THE HIGH COST OF STATE BANS ON ABORTION COVERAGE

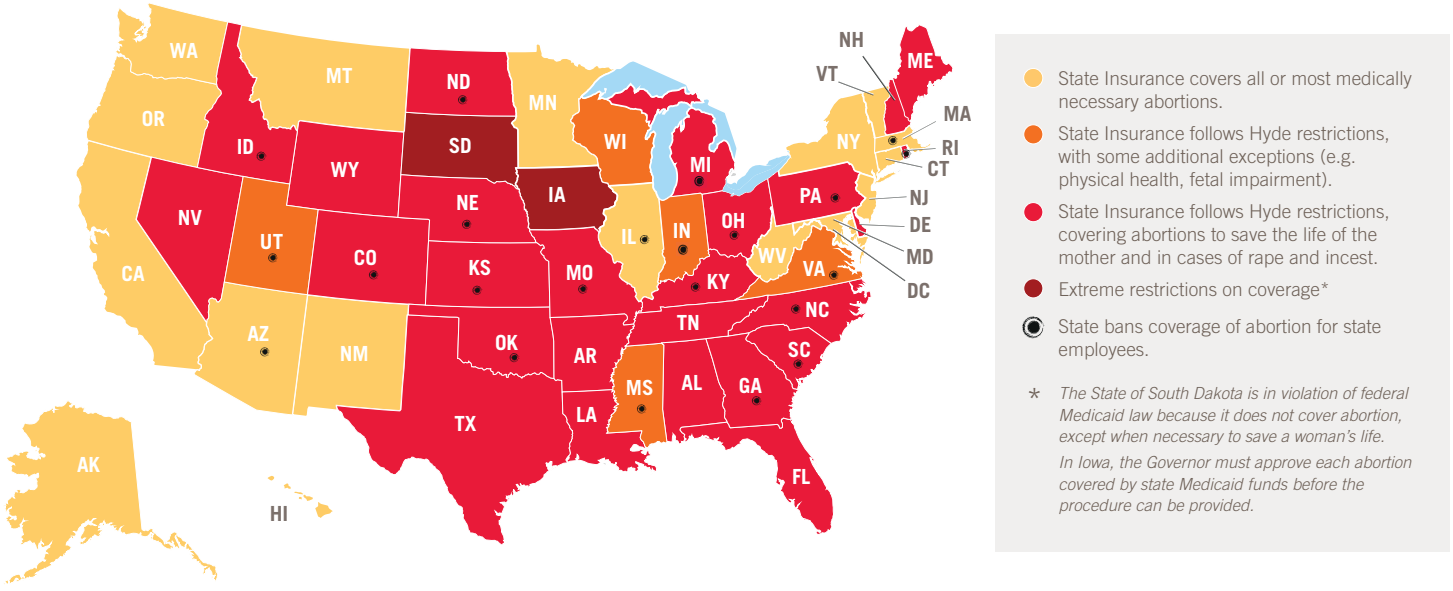
CENTER FOR REPRODUCTIVE RIGHTS

Since 1976, anti-choice politicians unable to explicitly ban abortion have sought to make it unaffordable by passing federal and state bans on insurance coverage for abortion care.

Today, numerous state and federal laws impose unfair and harmful limitations on such insurance coverage. Millions of women who qualify for public health insurance like Medicaid are denied coverage of abortion care. Some states restrict coverage for abortion care for state and municipal employees, mirroring federal restrictions on government employees. And while a handful of states banned private insurance coverage of abortion before 2010, an anti-choice amendment to the Patient Protection and Affordable Care Act (ACA) opened the door to new restrictions on insurance coverage for abortion by explicitly allowing states to limit such coverage in plans sold in state health insurance marketplaces.[1] Anti-choice politicians have remained tenacious in their fight to restrict access to abortion for those who cannot afford that care. However, the renewed focus on how abortions are paid for and whether they are covered by insurance has energized advocates across the country seeking to protect and expand coverage for abortion – whether a woman's insurance is provided by her employer or the government, or purchased individually.

Restrictions on abortion coverage not only interfere with a woman's ability to make personal decisions, but they amplify existing health disparities, disproportionately harming women who already face barriers to accessing health care, including lower-income women and women of color. In order for a woman to make the best decision for herself and her family, a woman needs to have coverage for all pregnancy-related care, including abortion care, no matter where she gets her insurance.

