointment.²⁴ Thus, low-wage work itself creates barriers for women faced with an unexpected medical expense.

²² U.S. Dep't of Labor, Bureau of Labor Statistics, Table 6. Selected paid leave benefits: Access, <https://www.bls.gov/news.release/ebs2.t06.htm> (last modified Dec. 7, 2017).

²³ Federal Reserve Board, Report on the Economic Well-Being of U.S. Households in 2016 (May 2017), <http://www.federalreserve.gov/publications/files/2016-report-economic-well-being-us-households-201705.pdf>.

²⁴ *Id.*

The Need to Travel is a Barrier to Abortion Services

13. Transportation can pose its own set of hurdles related to both distance and cost for women seeking abortion services. Abortion clinics across America, as well as in Pennsylvania specifically, tend to be concentrated in urban areas. I understand from counsel that abortion providers in Pennsylvania are concentrated in the southeastern corner of the state and in Allegheny County in the West. In particular, moving from west to east across the state there are no abortion providers between Allegheny County and Dauphin County, a distance of approximately 200 miles. I further understand from counsel that abortion providers who offer second trimester abortion services are even more spread out geographically, with no providers of second trimester procedures between Allegheny County and Lehigh County, a distance of approximately 285 miles. Additionally, I understand there are no abortion clinics located in the northern half of the state.

14. As a consequence, the travel distance required to secure abortion services in Pennsylvania varies widely, and in particular is higher for women living in rural areas than those living in urban areas.²⁵ In some rural northwest counties in Pennsylvania, the distance to reach the nearest Pennsylvania abortion clinic is well over 100 miles; for example, from Warren County to the nearest provider in

²⁵ Jonathan M. Bearak et al., Disparities and Change Over Time in Distance Women Would Need to Travel To Have an Abortion in the USA: A Spatial Analysis (Oct. 3, 2017), [http://dx.doi.org/10.1016/S2468-2667\(17\)30158-5](http://dx.doi.org/10.1016/S2468-2667(17)30158-5).

Allegheny County is approximately 133 miles.²⁶ Additionally, transportation to secure health care was frequently cited as difficult in the northeastern Pennsylvania counties of Lackawanna and Luzerne.²⁷

15. As a consequence of the spatial distribution of abortion providers throughout the state, transportation barriers present yet another series of obstacles that women in areas far from an abortion provider must overcome in order to obtain abortion services. “With distance comes increased travel time, increased costs of transportation and child care, lost wages, the need to take time off of work or school, the need to disclose the abortion to more people than desired, and overall delays in care.”²⁸

16. These travel-related obstacles fall particularly hard on women with low incomes. “Lower-income women who are unable to access a car or money for gas may have to travel by bus, train, or other forms of transportation, which also becomes more difficult the farther they have to travel. Delays in care due to

²⁶ Google Maps, <http://maps.google.com>. See generally Bearak et al., *supra* note 25 (finding median travel distances from some rural northwest Pennsylvania counties to the nearest abortion provider of 90-179 miles).

²⁷ Northeastern Pennsylvania Equitable Transit Study (Oct. 2017), <http://www.philadelphiafed.org/-/media/community-development/publications/special-reports/northeastern-pennsylvania-equitable-transit-study/northeastern-pennsylvania-equitable-transit-study.pdf>.

²⁸ Alice F. Cartwright et al., *Identifying National Availability of Abortion Care and Distance from Major U.S. Cities: Systematic Online Search*, J. Med. Internet Res. 2018, 20(5):e186, <http://www.jmir.org/2018/5/e186/pdf>.

distance or transportation can push women seeking abortion to later gestations and are likely to disproportionately affect low-income women, who may struggle to cover the cost of transport.”²⁹ Thus, transportation creates its own hurdle for abortion services for low-income women due to both distance and cost in Pennsylvania.

Meeting Basic Needs is Difficult with Low-Income

17. It is well documented that low-income households are often unable to meet basic needs throughout the calendar month, sometimes referred to as “having more month than money.” In my own work, I have documented the inability of low-income households to pay for essential items such as food, housing costs, utilities, and medical care. Using nationally representative data, I documented that during 2009, 7 percent of American families were unable to pay their rent or mortgage, 11 percent were food insecure, 12 percent were unable to see a doctor or dentist when needed, and 15 percent were unable to pay an essential expense.³⁰ More recent evidence from a nationally representative survey conducted in late 2017 suggests rates of material hardship that are even higher--with 10.2 percent of American families missing a rent or mortgage payment, 13 percent missing a

²⁹ *Id.* at 9.

