Ibis Reproductive Health

State of the Evidence Brief: Synthesis of Abortion Coverage and its Impact

ALL ABOVE ALL

Overview

On June 24, 2022, the US Supreme Court overturned *Roe v. Wade* in the *Dobbs v. Jackson's Women's Health Organization* case. The Supreme Court declared that the US Constitution does not protect the right to abortion, which allowed states to enact their own laws regarding abortion care and access.[1] As of February 2023, 13 states have banned abortion access, one state has a 6-week gestational age limit, 11 states have gestational limits between 15-22 weeks of pregnancy, and 25 states—as well as the District of Columbia—allow abortions beyond 22 weeks' gestation.[1] Seventeen states and the District of Columbia enacted laws that protect the right to abortion, the right to abortion without state interference, and/or protect abortion providers from out-of-state restrictions.[2] However, four states (Arkansas, Louisiana, Tennessee, and West Virginia) have passed constitutional amendments stating that their constitution does not protect or secure the right to an abortion.[2,3]

Prior to the *Dobbs* decision, abortion numbers and rates were steadily increasing from 2017 to 2020 after a consistent decline from 1990 to 2017.[4] Guttmacher Institute's 2020 Abortion Provider Census, which surveys abortion providing facilities in the United States, estimated an average of 77,513 abortions per month and 930,160 abortions total in 2020, an 8% increase from 2017.[4] This steady increase was reflected in the Society of Family Planning's #WeCount Report, which found an average of 85,020 abortions per month in April 2022 prior to the *Dobbs* decision.[5] After *Roe* was overturned, abortions provided by clinicians decreased nationally by 6% from April 2022 to August 2022.[5] The greatest decrease (96%) was found in the South-Central region of the United States (Alabama, Arkansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, and Texas).[5] Although in-clinic abortions decreased, abortions provided by virtual-only clinics increased by 33% from April 2022 to August 2022, indicating that more people turned to telehealth services and medication abortion for care.[5] Medication abortions account for the majority of abortions in the United States; over half (54%) of all abortions in 2022 were medication abortions, compared to 39% in 2017.[6]

The Hyde Amendment bans federal funds from covering the cost of an abortion, unless the pregnancy threatens the life of the mother or is a result of rape or incest. As of May 2022, people residing in 33 states and the District of Columbia cannot use Medicaid to cover the cost of their abortion, except in the circumstances outlined by the Hyde Amendment and with few exceptions.[7,*] The Hyde Amendment also restricts abortion coverage for people insured through Medicare and the Children's Health Insurance Program (CHIP).[8] Similar restrictions affect the millions of people who obtain their health coverage or care from the federal government, including federal employees, military personnel and veterans, Indigenous peoples, federal prisoners and detainees, Peace Corps volunteers and low-income residents of the District of Columbia enrolled in Medicaid.[9] Sixteen states use their own state funds to cover abortions beyond the Hyde Amendment requirements.[7] For abortion coverage under other forms of insurance, 11 states have restrictions on private insurance plans, 26 have restrictions on marketplace plans, and 22 have restrictions on public employee insurance plans. Many of the exceptions to these restrictions are limited to those listed in the Hyde Amendment, with few exceptions.[10] These restrictions

*Eight of these states fund abortions in select circumstances beyond what is allowed under the Hyde Amendment. Four will use state funds for abortions in cases of fetal impairments and four will cover abortions to prevent long-lasting damage to a woman's physical health. South Dakota does not follow the Hyde Amendment and only covers abortions when necessary to protect the patient's life.

limit who can qualify for abortion coverage and disproportionately impact communities who often face insurance barriers, such as people of color, Indigenous communities, people with low incomes, and immigrants.[11] Further, states with bans on abortion provision are predominantly in the South and Midwest regions, impacting a greater number of people of color and approximately 250,000 asylum seekers.[12]

In light of increasing abortion restrictions, more people are required to travel to other states to receive care, incurring higher expenses for childcare, gas, lost wages, and lodging. A number of large employers and corporations cover out-of-state health care through their health insurance plans or human resource funds and have announced that they will specifically cover travel expenses for employees who need to travel for an abortion.[13,14] However, many of these companies employ a higher-wage workforce, leaving those who are ineligible for employer health insurance plans, such as part-time, hourly, or lower-wage workers, uncovered. These workers may seek out Medicaid or ACA Marketplace plans for general health care where coverage for abortions and travel expenses are not available, increasing the financial burden and impact faced by lower-income workers and families who want abortions.[13]

Research has demonstrated that funding restrictions have detrimental financial and health implications for abortion seekers and their families. People struggling to afford an abortion are forced to make immediate financial sacrifices that have adverse short- and long-term affects on the health and well-being of themselves and their families.

