



Abortion coverage bans on public and private insurance: Access to abortion care limited for millions of women



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INTRODUCTION

Health insurance is intended to help people cover both preventive and unexpected health costs. Yet federal and state politicians have singled out abortion and placed numerous bans on coverage for this health service within government-sponsored and private health insurance plans. Restrictions on insurance for abortion can have negative impacts for millions of women, especially low-income women, including higher out-of-pocket costs, increased stress, delays in accessing abortion care, or the inability to access abortion care altogether.¹

PUBLIC FUNDING AND INSURANCE COVERAGE RESTRICTIONS ON ABORTION

The first restriction on US abortion coverage and funding after the *Roe v. Wade* decision was the Hyde Amendment, passed in 1976. This amendment prohibits coverage of abortion care through the federal Medicaid, Children’s Health Insurance Program (CHIP), and Medicare programs, except in limited cases when a woman is pregnant as a result of rape or incest, or when a pregnancy endangers her life.² Congress has renewed the Hyde Amendment every year since 1976, and this restriction paved the way for similar provisions in other federally-managed health insurance programs.^{3,4}

Restrictions under the Hyde Amendment: Although under the Hyde Amendment states have the option to use state Medicaid or CHIP funds to cover abortion services, most have placed restrictions on this coverage of abortion care except for the limited circumstances laid out in the Hyde Amendment. Only 17 states have policies in place to cover abortion care for Medicaid enrollees; only 15 do so in practice.⁵

Thus, as a result of the Hyde Amendment, **about 7.4 million women ages 15-49 who have health insurance through Medicaid cannot use their insurance to cover abortion in most circumstances.**⁴

Restrictions on federally-funded services and coverage: Politicians have also placed restrictions on abortion coverage for women who are covered under federal programs like the Federal Employee Health plans, Indian Health Services, and TRICARE (including military personnel and their dependents). These types of restrictions also affect Peace Corps volunteers, veterans, and federal prisoners and detainees who all receive health care through federal programs, thereby increasing the number of women who are unable to use their insurance for abortion coverage.³

RESTRICTIONS ON PRIVATE HEALTH INSURANCE COVERAGE FOR ABORTION FUNDING

Individual states have the right to regulate the Health Insurance Marketplaces (referred to hereafter as Marketplaces) established under the Affordable Care Act (ACA) within their own borders. This means that states can restrict coverage for abortion under private insurance plans, including employer-based plans and plans offered through the Marketplaces.

To date, 25 states ban insurance coverage for abortion through plans offered on the Marketplaces. Using data from the Kaiser Family Foundation on Marketplace plan selections for 2017, **we estimate that over 2.9 million women aged 19-64 are enrolled in Marketplace plans in states that banned abortion coverage** (see appendix for detailed calculations).^{6,7} Ten of these 25 states impose even stricter limits on insurance coverage, banning insurance companies from offering any private plan that covers abortion services (including both employer-based plans and Marketplace plans), and thus further increasing the number of women who cannot use private insurance for abortion services.^{4,8,9}

State bans on comprehensive coverage of abortion care through insurance ⁴	# of states
Bans on all insurance plans	10
Bans on Marketplace and Medicaid plans	14
Bans on Medicaid only	10*
Bans on Marketplaces only	1
No bans on coverage	16

**Includes Washington, DC*

Finally, even in states where private insurance plans are not subject to state-level restrictions of abortion coverage, accessing abortion coverage through insurance is often impossible, or at best, confusing, as many private plans do not offer abortion coverage, or do not explicitly state that they do so in policy documents.⁴

NEW THREATS TO INSURANCE COVERAGE OF ABORTION

The current administration and Republican-led Congress have put forth various health care reform bills, some of which include measures to effectively repeal the ACA, phase out Medicaid expansion, expand restrictions on abortion coverage, and defund Planned Parenthood. It is estimated that these measures could put health insurance coverage financially out of reach for tens of millions of people and further reduce access to abortion and contraception.¹⁰⁻¹² **We estimate that approximately 2.3 million women aged 19-64 are enrolled in Marketplace plans in states that currently allow for coverage of abortion;** under the changes proposed by the House and Senate, these women could be prevented from using their Marketplace insurance plan to cover their abortion care, or lose coverage for health care altogether.^{6,7,13} In addition, many women who gained insurance under the ACA and Medicaid expansion could lose health insurance coverage, including coverage for critical services such as contraceptive care, and other preventive reproductive health services.¹⁰

