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The Vital Role of
Abortion Funds in States
with Restricted Access



LET'S LOOK AT INDIANA

Abortion care in the United States has never been accessible to all, even with federal and state legal protections in place. Long before the Supreme Court opinion issued in **Dobbs v. Jackson Women's Health Organization** on June 24, 2022, people experienced barriers to abortion due to the costs of accessing an abortion and logistical burdens such as distance and time to reach clinical care. Communities nationwide

have been working to address these healthcare access barriers through abortion funds, which provide people with material resources to cover abortion-related expenses, including appointments, travel and accommodations, childcare, and more.

Restricted access to abortion care disproportionately harms people who are Black, Brown, and Indigenous; young, especially minors; trans and gender expansive; migrants and those who are undocumented; in addition to people experiencing financial hardship and living in rural areas, particularly in the South and Midwest. Abortion funds in these regions have been working to meet the needs of their communities as state governments and other anti-abortion actors have increased attacks on abortion. **In the Midwest, abortion funds have been helping to make abortion a real option for residents in Indiana—a state with one of the country's most restrictive abortion policy contexts pre-Dobbs that has since introduced and enacted a total abortion ban with limited exceptions. There is a gap in research about the role of abortion funds in people's experiences seeking care in states with limited abortion access.**

To address this gap, Ibis Reproductive Health, in partnership with the Indiana University School of Medicine, All-Options' Hoosier Abortion Fund (HAF), the Chicago Abortion Fund (CAF), and Kentucky Health Justice Network (KHJN), conducted the Hoosier Abortion Access Study. Through this mixed-methods study, we measured the experiences of over 400 Hoosiers trying to get abortions between June 2021 and June 2022, prior to the Supreme Court Dobbs decision that removed federal protections for abortion access. We recruited people considering abortion care through an expansive approach—including Google ads, online posts, abortion clinics, and abortion funds—to participate in two online surveys at least one month apart. We also invited a subset of survey participants, as well as abortion providers and clinic staff, to join in-depth interviews to further explore topics in the survey. About 55% of participants surveyed and 58% of abortion seekers interviewed were recruited from CAF, KHJN, or HAF, though not all received assistance from these abortion funds. Research was supported by a grant from the Society of Family Planning Research Fund (SFPRF). The views and opinions expressed are those of the authors and do not necessarily represent the views and opinions of SFPRF.

HOOSIERS SEEKING ABORTION CARE NEED FINANCIAL SUPPORT



Across the 434 survey respondents, 31% reported regularly not having enough money to cover basic needs. Similarly, for every abortion seeker we interviewed, cost was a significant barrier to accessing abortion care. Before abortion fund support or financial assistance from others was considered, Hoosiers quoted a range of costs they would have to pay for their abortion appointments—from \$700 to nearly \$4,000. Indiana has restricted insurance coverage of abortion by private plans and federal restrictions apply to Medicaid, meaning anyone seeking abortion care had to pay out of pocket for their medication or procedure. Childcare, foregone wages for unpaid leave at work, and transportation costs associated with getting to the clinic added to the total price of accessing abortion. For Hoosiers unaware of the support offered by abortion funds, this price could be prohibitively expensive:

“[A] big obstacle for a lot of people is the cost and not having any help, especially for, I don’t know, a single mom who is trying to go through this. I’m sure she can’t afford to come out of pocket for all of that.”

– Black mom of two children, 31 years old

Many Hoosiers interviewed mentioned that their abortion access experiences would have been easier had there been lower cumulative costs, more financial resources for young people, and insurance coverage. One 24-year-old biracial woman summed up these frustrations: **“my number one would have been that financial support—that would have been very helpful or just insurance at least assisting would have been helpful. But... we live in a capitalist country and money is more important than human life here. At least, that’s what it feels like sometimes.”**

Many participants did not know about abortion funds before their pregnancy.

Several abortion seekers learned about abortion funds for the first time from abortion clinic staff. Only a few Hoosiers mentioned learning about financial resources for abortion from their peer networks, and others shared that some kind of “grant” or “funding program” would have been helpful in their abortion journey. The lack of awareness of abortion funds among abortion seekers highlights a need for better messaging and information campaigns, especially for those in greatest need, such as minors:



“[The clinic] helped me with information about financial resources. But like I said, it was through insurance and running... information that I couldn’t, or I wasn’t comfortable with them doing. So maybe, establishing some type of fund... that isn’t associated with insurance.”

- 21-year-old Hispanic student

The young person above wanted to avoid covering their abortion costs with health insurance because they knew their parents would learn about their abortion care if they used the family insurance plan. Instead, when asked what would have been helpful in this situation, they proposed an independent fund, not realizing they were conceptualizing existing abortion funds.