What happens to women and their families when abortion care coverage is restricted?

Financial impact on abortion seekers

Without quality insurance coverage, abortion seekers are at risk of high out-of-pocket costs, delayed care, and economic struggles. In 2021, the median out-of-pocket cost for a first-trimester abortion was $568 for a medication abortion and $625 for a procedural abortion, while the average out-of-pocket cost for a second-trimester abortion was $775.[15] Nearly 35% of United States residents do not have $400 on hand for unexpected funds, placing abortion care out of reach for many.[16] Additionally, the cost of an abortion can amount to 40% or more of a household's monthly income if a person is making the state's median income or less after paying for basic needs.[17] On top of procedure costs, many abortion seekers encounter secondary costs associated with obtaining an abortion, including lost wages, travel costs, and childcare expenses.[18] Medicaid enrollees who lived in states with no abortion coverage had twice the odds of seeking an abortion four weeks after their initial search and were more likely to report travel expenses as a barrier to care.[19] Due to restricted coverage, delayed care, and the inability to gather funds, research estimates that about 25% of women who qualify for Medicaid carry an unwanted pregnancy to term.[20] People who are unable to receive an abortion are at a higher risk of experiencing unemployment, poverty, debt, and financial insecurity.[21,22] In a study published by the National Bureau of Economic Research on the financial impacts of those who were able to receive an abortion versus those who were not, people who were denied an abortion had a 78% increase in debt that was 30 days or more past due five years after they were denied an abortion.[23] Furthermore, their risk of experiencing negative financial outcomes such as bankruptcy and evictions increased by 81%.[23]

Financial impact on families

In the United States, most women who have an abortion are working to make ends meet and a majority pay out of pocket for their care.[19] High out-of-pocket costs and lack of insurance coverage can inhibit patients from paying for essential needs such as rent, utilities, and food, and force them to forego bills altogether, [24,25] resulting in a lack of heat and hot water and enduring food insecurity to access care.[25] People who are able to save enough for an abortion reported that they, as well

as family members who helped pay for the abortion, struggled financially for months following the procedure. Abortion seekers and their families had to cut back on groceries and other basic necessities to pay back loans, unpaid bills, and credit card debts.[25] Children of people unable to get an abortion were at a higher risk of living below the poverty level and in a household where there isn't enough money to cover food, housing, and transportation.[22]

Impact on partnerships and social life

Lack of access to affordable and accessible abortion care can also impact the quality of romantic partnerships and people's ability to achieve their life goals. Research from the Turnaway Study shows that those who are unable to get an abortion are twice as likely to have a poor intimate relationship 2-5 years after being denied care.[26] In cases where domestic violence is present, people who carry an unwanted pregnancy to term are more likely to be exposed to prolonged intimate partner violence because of ongoing contact with the partner involved.[27] Additionally, those who are denied an abortion or unable to get one are less likely to have aspirational one-year and five-year plans, potentially adopting a neutral or negative expectation for what the future looks like.[28]

What happens to women when abortion coverage is available?

Coverage for abortions has been shown to have positive impacts on abortion seekers' overall health and well-being. Having coverage allows people to choose their desired abortion method and access care earlier from a broader range of facilities and services. Results from research studies analyzing the effects of Medicaid abortion coverage in Oregon and Illinois found an overall increase in the amount of Medicaid-financed abortions, early abortions, medication abortions, and abortions with sedation.[29,30] More women were able to access abortion care in their state of residence, reducing the chances of patients having to travel out of state for care or foregoing care altogether.[29] Additionally, having coverage reduced the amount of out-of-pocket costs for patients—allowing them to use funds to cover other basic needs like rent and bills, or logistical needs like transportation and childcare.[30] Reducing the amount of out-of-pocket costs and the need to travel for care could reduce the emotional and financial stress abortion seekers may feel when trying to obtain care because they can use those funds to cover other essential needs.[30]

Beyond the increase in abortion access and care, expanded coverage was correlated with expanded enrollment in Medicaid and a decline in enrollment gaps, potentially impacting other long-term health outcomes.[31] In one study, authors found that pregnant women in states that covered abortion care had a lower risk of maternal mortality on average (~16%), compared to pregnant women residing in states that did not cover abortion through Medicaid.[32]

How does Medicaid funding affect providers and abortion facilities?

