Unmet need for abortion in the United States

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Introduction

Policy discussions of abortion often focus on how to prevent unintended pregnancy. Less examined is the issue of unmet need for abortion--the number of women who are unable to obtain abortions because of external constraints such as lack of information, inability to locate or travel to a provider, and lack of money. During the 1970s, the Guttmacher Institute was concerned that many women were unable to access abortion services because of a lack of providers in many states and other barriers. It developed an estimate of the number of women needing abortion services in each state by assuming that the abortion rates in the five states with the most available abortion services would prevail in other states if services were equally available. In the criterion states, at least 80% of women lived in a county with an abortion provider. A weakness of this approach is that it assumes that the populations of all states are similar with respect to need for abortion services.

After Medicaid coverage for abortion services was severely reduced in 1978, a number of studies have attempted to estimate the proportion of women who continue their unwanted pregnancies due to the absence of Medicaid abortion funding. At least seven of these consisted of statistical analyses of state abortion rates in relation to Medicaid funding. Results varied widely from no significant effect to quite large effects. Unfortunately, the studies were able to look only at impact on abortion utilization of all women rather than specifically on Medicaid-eligible women.

Another group of studies compiled data on individual states before and after Medicaid restrictions went into effect. A study comparing Georgia and Ohio, where Medicaid coverage was cut off, with Michigan, where it continued, concluded that 18 to 23% of women who would have had Medicaid-funded abortions instead continued their pregnancies.[1] A report on Illinois compiled statistics indicating that 24% continued their pregnancies, and one from Texas that 35% did so.[2] Studies of the effect of the North Carolina Abortion Fund found that more than one-third

of eligible women continue their pregnancies when financial support is unavailable, and a Michigan report came to a similar conclusion.[3]

Our analysis takes a different approach: using national data on the number of Medicaid abortions and Medicaid-eligible women obtaining abortions to estimate the number of poor women prevented by financial constraints from terminating unwanted pregnancies. We compare states with and without Medicaid coverage of abortion with respect to the percentage of abortions obtained by patients enrolled in Medicaid and the abortion rates of enrolled women. We then estimate the number of poor women without Medicaid coverage who are unable to obtain abortions because of lack of financial assistance.

Data

We rely on data from several sources. To obtain information about the number of abortions funded by Medicaid in Fiscal Year 2001, we rely on data from the Guttmacher Institute's survey of health, social service and Medicaid agencies in all 50 states and the District of Columbia.[4] Information on poverty levels and Medicaid coverage among women obtaining abortions comes from a nationally representative sample of 10,683 women who had abortions in 2000-2001 (and also conducted by the Guttmacher Institute).[5] Information on abortion incidence comes from the Guttmacher Institute's Abortion Provider Census, which collected data on numbers of abortions performed in 2000 from all known abortion providers.[6] The numbers women enrolled in Medicaid and the proportion of poor women were obtained from the Current Population Survey.

Findings

In 2001, only 15 states used their own Medicaid funds to pay for abortion services for eligible women. Although Idaho and Illinois are under court order to fund abortions, we counted them as non-funding states because their Medicaid programs paid for an insignificant number of abortions. There is variability across states in the proportion of abortions covered by Medicaid, due, in part, to state variations in poverty and Medicaid eligibility. California and New York allow women to obtain Medicaid coverage on the day of the abortion, which appears to increase the proportion of their residents who obtain Medicaid funding. Since this policy inflates the calculated abortion rate

among Medicaid enrollees, we excluded these two states from our calculations. Hawaii and Montana were also excluded because the number of Medicaid abortions is unknown.

In the remaining 10 states, 24.7% of abortions to residents were covered by Medicaid.* To estimate the total number of Medicaid abortions, we assumed that the same proportion of Medicaid abortions for Hawaii and Montana. In total, we estimate that Medicaid paid for 170,588 abortions in FY 2001 and assume this number is applicable to calendar year 2000.

The abortion patient survey conducted in 2000-2001 found that 17.3% of residents of non-funding states who had abortions were enrolled in Medicaid, as compared with 24.7% of the ten Medicaid-funding states. Women in the non-funding states paid for their abortions with their own funds, with private insurance, or with the assistance of sliding-scale fees or abortion funds supported by private contributions. One hypothesis is that the seven percentage point difference between the two groups of states is a consequence of the inability of poor women in non-coverage states to access services due to financial barriers. If this hypothesis is correct, 65,000 additional abortions would have occurred in 2000 if Medicaid had covered abortion services in non-coverage states.

However, abortion rates generally are higher in the funding states than in the non-funding states, so other differences could account for some of the difference in the percentage of abortions obtained by Medicaid enrollees. Another approach to measuring the impact of Medicaid abortion coverage is to compare the abortion rate among Medicaid-enrolled women in funding and non-funding states. In both groups of states, the rate was higher among Medicaid-enrolled women than in non-Medicaid women; in funding states, the rate was 2.9 times as high, and in non-funding states it was 2.3 times as high.[7] If the ratio had been as high in the non-funding states as in the funding states, the rate would have increased by 28% and the number of abortions by 33,000. By this estimate, 22% of women who would have Medicaid abortions instead continue their pregnancy in the absence of financial help.

Among women obtaining abortions in 2000, 201,000, or 15%, had family incomes below the federal poverty level and were not covered by Medicaid. While these low-income women were

* Since Medicaid coverage is only available to residents, we limit to the numbers of abortions to this population and exclude abortions to out-of-state residents.

able to access resources to pay for abortion services, undoubtedly many women in a similar financial situation and confronted with an unintended pregnancy were not. The calculations above and the individual state studies indicate that conservatively one-fifth of poor women seeking abortions are unable to obtain them because of financial constraints. Assuming this proportion applies to women nationally, there would have been 50,000 more abortions in 2000 if these women had had access to resources that allowed them to terminate their pregnancies. In 2006, some 22,000 women received assistance from private funds to assist poor women.[8] At the time of the studies, however, such funds were less available.

Our estimates of the number of abortions prevented by financial barriers could be high because some women under the poverty level have health insurance, and private support for poor women has increased in recent years. On the other hand, the estimates do not take into account the many women above the poverty level who do not have the $400-500 in cash needed to pay for abortion services.

In sum, the lack of universal insurance coverage of abortion in the United States prevented on the order of 83,000 women from terminating unwanted pregnancies in 2000. If these women had obtained abortions, the abortion rate would have been 6% higher. Between 2000 and 2005, the number of abortions fell 8%. If poor women experienced the same decline in need for abortion, the number of abortions prevented in 2005 was on the order of 73,000.

Discussion and Conclusion

Almost all industrial countries have universal health insurance that covers abortion for women of all income groups. One exception, Germany, excludes induced abortion from standard insurance but make special provision to cover the procedure for low-income women. Social policy in the United States is the reverse; most women have insurance or private resources to pay for abortions, but the health insurance plan for poor women excludes abortion coverage. Though first-trimester abortion costs only $400-500, this is enough to influence women on a low budget, especially when compared with the full coverage that Medicaid provides for prenatal care and delivery. This anti-abortion policy has little effect on the majority of the population but results in

thousands of additional births to women with the fewest resources for supporting additional children.

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