In reflecting on their own difficulties finding abortion funds, other participants called for efforts to spread information about these resource lifelines more broadly. As one 26-year-old white mom of three children described: **“while I was researching, I also found out about the Midwest Access Coalition, so that covers gas, and shelter expenses or bus tickets, or whatever any woman needs to get to an abortion. Just letting whoever know that there are so many resources out there, to make it possible for you to get an abortion.”**

**MANY HOOSIERS
DON'T KNOW
ABOUT
ABORTION
FUNDS**



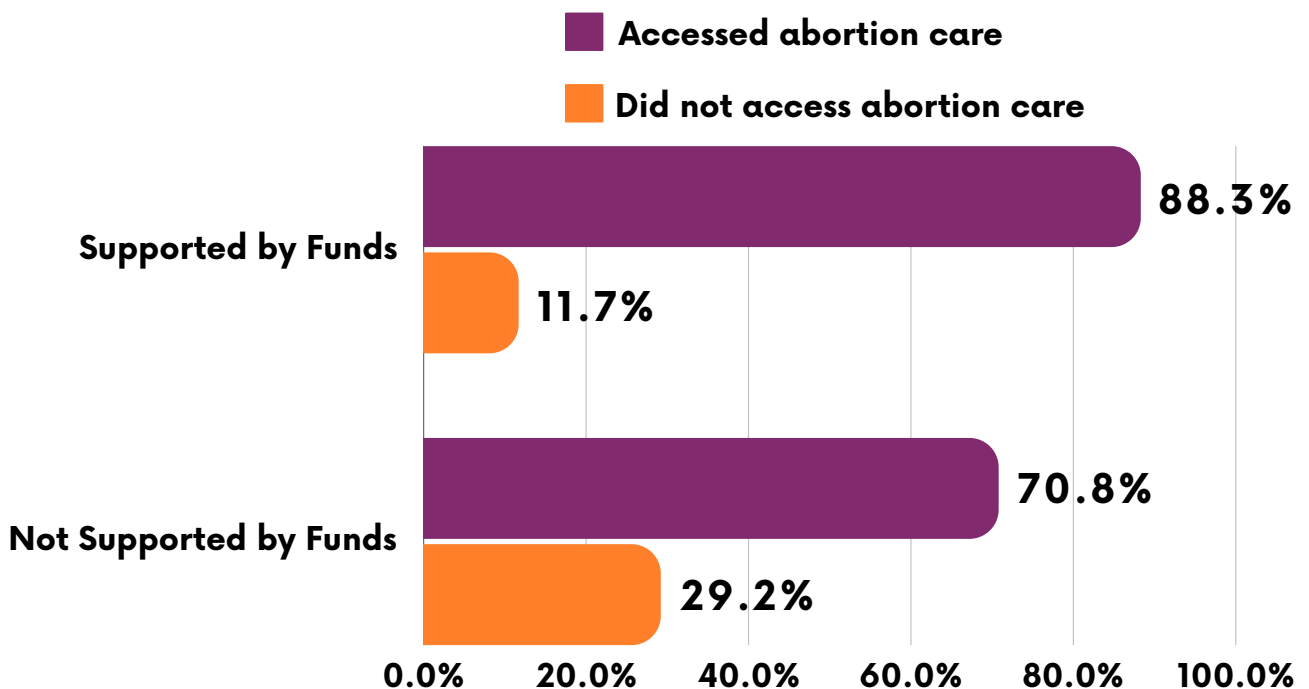
ABORTION FUNDS CONNECT HOOSIERS TO CARE

Among the survey respondents who participated in both baseline and endline surveys, 190 Hoosiers shared information demonstrating a particular need for financial assistance to access abortion.

For this group with greatest financial need, 88% of those who received abortion fund support successfully accessed care, compared to 71% of participants who did not receive support from an abortion fund. When excluding those respondents who experienced miscarriage, this difference shifts to 90% vs. 83%.

These findings highlight the role of abortion funds in connecting Hoosiers to the resources they need for abortions—despite access barriers and policy restrictions.

OUTCOMES AMONG SURVEY RESPONDENTS WHO EXPRESSED FINANCIAL BARRIERS TO ABORTION



“[T]he next day somebody else called me, and it was somebody from like the Chicago Abortion Fund. She found me, she talked to me, she was willing to like... like I mentioned I had got into an accident, she was willing to help me get there because she knew I lived in Indiana, she was willing to help me get there and get back from the clinic. So, when the day of the appointment came, she sent me like 30 dollars or so to get a cab and some food to go before I go to the clinic and stuff. So I did that and then she scheduled for my Lyft to get to the clinic.”

– Black woman, 20 years old

In interviews, Hoosiers elaborated on the support they received from abortion funds. In many cases, the regional collective of funds—CAF, HAF, and KHJN—collaborated directly to pool money and coordinate with abortion clinics on behalf of the abortion seeker. Once these financial pledges were secured, the funds consulted with study participants to figure out ways the abortion seeker could fundraise to pay any remaining expenses.