³⁰ Colleen Heflin, *Family Instability and Material Hardship: Results from the 2008 Survey of Income and Program Participation*, J. Fam. & Economic Issues 2016, 37:359.

utility payment and 4.3 percent experiencing a utility shut-off, 18 percent reporting problems paying family medical bills, and 17.8 percent indicating that they had an unmet need for medical care due to cost.³¹ Furthermore, according to data from the 2014 Hunger in America Survey from Feeding America, among clients receiving informal food assistance, who are likely to be low-income, approximately 2 out of 3 reported having to choose between food and paying for medical care, food and utilities, or food and transportation, and 3 out of 5 reported making trade-offs between food and housing.³² Given the documented monthly instability among low-income households in both income (resources flowing in) and expenses (resources flowing out), it is widely acknowledged that many households come up short each month and, as a consequence, experience material hardship.

18. The difficulty low-income households face in making ends meet is relevant to the current case because it speaks to the likelihood that a woman faced with an unexpected medical expense may be forced to make trade-offs between food and medical care, known in the literature as the “eat or treat” trade-off. Using

³¹ Michael Karpman et al., The Urban Institute, *Material Hardship Among Nonelderly Adults and Their Families in 2017* (Aug. 2018), http://www.urban.org/sites/default/files/publication/98918/material_hardship_among_nonelderly_adults_and_their_families_in_2017.pdf.

³² Feeding America, *Hunger in America 2014: National Report*, <http://help.feedingamerica.org/HungerInAmerica/hunger-in-america-2014-full-report.pdf>.

nationally representative data, it is established that 1 in 3 chronically ill individuals were unable to afford food, medication, or both and that having public health insurance, such as Medicaid, reduced levels of food insecurity and medication underuse.³³ In my own research using data from the state of Missouri, I have found that emergency rooms visits for a variety of health conditions sensitive to monthly fluctuations in nutrition, such as hypoglycemia, pregnancy-related conditions, child asthma, and hypertension were higher for individuals receiving lower food stamp benefits, despite the fact that those receiving higher food stamp benefits would be expected to have worse health given their higher level of need and fewer resources.³⁴ Furthermore, my research suggests that pregnant women on food stamps and Medicaid, who are low-income by definition, are less likely to go to the emergency room in the week after they receive their food stamps when they receive them in the second or third week of the month rather than the first week of

³³ Seth A. Berkowitz et al., *Treat or Eat: Food Insecurity, Cost-Related Medication Underuse, and Unmet Needs*, Am. J. Med. 2014, 127:303; Dena Herman et al., *Food Insecurity and Cost-Related Medication Underuse Among Nonelderly Adults in a Nationally Representative Sample*, Am. J. Pub. Health 2015, 105:e48.

³⁴ Chinedum Ojinnaka & Colleen Heflin, *Supplemental Nutrition Assistance Program Size and Timing and Hypertension-Related Emergency Department Claims Among Medicaid Enrollees*, J. Am. Soc’y of Hypertension 2018, 12(11):e27; see also Irma Arteaga, Colleen Heflin & Leslie Hodges, *SNAP Benefits and Pregnancy-Related Emergency Room Visits*, Population Res. & Policy Rev. 2018, 37(6):1031; Colleen Heflin et al., *SNAP Benefits and Childhood Asthma*, Social Sci. & Med. 2019, 220:203; Colleen Heflin et al., *Supplemental Nutrition Assistance Program Benefits and Emergency Room Visits for Hypoglycemia*, Pub. Health Nutrition 2017, 20(7):1314.

the month, suggesting that these households face constraints on their ability to purchase food right before they receive their monthly food stamp benefit and that these monthly fluctuations in resources have observable health consequences. Thus, there is evidence that public program participation in both food stamps and public health insurance programs reduces the trade-offs between food and health.

