

February 12, 2014

Human Rights Committee Secretariat  
8-14 Avenue de la Paix  
CH 1211 Geneva 10  
Switzerland

To: **Members of the Human Rights Committee**  
Re: **Update to Shadow Letter Submitted in August 2013 by the Center for Reproductive Rights**

I. **Discrimination Against Immigrant Women in Access to Health Care (see List of Issues, Question 7)**

The purpose of the 2010 Affordable Care Act (ACA) was to extend health insurance coverage to at least 26 million of the nation's 55 million uninsured by 2023 by expanding Medicaid to cover more low-income people who cannot afford private health insurance, and by creating more affordable private health insurance options through regulated marketplace insurance exchanges. Many immigrants are excluded from these benefits, however. Lawfully present immigrants must wait five years before they qualify for Medicaid, and undocumented immigrants are barred entirely from eligibility. **As of the end of 2013, 23 states have refused to participate in the Medicaid Expansion program.** This has left **8 million low-income people in a coverage gap:** unable to qualify for Medicaid, and unable to afford private insurance. Many live in border states with high Latino and immigrant populations.

In November 2013, the Center for Reproductive Rights and the National Latina Institute for Reproductive Health released a report documenting access to reproductive health care for Latina immigrant women residing in the Rio Grande Valley of Texas on the border of Mexico. Our report shows that **the states' rejection of Medicaid expansion, combined with the federal policy excluding immigrants from eligibility, has a disproportionate impact on immigrant women** seeking reproductive health services. Undocumented and "lawfully present" women are forced to rely on chronically underfunded family planning clinics that cannot meet demand.

These clinics are also under attack by state legislators. After Texas cut its family budget by two-thirds in 2011 and prohibited Planned Parenthood from receiving any of the remaining state family planning funding, **immigrant women who are rural and low-income have nowhere to access affordable preventive reproductive health services.** The number of women served in the Valley plummeted by 72% in one year. Our report shows that without access to contraception, women are facing a spike in unintended pregnancy. Without access to medications to treat STIs or other chronic reproductive health conditions, women are living in pain and discomfort. And without access to cancer screenings, women report stress and anxiety about whether a life-threatening illness—such as cervical cancer—is going undetected and untreated.

## II. Abortion Restrictions

**By the end of 2013, state legislators had enacted over 30 new laws restricting women's right to abortion.** Four categories accounted for the vast majority of restrictions: insurance coverage restrictions, bans on abortion care, restrictions on medication abortion, and burdensome and medically unnecessary restrictions on abortion providers that are not imposed on providers of comparable medical procedures. The impact of abortion restrictions is more dramatic in states with few providers, or in states that impose numerous restrictions. The end-of-year report by the Center for Reproductive Rights – enclosed with this letter – shows these trends and impacts.

On July 17, 2013, a package of perhaps **the toughest restrictions in the country went into effect in the state of Texas.** The law imposes an early ban on abortion, restricts access to medication abortion, imposes facility requirements on clinics, and requires that all providers of abortion have admitting privileges at a local hospital. The impact on access to safe and legal abortion care was evident by year's end. When the law went into effect in October, approximately **13 clinics immediately stopped providing services.** Though a handful of these clinics have since resumed services, many clinics continue to be closed, some permanently. The law forces women to travel longer distances to get an abortion, drives them to seek unsafe abortions, and prevents some from accessing care altogether.

**Poor and rural women are disproportionately affected by abortion restrictions.** In the medically underserved Rio Grande Valley on the border of Texas and Mexico, women must travel hundreds of miles to get an abortion. Immigration checkpoints on this road linking the Valley to other cities in Texas deter immigrant women with undocumented status from traveling to clinics for safe abortion care. In addition, the closure of these facilities also prevents women from accessing essential reproductive health services available at such clinics, such as cancer screenings, contraception and family planning services, and prevention and treatment for sexually transmitted infections. The loss of abortion clinics soon after the closure of family planning clinics, as discussed above, has devastated access for the state's most marginalized women.

A woman's constitutional right to abortion in the U.S. should not depend on her state of residence, her income, or her immigration status. The end of 2013 presented a viable federal solution to these state-level restrictions on women's reproductive rights. **The Women's Health Protection Act**, introduced in November 2013, creates federal protections against state restrictions that violate reproductive rights. Under this Act, state laws could not be enacted that would interfere with women's personal decision-making or their access to the full range of safe, legal care at the expense of their health and other human rights. Congress should enact this law to ensure compliance with its obligations to ensure women's reproductive rights under the ICCPR.