“[The clinic] set the appointment, the cost aspect and everything. And then, I want[ed] to express that that’s a lot of money that I don’t have, and they are like ‘Call these numbers and all together, we’ll make sure that you have the financial assistance that you need.’ So, it was pretty instant peace of mind.”

– White mom of one child,
34 years old

In addition to covering clinic costs, abortion funds also provided participants with transportation vouchers or lodging assistance to cover the expenses of traveling to a distant clinic and complying with Indiana’s two-visit requirement. People who did not have access to a car or the money to travel long distances needed this additional support to access care.

Several Hoosiers felt uncertainty or fear regarding how they would get the healthcare they needed after learning about the cost of abortion. One 21-year-old Black woman recalled a conversation with an abortion clinic worker, who said: **“I don’t want you to... go back home from, you know, getting your procedure done, and then you don’t have money for rent or you don’t have money for food, or you don’t have money for gas... are you sure you can come up with the rest of that?”** And I felt I genuinely I didn’t know.”

Without the person-centered support from abortion funds to afford accessing care, abortion may have been impossible to obtain given the challenges Hoosiers faced with bills, rent, and missing wages. A 28-year-old biracial mom of two children said the abortion fund’s nonjudgmental support filled a gap left by the people in their life who weren’t willing to help cover care expenses: **“I was so happy [after getting support from the fund], because I was feeling discouraged, because nobody wanted to help me pay for it, and everybody was judging me.”**



THROUGHOUT THEIR EXPERIENCES WITH ABORTION FUNDS, HOOSIERS RECEIVED MORE THAN MATERIAL SUPPORT.

Participants described fund volunteers or staff frequently checking in to see how abortion seekers were doing and making themselves available to answer any questions throughout the process.

"[The abortion fund volunteer] was just like, yeah, text me if you need anything... And she was very responsive and helpful," said a 38-year-old Asian woman. She continued, "I actually kept in touch a little bit after and just, you know, thanked her for her help and everything."



A 21-year-old Black woman also described the abortion fund volunteers and staff as, "just really caring people. You can... you can tell. I feel like you can always tell when someone's being caring and helpful..."

ABORTION PROVIDERS AND FUNDS WORK TOGETHER

To further contextualize the individual experiences of abortion seekers, we interviewed abortion clinic staff and providers working in Indiana. **Alongside the policy and travel-related limitations on abortion, everyone we spoke with felt that cost was the most difficult—and at times, insurmountable—barrier to care for Hoosiers.** The clinic staff explained that even if someone could afford the abortion appointments, the additional costs of childcare or gas money, among other needs, may be overwhelming. One 41-year-old white woman provider shared: **“Money... mostly it is about money and it is about support. So, people who just simply cannot afford the price of abortion because it is not covered by insurance, and because it is not fully subsidized by, you know, abortion funds, etc., they just can't get it... that also comes into play with childcare and with taking time off of work, it's all about money.”**

Some Hoosiers without the financial means or support are forced to delay their care in order to gather enough money, which placed them at risk of Indiana's policies restricting abortions and certain methods by gestational age. Several providers recognized that all Hoosiers do not evenly shoulder these barriers to abortion care, and one 25-year-old white woman medical assistant described abortion funds as “real lifesavers for people.” Others detailed a support ecosystem where abortion clinics and funds plug into various points of a Hoosier's abortion journey to honor their health care decisions:

“[A] lot of our patients do receive additional funding through these organizations, sometimes they all work together, and they're able to fully cover a patient's procedure, which is really nice. So, that way, you know, our goal is to never turn a patient away, because they don't have the money, and we never have. So, we definitely all work really well together to do what's best to help the patient.”

– White woman, 32 years old, medical assistant



THE WAY FORWARD

In the wake of the Supreme Court's opinion in Dobbs, Indiana became the first state in the nation to pass legislation banning abortion with very limited exceptions. In addition, the ban limits abortion care to hospitals and removes abortion clinic licensure, forcing all independent clinics to cease providing care. While the ban was temporarily blocked during a year of court battles with abortion providers, organizers, and advocates, on August 21, 2023, the Indiana Supreme Court reaffirmed that the state government has the legal authority to restrict abortion care.

Now with the new ban officially in place, many Hoosiers will be forced to carry their pregnancies to term, leave the state for care, or self-manage their abortions. Research has shown that even when abortion bans carve out exceptions, the burdens of proof for these cases are extremely difficult for abortion seekers to meet. On top of navigating more extreme legal limitations and risks surrounding the ban, Hoosiers will continue facing multiple, intersecting barriers to care. **There must be increased financial investments by well-resourced individuals and foundations in CAF, HAF, KHJN, and the wider regional collective of abortion funds that have already created the infrastructure to support people in overcoming these barriers. Going forward, community and advocacy organizations, local governments, clinicians and trusted resources within various networks should prioritize informing all Hoosiers about abortion funds to increase the likelihood that in a state with an abortion ban, people can receive the support needed to access the care they deserve.**

