Abortion is an essential part of comprehensive reproductive health care for women. It is a medical procedure that more than 920,000 U.S. women obtain every year. Access to reproductive health care, including abortion, helps to ensure that a woman can make the important decision of whether and when to have children that is best for her and her family. Yet, accessing reproductive health care can be costly, making insurance coverage critical for women who are seeking an abortion. Without coverage of abortion, many women are forced to forgo care — threatening both their physical and economic health.

Despite the importance of insurance coverage of abortion, some state politicians have taken steps to withhold coverage from women who have decided to have an abortion. State laws prohibit private insurance plans from offering coverage of abortion and other state laws withhold coverage of abortion from women who are insured through the Medicaid program. In contrast, some states promote women’s health and economic security by ensuring that plans provide insurance coverage that includes abortion.

States Deny Women Access to Insurance Coverage of Abortion in Private Plans

Before the federal health care law, also known as the Affordable Care Act (ACA), most private health insurance plans covered abortion. Unfortunately, the ACA allows states to prohibit private insurance plans from offering comprehensive health insurance that includes abortion.

- Twenty-six states have laws that prohibit insurance plans from offering coverage of abortion as part of a comprehensive health care plan sold in the insurance Marketplaces set up by the ACA.
- Eleven of those states go even further and prevent all private insurers in the state — whether in the Marketplace or elsewhere — from offering coverage of abortion as part of a comprehensive health care plan.

This means that a woman in those twenty-six states will not be allowed to purchase a health plan in the Marketplace that covers abortion services and also may not be able to purchase a plan that provides insurance coverage for abortion at all — just because of where she lives and how she is insured.

Most of these state laws contain exceptions for only the most extreme situations, such as when the pregnancy endangers a woman’s life or was the result of rape or incest. But some do not even allow plans to cover abortion in those extreme circumstances.
• Louisiana and Tennessee do not allow a woman in even those difficult or life-threatening circumstances to have insurance coverage of abortion.⁹

• Nine states do not even allow private insurance plans to cover abortion when a woman is pregnant as a result of rape or incest.¹⁰

Some of the state laws that prohibit insurance companies from providing a comprehensive plan that includes abortion allow insurance companies to offer separate coverage for abortion. However, supplemental coverage for abortion is unworkable and does not provide a genuine option for coverage.

• Shortly after implementation of the ACA, insurers in several states where supplemental coverage is allowed reported that no such plans were actually offered.¹¹ Since then, there has been no evidence that this type of coverage has become available.

• Obtaining supplemental coverage for a specific procedure is impractical and undermines the purpose of health insurance, which is to protect against unforeseen risk. Health insurance companies do not require individuals to guess which surgeries, specialist visits, or medication they might need.

**States Withhold Coverage of Abortion from Women Qualified and Enrolled in Medicaid**

Federal law, known as the Hyde Amendment, withholds abortion coverage from those qualified and enrolled in the Medicaid health insurance program for people struggling to make ends meet, except in the limited circumstances of life endangerment, rape, or incest.¹² Despite the fact that states can – and should – use their own funds to cover abortion beyond these limited circumstances, some states have chosen not to do so.

• Thirty-three states withhold Medicaid coverage from women who need medically necessary abortions – denying a woman coverage because of her income and how she is insured.
  o South Dakota only covers abortion for a woman whose life is endangered – denying a woman coverage when she is pregnant as a result of rape or incest, in violation of federal law.¹³
  o Congress has prohibited the District of Columbia from using its own locally-raised funds to provide D.C. residents enrolled in Medicaid with coverage of medically necessary abortion.¹⁴

**Comprehensive Coverage that Includes Abortion is Necessary to Protect Women’s Health and Economic Security**

States should ensure that abortion is included in all comprehensive health insurance plans. When politicians deny women comprehensive health coverage that includes abortion, many women may face high out-of-pocket costs for these services and in some instances may be unable to obtain an abortion at all. The harm from these laws falls hardest on women struggling to make ends meet, women of color, and young women – but these laws jeopardize the health and economic security of every woman denied insurance coverage of abortion.

*When a woman is denied coverage of abortion, she faces threats to her health.*

• Many of the laws restricting coverage of abortion prohibit coverage even where it is necessary to protect a woman from serious, permanent, and even life-shortening health conditions. They would leave without coverage 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.

• Some women denied coverage of abortion will be forced to postpone an abortion while attempting to find the necessary funds. Although abortion is an extremely safe procedure, delays increase the health risks of the procedure.¹⁵

• When a woman has decided to have an abortion, it is important that she have access to safe medical care, and providing health coverage of abortion means she can see a licensed, quality health provider.

*When a woman is denied coverage of abortion, she may be forced to choose between basic necessities and obtaining needed care.*

• Without coverage of abortion, a woman may need to raise money for the procedure and may have to forgo basic necessities such as paying rent, utility bills, or even buying food.¹⁶

• More than half of women who get abortions without coverage spend the equivalent of more than one-third of their monthly income on the procedure and its associated costs.¹⁷

*When a woman is denied coverage of abortion faces increased costs and delays.*

• A woman who has to pay for an abortion out of pocket may be forced to delay the procedure to raise the necessary funds.