Restrictions on abortion coverage are also burdensome to facilities offering abortion care, as they create administrative and systemic barriers that prevent providers from receiving reimbursement for abortion procedures covered under the Hyde Amendment. In places where Medicaid only covers abortion in cases of rape, incest, or life endangerment, providers have reported difficulties with receiving approval for Medicaid reimbursement when a woman qualifies for abortion coverage, noting that approval either takes time or is nearly impossible.[33] Clinics have also reported low reimbursement rates under Medicaid, which have contributed to fewer providers/clinics accepting insurance coverage, financial losses, and potential sustainability concerns for clinics.[34] As a result, these challenges force women to scramble to raise money themselves, pushing them into later stages of pregnancy and/or potentially causing them to continue an unwanted pregnancy.[33]

Expanding abortion coverage is shown to have positive impacts on facilities and abortion care. One study on provider and community stakeholder perspectives on expanding Medicaid coverage for abortion in Illinois found

that Medicaid abortion coverage allowed facilities to reallocate their resources and funds to other communities that needed financial assistance, including uninsured patients, out-of-state patients, and people ineligible for Medicaid, such as undocumented immigrants.[30] Additionally, providers and stakeholders believed that abortion coverage improved quality of care, allowing for more patient-focused care and increased opportunities for continuity of care.[30]

What does the public think about public funding of abortion?

An Ipsos poll conducted on behalf of All* Above All in January 2023 found that among 1,004 adults in the United States, 58% of respondents supported the expansion of Medicaid insurance coverage for all pregnancy-related care, including abortion, and 53% supported the requirement for health insurance plans to cover abortion.[35] Similarly, Data for Progress conducted a national survey in February 2023 among 1,269 likely voters exploring people's beliefs about the Hyde Amendment. Results showed 57% of respondents supported the repeal of the Hyde Amendment through the Equal Access to Abortion Coverage Health Insurance (EACH) Act and 65% believed that abortion care should be equally covered for women irrespective of their insurer (federal or private insurance).[36] Additionally, results from a poll held among 1,330 likely voters from July 8-11, 2022, showed that 50% of respondents supported the idea of the federal government providing abortion funding to states that are servicing in-state residents and out-of-state visitors.[37]

References

1 Kaiser Family Foundation. Abortion in the United States Dashboard. Accessed March 13, 2023. https://www.kff.org/womens-health-policy/dashboard/abortion-in-the-u-s-dashboard/

2 Guttmacher Institute. Abortion Policy in the Absence of Roe. Published February 1, 2023. Accessed March 13, 2023. https://www.guttmacher.org/state-policy/explore/abortion-policy-absence-roe

3 Felix M, Sobel L, Salganicoff A. Legal Challenges to State Abortion Bans Since the Dobbs Decision. Kaiser Family Foundation; 2023. Accessed March 13, 2023. https://www.kff.org/womens-health-policy/issue-brief/legal-challenges-to-state-abortion-bans-since-the-dobbs-decision/

4 Jones RK, Kirstein M, Philbin J. Abortion incidence and service availability in the United States, 2020. *Perspect Sex Reprod Health.* 2022;54(4):128-141. doi:10.1363/psrh.12215

5 Society of Family Planning. *#WeCount Report.*; 2022:1-17. Accessed January 17, 2023. https://www.societyfp.org/wp-content/uploads/2022/10/SFPWeCountReport_AprtoAug2022_ReleaseOct2022-1.pdf

6 Jones RK, Nash E, Cross L, Philbin J, Kirstein M. Medication Abortion Now Accounts for More Than Half of All US Abortions. Guttmacher Institute; 2022. Accessed March 13, 2023. https://www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions

7 Kaiser Family Foundation. State Funding of Abortions Under Medicaid.; 2022. Accessed January 17, 2023. https://www.kff.org/medicaid/state-indicator/abortion-under-medicaid/

8 Salganicoff A, Sobel L, Ramaswamy A. The Hyde Amendment and Coverage for Abortion Services. Kaiser Family Foundation; 2021. Accessed March 13, 2023. https://www.kff.org/womens-health-policy/issue-brief/the-hyde-amendment-and-coverage-for-abortion-services/

9 Donovan MK. In Real Life: Federal Restrictions on Abortion Coverage and the Women They Impact. Guttmacher Institute; 2017:1-7. Accessed March 13, 2023. https://www.guttmacher.org/sites/default/files/article_files/gpr2000116.pdf

10 Kaiser Family Foundation. State Restrictions of Health Insurance Coverage of Abortion; 2022. Accessed January 17, 2023. https://www.kff.org/womens-health-policy/state-indicator/abortion-restriction/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

11 Fuentes L. Inequity in US Abortion Rights and Access: The End of Roe Is Deepening Existing Divides. Guttmacher Institute; 2023. Accessed March 13, 2023. https://www.guttmacher.org/2023/01/inequity-us-abortion-rights-and-access-end-roe-deepening-existing-divides

12 Huynh R. Dobbs Restricts Access to Abortion Services for Asylum Seekers, Represses Reproductive Rights. Published August 18, 2022. Accessed March 30, 2023. https://humanrightsfirst.org/library/dobbs-restricts-access-to-abortion-services-for-asylum-seekers-represses-reproductive-rights/

13 Long M, Sobel L, Salganicoff A, Pestaina K. Employer Coverage of Travel Costs for Out-of-State Abortion. Kaiser Family Foundation; 2022. Accessed March 13, 2023. https://www.kff.org/policy-watch/employer-coverage-travel-costs-out-of-state-abortion/

14 Luhby T. If you use your company's abortion travel benefits, will your boss find out? CNN Business. Published July 6, 2022. Accessed March 13, 2023. https://www.cnn.com/2022/07/06/success/companies-abortion-travel-policy/index.html

15 Schroeder R, Muñoz I, Kaller S, Berglas N, Stewart C, Upadhyay U. Trends in Abortion Care in the United States, 2017-2021. Advancing New Standards in Reproductive Health (ANSIRH); 2022:1-37. Accessed March 13, 2023. https://www.ansirh.org/sites/default/files/2022-06/Trends%20in%20Abortion%20Care%20in%20the%20United%20States%2C%202017-2021.pdf

16 Federal Reserve Board. Economic Well-Being of U.S. Households in 2020. Board of Governors of the Federal Reserve System; 2022. Accessed March 13, 2023. https://www.federalreserve.gov/publications/2021-economic-well-being-of-us-households-in-2020-dealing-with-unexpected-expenses.htm

17 Zuniga C, Thompson TA, Blanchard K. Abortion as a Catastrophic Health Expenditure in the United States. *Womens Health Issues*. 2020;30(6):416-425. doi:10.1016/j.whi.2020.07.001

18 All* Above All, Ibis Reproductive Health. Research Brief: The Impact of Out-of-Pocket Costs on Abortion Care Access. Ibis Reproductive Health; 2016. Accessed March 13, 2023. https://www.ibisreproductivehealth.org/publications/research-brief-impact-out-pocket-costs-abortion-care-access

19 Gomez I, Ranji U, Salganicoff A, Frederiksen B. Medicaid Coverage for Women. Kaiser Family Foundation; 2022. Accessed January 17, 2023. https://www.kff.org/womens-health-policy/issue-brief/medicaid-coverage-for-women/#:~:text=In%202019%2C%20Medicaid%20provided%20coverage,40%25)%20(Figure%208).

