

Thank you Chair Cleveland and members of the Committee:

My name is Lee Che Leong with Northwest Health Law Advocates, supporting SB 5242 to reduce barriers to abortion access.

Cost sharing in health insurance was first introduced as a tool to restrain consumers from excessive utilization of services. However, research has since shown that cost sharing often obstructs necessary services:

[Kaiser family foundation](#) reported that nationally 48% of adults with health insurance say that they or a family member has put off or postponed needed health care due to cost.

In a recent [survey](#) of insured Washingtonians, 56% delayed or went without health care because of cost.

The Affordable Care Act recognized that some medical services are so vital to improving health and avoiding more debilitating conditions, that cost should not be a hurdle. As a result, copayments, deductibles, and co-insurance for preventative health services including a number of prenatal services are prohibited by the ACA.

Abortion also deserves this consideration. As other panelists will testify, people do not make abortion decisions lightly. Given documented physical, mental health, and socioeconomic [tolls](#) of carrying an unwanted pregnancy on women and their families, we must trust pregnant people to decide for themselves, rather than allowing insurers to get between pregnant people and their providers.

Please alleviate the burden of cost and address this obstacle to essential and time-sensitive care: support SB 5242.

Thank you.