19. Given that low-income households are already struggling to get by each month, there is no margin for these households to handle an unexpected expense, such as to cover abortion services for an unwanted pregnancy. According to national data from the Federal Reserve's Survey of Household Economics and Decision-making, about 1 in 5 households reported an unexpected medical expense for which they paid out of pocket in the last twelve months. The average cost was significant, \$2,800, and nearly half of households had not paid their bills or carried debt related to the medical issue.³⁵ Other recent evidence based on bank transaction data documents that "consumers increase healthcare spending by 60 percent in the week after receiving a tax refund, and the majority of these payments are made in person--likely for care received on that day The findings suggest that many consumers make decisions about when to pay for and receive health care based on

³⁵ Jonathan Morduch & Rachel Schneider, *The Financial Diaries: How American Families Cope in a World of Uncertainty* 56 (2017).

whether they have the cash on hand.”³⁶ In fact, the most common reasons that women delay seeking abortion services is the need to raise money to cover the costs of transportation and the procedure.³⁷ Furthermore, there is clear evidence that trade-offs in meeting basic needs are made around abortion services specifically. For example, one study of women in Arizona reported that “the majority of women seeking abortion services had to forgo or delay, food, rent, childcare, or another important cost to finance their abortion.”³⁸

20. Women who lack sufficient financial resources to afford an abortion themselves are unlikely to be able to get financial help from family and friends. First, low-income households, particularly African-American low-income households, are likely to be embedded in family and friend networks that are also struggling economically.³⁹ What little empirical evidence there is around financial transfers between family members suggests that such transfers are uncommon and

³⁶ Farrell, D., Greig and Hamoudi. “*Cash Flow Dynamics and Family Health Care Spending: Evidence From Banking Data.*” Health Affairs Health Policy Brief. December 13: 2018. DOI:10.1377/hpb20181105.26180.

³⁷ Ushma D. Upadhyay et al., *Denial of Abortion Because of Provider Gestational Age Limits in the United States*, Am. J. Pub. Health 2014, 104(9):1687..

³⁸ Deborah Karasek, Sarah C.M. Roberts & Tracey A. Weitz, *Abortion Patients’ Experience and Perception of Waiting Periods: Survey Evidence Before Arizona’s Two-Visit 24-Hour Mandatory Waiting Period Law*, Women’s Health Issues 2016, 26:60, 64.

³⁹ Colleen Heflin & Mary Pattillo, *Poverty in the Family: Race, Siblings and Socioeconomic Heterogeneity*, Social Sci. Res. 2006, 35(4): 804.

tend to be of low monetary value.⁴⁰ Second, while some women may receive financial assistance, it is not of high enough value to ensure that women avoid making trade-offs in essential expenses. Surveys of women who have received abortion services suggest that despite receiving financial assistance, many report experiencing financial hardships.⁴¹

21. Given the difficulties low-income households face in meeting basic needs, a significant number of households would likely need to forgo other essential needs in order to afford abortion services. Forgoing essential needs, such as food, housing or utilities, can have catastrophic consequences in the lives of the women. Women who use their rent money to pay for abortion services can be evicted from their home, leaving them homeless. Eviction itself is a torturous experience, as Princeton sociology professor Matthew Desmond describes in his book on the topic: “The day Arleen and her boys had to be out was cold. But if she waited any longer, the landlord would summon the sheriff, who would arrive with a gun, a team of boot-footed movers, and a folded judge’s order saying that her house was no longer hers. She would be given two options: truck or curb. ‘Truck’ would mean that her things would be loaded into an eighteen-footer and later

⁴⁰ Kathleen McGarry & Robert F. Schoeni, *Transfer Behavior in the Health and Retirement Study: Measurement and the Redistribution of Resources within the Family*, J. Human Res. 1995, 30:S184.

⁴¹ Karasek, Roberts & Weitz, *supra* note 38.

checked into bonded storage. She could get everything back after paying \$350. Arleen didn't have \$350, so she would opt for 'curb', which would mean watching the movers pile everything onto the sidewalk. Her mattresses. A floor-model television. Her copy of *Don't Be Afraid to Discipline*. Her nice glass dining table and the lace tablecloth that fits just-so. Silk plants. Bibles. The meat cuts in the freezer. The shower curtain. Jafaris's asthma machine."⁴²

22. Similarly, those who use money they had allocated for their phone, water, gas, or electricity bill to pay their medical expense risk having their utilities disconnected, forcing them to go without water, heat, or light until they can pay a reconnection fee on top of their original bill in order to re-establish services with the utility company. In my own research, I have documented how utility shutoffs impact the entire family. "They could interfere with children's ability to complete homework, and extended non-payment can mean legal consequences, involvement of a collection agency, and damage to an individual's credit rating. Telephone terminations, in contrast, occurred more frequently. For some women, telephone disconnection caused emotional distress because they were unable to maintain contact with their children while they were at work and they worried about being

⁴² Matthew Desmond, *Evicted* 1-2 (2016).

