



Barriers to sexual and reproductive health services faced by immigrant women of reproductive age in the United States

BACKGROUND

Sexual and reproductive health (SRH) is an essential aspect of one's health, yet many people in the United States, such as immigrant women, are unable to access SRH services. As of 2020, approximately 45 million immigrants lived in the United States (14% of the US population)¹ and an estimated 27.5% are females of reproductive age (aged 15-49).² About 22.8% of immigrants (10.3 million) are undocumented,¹ of which 36% (3.7 million) are women of reproductive age.³ Research suggests that immigrant women have less access to preventive reproductive services, such as breast and cervical cancer screenings,^{4,6} and limited access to adequate levels of prenatal care.⁷

While little is known about immigrants' access to abortion care, research suggests that a lack of knowledge about abortion laws and services may be a barrier to obtaining this care.^{8,9} Abortion care may be especially difficult for some immigrants to obtain, especially after the US Supreme Court's *Dobbs v. Jackson Women's Health Organization* ruling, which overturned the constitutional right to abortion in June of 2022.¹⁰ Since this decision, state policies on abortion have been quickly changing and will continue to shift.¹¹ As of January 3, 2023, 12 states have banned abortion with limited exceptions, and the majority do not make exceptions for rape or incest.¹² No clinics offer abortion services in these 12 states, and in one additional state (WI), a lack of legal clarity around the state's abortion law has resulted in no clinics offering abortion services.¹³

In this brief, we summarize the myriad barriers that may prevent immigrants, both those lawfully present and those undocumented, from accessing SRH services, particularly abortion care.

FINANCIAL BARRIERS

Difficulty obtaining health insurance for reproductive health and other services

For many immigrants earning low incomes, securing public insurance to cover reproductive health and other services is a significant challenge. An estimated 9.5 million of non-elderly adults earn incomes that would make them eligible for Medicaid, yet almost half (45%) are unable to access Medicaid due to restrictions based on their immigration status.¹⁴ This is partially due to the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, which bans undocumented immigrants from accessing federally funded assistance programs, such as Medicaid and the Children's Health Insurance Program (CHIP), and also prevents many documented immigrants from accessing these programs during their first five years in the United States.¹⁵ Although states can opt to provide Medicaid coverage to immigrants during the five-year ban,¹⁶ many states have chosen not to do so or will only cover immigrants under certain circumstances. For example, as of January 1, 2022, 25 states provide coverage to immigrants if they are pregnant and 30 states provide coverage to lawfully residing immigrant children even if they have been in the United States less than five years.¹⁷ Only five states (CA, IL, NY, OR, WA) and the District of Columbia (DC) use state funds to cover all income-eligible children, regardless of their immigration status.¹⁷ Some states provide state-funded health coverage to other immigrants besides children and pregnant people, such as seniors or people with disabilities, although criteria varies by state.¹⁶ Although Medicaid may cover immigrants (including undocumented immigrants) for treatment of an emergency medical condition if they meet their state's Medicaid requirements, many immigrants earning low incomes must try to find coverage elsewhere, pay out-of-pocket for health services, or forgo care altogether.¹⁸

Other options for getting health insurance are through an employer or through Affordable Care Act (ACA) marketplaces. However, many immigrants work in industries that are less likely to offer health insurance coverage,¹⁹ and only lawfully present immigrants can purchase coverage through ACA marketplaces.¹⁸ Undocumented immigrants, including recipients of the Deferred Action for Childhood Arrivals (DACA) program, are ineligible to purchase plans from marketplaces²⁰ so must receive care through safety net providers or pay out-of-pocket for services. As many undocumented immigrants earn low incomes,¹⁹ paying out-of-pocket may be challenging or impossible.

Lack of insurance coverage for abortion services

In states where abortion is legal, immigrants may still have difficulty accessing abortion care even if they have health insurance due to policies restricting abortion coverage. The Hyde Amendment, for example, blocks federal funds from being used to pay for abortion except in the cases of rape, incest, or life endangerment,²¹ which impacts abortion coverage for people using federally funded programs such as Medicaid, Medicare, or CHIP, as well as for federal employees. Since Medicaid is jointly funded by federal and state governments, states have the option to cover abortion in other instances using only state funds. However, only 16 states have opted to use their own funds to pay for abortions through Medicaid.²² Immigrants with public insurance residing in states that follow the Hyde Amendment would have to pay out-of-pocket if their pregnancy did not endanger their life or was not a result of rape or incest. In states that have banned abortion except for limited Hyde-like circumstances, it is unclear whether public insurance would cover these abortions.

