



Beyond Roe: Insurance Coverage Restrictions



Abortion care in the U.S. can be expensive. An abortion performed in a clinic at ten weeks of gestation without insurance coverage can cost anywhere from \$400 to \$550, and an abortion performed at 20 to 21 weeks without insurance can range from \$1,100 to \$1,650.¹ Pay inequities mean that people who are already struggling financially are often less able to pay for an abortion out-of-pocket.² Consequently, insurance coverage plays a major role in affordable and equitable access to abortion care. Because of this, anti-abortion policymakers have sought to limit access to abortion by restricting insurance coverage for care.

Federal-Level Restrictions

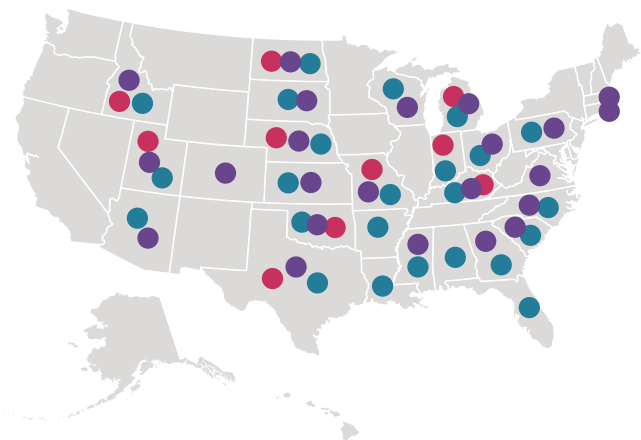
The Hyde Amendment is a federal-level policy that prohibits the use of federal funds for abortions except in the cases of life endangerment, rape, or incest. This restriction denies abortion coverage in almost all circumstances to individuals enrolled in Medicaid, the nation's primary health insurance program for low-income individuals and families, unless their state expands Medicaid to cover abortion beyond what is mandated.³ The majority of Medicaid enrollees are women and people of color, making the Hyde Amendment a discriminatory policy.^{4,5} Additionally, as an attachment to the Health and Human Services (HHS) appropriations bill, the Hyde Amendment restricts funding for abortion services under the Indian Health Service, Medicare, and the Children's Health Insurance Program. This harmful policy has also been incorporated into other federal appropriation bills to restrict access to abortion coverage for people insured by the military's TRICARE program, federal prisons, immigration detention centers, the Peace Corps, and the Federal Employees Health Benefits Program.⁶

State-Level Restrictions

Nearly half of all Americans have employer-sponsored private health insurance coverage.⁷ However, despite having private insurance, their right to affordable abortion access is not guaranteed, depending on what state they live in. States have a surprising amount of control over how individual private health

insurance companies cover abortion. Many states have taken actions to block abortion access through insurance coverage.

Map of U.S. Indicating Which States Restrict Coverage of Abortion Care.⁸



- States restricting insurance coverage of abortion in all private health insurance plans written in the state
- States restricting abortion coverage in plans offered through health insurance exchanges
- States restricting abortion coverage for public employees

A Disproportionate Burden

The inability to afford abortion care due to lack of insurance coverage for the procedure can deepen existing economic, social, and health inequalities. Due to social and economic inequality caused by systemic racism, people of color are more likely to be insured by Medicaid than their white counterparts. Research indicates that 30 percent of Black women and 24 percent of Hispanic people of reproductive age are enrolled in Medicaid, compared to 14 percent of white women.^{9*} The Hyde Amendment often forces individuals who are already struggling financially to have to pay for an abortion out-of-pocket. In 2014, roughly 75 percent of abortion patients were low-income, and 53 percent paid for their abortion out-of-pocket.¹⁰ When low-income people without insurance coverage cannot afford an abortion, they often resort to delaying or forgoing paying for rent payments, utility bills, or food for themselves or their families to pay for the procedure.¹¹

