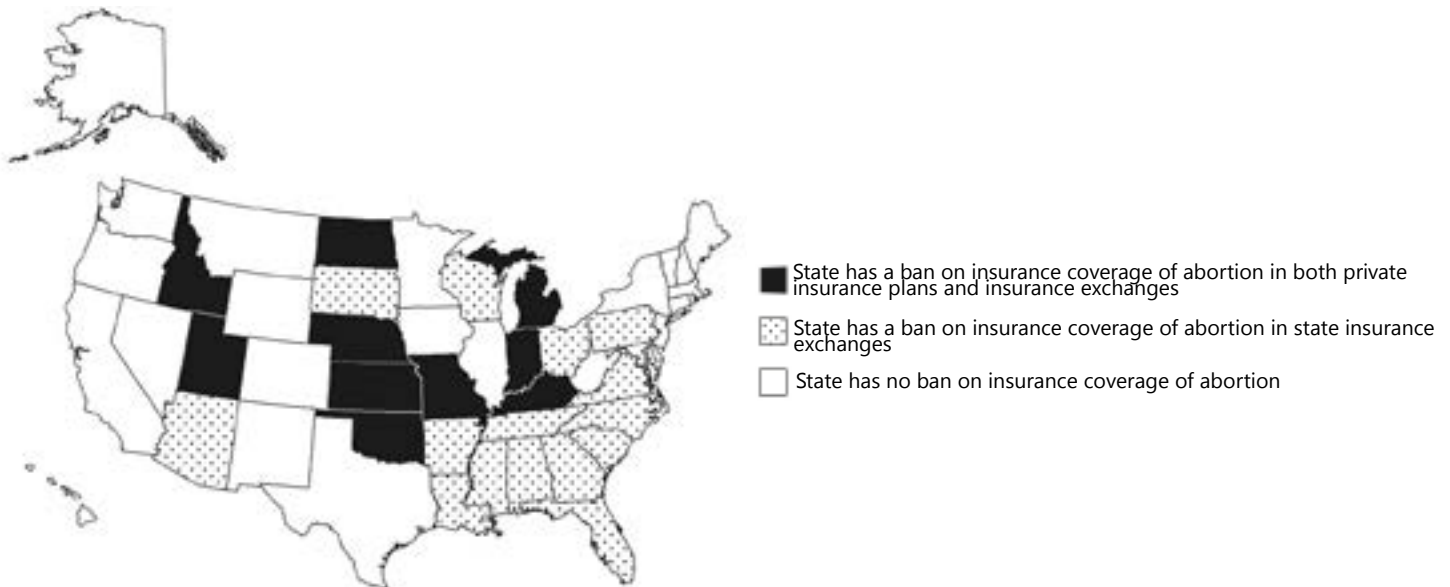


FACT SHEET

State Bans on Insurance Coverage of Abortion Endanger Women's Health and Take Health Benefits Away from Women

January 2015

The health care law goes a long way toward improving women's health and addressing the discrimination women have faced in the health insurance market. Unfortunately however, the health care law explicitly allows states to pass laws banning private insurance coverage of abortion in any exchange set up in their state.¹ State politicians who want abortion to be illegal have wasted no time pushing bans on insurance coverage of abortion, making abortion unaffordable and interfering with a woman's ability to make her own health care decisions.



Twenty-five states (Alabama, Arizona, Arkansas, Georgia, Florida, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, Virginia, and Wisconsin) have laws prohibiting insurance coverage of abortion in state exchanges.² Ten of those states – Idaho, Indiana, Kansas, Kentucky, Michigan, Missouri, Nebraska, North Dakota, Oklahoma, and Utah³ – go even further and reach all plans in the state, banning insurance coverage of abortion in plans outside the exchange as well.

This means that in those twenty-five states, a woman will not be allowed to use her own private money to purchase an exchange-based health plan that covers abortion services, and also may not be able to purchase a plan that provides insurance coverage for abortion at all. Most of these state laws contain exceptions for only the most extreme situations, such as when a woman's life is endangered or when the pregnancy is a result of rape or incest, but two states – Louisiana and Tennessee – do not allow a woman in even those difficult or life-threatening circumstances to obtain insurance coverage of abortion. Eight states – Idaho, Kansas, Kentucky, Michigan, Missouri, Nebraska, North Dakota, and Oklahoma – prohibit all private insurance plans from offering coverage of abortion to women pregnant as a result of rape or incest.

Bans on Insurance Coverage of Abortion are Dangerous to Women's Health

Almost all of the bills prohibit insurance coverage for abortions that would protect women from serious, permanent, and even life-shortening health conditions. For example, a woman for whom continuing the pregnancy will result in permanent damage to her health, such as damage to her heart, lungs, or kidneys, or a pregnant woman who is diagnosed with cancer and must undergo chemotherapy will not have insurance coverage for these medically necessary abortions. In addition, some women without insurance coverage of abortion will be forced to postpone abortion care while attempting to find the necessary funds. Although abortion is an extremely safe procedure, delays in obtaining care increase the health risks of the procedure.⁴

Bans on Insurance Coverage of Abortion Take Benefits Away from Women and Move the Country in the Wrong Direction

Since most insurance plans cover abortion,⁵ bans on insurance coverage of abortion represent a radical departure from the status quo that will result in women losing benefits they currently have. Government should be focused on protecting and expanding people's access to health care, not imposing new barriers and restrictions to health services.

