national partnership for women & families

THE CUMULATIVE COSTS OF BARRIERS TO ABORTION CARE

June 2024

INTRODUCTION

Abortion is essential health care and a basic human right. Access to abortion enables people's autonomy, dignity, and decision-making about their bodies, their lives, and their futures. While people had the constitutional right to abortion under *Roe*, abortion access was never guaranteed, as financial, geographic, and other barriers persisted. The Supreme Court's decision in *Dobbs*, and the state abortion bans that followed, have further curtailed people's access to essential healthcare and fundamentally undermined people's autonomy. As a result, pregnant people encounter many costs - including financial, physical and psychological - when trying to access abortion care, if they are able to access it at all. These costs are the most burdensome for people who already face systemic challenges in accessing health care and achieving economic security - Black, Indigenous, and other people of color, women who are economically insecure, people who live in rural areas, LGBTQIA+ individuals, immigrants, disabled people and young people.[1] These costs are both cumulative and compounding - creating barriers to care that are difficult, if not impossible, to overcome.

A NOTE ON OUR FRAMING

Abortion is nearly always an affirming experience for people, and often made possible by communities coming together to help each other, to build and share resources. There are many different methods of abortion care, including but not limited to abortion procedures performed in a healthcare clinic, medication abortion administered by a healthcare provider in person or via telehealth, and self-managed abortion. All forms of abortion care are valid, and people should be able to access whatever method is right for them. However, many people are unable to access their preferred method of abortion care, and even when they can, they may encounter obstacles on that path. This resource focuses on what it costs people to access abortion care in terms of time, money, stress, and the risk to their health. It also focuses on concrete, individual-level costs. However, we know that there are broader, harder-to-quantify systemic barriers to accessing abortion care, shaped by forces like structural racism, economic inequities, and ableism. People's pathways to abortion care can vary tremendously based on their identities and personal characteristics, and how public policies - such as health care affordability, wage discrimination, paid sick days, to name some examples – impact their lives.

FINANCIAL BARRIERS

COST OF ABORTION CARE: Many pregnant people have difficulty affording an abortion. Clinic-based abortion procedures in the first trimester cost on average $500[2] and abortions later in pregnancy can go up to around $2,000.[3] Medication abortion costs on average around $580 and as much as $800 depending on insurance and the ability to obtain the pills in a particular state.[4] Private insurance coverage for abortion care varies widely[5], and the Hyde Amendment prevents the use of federal Medicaid funding for abortion except in very narrow circumstances. As a result, the vast majority of people pay out-of-pocket for abortion care.[6]

TRAVEL AND RELATED COSTS: Pregnant people are often forced to travel long distances[7] to access abortion care[8], meaning they have to pay for transportation, lodging and often child care. They may also have to sacrifice income from taking time off work if they do not have paid sick days which is more likely for people in low-wage jobs, young workers and workers of color.[9] These costs can be in the thousands, depending on travel distances.[10] A majority of women seeking abortion already have difficulties paying for food, housing and transportation, meaning that these additional costs present a substantial barrier to accessing abortion care.[11]

DELAYS IN CARE

Abortion bans and restrictions can cause delays in care. People are forced to dedicate time to looking for a provider, arranging the logistics of traveling, and securing the additional resources to cover those costs. These delays can lead to increased health risks, especially for those with existing pregnancy complications.[12] People who have complications, including preeclampsia, gestational diabetes or hypertension, or a history of hemorrhages, are also more likely to face barriers in accessing abortion.[13] Although abortion is generally very safe, care is more complicated and fewer providers are available for abortion care later in pregnancy.[14] Care later in pregnancy is also more expensive.[15]

CRIMINALIZATION RISK

Pregnant people who seek an abortion may face the legal risk of being criminalized for doing so. Research has found that from 2000 to 2020, 61 people were criminally investigated or arrested for terminating their pregnancy or helping another person do so.[16]

And more disturbingly, prosecutors were disproportionately likely to consider charging pregnant people of color with more serious crimes, including homicide, or self-managing their abortion, as compared to white pregnant people.[17] This risk of criminalization has only increased since *Roe* was overturned.[18]

MENTAL HEALTH IMPACT

There can be health complications and concerns from not being able to easily or quickly access abortion. Research has found an increase in self-reported anxiety and depression symptoms for people in states that banned abortion compared to non-ban states after *Roe* was overturned.[19] Even before *Dobbs*, living in a state with more restrictive reproductive rights and abortion laws was associated with greater odds of frequent mental distress compared to living in a less restrictive state, particularly for women aged 25 to 34 and those with only a high school degree.[20] On the other hand, more than 50 years of psychological research shows that those who receive a wanted abortion did not experience negative mental health outcomes, including reporting negative emotions or mental health symptoms.[21] Instead, they were overwhelmingly more likely to report feeling that their decision to get an abortion was the right one for themselves and often have reported feeling relief, even years later.[22]

STIGMA AND HARM TO DIGNITY

Laws and policies that strip people of their reproductive autonomy directly harm people's dignity and sense of self. "Abortion stigma" research captures some of this harm. When policies ban abortion or single it out from other forms of health care, it reinforces an idea that abortion is dangerous and not the safe, essential health care it is.[23] Abortion stigma can prevent people from obtaining correct information about abortion services and laws, which can lead to unnecessary increases in direct and indirect costs of care.[24] Ultimately, being forced to navigate complex and confusing abortion restriction laws when seeking a type of care that is stigmatized can have a real psychological cost.

TAKEAWAYS

Ultimately, the cost of getting an abortion is much more than just paying for the procedure or medication itself, and every facet of someone's life is impacted when they are forced to navigate obstacles to care.

Indeed, attacks on abortion cause serious harm to the health, economic security and well-being of individuals and families. And the same people who are disproportionately harmed by abortion bans and restrictions are also those most harmed by other failures of systems and policies that are rooted in racism, sexism, classism, and their intersections. Given how significant the costs of obtaining abortion care are, we must invest deeply in the resources that exist to help people mitigate those costs - from abortion funds and mutual aid organizations, to abortion doulas and community-based models of care. Moreover, we must build systems of health care and economic security with equity at their core.

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