



## Fact Sheet: Documenting the impact of Emergency Medical Assistance, Inc. (EMA) Fund

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### THE US ABORTION LANDSCAPE >

The majority of people who get abortions in the United States are considered poor or low-income, but **35%** of abortion clients are Medicaid recipients.<sup>1</sup> The passage of the Hyde Amendment in 1976 barred the use of federal funding for abortion except in cases of rape, incest, and endangerment to the life of the pregnant person, making it difficult for the average abortion client to afford the procedure. Additionally, many states ban or restrict private insurers from covering abortion services,<sup>2</sup> causing many abortion clients to pay for the procedure out of pocket regardless of their insurance status.<sup>3</sup>

The average **\$427** out-of-pocket cost of a first-trimester abortion can be financially catastrophic for many households,<sup>4</sup> and may force some abortion seekers to postpone the procedure in order to raise money.<sup>5</sup> However, the cost of an abortion increases with gestation—an abortion at 20 weeks costs almost **\$1,200** on average.<sup>5</sup> These increases could force some clients to carry an unwanted pregnancy to term. The high out-of-pocket costs, combined with inadequate public and private insurance coverage, leave a significant number of people seeking financial assistance in order to obtain abortion care.

Charitable organizations called abortion funds have risen to prominence in order to help bridge this gap. Abortion funds in the United States comprise over **70** grassroots organizations and served over **56,000** clients in fiscal year 2019.<sup>6</sup>

### ABORTION IN FLORIDA >

In Florida, Hyde Amendment restrictions apply to both public and private insurance plans offered in the state's health exchange.<sup>7</sup> Although individuals can add abortion coverage to their private plan, they have to purchase this rider separately.<sup>7</sup> In 2017, over **71,000** abortions were provided in Florida, constituting **8.2%** of all abortions in the United States.<sup>7</sup>

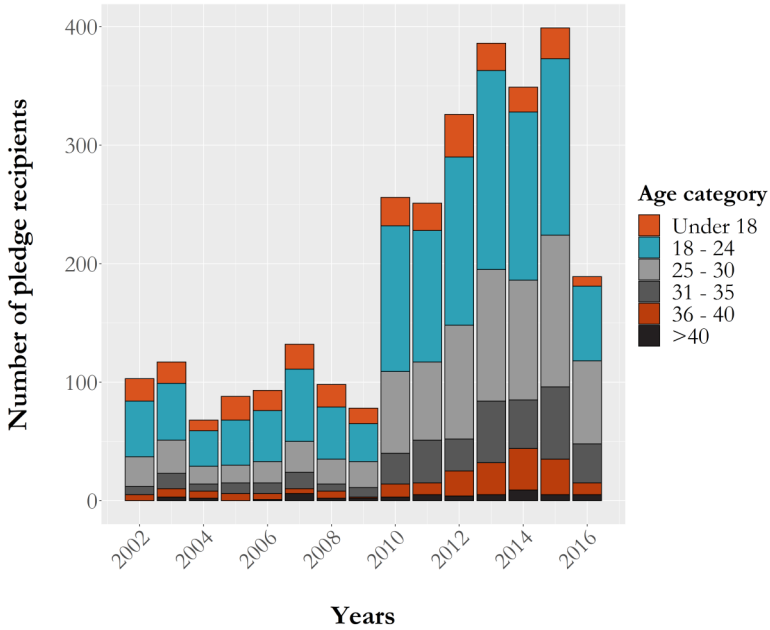
### EMERGENCY MEDICAL ASSISTANCE, INC. (EMA) FUND >

A 2020 study analyzed changes in demographic characteristics and service utilization rates over time among abortion seekers who received a pledge—a commitment to help cover the cost of the client's abortion—from the Emergency Medical Assistance, Inc. (EMA) Fund in Florida between 2001 and 2015.<sup>8</sup> This fact sheet is a complement to this study and visually highlights trends in abortion fund provision by the EMA between 2002 and 2016.