unable to telephone for help in the case of an emergency.”⁴³ Other women will forgo transportation costs (gas, car insurance, car payment, or repairs) making it impossible for them to get to work and putting them at risk of losing their job. However, in the face of an unexpected medical expense such as an abortion, most low-income households will decide to forgo food in order to keep their cars running. “There was a time my car had broke down. I had to pay to get that fixed. It was around the 20th of the month, so no more food stamps, [and there was no money for food].”⁴⁴ For women who do not have a financial cushion and who are living on the edge already, the need to cover an unexpected medical expense like an abortion may push them over the edge and cause them to face a cascade of negative economic consequences from which is it difficult to return to financial equilibrium.⁴⁵

23. If the woman decides to pay for her abortion services by ignoring other basic expenses and she already has children, as more than half of all women

⁴³ Colleen Helfin, Andrew S. London & Ellen K. Scott, *Mitigating Material Hardship: The Strategies Low-Income Families Employ To Reduce the Consequences of Poverty*, *Sociological Inquiry* 2011, 81(2):232.

⁴⁴ Kathryn Edin et al., U.S. Dep’t of Agriculture, SNAP Food Security In-Depth Interview Study: Final Report, 21-22 (2013).

⁴⁵ Heflin, *supra* note 30.

who seek abortion services in Pennsylvania do,⁴⁶ there could be dire consequences for the children as well. Children who are exposed to food insecurity face a number of negative consequences ranging from poor cognitive outcomes, physical and mental health consequences, and behavioral consequences.⁴⁷ Ultimately, the stress of living in conditions of material hardship has been shown to negatively alter the socio-emotional environment in the home and cause further harm to children.⁴⁸ Recent evidence from the American Academy of Pediatrics suggests that negative consequences may extend into adulthood. “Many adult diseases should be viewed as developmental disorders that begin early in life and that persistent health disparities associated with poverty, discrimination, or maltreatment could be reduced by the alleviation of toxic stress in childhood.”⁴⁹ If the conditions of material hardship become severe enough, the mother could be

⁴⁶ Pa. Dep’t of Health, 2017 Abortion Statistics (Dec. 2018) (Table 13), http://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/Documents/Pennsylvania_Annual_Abortion_Report_2017.pdf.

⁴⁷ Linda Weinreb et al., *Hunger: Its Impact on Children’s Health and Mental Health*, *Pediatrics* 2002, 110(4):e41, <http://pediatrics.aappublications.org/content/pediatrics/110/4/e41.full.pdf>.

⁴⁸ Elizabeth T. Gershoff, et al., *Income Is Not Enough: Incorporating Material Hardship Into Models of Income Associations With Parenting and Child Development*, *Child Development* 2007, 78:70.

⁴⁹ Jack P. Shonkoff et al., *The Lifelong Effects of Early Childhood Adversity and Toxic Stress*, *Pediatrics* 2012, 129:e232.

accused of child neglect and the children could be removed from the care of the mother and placed in foster care.

24. If the woman instead chooses to provide all the essential needs for herself and her family and forgo the abortion, there is good evidence that she suffers many negative economic consequences anyway. According to one account: “I’m a person who’s very responsible at work. I mean, I worked before I had her. But you see, I had to quit the job because I got pregnant. . . and I had vomiting and [was] nauseous, so I couldn’t work. I was going to end up throwing up at the store or something. And I couldn’t let that happen. . . . When I was working, we were doing all right. We weren’t doing so bad because I was getting paid \$7.25 [an hour]. Everything was working out fine. But now that I don’t work, we’re stuck. We don’t know what we can do.”⁵⁰

25. According to evidence from the Turnaway Study, a nationwide study conducted by researchers at the University of California San Francisco looking at women who were unable to access abortion services, women who were unable to obtain an abortion were less likely six months later to be employed full-time and more likely to be receiving public assistance benefits and to have lower household incomes and to be poor. Furthermore, the negative consequences to economic

⁵⁰ Edin et al., *supra* note 44, at 20-21.

well-being were shown to be long-lasting and to persist four years later compared to similar women who were able to obtain an abortion.⁵¹ Additional evidence suggests that self-reported physical health effects of having an unwanted pregnancy are higher than those of having an abortion, including longer periods of limitations on physical activity, which likely interferes with the ability to work.⁵²

26. Additionally, children of women who wanted an abortion but were unable to receive one due to gestational age have also been shown to have lower scores on measures of child development and economic well-being.⁵³ As a consequence, children are likely to be harmed whenever low-income women are forced to make a trade-off between being able to afford abortion services and other essential needs. That is, low-income mothers without the economic resources to cover the unexpected medical expense are faced with an impossible choice that harms their children either way.

