People Who Cannot Afford an Abortion in Southeastern Pennsylvania:
A Needs Assessment
Women's Medical Fund
2019

I. Executive Summary

In 1973, abortion was decriminalized in the United States after the landmark decision of Roe v. Wade, affirming that abortion is a constitutional right. However, in 1977, the Hyde Amendment banned the use of federal Medicaid funds for abortion, thereby restricting access to abortion for the millions of people who utilized Medicaid coverage to pay for their health care. While some states have since opted to allocate state Medicaid dollars to pay for abortion care, in 1985 the Pennsylvania legislature prohibited the use of state funds for abortion, thereby creating an enormous disparity in access. In 2020, while abortion remains legal in the United States, many people in Pennsylvania continue to have limited access to an abortion due to the Hyde Amendment and other restrictions.

In recent years, the rate of abortion has decreased dramatically among all people in the United States. However, these declines vary widely by group, and it has become clear that the need for abortion has become increasingly concentrated among the Americans who can least afford it. As of 2014, a significant proportion of people seeking abortion care each year were found to suffer financial hardship, with 49% nationwide having incomes of less than 100% of the federal poverty level (FPL) ($12,490 annual income for a single adult without children in 2020), and 26% nationwide having incomes of 100-199% of the FPL.[1] Additionally, the Federal Reserve reports that 40% of all Americans do not have $400 saved for emergency expenses: about the average cost of a first trimester abortion.

Women's Medical Fund (WMF) provides financial assistance to people who cannot afford an abortion who live in Southeastern Pennsylvania (SEPA) - Philadelphia, Bucks, Chester, Delaware, and Montgomery counties or are having abortions here. Despite the generosity of individual donors and foundations, the need for financial support for abortion access exceeds our available funding. In keeping with our organizational goals to plan for and evaluate programmatic capacity effectively, WMF periodically estimates the number of people in need of abortion funding support. Specifically, WMF poses the following three research questions to determine the need for financial assistance for abortion in SEPA:

WMF Research Questions	
#1	How many people in SEPA must rely on external financial support to pay for an abortion because they lack abortion coverage through Medicaid and cannot afford to pay out of pocket?
#2	How many people "chase the fee," ending up seeking care later in pregnancy because they have difficulty finding the money to pay for an abortion?

[1] Rachel K. Jones and Jenna Jerman, 2017: Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014. American Journal of Public Health 107, 1904_1909, https://doi.org/10.2105/AJPH.2017.304042

#3	How many people are forced to carry pregnancies to term because they are unable to pay for an abortion?

Using the methodology described below, WMF estimates that:

- Approximately **6,300** people rely on external financial support to pay for their abortion each year due to their inability to pay out of pocket or to use their Medicaid health coverage.
- At least **700** people "chase the fee," causing them to have abortions after the first trimester.
- Nationally it is estimated that more than **4,000** people are denied abortion forced to carry pregnancies to term per year because they surpassed facility gestational limits. It is unknown how many people are forced to carry pregnancies to term because they are unable to afford the procedure.

II. Methodology

Unfortunately, there is little recent quantitative research on the implications of denying Medicaid funding for abortion, and most existing studies were conducted soon after the Hyde Amendment was implemented in 1977. To answer the research questions posed above, WMF used SEPA Medicaid eligibility data and national data on the current incidence of pregnancy, unintended pregnancy, and abortion among people who are poor.[2]

Medicaid eligibility data is used to estimate abortion needs among people who are poor for several reasons. First, people eligible for or receiving Medicaid have by definition low income.[3] Second, Medicaid eligibility data are available, replicable, and historical, making this estimate capable of periodic repetition. Finally, Medicaid is an important source of funding for reproductive health care for people who have low income.

The methodology has been adjusted slightly from previous assessments to account for currently available data, which we expect has produced a more precise assessment.

A note on gender: The demographic data available through the Federal and State government typically only reports our sex assigned at birth. While we know that everyone has abortions - not just those assigned female at birth, the data utilized for this needs assessment includes only those described by the state as women.