### EMA FUND RECIPIENTS >

Abortion seekers receiving pledges between 2002-2016 identified as primarily Black/African American (48.1%), White (26.3%), or Hispanic (18.7%). They were living alone (70.9%), with 1-2 children (47.8%). Over **5%** reported a history of partner violence and **4.6%** reported a history of rape prior to the request for funding assistance.

**Age of pledge recipients over time**



**Trimester of pledge recipients over time**

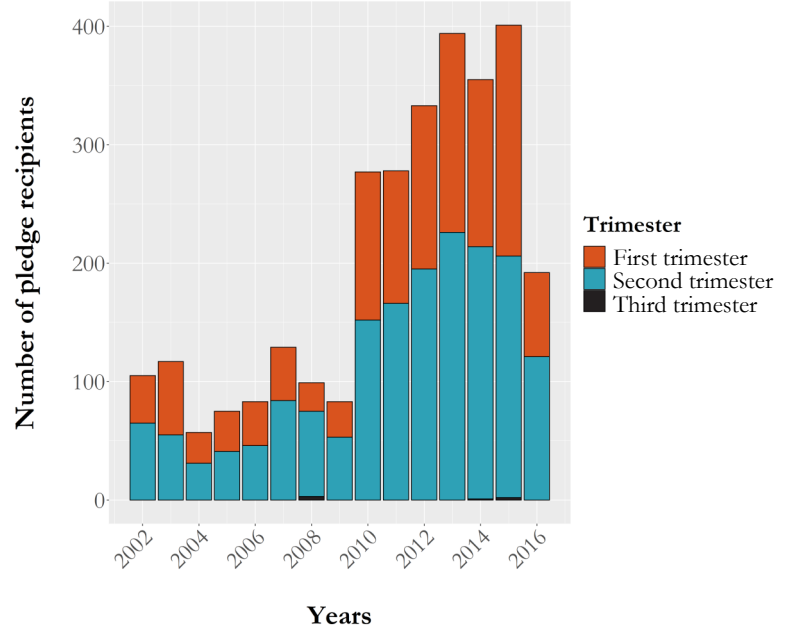
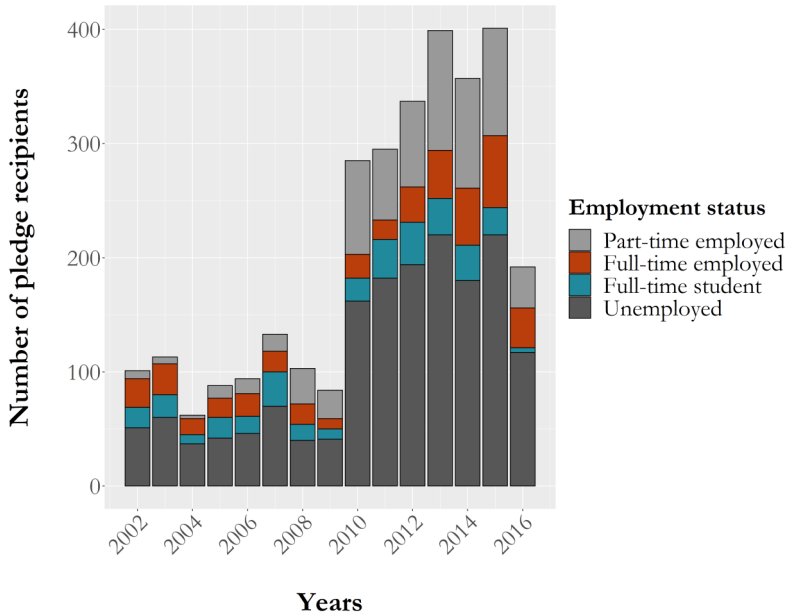


Figure 1: Age distribution of abortion seekers receiving a pledge over time

Figure 2: Distribution of gestational age of abortion seekers who received a pledge over time