20 Henshaw SK, Joyce TJ, Dennis A, Finer LB, Blanchard K. Restrictions on Medicaid Funding for Abortions: A Literature Review. Guttmacher Institute; 2009:1-46. Accessed March 13, 2023. https://www.guttmacher.org/sites/default/files/pdfs/pubs/MedicaidLitReview.pdf

21 Miller S, Wherry LR, Foster DG. The Economic Consequences of Being Denied an Abortion. *Am Econ J Econ Policy*. 2023;15(1):394-437. doi:10.1257/pol.20210159

22 Foster DG, Biggs MA, Ralph L, Gerdts C, Roberts S, Glymour MM. Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States. *Am J Public Health*. 2022;112(9):1290-1296. doi:10.2105/AJPH.2017.304247

23 Miller S, Wherry L, Foster DG. The Economic Consequences of Being Denied an Abortion. National Bureau of Economic Research; 2020:w26662. doi:10.3386/w26662

24 Jones RK, Upadhyay UD, Weitz TA. At What Cost? Payment for Abortion Care by U.S. Women. *Womens Health Issues*. 2013;23(3):e173-e178. doi:10.1016/j.whi.2013.03.001

25 Dennis A, Manski R, Blanchard K. Does Medicaid Coverage Matter?: A Qualitative Multi-State Study of Abortion Affordability for Low-income Women. *J Health Care Poor Underserved*. 2014;25(4):1571-1585. doi:10.1353/hpu.2014.0151

26 Upadhyay UD, Foster DG, Gould H, Biggs MA. Intimate relationships after receiving versus being denied an abortion: A 5-year prospective study in the United States. *Perspect Sex Reprod Health*. 2022;54(4):156-165. doi:10.1363/psrh.12216

27 Roberts SC, Biggs MA, Chibber KS, Gould H, Rocca CH, Foster DG. Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion. *BMC Med*. 2014;12(1):144. doi:10.1186/s12916-014-0144-z

28 Upadhyay UD, Biggs MA, Foster DG. The effect of abortion on having and achieving aspirational one-year plans. *BMC Women's Health*. 2015;15(1):102. doi:10.1186/s12905-015-0259-1

29 Harvey SM, Gibbs SE, Oakley LP. Association of Medicaid Expansion With Access to Abortion Services for Women With Low Incomes in Oregon. *Women's Health Issues*. 2021;31(2):107-113. doi:10.1016/j.whi.2020.10.002

30 Zuniga C, Bommaraju A, Hasselbacher L, Stulberg D, Thompson TA. Provider and community stakeholder perspectives of expanding Medicaid coverage of abortion in Illinois. *BMC Health Serv Res.* 2022;22(1):413. doi:10.1186/s12913-022-07761-5

31 Gibbs SE, Harvey SM. Postabortion Medicaid Enrollment and the Affordable Care Act Medicaid Expansion in Oregon. *J Women's Health.* 2022;31(1):55-62. doi:10.1089/jwh.2020.8941

32 Jarlenski M, Hutcheon JA, Bodnar LM, Simhan HN. State Medicaid Coverage of Medically Necessary Abortions and Severe Maternal Morbidity and Maternal Mortality. *Obstet Gynecol.* 2017;129(5):786-794. doi:10.1097/AOG.0000000000001982

33 Dennis A, Blanchard K. Abortion Providers' Experiences with Medicaid Abortion Coverage Policies: A Qualitative Multistate Study. *Health Serv Res.* 2013;48(1):236-252. doi:10.1111/j.1475-6773.2012.01443.x

34 Young YY, Thompson TA, Cohen DS, Blanchard K. Contextualizing Medicaid reimbursement rates for abortion procedures. *Contraception.* 2020;102(3):195-200. doi:10.1016/j.contraception.2020.03.004

35 Jackson C, Lohr AA. Most Americans support expanding Medicaid to cover all pregnancy care, including abortion. Ipsos. Published January 25, 2023. https://www.ipsos.com/en-us/most-americans-support-expanding-medicaid-cover-all-pregnancy-care-including-abortion

36 Jacobs S. An Overwhelming Majority of Voters Support Protecting Access to Abortion. Published March 1, 2023. Accessed March 13, 2023. https://www.dataforprogress.org/blog/2023/2/28/an-overwhelming-majority-of-voters-support-protecting-access-to-abortion

37 Data for Progress. Published July 2022. Accessed March 13, 2023. https://www.filesforprogress.org/datasets/2022/8/dfp_abortion_toplines.pdf