Immigrants able to purchase a private plan through ACA marketplaces may not have coverage for abortion services. Although the ACA requires insurance plans to provide coverage for health services such as contraception, maternity, and newborn care, it does not require plans to provide coverage for abortion care.²³ States, however, may require or restrict plans from offering abortion coverage. As of January 2023, seven states require abortion coverage in private health

insurance plans, whereas 11 restrict such coverage.²⁴ As of January 2023, five of the 11 states have banned abortion with limited exceptions, with two states implementing state-wide bans that mirror their restrictions on private coverage.^{12,24} In addition, 25 states restrict abortion coverage in plans offered through marketplace exchanges²⁴ and in 11 of these states, abortion is now banned with few exceptions.¹² Although documented immigrants who can purchase plans from ACA marketplaces have increased financial access to reproductive health care services, many may not have coverage for abortion care in particular.

Limited financial support for abortion care

Immigrants in need of financial support to cover the cost of their abortion may seek assistance from abortion funds, some of which also provide funding for travel costs.²⁵ However, abortion funds are facing new pressures, due to the increase in people needing to travel out of state and because of ambiguity in some states as to the legality of their operations.^{26,27} Abortion funds in at least one state (TX) have ceased services since it is unclear whether providing financial assistance for an out-of-state abortion is a crime.²⁸

TRAVEL BARRIERS

Beyond the financial barriers, some immigrants may face challenges getting to a facility for a reproductive health service that requires in-person care, such as IUD insertion/removal and procedural abortion. The ability to obtain a driver's license may be critical for some immigrants to access care, especially in states with limited public transportation. Thirty-two states do not allow undocumented immigrants to obtain drivers licenses,²⁹ increasing the chance of arrest of driving without a license, which may result in deportation.³⁰ Even with a car and a driver's license, some immigrants may be unable to travel far for health care services due to border patrol checkpoints.^{31,32} Traveling for reproductive health services may also mean taking time off work or school, as well as paying for accommodation, fuel, and child care, which may not be feasible for many immigrants.

AGE BARRIERS

Parental consent and notification laws

Some laws have significant impacts on undocumented minors. As of December 2022, 36 states require minors to involve a parent or guardian when seeking an abortion.³³ Although minors may seek a court waiver to bypass parental involvement in their abortion decision in some states, immigrant minors may choose not to do so due to a lack of government identification, which is required in six states for minors and in eight states for parents.³³ Even in circumstances when a judicial bypass is available and granted, travel barriers as described above may result in a delay in care.

POLICY RECOMMENDATIONS

Policymakers can help increase immigrant access to reproductive health services by:

Expanding Medicaid eligibility to all who are eligible based on their income, regardless of immigration status. At the federal level, this would entail removal of the five-year waiting period imposed on many legally residing immigrants so they could qualify for public health insurance regardless of how long they have been in the United States. At the state level, state funds could provide coverage for all eligible children and adults, regardless of immigration status. Some states have already extended coverage to undocumented immigrants, such as California,³⁴ Illinois,³⁵ and Oregon.³⁶ Only an estimated 11% of immigrants excluded from the federally funded Medicaid program live in states that have expanded access.¹⁴

Allowing all individuals to purchase plans offered in ACA marketplaces. This would allow undocumented immigrants and DACA recipients to purchase health insurance from ACA marketplaces. In addition, subsidies should be made available to undocumented immigrants (as they are currently for lawfully present immigrants)¹⁹ who earn low incomes so they can afford to buy a plan.

Allowing all eligible people to obtain a driver's license, regardless of immigration status.

State policymakers can pass laws that allow undocumented immigrants to obtain drivers licenses. Such laws have already been passed in 18 states and DC.²⁹

Policymakers can increase immigrants' access to abortion care in particular by:

Protecting the right to abortion. Four states and DC have codified the right to abortion and 12 states explicitly permit abortion in certain circumstances.¹⁰ Immigrants seeking abortions in these states may not have to travel out-of-state for care. Five states protect abortion providers from out-of-state abortion restrictions and in some of these states, protections extend to people providing financial or logistical assistance to patients.¹⁰ Clinics providing abortions and abortion funds operating in these states may be less likely to close or limit their services.

Ensuring Medicaid coverage of abortion care. In Oregon, extending Medicaid coverage of abortion services to all residents who were income-eligible was associated with increased Medicaid-financed abortions and medication abortions.³⁷ Within the first two years of the state's coverage of abortion for undocumented immigrants, the policy has increased access to abortion services and post-abortion contraception among undocumented women.³⁸

Requiring that private plans offer abortion coverage and/or remove restrictions that prevent plans from offering coverage. States can require plans on the marketplace to cover abortion services. Seven states already require this, five of which require coverage without copayments.²⁴ This will help ensure that immigrants obtaining coverage through their employer or through ACA marketplaces will also have coverage of abortion services.

Removing parental consent and notification laws for minors. There are no parental involvement requirements in 14 states and DC.³⁹ Parental involvement laws for abortion disproportionately impact immigrant youth, particularly those who are undocumented, from mixed immigration status households, and parents who have been detained or deported.⁴⁰

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