NATIONAL WOMEN'S LAW CENTER
EXPANDING THE POSSIBILITIES

FACT SHEET

Reproductive Health Is Part of the Economic Health of Women and Their Families

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The economic security of women and families is directly tied to a woman's access to reproductive health care. As the United States Supreme Court has said, "The ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives."[1] The ability to decide when and whether to become a parent due to access to reproductive health care has led to a dramatic increase both in women's participation in the workforce and families' reliance on women's earnings.[2] Yet, accessing reproductive health care can be costly for women, if available at all, because of ever-increasing government-imposed barriers that threaten their health and economic well-being. It is imperative to strike down these barriers and ensure every woman has access to safe and affordable reproductive health services – women's economic security could depend on it.

Access to Reproductive Health Services Leads to Greater Educational and Employment Opportunities for Women, and Greater Economic Security for Women and Families

- The ability of women to plan and space their pregnancies through access to birth control is linked to their greater educational and professional opportunities and increased lifetime earnings.[3]
- One study concludes that the advent of oral contraceptives contributed to an increase in the number of women employed in non-traditional female occupations and professional occupations, including as doctors and lawyers.[4]
- Studies have also linked an increase in women's wages to the availability of birth control.[5]
- Access to reproductive health care can also benefit children later in life: a recent study shows that children whose mothers had access to birth control have higher family incomes and college completion rates.[6]

Reproductive Health Care Services Can be Costly If Not Covered By Insurance

- Birth control:
    - According to the Guttmacher Institute, the average cost of a full year's worth of birth control pills is the equivalent of 51 hours of work for someone making the federal minimum wage of $7.25[7], and the up-front costs of the more effective birth control methods, such as IUDs, are nearly a month's salary for a woman working full-time at minimum wage.[8]
    - One study found that only 25% of women who request an IUD have one placed after learning the associated costs.[9]

- Abortion: More than half of women who get abortions spend the equivalent of more than one-third of their monthly income on the procedure and its associated costs.[10]
- Infertility Treatments: Treatment for infertility can be extremely expensive; one cycle of in-vitro fertilization can cost between $15,000 to $25,000.[11] For a low-wage worker making $10.10 or less, and thus at most an annual salary of $20,200, the cost for these services is prohibitive.[12]

Government-Imposed Restrictions on and Barriers to Reproductive Health Care Significantly Increase the Costs of this Care, Further Jeopardizing a Woman's Economic Security

- Although the Affordable Care Act requirement improves a woman's ability to access the contraception that is right for her, women still face barriers to affordable and accessible birth control.
    - The Supreme Court has allowed certain for-profit companies with religious objections to birth control to get out of complying with the Affordable Care Act provision requiring this important coverage.[13]
    - Because 21 states still refuse to expand Medicaid, millions of women fall into this "Medicaid coverage gap" and may not get this important coverage.[14]
    - Although Title X is a federal program that serves 5 million women a year and can assist low-income women receive birth control and other health services, recent cuts to funding for the program undermine its mission and make it impossible for the needs of all low-income women to be met.[15]
- Government-imposed insurance coverage restrictions on abortion make it more difficult for women to pay for medically necessary abortion care.
    - Federal law bars low-income women in the Medicaid program from receiving abortion coverage except in very limited circumstances. This prohibition creates a significant financial barrier for low-income women. If a low-income woman does not have insurance coverage of abortion, she may need to raise money for the procedure, including forgoing basic necessities or selling or pawning personal items.[16] Depending on how long it takes to raise the money, the woman may have to obtain the abortion at a later stage of pregnancy, when the procedure may be more expensive and more complicated.[17]
    - Half of the states have passed laws prohibiting women from purchasing a comprehensive private insurance plan in the new health care marketplace that includes coverage of abortion.[18]
- Restrictive state abortion laws that result in clinic closures and unnecessary hurdles impose additional costs on women. Due to such laws, women may have to travel long distances to obtain abortions.[19] Women may have to miss work and pay for child care, travel, or lodging. These barriers are difficult for any woman, but especially for poor and low-wage workers who have little control over their work schedules and little ability to absorb extra costs.[20]

Access to Reproductive Health Care Services Allows Women to Take on The Costs of Having Children When They are Best Able