**Employment status of pledge recipients over time**



**Percent of abortion cost covered over time**

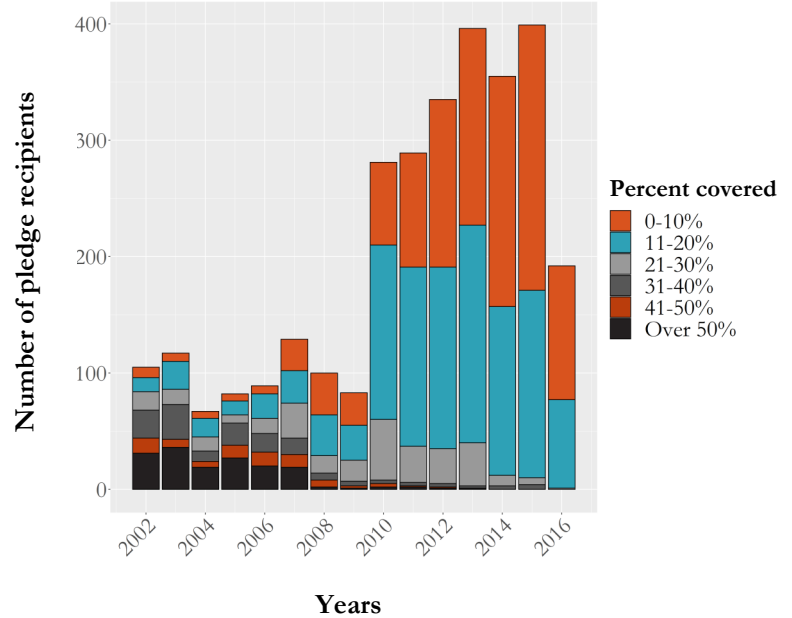


Figure 3: Distribution of employment status of abortion seekers receiving a pledge over time

Figure 4: Percent of abortion covered by the EMA over time

## Age

The vast majority of abortion seekers served by this fund were between the ages of **18 and 25**. The total number of individuals receiving a pledge increased dramatically over time, particularly for people aged 18-35 (Fig. 1).

## Gestational age

More abortion seekers receiving a pledge were in their second trimester than were in their first trimester of pregnancy when they requested funding from the EMA. Second-trimester abortions were more common than first-trimester abortions among all age groups except those aged 36-40. Those in need of third-trimester abortion care were either under 18 or between the ages of 25 and 30. The distribution of gestational age did not seem to change significantly over time (Fig. 2).

## Employment

Abortion seekers receiving pledges from the EMA were primarily unemployed (54.3%) or employed part-time (21.6%). The distribution of employment did not change significantly over time, though the unemployment rate peaked in 2013 and 2015 (Fig. 3).

## EMA FUND'S IMPACT

The number of abortion seekers served by the EMA increased over time, with the greatest increase occurring between 2009 and 2010. With increasing numbers of abortion seekers served by the EMA, pledge amounts decreased over time (Fig. 4).

## KEY TAKEAWAYS

All individuals, regardless of income or insurance status, should have access to abortion care when they want it, yet this is currently not the case in Florida and most other US states. Although a handful of states require both private and public insurance plans to cover the cost of abortion care, most states restrict the circumstances under which public insurance plans can cover abortion, and some limit or prevent private insurance plans from offering abortion coverage at all.<sup>9</sup>

In addition, there remain individuals without insurance who are unable to afford a wanted abortion. Only about one quarter of individuals in 2019 who requested funding from the National Network of Abortion Funds received funding, suggesting a large unmet need among abortion seekers.<sup>5</sup>

In Florida, the EMA provided funding for **3,415** abortion clients between 2002 and 2016, with the number served increasing dramatically from **105** recipients in 2002 to a peak of **401** recipients in 2015. As requests for support increased over time, the amount of per person support decreased.

Until federal and state legislators implement policies and programs to ensure that all individuals can access abortion care, the EMA and other abortion funds provide a vital source of support that make it possible for many individuals to obtain the care they need.

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