THE IMPACT OF BANS ON COVERAGE OF ABORTION

Changes to the ACA will vastly increase the number of women without insurance coverage for abortion care, adding to the millions who are currently impacted by the Hyde Amendment and other federal and state bans on abortion coverage. Insurance bans place a disproportionate burden on low-income women, women of color, and young women. Historical oppression coupled with structural and economic inequalities contribute to economic disparities, resulting in the reality that women of color, especially Black and Latina women, are more likely to struggle to make ends meet, get their health insurance through Medicaid, and receive subsidies to enroll in Marketplace insurance plans.¹⁴⁻¹⁷

“I did a payday loan against my [pay]check. Some bills did not get paid. . . . I didn’t send my daughter to preschool. . . . Whatever money I had to pay for other stuff, I was trying to save and hustle it. I actually pawned some of my jewelry as well.”

-27-year-old abortion client in Florida

“I just know that every time I know somebody who has to go through that [an abortion], it’s a struggle having to come up with the money because they’re very rarely ever covered by health insurance. So, even my friends that have insurance still have to pay out-of-pocket for their abortions, and you know it’s unexpected. I mean, women don’t know that they’re going to have to have one, we don’t plan for that. We don’t put away a fund for it or anything. So it’s really an unexpected expense, and I know a lot of people that have been really burdened by it.”

-24-year-old abortion client in Arizona

The Congressional Budget Office estimates that under the proposed repeal bills, low-income people will disproportionately lose their health insurance, further exacerbating financial stress and decreased access to reproductive health services for low-income Americans.^{11,12,18-20}

Abortion costs: Eighty-nine percent of abortions in the United States take place in the first trimester of pregnancy. The average cost of a first-trimester abortion is approximately \$500.²¹ Five-hundred dollars can be an extraordinarily burdensome cost for many women; in a recent survey, 47% of Americans did not have \$400 on hand to pay for an emergency expense and would have to sell something or borrow the money to cover the amount.²² Poor and low-income women, women of color, and young adults disproportionately experience unintended pregnancy, and thus have a disproportionate need for abortion services.^{1,3,14,23} An unexpected cost, such as an abortion, forces many women to choose between paying for the abortion and paying for basic expenses such as rent, food, or school. In addition, when women are forced to pay for abortion care out-of-pocket, trying to find financial resources to cover costs often causes delays in obtaining care. Additionally, lack of sufficient financial resources to cover the cost of an abortion can compel women to continue unwanted pregnancies. Studies also show that a woman who seeks an abortion but is unable to access one is more likely to fall into poverty than one who is able to get an abortion.²⁴⁻²⁶

Everyone has the human right to health, which includes a right to reproductive and sexual health, and being able to access the care they need, where and when they need it. Insurance bans and funding restrictions for abortion inflict harm on women, especially poor and low-income women, women of color, and young women, and interfere with their ability to make the decisions they feel are best for themselves and their families. Protecting a woman’s ability to access abortion will not only safeguard her health and guarantee her rights, but will also help bolster financial and social outcomes for her and her family.

APPENDIX: REFERENCES AND DATA NOTES

Data notes: Calculations for the number of women enrolled in Marketplace plans who are or could be subject to bans on insurance coverage for abortion through the Health Insurance Marketplaces were calculated using the Kaiser Family Foundation's publicly available dataset: 2017 Marketplace Plan Selections by Gender: Nov 1, 2016-January 31, 2017.⁶ Previous literature indicates that approximately 80-90% of those who select a plan remain enrolled during the course of the year.⁷ We estimated that 80% of all women who selected plans would continue to be enrolled throughout the year and therefore are either affected by the current ban (for those women living in states where Marketplace bans are in place) or would be affected should the ACA be repealed (for those women living in states where Marketplace plans can currently cover abortion).

Data limitations: In this fact sheet, we use a variety of data sources in order to estimate the number of women impacted by bans on abortion coverage. Where possible, we have used data for women of reproductive age (defined as aged 15-49); however, in cases where data sources only provide data for nonelderly women between ages 19 and 64 we have chosen to use that data, as all would lose this coverage opportunity. Finally, there are some groups of women (such as federal prisoners and detainees and dependents of those with insurance through a federal employee) for whom data are not available and could not be included in this publication; thus, we operate under the assumption that these calculations likely underestimate the true number of women affected by insurance bans and funding restrictions.

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