

WHAT EVERY ADVOCATE NEEDS TO KNOW ABOUT

Abortion Access in the United States

People are sometimes startled to learn that one out of three women will have an abortion in her lifetime. At Planned Parenthood, we have come to anticipate their surprise, especially considering the unwarranted stigma and shame that continue to surround abortion. The fact remains that abortion is, and always has been, part of the continuum of reproductive health care.

At Planned Parenthood, we believe that each woman should be able to make her own personal, private decisions about having a family. Women have abortions for many different reasons. Even if some people disagree, it is better that each woman be able to make her own decision.

And we believe that planning is power — the majority of our work is aimed at promoting planned pregnancies through education, birth control, and advocacy. Unfortunately, no contraceptive is 100% effective and accidents happen. In fact, half of all American women will experience an unintended pregnancy in their lifetime.

Although unintended pregnancy and abortion are common, most people don't have all of the facts about how abortion is performed, disparities in access, and the legal and policy barriers that exist today.

How is abortion performed?

There are two types of abortion: surgical abortion and medication abortion. Both methods of abortion are safe and effective.¹

MEDICATION ABORTION (also called "RU-486" or "the abortion pill")	SURGICAL ABORTION
Uses medication to end a pregnancy	Uses gentle suction and/or medical instruments to end a pregnancy
May be used up to 8 weeks of pregnancy	May be used at any point in pregnancy
Process may be completed in a few days or within four weeks	Process usually is completed in one day
Between 92-97% effective	Nearly 100% effective
Much of the process can take place in the privacy of a woman's home	Process takes place in a medical office or hospital

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HOW DID ABORTION BECOME LEGAL?

Roe v. Wade was the United States Supreme Court decision that made abortion legal across the United States. *Roe* was a challenge to a Texas statute brought by a single woman in Texas who wanted to end her unintended pregnancy. The statute made it a crime in Texas to perform an abortion except in circumstances where the woman's life was at stake. "Roe" was the pseudonym for the single woman Plaintiff, and "Wade" was the District Attorney of Dallas County, the Defendant. (When a plaintiff challenges a law, the DA or another government representative is usually named as the defendant.)

On January 22, 1973, the United States Supreme Court decided that the Texas law was unconstitutional and ruled that there is a federal constitutional right to privacy "broad enough to encompass a woman's decision whether or not to terminate her pregnancy." With the *Roe* decision, states could no longer pass laws denying women the right to abortion before fetal viability or even after fetal viability if an abortion would be necessary to preserve a woman's life or health. Although subsequent cases have limited *Roe*, this remains the law of the land.

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Is abortion safe?

Yes. Generally, the earlier the abortion, the less complicated it is and the safer it is. Serious complications arising from surgical abortions performed before 13 weeks are quite unusual — 97% of women report no complications.⁴ Complication rates are somewhat higher for abortions performed between 13 and 24 weeks, but it is still a very safe medical procedure. General anesthesia, which is sometimes used in later abortion procedures, carries its own risks.²

Anti-abortion activists have spread many myths about the safety of abortion. Contrary to their statements, medical evidence has determined:

- Safe abortion does not affect a woman's ability to have a child in the future.
- There is no link between breast cancer and abortion.
- There is no scientifically valid evidence for the so-called “post-abortion syndrome” of psychological trauma or deep depression.³

When is abortion available?

The majority of states ban abortion post-viability (when the fetus can live outside the woman's body). All states must permit post-viability abortions when necessary to preserve a woman's life or health (because of *Roe v. Wade*; see page 1 for more information), and many states also permit post-viability abortions in cases of severe fetal anomalies. In practice, however, because many states do not have providers who are trained to perform abortion after the first trimester (the first 12 weeks of pregnancy), a woman who needs an abortion later in pregnancy often must seek care out of state.

While the vast majority (88%) of abortion procedures occur in the first trimester, there are many compelling reasons why some women have later abortions. Severe fetal anomalies, health risks, lack of funds, undiagnosed pregnancy, and a variety of barriers to access (see below) are all reasons why a woman may delay having an abortion until the second trimester.⁴

What are the barriers to accessing abortion services?