[2] The Guttmacher Institute defines "poor women" as those with incomes at or below the federal poverty level (FPL) ($12,490 for an individual or $21,330 for a family of three in 2016). Guttmacher Institute, Fact Sheet, Unintended Pregnancy in the United States, January 2019, (reflecting 2011 data). We adopt this definition in the subsequent analysis. For the FPL applied in previous years, see HHS Poverty Guidelines (2019), https://aspe.hhs.gov/poverty-guidelines.

[3] Medicaid eligibility standards as of January 1, 2015 have shifted to include more individuals as part of the Affordable Care Act's (ACA) coverage expansion. Currently, Pennsylvania Medical Assistance became available to nearly all nonelderly adults making up to 138% of the federal poverty level.

III. Results

Research Question #1: How many people rely on external financial support to pay for an abortion because they lack insurance coverage for abortion through Medicaid and cannot afford to pay out of pocket?

To answer this question, we applied current data on unintended pregnancies and abortion rates to SEPA Medicaid eligibility data.

SEPA Medicaid eligibility and national unintended pregnancy and abortion rates among women of childbearing age who are poor (15-44)	
Number of women of childbearing age in SEPA[4]	829,446
Number of women of childbearing age in SEPA eligible for Medicaid[5,6] (20.9%)	173,627
Rate of unintended pregnancy among poor women of childbearing age [7]	112 per 1000
Number of unintended pregnancies among Medicaid-eligible women of childbearing age in SEPA[5,6,7]	19,446
Abortion rate among poor women of childbearing age[8]	36.6 per 1000
Number of abortions among Medicaid-eligible women in SEPA[9]	6,355

In SEPA, in 2017, there were 829,446 women of childbearing age (15-44 years). Of these women, an estimated 173,627 were eligible for Medicaid coverage during the year. For those eligible women who were actually enrolled in the program, Medicaid was their source of

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[4] Pennsylvania Department of Health, *Pennsylvania Vital Statistics*, 2017 ("Pennsylvania Department of Health -- Vital Statistics"), https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/PAVitalStatistics/Documents/PA_Vital_Statistics_Population_2017.pdf.

[5] Pennsylvania Department of Health, *Pennsylvania and County Health Profiles*, 2016 ("Pennsylvania and County Health Profiles"), https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/CountyHealthProfiles/Documents/County_Health_Profiles_2016.pdf.

[6] *Id.* The Pennsylvania Department of Health reports the percentage of the population eligible for Medical Assistance in each county. To reach the figure above, we took the relevant percentage per county, applied it to the number of women of childbearing age in that county, and then added all five counties together. For example, of the 107,804 women aged 15-44 in Bucks County, 9% were eligible for Medical Assistance in 2016, which represents 10,134 women. Spreadsheet with all calculations on file.

Prior assessments such as the WMF's 2013 Needs Assessment relied on the Public Health Management Corporation's Community 2012 Southeastern Pennsylvania Household Health Survey to find the number of women of childbearing age in SEPA were enrolled in Medicaid. However, beginning with the 2016 Needs Assessment, the Pennsylvania Department of Health County Health Profiles (CHP) was used instead. We consider it a more accurate method because the CHP reports the percentage of the Medicaid-eligible population in each county, including some women not actually enrolled in Medicaid; these uninsured women have comparably low levels of income and would thus be similarly in need of financial assistance to pay for an abortion.

[7] Guttmacher Institute, Fact Sheet, Unintended Pregnancy in the United States, January 2019 (reflecting 2011 data). https://www.guttmacher.org/sites/default/files/factsheet/fb-unintended-pregnancy-us.pdf

[8] Rachel K. Jones and Jenna Jerman, 2017: Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014. American Journal of Public Health 107, 1904_1909, https://doi.org/10.2105/AJPH.2017.304042

[9] To reach this figure, we applied the abortion rate among poor women to the number of women of childbearing age in SEPA who are eligible for Medicaid.

funding for their health care - including all aspects of their reproductive health, *except for* abortion. The remaining women - who were eligible for Medicaid but were not enrolled - were presumably uninsured, lacking any coverage for reproductive health care.