Bans on Coverage for State Employees and Women Who Qualify for Public Insurance Programs

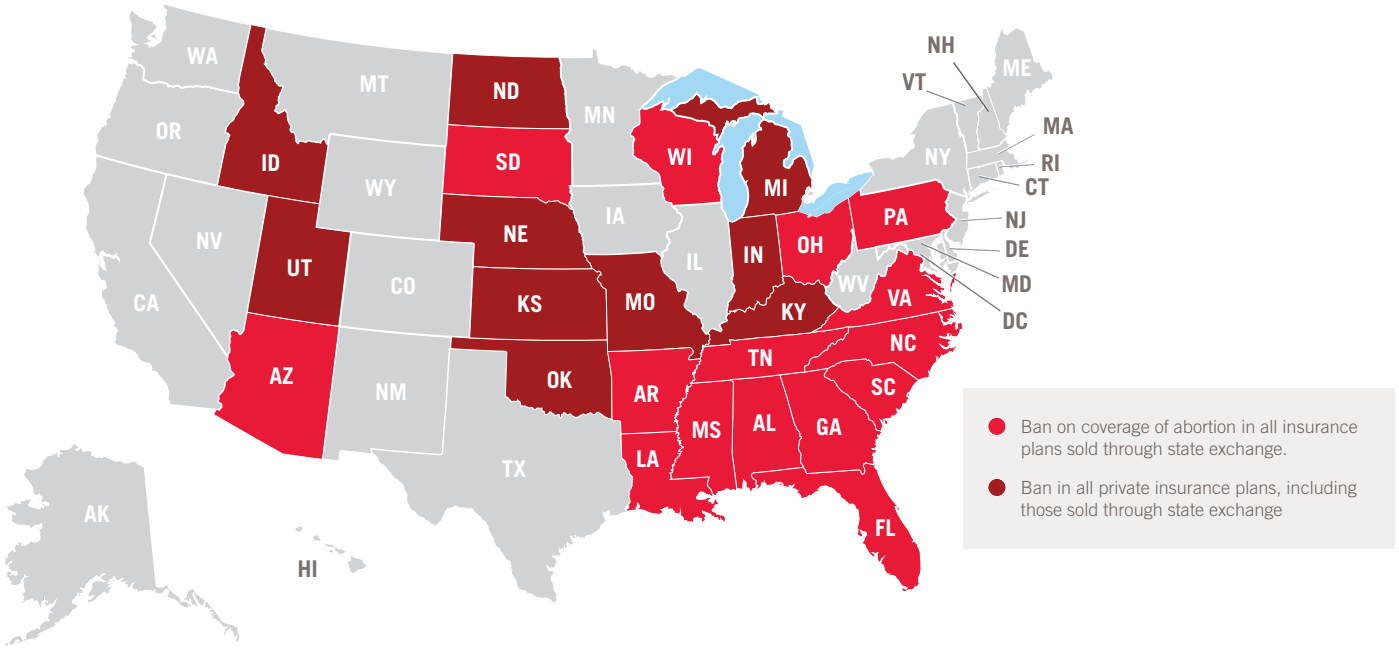


The Hyde Amendment, in effect since 1977, bans federal funds from being used to provide insurance coverage for abortion care for women who qualify for public health insurance, through the federal-state Medicaid program, with very few exceptions.[2] 32 states and the District of Columbia yield to these unfair restrictions.[3] Although states are required to provide coverage for abortion in the limited circumstances allowed under the Hyde Amendment, such as for pregnancies resulting from rape or incest, in practice, it can be difficult, or even impossible for a woman to receive that coverage. In a recent study, more than half of Medicaid-eligible procedures were reported to be under-reimbursed or not reimbursed at all due to bureaucratic, confusing, and onerous claims procedures.[4] Furthermore, Medicaid staff may incorrectly lead patients to believe that they will be required to provide extensive documentation proving that they were raped, unnecessarily delaying or preventing access to care.[5] As a result, some abortion providers have stopped seeking reimbursement or refuse to see Medicaid patients entirely, which further limits access to a broad spectrum of reproductive health services for women working to make ends meet.[6]

While 17 states use their own money to extend Medicaid to all or most medically necessary abortions, politicians in other states have passed unfair legislation to deny assistance to women who qualify for public insurance. Violating federal law, South Dakota refuses to cover abortion when the pregnancy results from rape or incest, crimes which have reached an extreme crisis level in the state.[7] And in Iowa, the governor must personally approve each abortion to be covered by state resources before the procedure can be performed. In addition, 22 states have restricted or banned abortion coverage in insurance plans for public employees, whose ranks include teachers, firefighters, and other government employees. It is unconscionable that politicians are holding back coverage for essential health care from a woman just because they disagree with her decision to have an abortion.