- 1. Most women do not have an abortion provider nearby.** The most recent survey found that 88% of all U.S. counties have no identifiable abortion provider. In non-metropolitan areas, the figure rises to 97%. This means that nearly one in four women obtaining an abortion travel more than 50 miles to reach a provider, and 8% travel more than 100 miles.⁵
- 2. Fewer and fewer doctors are trained to provide abortion care.** A survey in 1998 revealed that first-trimester abortion techniques are a routine part of training in only 46% of America's ob-gyn residency programs and many offer training in abortion care only as an elective. Fewer trained doctors means that the pool of abortion providers dwindles every year.
- 3. Many states impose biased counseling, mandatory waiting, and/or parental consent requirements before a woman can obtain an abortion.** While these restrictions may not seem onerous at first glance, each adds a layer of time, travel, expense, and bureaucracy that pushes an abortion later into pregnancy.
- 4. Since many insurance plans do not cover abortion services, many women cannot afford the procedure** and must delay care until they can find a way to raise the money they need.⁶

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What were things like before *Roe v. Wade*?

1. *Roe v. Wade* did not “invent” abortion — but it did make abortion safer for women. Estimates of the annual number of illegal abortions in the 1950s and 1960s range from 200,000 to 1.2 million. In 1969, one year before New York State legalized abortion, complications from abortions accounted for 23 % of all pregnancy-related admissions to municipal hospitals in New York City.


2. Since *Roe v. Wade*, women have obtained abortions earlier in pregnancy when health risks to them are at the lowest. In 1973, only 36 % of abortions were performed at or before 8 weeks of pregnancy. Today, 88 % of all legal abortions are performed within the first 12 weeks of pregnancy, and 59 % take place within the first 8 weeks of pregnancy.

What would happen if *Roe* were overturned?

If the U.S. Supreme Court were to overturn *Roe*, abortion would not become immediately illegal in the United States, but women would lose federal constitutional protection for the right to choose abortion and states would have the power to set abortion law (i.e., each state could pass its own law regarding abortion). According to a study from the Center for Reproductive Rights,¹¹ if *Roe* were overturned today, only 20 states would likely protect a woman's right to abortion. Many states have pre-*Roe* abortion bans that could go back into effect, and several states have passed laws that would put a state abortion ban into effect if the Supreme Court were to overrule *Roe*.

For more information about what could happen if the Supreme Court were to overturn *Roe*, visit the Center for Reproductive Rights at www.crlp.org.

▶ In New York State abortion was legal three years before the *Roe* decision and that law is still on the books. Thus, New York State's abortion law would remain in effect if *Roe* were overturned, meaning that abortion would still be legal in New York State.



How do women pay for abortion care?

Private health insurance

Coverage for abortion services varies based both on the plan an individual has, and the coverage her employer chooses. Employers can opt out of providing coverage for abortion (and in some states can even opt out of covering birth control methods!). Incredibly, 4 states prohibit private insurance plans from covering abortion services except in cases when a woman's life would be at risk (ID, KY, MO, ND).

Public Health Insurance

Women who are covered by Medicaid (public health insurance funded jointly by the federal and state governments) generally cannot use insurance to pay for an abortion. In 1977, Congress passed the Hyde Amendment that prohibits any federal monies from being spent on abortion services, unless necessary to save a woman's life or in cases of rape or incest. A small number of states use state dollars to cover more comprehensive abortion services, either voluntarily (HI, MD, NY, WA) or because a court has ordered them to (AK, AZ, CA, CT, IL, MA, MN, MT, NJ, NM, OR, VT, WV). The level of coverage varies even among these states — and some offer broad coverage, some only cover instances where an abortion is necessary to prevent grave physical danger to a woman or in cases of fetal anomalies.

Currently, Congress bans federal employees from choosing a health care plan that covers abortion. In addition, 11 states restrict insurance coverage for abortion in health plans for state employees (CO, IL, KY, MA, MS, NE, ND, OH, PA, RI, VA).

Out of Pocket

For the many women who don't have health insurance or don't get coverage for abortion services, an abortion must be paid for out of pocket. In 2001, the cost of a non-hospital abortion with local anesthesia at 10 weeks' gestation ranged from \$150 to \$4,000, and the average amount paid was \$372. The cost of an abortion grows significantly after the first trimester.⁷

Abortion Funds

In response to this injustice, small groups across the country have started abortion funds to help low-income women access abortion services. While it's not a long-term solution, abortion funds do make a difference for many individual women.

For more information about insurance coverage of abortion, visit the Guttmacher Institute: www.guttmacher.org/statecenter/spibs/spib_RICA.pdf. To learn more about abortion funds, visit www.nnaf.org.