- It can cost anywhere from $9000 to over $25,000 per year to raise a child.[21] For a low-wage woman worker – one-third of whom are already mothers – this expense could put both her and her entire family's financial security at risk.[22]

- Studies have found that having a child creates both an immediate decrease in women's earnings and a long-term drop in their lifetime earning trajectory.[23]
- Women who choose to delay having a child can mitigate the earnings loss that can accompany child bearing by investing in education and obtaining crucial early work experience. Women earn 3% more for each year of delayed childbearing.[24]

Americans Understand that Economic Security is Tied to a Woman's Ability to Make Her Own Reproductive Decisions

- A Gallup poll from 2013 showed that, when asked why couples are not having more children, 76% of Americans mention either not having enough money or the cost of raising a child, or the state of the economy or the paucity of jobs.[25]
- In a study that specifically asked women why they use birth control, a majority of women reported that birth control use had allowed them to take better care of themselves or their families, support themselves financially, complete their education, or keep or get a job.[26]

Policies and laws in this country must reflect what the public understands to be true: a woman's reproductive health is critical to her economic health and stability and that of her family's.

1 Planned Parenthood of Se. Pa. v. Casey, 505 U.S. 833, 856 (1992).
2 *See, e.g.,* ADAM SONFIELD ET AL., GUTTMACHER INST., THE SOCIAL AND ECONOMIC BENEFITS OF WOMEN'S ABILITY TO DETERMINE WHETHER AND WHEN TO HAVE CHILDREN (2013), *available at* http://www.guttmacher.org/pubs/social-economic-benefits.pdf (providing an extensive review of studies that document how controlling family timing and size contribute to educational and economic advancements).
3 *See, e.g.,* Jennifer J. Frost and Laura Duberstein Lindberg, *Reasons for Using Contraception: Perspectives of US Women Seeking Care at Specialized Family Planning Clinics*, 87 CONTRACEPTION 465, 467 (2013) ("Economic analyses have found clear associations between the availability and diffusion of oral contraceptives[,] particularly among young women, and increases in U.S. women's education, labor force participation, and average earnings, coupled with a narrowing in the wage gap between women and men."); SONFIELD, *supra* note 2.
4 *See* Claudia Goldin & Lawrence F. Katz, *The Power of the Pill: Oral Contraceptives and Women's Career and Marriage Decisions*, 110 J. POL. ECON. 730, 758-62 (2002).
5 *See*, e.g., Martha J. Bailey et al., *The Opt-In Revolution? Contraception and the Gender Gap in Wages*, NAT'L BUREAU OF ECON. RESEARCH 26-27 (2012), *available at* http://www.nber.org/papers/w17922.pdf?new_window=1.
6 Martha J. Bailey, *Fifty Years of Family Planning: New Evidence on the Long-Run Effects of Increasing Access to Contraception*, NAT'L BUREAU OF ECON. RESEARCH 2 (October 2013), *available at* http://www.nber.org/papers/w19493.pdf.
7 Adam Sonfield, *Contraceptive Coverage at the U.S. Supreme Court: Countering the Rhetoric with Evidence*, 17 GUTTMACHER POL'Y REV., no. 1, Winter 2014, at 5, *available at* http://www.guttmacher.org/pubs/gpr/17/1/gpr170102.pdf.
8 Brief of the Guttmacher Institute and Professor Sara Rosenbaum as Amici Curiae Supporting the Government at 16, Burwell v. Hobby Lobby Stores, Inc., 134 S.Ct. 2751 (2014) (Nos. 13-354 & 13-356).
9 Aileen M. Gariepy et al., *The Impact of Out-of-Pocket Expense on IUD Utilization Among Women with Private Insurance*, 84 CONTRACEPTION e39, e40 (2011).
10 Sarah C.M. Roberts, et al., *Out-of-Pocket Costs and Insurance Coverage for Abortion in the United States*, 24-2 WOMEN'S HEALTH ISSUES e211, 214 (2014).