Legislative Solutions

Congress must repeal the Hyde Amendment and pass the *Equal Access to Abortion Coverage in Health Insurance (EACH) Act*, a bill that would restore abortion coverage to anyone enrolled in a government-financed health insurance plan, anyone covered by a government-managed health insurance program, or anyone receiving health care from a government provider or program.¹² Additionally, more states must expand Medicaid to cover abortion using state funds and pass legislation that would require all private health insurance plans to incorporate abortion coverage, similarly to California.¹³

Insurance coverage restrictions alone are harmful; but when working in tandem with other restrictive policies, the barriers to accessing abortion can become insurmountable and deepen existing inequalities — even under *Roe*.

Endnotes

- 1 Jones, R. K., & Kooistra, K. (2011). Abortion Incidence and Access to Services In the United States, 2008. *Perspectives on Sexual and Reproductive Health*, 43(1), 41–50. <https://doi.org/10.1363/4304111>
- 2 Boonstra, H. D. (2018, September 21). *Abortion in the Lives of Women Struggling Financially: Why Insurance Coverage Matters*. Guttmacher Institute. <https://www.guttmacher.org/gpr/2016/07/abortion-lives-women-struggling-financially-why-insurance-coverage-matters>
- 3 Guttmacher Institute. (2021k, November 10). *State Funding of Abortion Under Medicaid*. <https://www.guttmacher.org/state-policy/explore/state-funding-abortion-under-medicaid>
- 4 Kaiser Family Foundation. (2013, May 3). *Women Comprise the Majority of Medicaid Enrollees Across Every Age Group*. <https://www.kff.org/womens-health-policy/slide/women-comprise-the-majority-of-medicaid-enrollees-across-every-age-group/>
- 5 Kaiser Family Foundation. (2020, October 23). *Distribution of the Nonelderly with Medicaid by Race/Ethnicity*. <https://www.kff.org/medicaid/state-indicator/medicaid-distribution-nonelderly-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>
- 6 Population Institute. (2021, March). *The Time is Now: Repeal the Hyde Amendment*. <https://www.populationinstitute.org/wp-content/uploads/2021/03/PI-3050-Hyde-Brief-03.pdf>
- 7 Kaiser Family Foundation. (2020, October 23). *Health Insurance Coverage of the Total Population*. <https://www.kff.org/other/state-indicator/total-population/?dataView=1¤tTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>
- 8 Guttmacher Institute. (2021, September). *Regulating Insurance Coverage of Abortion*. <https://www.guttmacher.org/state-policy/explore/regulating-insurance-coverage-abortion>
- 9 Sonfield, A. & Gold, R.B. (2012). *Public Funding for Family Planning, Sterilization and Abortion Services, FY 1980–2010*, New York: Guttmacher Institute. http://www.guttmacher.org/sites/default/files/report_pdf/public-funding-fp2010-.pdf
- 10 Jerman, J., Jones, R. K., & Onda, T. (2016, May). *Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008*. Guttmacher Institute. <https://www.guttmacher.org/report/characteristics-us-abortion-patients-2014>
- 11 Boonstra, H. D. (2018, September 21). *Abortion in the Lives of Women Struggling Financially: Why Insurance Coverage Matters*. Guttmacher Institute. <https://www.guttmacher.org/gpr/2016/07/abortion-lives-women-struggling-financially-why-insurance-coverage-matters>
- 12 Kaiser Family Foundation. (2020, October 23). *Distribution of the Nonelderly with Medicaid by Race/Ethnicity*. <https://www.kff.org/medicaid/state-indicator/medicaid-distribution-nonelderly-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>
- 13 Guttmacher Institute. (2021, September). *Regulating Insurance Coverage of Abortion*. <https://www.guttmacher.org/state-policy/explore/regulating-insurance-coverage-abortion>

*Population Institute (PI) is intentionally using women in statements where the data do not include the nonbinary people or trans men in the research. Otherwise, PI uses gender-inclusive language to include all individuals who may seek abortion services.