We can safeguard women's health and well-being by ensuring that every woman can access maternity care and abortion care if she needs it. Restrictions on public insurance for abortion services force some women to continue unwanted pregnancies, cause other women to delay abortion care at potentially increased risk to their health, and impose disproportionate economic strains on low-income women and women of color.[8] Whether a woman has private or public health insurance, she should have coverage for a full range of pregnancy-related care, including abortion.

Bans on Coverage in Private Insurance & State Marketplace Insurance Plans



A so-called compromise by Congress to pass the ACA in 2010 explicitly opened the door for states to restrict insurance coverage for abortion in health care plans sold on a state's health insurance marketplace. And states responded. Only five states had bans on private insurance coverage for abortion care before the ACA; now, half of the states have policies in place that restrict such coverage, either for all insurance plans or specifically for plans in the marketplace.

In every state, plans sold through the state marketplaces that do provide coverage for abortion care beyond those currently permitted by the Hyde Amendment must establish a system to isolate the funds used to provide coverage for abortion. These billing and accounting requirements to prove public and individual funds remain segregated can be burdensome for insurers and are confusing, complicated, stigmatizing, and ultimately a waste of resources. Politicians shouldn't be interfering with a woman's ability to make real decisions about her own health care. To date, 25 states have passed laws effectively banning abortion coverage in plans sold on their health marketplace, while ten states have banned abortion coverage in nearly all situations in any private plans sold in the state, which includes plans sold on the marketplace.[9]

REAL DECISIONS, REAL IMPACT

We don't always know a woman's circumstances – we're not in her shoes. A woman cannot make a real decision about whether to end a pregnancy, have a child, or choose adoption if the option to have an abortion is unaffordable and out of reach. Restricting a woman's access to the full range of pregnancy-related care can create serious barriers to her ability to set a course for her own life, including her educational, economic, and family goals. Three-quarters of women who have had an abortion say that the cost of having a child would have rendered them unable to fulfill responsibilities to care for dependents, go to work, or attend school.[10] It is better that a woman's insurance covers a full range of legal medical procedures so that she can decide what's best for her health and her family; study after study by national and international experts have shown that restrictions on abortion don't reduce its frequency, but rather increase women's reliance on illegal and unsafe procedures.

When politicians withhold resources that empower a woman to make a decision about her health and her family, women experience a real and detrimental impact. Approximately 69 percent of women obtaining abortions live close to or below the federal poverty level.[11] Poor women who decide to have an abortion often have to wait up to three weeks to have the procedure while they raise the necessary funds – and this wait actually drives up the cost and increases the risk of the procedure.[12] Furthermore, a woman working to raise the necessary funds must often divert money from paying for food, rent, or utilities.[13] If a woman is ultimately unable to afford an abortion, she may be forced to carry her unwanted pregnancy to term. And if this is the case, she is three times more likely to fall below the federal poverty line within two years.[14]

Women of color are disproportionately affected by coverage bans because they are more likely than white women to experience unintended pregnancy,[15] to seek abortion care,[16] and to qualify for public insurance.[17] Due to the link between institutional racism and socioeconomic disadvantage, women of color are at higher risk of living in poverty and are more likely to lack access to regular, high-quality family planning and other health care services.[18] Our government should not deny our nation's resources to women who are already limited in their access to quality health care.

Restrictions on coverage also unduly affect immigrant women, who are more likely to live in poverty than women born in the United States, and are routinely denied access to health care coverage, including abortion coverage.[19] In fact, low-income immigrants who qualify for Medicaid are excluded from coverage for their

initial five years of residence.[20] Undocumented women are unjustly excluded from federal Medicaid benefits and cannot even purchase health plans at full price in state insurance marketplaces.[21] Such barriers to care are not only unfair, but are also flawed public health policy, preventing immigrants from maintaining their health and that of their families.

The **EACH Woman Act (H.R. 2972)** ensures abortion coverage for every woman, no matter how much she earns or how she is insured. Introduced in Congress on July 8, 2015, the bill creates two important standards for reproductive health. First, it affirms that every woman should be able to make her own decisions about pregnancy. If a woman gets her care or insurance through the federal government, she will be covered for all pregnancy-related care, including abortion. Second, the bill prohibits political interference with decisions of private health insurance companies to offer coverage for abortion care. Federal, state, and local legislators will not be able to interfere with the private insurance market to prevent insurance companies from providing abortion coverage.

For more information, visit www.AllAboveAll.org

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1 In addition to explicitly allowing states to ban insurance coverage for abortion in plans on the marketplace, the Nelson Amendment requires that insurance plans in the state marketplace must segregate funds being used for abortion coverage from funds covering all other services. Insurers can and should collect one payment from consumers and direct it to two different accounts. However, by placing burdensome requirements on insurers, the provision stigmatizes abortion as different from other health care services.

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