Bans on Insurance Coverage of Abortion Punish Women

If women are unable to access insurance coverage for abortion, they may face high out-of-pocket costs for these services. On average, women already have lower incomes than men and therefore have greater difficulty paying premiums, are more likely than men to have higher out-of-pocket health care expenses, and use more health care services than men.⁶ Bans on insurance coverage of abortion only worsen these barriers women face.

Offering Supplemental Insurance Coverage for Abortion Only Further Encourages the End of All Private Insurance Coverage of Abortion

Some bans on insurance coverage of abortion allow insurance companies to offer supplemental coverage for abortion. However, existing data shows that supplemental coverage for abortion is unworkable and does not provide a genuine option for coverage.⁷ Obtaining supplemental coverage for a specific procedure is impractical and undermines the purpose of health insurance. Moreover, most of the pending bills that allow supplemental coverage for abortion impose new restrictions on insurers and employers who might want to offer supplemental coverage, essentially guaranteeing that it will never exist. This further ensures that a woman will be without any option for purchasing comprehensive health insurance that includes coverage of abortion.

All health insurance plans should provide coverage for a full range of pregnancy-related care, including abortion. Politicians seeking to ban insurance coverage of abortion are endangering women's health, taking away access to health benefits that most women already have, and interfering with a woman's ability to make her own health care decisions.

STATE BANS ON ABORTION COVERAGE • FACT SHEET

- 1 Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 1303(a)(1) (2010).
- 2 ALA. CODE § 26-23C-3 (2012); ARIZ. REV. STAT. § 20-121 (2012); ARK. CODE § 23-79-156 (2013); FLA. STAT. §§ 627.64995, 627.66996, 641.31099 (2011); IDAHO CODE ANN. § 41-1848 (2011); IND. CODE §§ 27-8-33, 16-33-4-1 (2012); KAN. STAT. ANN. § 40-2,190(b) (2011); KY. REV. STAT. ANN. § 304.5-160; LA. REV. STAT. ANN. § 22:1014 (2011); MICH. COMP. LAWS §§ 550.541-551(2014); ; MISS. CODE ANN. §§ 41-41-97, 41-41-99 (2010); MO. ANN. STAT. § 376.805 (2012); NEB. REV. STAT. §§ 44-8402, 44-8403(1) (2011); N.C. GEN. STAT. § 58-51-63 (2013); S.B. 353, Gen. Assemb., 2013 Sess. (N.C. 2013); N.D. CENT. CODE § 14-02.3-03; OHIO REV. CODE ANN. § 3901.87 (2012); OKLA. STAT. tit. 63, § 1-741.3 (2011); 40 PA. CONS. STAT. § 33(2013); S.C. CODE ANN. § 38-71-238 (2012); S.D. Codified Laws § 58-17-147 (2012); TENN. CODE ANN. § 56-26-134 (2010); UTAH CODE ANN. § 31A-22-726 (2012); VA. CODE ANN. § 38.2-3451 (2013); WIS. STAT. § 632.8985 (2012).
- 3 IDAHO CODE ANN. §§ 41-2142, -2210A, -3439, -3924; KAN. STAT. ANN. § 40-2,190(a) (2011); KY. REV. STAT. ANN. § 304.5-160; MICH. COMP. LAWS §§ 550.541-551(2014); MO. ANN. STAT. § 376.805; NEB. REV. STAT. §§ 44-8402, 44-8403(2) (2011); N.D. CENT. CODE § 14-02.3-03; OKLA. STAT. tit. 63, § 1-741.3 (2011); UTAH CODE ANN. § 31A-22-726 (2012).
- 4 Heather D. Boonstra, et. al., Guttmacher Institute, Abortion in Women's Lives 15-17 (2006), <http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf>
- 5 Guttmacher Institute, Memo on Private Insurance Coverage of Abortion (Jan. 19, 2011), <http://www.guttmacher.org/media/inthenews/2011/01/19/index.html>
- 6 Elizabeth M. Patchias & Judy Waxman, National Women's Law Center, Women and Health Coverage: The Affordability Gap (The Commonwealth Fund, pub. 1020, vol. 25), Apr. 2007, http://www.commonwealthfund.org/usr_doc/1020_Patchias_women_hlt_coverage_affordability_gap.pdf.
- 7 See National Women's Law Center, Supplemental Insurance Coverage for Abortion Only Further Guarantees the End of All Private Insurance Coverage of Abortion, available at <http://www.nwlc.org/resource/supplemental-insurance-coverage-abortion-only-further-guarantees-end-all-private-insurance-#node-5697>.