27. The stress of weighing the trade-off of such a difficult financial decision alone can exacerbate existing health conditions, create difficult family

⁵¹ Diana Greene Foster et al., *Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States*, Am. J. Pub. Health 2018, 108(3):407.

⁵² Caitlin Gerdt et al., *Side Effects, Physical Health Consequences, and Mortality Associated with Abortion and Birth after an Unwanted Pregnancy*, Women's Health Issues 2016, 26(1):55, <http://doi.org/10.1016/j.whi.2015.10.001>.

⁵³ Foster et al., *supra* note 51.

dynamics between romantic partners and make it difficult to use positive parenting practices. Medical research documents how exposure to negative stressors can change the physiological process and result in negative health outcomes.

“Stressors can increase susceptibility to infectious agents, influence the severity of infectious agents, diminish the strength of immune response to vaccines, reactivate latent herpes viruses and slow wound healing. Moreover, stressful events and the distress that they evoke can also substantially increase the production of anti-inflammatory cytokines that are associated with a spectrum of age-related diseases.”⁵⁴ Other research has demonstrated that financial strain experienced by a couple is associated with increases in depression in both partners, the withdrawal of social support and an increase in social undermining as well as negative effects on the satisfaction with the relationship.⁵⁵ Finally, there is a large body of literature that has studied the relationship among financial stress, parenting practices, and child development, which all suggest that parents coping with

⁵⁴ Ronald Glaser & Janice Kiecolt-Glaser, *Stress-Induced Immune Dysfunction: Implications for Health*, *Nature Reviews Immunology* 2005, 5:243.

⁵⁵ Amiram D. Vinokur, Richard H. Price & Robert D. Caplan, *Hard Times and Hurtful Partners: How Financial Strain Affects Depression and Relationship Satisfaction of Unemployment Persons and their Partners*, *J. Personality & Social Psych.* 1996, 71(1):166.

financial strain parent less optimally and in ways that are negatively associated with child developmental outcomes.⁵⁶

28. Additionally, the need to juggle financial resources in order to pay for abortion services is one of the most frequently cited reasons by women who would have preferred to have had their abortions earlier.⁵⁷ While abortion is a very safe procedure, the medical risk of complications is higher later in pregnancy.⁵⁸ Additionally, the financial cost of abortions increases as gestational age increases.⁵⁹

29. Allowing for Medical Assistance in Pennsylvania to cover abortion services would reduce the need for low-income households -- who lack the flexibility in their finances to cover the medical and transportation costs associated with an abortion -- to face the incredibly stressful decision to forgo essential expenses that make both women, and their existing children, vulnerable to food

⁵⁶ Rashmita S. Mistry et al., *Expanding the Family Economic Stress Model: Insights from a Mixed-Methods Approach*, J. Marriage & Fam. 2008, 70:196; Chih-Yuan Steven Lee, Jaerim Lee & Gerald J. August, *Financial Stress, Parental Depressive Symptoms, Parenting Practices, and Children's Externalizing Problem Behaviors: Underlying Processes*, Fam. Relations Family Relations 2011, 60(4):476.

⁵⁷ Lawrence B. Finer et al., *Timing of Steps and Reasons for Delays in Obtaining Abortions in the United States*, Contraception 2006, 74(4):334.

⁵⁸ Linda A. Bartlett et al., *Risk Factors for Legal Induced Abortion-Related Mortality in the United States*, Obstetrics & Gynecology 2004, 103:729.

⁵⁹ Stanley K. Henshaw & Lawrence B. Finer, *The Accessibility of Abortion Services in the United States, 2001*, Perspectives on Sexual & Reproductive Health 2003, 35(1):16, http://www.guttmacher.org/sites/default/files/article_files/3501603.pdf.

insecurity, homelessness, utility shut-offs, and health care crises, potentially starting a cascade of negative life events from which national evidence shows it is difficult to return to equilibrium. If Medical Assistance in Pennsylvania covered abortion services, it would do a more complete job of what it was designed to do—support the health and well-being of low-income women and their families without forcing them to make impossible economic tradeoffs in other parts of their lives.

I make this declaration subject to the penalties of 18 Pa. C. S. sec. 4904 (unsworn falsification to authorities).

Dated this 10th of January, 2019.

A handwritten signature in black ink, appearing to read "Colleen M. Heflin", is written over a horizontal line. The signature is stylized with large loops and a long horizontal stroke at the end.

Colleen M. Heflin