The *unintended pregnancy rate* for women who are poor is 112 per 1000 women aged 15-44 years. Applying that rate to SEPA Medicaid eligibility data, we estimate that there were 19,446 unintended pregnancies among women who are poor.

The *abortion rate* among women who are poor is 37 per 1000, resulting in an estimated 6,355 abortions among women who are Medicaid-eligible in SEPA annually. Since most Medicaid-eligible but un-enrolled women are likely uninsured, we expect that these 6,355 women need financial support for their abortion in the absence of insurance coverage.

We conclude that at least **6,300 people in SEPA must seek external financial support to pay for abortion care because of poverty and the Medicaid ban on abortion coverage.**

Research Question #2: How many people "chase the fee," ending up seeking care later in pregnancy because they have difficulty finding the money to pay for an abortion?

Recent data shows that while most people are able to have an abortion in the first trimester, 11.3% of people do so after 13 weeks gestation.[10] Roughly half of all people cite travel and procedure costs as reasons why their abortion was delayed. People who are poor may take up to three weeks longer than those with greater resources to obtain an abortion and 67% of poor women having an abortion say they would have preferred to have the abortion earlier.[11] Women who are poor also take longer to confirm a pregnancy and longer to obtain an abortion after they have made their decision due to barriers to abortion access.[12] When asked about the delay, poor women are twice as likely as more affluent women to report having difficulty arranging an abortion, usually because of the time needed to come up with the money to pay for the procedure.[13] "Chasing the fee" can become a vicious cycle; the longer it takes to obtain the money, the further along the person is in pregnancy, and the further along they are, the higher the cost of the abortion.

WMF estimates that at least 718 abortions in SEPA are pushed until the second trimester each year because of difficulty in obtaining funds. This reflects the 11.3% of abortions that are conducted after the first trimester.[14] While not all abortions performed after the first trimester

[10] Guttmacher Institute, Fact Sheet, Induced Abortion in the United States, January 2018, (reflecting 2013 data). https://www.guttmacher.org/sites/default/files/factsheet/fb_induced_abortion.pdf.

[11] Heather Boonstra, *The Heart of the Matter: Public Funding of Abortion for Poor Women in the United States*, Guttmacher Policy Review, 10(1), 12-16, at 14 (Winter 2007).

[12] Boonstra, *The Heart of the Matter*, at 15; Lawrence B. Finer, et al., *Timing of Steps and Reasons for Delays in Obtaining Abortions in the United States*, Contraception, 2006, 74(4):334-344, DOI: 10.1016/j.contraception.2006.04.010.

[13] Finer, *Timing of Steps and Reasons for Delays in Obtaining Abortions in the United States*, at 334.

[14] To reach this figure, we took 11.3% of the number of abortions among Medicaid-eligible women of childbearing age in SEPA, as calculated above.

are tied to funding issues,[15] this percentage is based on all women and not just poor women; thus, this is a conservative estimate.

Research Question #3: How many people are forced to carry pregnancies to term because they are unable to pay for an abortion?

Current data on the number of people from SEPA who are forced to carry to term because they cannot afford an abortion is not readily available. However, nationally it is estimated that more than 4,000 people are denied abortion forced to carry pregnancies to term per year because they surpassed facility gestational limits. The most common reason for a delay in seeking abortion care was difficulty raising the money for travel and procedure costs. [17] Several much older studies in different states concluded that 18-35% of women who would have had an abortion continued their pregnancies after Medicaid funding was eliminated.[16]

The barriers to obtaining an abortion after the first trimester fall hardest on people of color who are disproportionally represented amongst patients who are nearing gestational limits. [17] Further, people who are nearing gestational limits and those that have been turned away entirely and denied abortion care report a variety of additional life circumstances including "having to wait a while for an appointment, opposition from family or friends, being in jail, needing to obtain an ID or birth certificate, weather (ice storm, blizzard, or flooding), fear of protesters, difficulties getting time off work, and difficulties getting childcare." [17]

IV. Study Limitations

This study is not without limitations. The literature on this topic is thin, and modeling is done with the data that are available and informed assumptions about people with low income and their reproductive decisions. Not all pregnancies or abortions are reported, and national data on unintended pregnancy and abortion may not be entirely reflective of Southeastern Pennsylvania. These data are point-in-time data over a range of three years; while the numbers do not fluctuate much, they are not exact.