• Fifty-eight percent of abortion patients say they would have had their abortion earlier if they could have. Nearly sixty percent of women who experienced a delay in obtaining an abortion cite the time it took to make arrangements and raise the money to pay for it.¹⁸
When a woman is denied coverage of abortion, she may face long-term consequences.

• When a woman is living paycheck to paycheck, denying coverage for an abortion can push her deeper into poverty. One study found that a woman who is unable to get an abortion is more likely to be living in poverty and be unemployed one year later than a woman who received the abortion care she needed.19

• Studies show that when political interference restricts Medicaid coverage of abortion, it forces one in four lower-income women seeking an abortion to carry an unwanted pregnancy to term.20

For too long, politicians have interfered in women’s health decisions by banning comprehensive health coverage that includes coverage for abortion care. When it comes to the decision of whether to become a parent, it is vital that a woman is able to consider all the options available to her, however little money she makes, however she is insured, or wherever she lives. States should recognize this, and ensure that a woman has insurance coverage that meets her needs, including abortion.


4 Hawaii, Maryland, New York, and Washington.


8 Idaho, Indiana, Kansas, Kentucky, Michigan, Missouri, Nebraska, North Dakota, Oklahoma, Texas and Utah. See id.

9 See supra note 2.

10 Idaho, Kansas, Kentucky, Michigan, Missouri, Nebraska, North Dakota, Oklahoma and Texas. See supra note 2.


16 Maryam Ghaibi & Anne Davis, First-Trimester Abortion in Women with Medical Conditions, 86 CONTRACEPTION 622, 625 (2012).


## State Laws Regulating Coverage of Abortion

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<td><em>Alabama Admin. Code r. 560-X-6-09 (2016)</em></td>
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<td><em>Marketplace</em> Bans</td>
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<td><em>All Plans</em> Does not ban or require</td>
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<td><em>Find the Law</em> Ala. Code § 26-23C-3 (2012)</td>
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<tr>
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<td><em>Alaska v. Planned Parenthood, 28 P.3d 904 (Alaska 2001)</em></td>
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<td><strong>Arkansas</strong></td>
<td>Refuses to cover</td>
<td><em>Ark. Const. Amend. 68, § 1</em></td>
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<tr>
<td><strong>California</strong></td>
<td>Covers</td>
<td><em>Committee to Defend Reprod. Rights v. Myers, 625 P.2d 779 (Cal. 1981)</em></td>
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<td><em>Marketplace</em> Requires coverage</td>
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<td><em>Find the Law</em> Cal. Code § 1340 et seq.</td>
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<td><strong>Colorado</strong></td>
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<td><em>Marketplace</em> Does not ban or require</td>
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<td><strong>Connecticut</strong></td>
<td>Covers</td>
<td><em>Doe v. Maher, 515 A.2d 134 (Conn. Super. Ct. 1986)</em></td>
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<td><strong>Delaware</strong></td>
<td>Refuses to cover</td>
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<tr>
<td><strong>District of Columbia</strong></td>
<td>Prohibited from covering by Congress</td>
<td><em>Pub. L. No. 112-10 § 1572, 125 Stat. 38, 138 (2011)</em></td>
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<td><strong>Florida</strong></td>
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<td><strong>Georgia</strong></td>
<td>Refuses to cover</td>
<td><em>Georgia Department of Community Health, Division of Medical Assistance, Policies and Procedures for</em></td>
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<td><strong>Idaho</strong></td>
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## State Laws Regulating Coverage of Abortion

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<td>Indiana</td>
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<tr>
<td>Iowa</td>
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<td>Maine</td>
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<td>MaineCare Benefits Manual, ch. 2, § 90.05-2 A (2016)</td>
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<td>Maryland</td>
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<td>Massachusetts</td>
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<td>Moe v. Sec’y of Admin. &amp; Fin., 417 N.E.2d 387 (Mass. 1981)</td>
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<td>Minnesota</td>
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<td>Women of Minn. v. Gomez, 542 N.W.2d 17 (Minn. 1995)</td>
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<td>Missouri</td>
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**Legal Citations:**
- Division of Health Care Financing and Policy, Medicaid Services Manual, § 603 (2011)
- See NH Healthy Families, Provider Manual, at 29 (2016)
- Right to Choose v. Byrne, 450 A.2d 925 (N.J. 1982)
- New Mexico Right to Choose/NARAL v. Johnson, 975 P.2d 841 (N.M. 1998)
- State covers voluntarily
- Requires coverage
- Requires coverage
- N.Y. Ins Law § 3217 (2015); N.Y. Comp. Codes R. & Regs. tit. 11, § 52.2 (2016)
- N.D. Admin. Code 75-02-02-08 (2017)
- N.D. Cent. Code § 14-02.3-03
- Okla. Stat. tit. 61, § 1741.3 (2011)
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<td>Wyoming</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>33 states and DC</strong></td>
<td><strong>26 states</strong></td>
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**Find the Law**
- Oregon: Planned Parenthood Ass’n v. Dep’t of Human Resources, 687 P.2d 785 (Or. 1984)
- Rhode Island: 39-3 R.I. Code § 0300.01 (2017)
- South Dakota: S.D. Codified Laws § 28-6-4.5 (2017)
- Utah: Utah Code Ann. § 76-7-331 (2016)
- Washington: State covers voluntarily
- **TOTAL**: 33 states and DC