11 Tara Siegel Bernard, Insurance Coverage for Fertility Treatments Varies Widely, N.Y. TIMES (July 25, 2014), http://www.nytimes.com/2014/07/26/your-money/health-insurance/insurance-coverage-for-fertility-treatments-varies-widely.html?_r=0.
12 NATIONAL WOMEN'S LAW CENTER, UNDERPAID & OVERLOADED: WOMEN IN LOW-WAGE JOBS 29 (2014), *available at* http://www.nwlc.org/sites/default/files/pdfs/final_nwlc_lowwagereport2014.pdf.
13 Burwell v. Hobby Lobby Stores, Inc., 134 S.Ct. 2751 (2014).
14 NATIONAL WOMEN'S LAW CENTER, STATES MUST CLOSE THE GAP: LOW-INCOME WOMEN NEED HEALTH INSURANCE, (Oct. 2014), http://www.nwlc.org/sites/default/files/pdfs/new_nwlc_mindthegap_updateoct2014.pdf (At the time of publication, 22 states had not yet expanded Medicaid coverage. However, Indiana expanded coverage through Medicaid in January 2015, which leaves only 21 states to expand); THE HENRY J. KAISER FAMILY FOUNDATION, MEDICAID EXPANSION IN INDIANA (Feb. 03, 2015), http://kff.org/medicaid/fact-sheet/medicaid-expansion-in-indiana/ (In January 2015, the Obama Administration approved Indiana's Medicaid expansion plan).
15 NATIONAL FAMILY PLANNING AND REPRODUCTIVE HEALTH ASS'N, TITLE X BUDGET AND APPROPRIATIONS, http://www.nationalfamilyplanning.org/title-x_budget-appropriations.
16 NATIONAL ABORTION FEDERATION, ECONOMICS OF ABORTION, https://www.prochoice.org/pubs_research/publications/downloads/about_abortion/economics_of_abortion.pdf.
17 *Id*.
18 NATIONAL WOMEN'S LAW CENTER, STATE BANS ON ABORTION ENDANGER WOMEN'S HEALTH AND TAKE HEALTH BENEFITS AWAY FROM WOMEN (Jan. 2015), *available at* http://www.nwlc.org/resource/state-bans-insurance-coverage-abortion-endanger-women's-health-and-take-health-benefits
19 Eighty-nine percent of all U.S. counties lacked an abortion clinic in 2011. Rachel K. Jones and Jenna Jerman, Abortion Incidence and Service Availability in the United States, 2011, 46 PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH 3, 7 (2014). Over the past three years alone, state legislatures have passed an unprecedented number of harsh new restrictions on abortion access. These restrictions include outright bans on abortion, laws that force women to wait a specified amount of time and make multiple trips to a provider before an abortion, and laws targeting abortion providers and clinics that have the goal and effect of shutting down providers. In 2013, more than half of women of reproductive age were living in states that were hostile to abortion. Heather D. Boonstra & Elizabeth Nash, A Surge of State Abortion Restrictions Puts Providers—And the Women They Serve—in the Crosshairs, 17 GUTTMACHER POL'Y REV., no. 1, Winter 2014, at 9, 13, *available at* http://www.guttmacher.org/pubs/gpr/17/1/gpr170109.pdf.
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21 MARK LINO, UNITED STATES DEPARTMENT OF AGRICULTURE CENTER FOR NUTRITION POLICY AND PROMOTION, EXPENDITURES ON CHILDREN BY FAMILIES, 2012 10 (2014), *available at* http://www.cnpp.usda.gov/Publications/CRC/crc2012.pdf.
22 NATIONAL WOMEN'S LAW CENTER, UNDERPAID & OVERLOADED: WOMEN IN LOW-WAGE JOBS 29 (2014), *available at* http://www.nwlc.org/sites/default/files/pdfs/final_nwlc_lowwagereport2014.pdf.
23 SONFIELD, supra note 2, at 14-15.
24 *See, e.g.,* KELLEEN KAYE ET AL., NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY, THE BENEFITS OF BIRTH CONTROL IN AMERICA: GETTING THE FACTS STRAIGHT 4 (2014), *available at* http://thenationalcampaign.org/sites/default/files/resource-primary-download/getting-the-facts-straight-final.pdf.
25 Frank Newport and Joy Wilke, Desire for Children Still Norm in U.S., GALLUP POLITICS (Sept. 25, 2013), http://www.gallup.com/poll/164618/desire-children-norm.aspx.
26 Frost and Lindberg, *supra* note 3, at 465-6.