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[15] There are a variety of reasons why women may not obtain an abortion until the second trimester, including that they do not know they are pregnant until later, changed circumstances (such as a medical diagnosis or the end of a relationship) prompt them to terminate a previously wanted pregnancy, or they have difficulty arranging an appointment, adequate time off from work, or child care.

[16] *See* Boonstra, *The Heart of the Matter*, at 16. *See also* James Trussell et al., *The Impact of Restricting Medicaid Financing for Abortion*, 12 *Family Planning Perspectives* 120, 127 (1980); *Effects of Restricting Federal Funds for Abortion – Texas*, 29 *Morbidity & Mortality Wkly. Rep.* 253 (1980).

[17] Denial of Abortion Because of Provider Gestational Age Limits in the United States
Ushma D. Upadhyay PhD, Tracy A. Weitz PhD, Rachel K. Jones PhD, Rana E. Barar MPH, and Diana Greene Foster PhD (2013).

As stated above, these estimates of people who desire an abortion but cannot afford one are based largely on Medicaid eligibility data as a model. As a result, they do not tell the entire story. There are two other important populations in SEPA who desire to terminate a pregnancy but cannot afford to pay for the cost of an abortion.

- There are people who have low-income who are not eligible for Medicaid but who nevertheless struggle to pay for an abortion. For example, those who are ineligible for coverage due to their immigration status are not counted here. Others may have private insurance that does not cover abortion services.[17] In some instances, they may have employer-based insurance coverage that includes abortion but privacy concerns prevent them from using that coverage to fund an abortion.
- Minors are a subset of the population who seek abortion and may have difficulty paying for the procedure. Some are poor and others may be unable to access the resources of their parents because they are unable to safely discuss their decision with their parent(s) or guardian(s).

Inability to estimate these populations with any degree of precision suggests that the estimates of impacted people in the analysis above are conservative and likely underestimate the number of people in SEPA who rely on external financial support to pay for an abortion, who "chase the fee," and who carry unwanted pregnancies to term due to lack of financial resources.

V. Conclusion

Determining the number of people in SEPA who want an abortion but cannot afford one is not a simple task. Answering these research questions has required examining and analyzing the available data and employing a certain level of data estimation and approximation. Despite the inherent lack of precision in this work, there is much that is safe to say.

- ❖ Each year, there are approximately **6,300** people in Southeastern Pennsylvania who get pregnant, desire an abortion, and must secure external financial support to pay for the procedure because they cannot afford to pay out of pocket and lack Medicaid coverage for abortion.

- ❖ Nearly **700** of those "chase the fee," that is, the time spent securing funds for an abortion pushes them into a more costly procedure.

- ❖ An estimated **4,000** people with unintended pregnancies are forced to carry to term due to inability to fund an abortion in the United States.

[18] Pennsylvania is one of 25 states that restrict abortion coverage in insurance plans purchased through the health exchange established by the ACA. Such plans can only cover abortion in cases when the woman's life is endangered, rape, or incest, unless a separate optional rider is purchased at an additional cost. Guttmacher Institute, State Facts About Abortion: Pennsylvania, 2014, https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-pennsylvania.

- ❖ In addition, there are many other people who have not been counted in this analysis - notably teens and those who are not eligible for Medicaid - who desire an abortion but cannot afford it.

These numbers are estimates, and while they may be conservative, they show **tremendous need**. Together, these facts and figures tell us that the ability to access abortion care greatly depends upon location and financial resources. People of all economic situations get pregnant unintentionally. Some who experience unintended pregnancy decide to continue their pregnancies and give birth, and some choose to terminate. It is at that juncture that economic disparities make the difference. For people with low income, abortion care is pushed out of reach due to lack of financial resources and other barriers to abortion care.