Who has abortions?

Women who have abortions come from all backgrounds — every race, ethnicity, education level, and social class. Some statistics may surprise you:

■ **The majority of women having an abortion are already mothers.** More than 60% of abortions are among women who have had one or more children.

■ **Women of all religious beliefs seek abortion.** Forty-three percent of women obtaining abortions identify themselves as Protestant, and 27% as Catholic.

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HOW CAN I TALK ABOUT ABORTION?

■ Women have abortions for a variety of reasons.

Even if some people disagree, it's better for each person to be able to make her own decision.

■ The important word is “decision,” not “choice.”

For some “choice” has come to have a more casual, consumerist connotation to it. “Decision” more accurately reflects the difficult considerations that women and families face.

■ Encourage tolerance for different views on abortion.

We do not need all people to feel comfortable with abortion — we do want them to refrain from concluding that their personal feelings about abortion should be translated into making abortion illegal for all women.

To learn more about how to talk about abortion, **attend a training at Planned Parenthood.** We offer monthly workshops called “Tricky Subjects: How to Talk about Abortion, Birth Control, Sex Education and Reproductive Rights without Feeling Nervous.” Visit our online events calendar to sign up:

www.ppaction.org/ppnyc/upcoming-events.html

Women of color and those who are young, unmarried, or poor have less access to contraceptive protection than do other women, leading to higher levels of unintended pregnancy.⁸ Accordingly, although women from all walks of life have abortions, the procedure is becoming increasingly concentrated among disadvantaged women.

■ **Poor women are more likely to seek abortion care than other women.**

The abortion rate among women living below the federal poverty level (\$9,570 for a single woman with no children) is more than four times that of women above 300% of the poverty level (44 vs. 10 abortions per 1,000 women).

■ **While the majority of women seeking abortion are white, women of color have higher rates of abortion.** Black women are almost four times as likely as white women to have an abortion, and Hispanic women are 2.5 times as likely.⁹

These statistics demonstrate significant disparities in our society when it comes to health care, including access to health insurance, preventive care, and regular medical visits.

Bans on abortion?

On March 6, 2006 South Dakota stunned the nation when its Governor signed a state ban on abortion. The law contained no exceptions for cases of rape, incest, fetal anomaly, or danger to a woman's health. Most people believe that the ban's supporters were hoping the law would ultimately reach the Supreme Court, which, with its newly appointed anti-choice justices, might overturn *Roe v. Wade*.¹²

In response to the South Dakota abortion ban, the South Dakota Campaign for Healthy Families took advantage of a special state rule that enables the voters to decide whether to keep law criminalizing abortion or to reject it. On Election Day 2006, South Dakota voters soundly rejected the abortion ban.¹³ While the victory in South Dakota is an important one, the fight is far from over. South Dakota was merely one of 12 states — Alabama, Georgia, Indiana, Kentucky, Louisiana, Mississippi, Missouri, Ohio, Oklahoma, South Dakota, Tennessee, and West Virginia that introduced bills in 2006 to ban nearly all abortions.¹⁴ Advocates across the country must continue to fight bans on abortion, as well as threats to abortion access.

What can I do to help?

- **Fight barriers to access:** Join our action network to ensure that you get Planned Parenthood's Action Alerts — then use the network to write to your elected officials about critical legislation. Or, join us for a lobby day in Albany and talk to them in person!
- **Encourage providers:** Write a letter to an abortion provider to tell him or her how much you appreciate his or her work.
- **Talk about your values:** Start a conversation with your friends about why you are pro-choice, and explain the state of reproductive rights in the U.S.
- **Share the facts:** Print out a copy of this newsletter and give it to a friend.
- **Support women in need:** Become an escort at Planned Parenthood, volunteer to host women who need to travel to New York for an abortion, or give money to a local abortion fund.

Where can I go to learn more?

- Planned Parenthood Federation of America: www.plannedparenthood.org
- National Abortion Federation: www.prochoice.org
- Guttmacher Institute: www.guttmacher.org
- Kaiser Family Foundation: www.kff.org
- Center for Reproductive Rights: www.crlp.org
- The ACLU Reproductive Freedom Project www.aclu.org/reproductiverights/index.html
- National Network of Abortion Funds: www.nnaf.org
- Haven Coalition: www.havencoalition.org

FOOTNOTES

- 1 <http://www.plannedparenthood.org/birth-control-pregnancy/abortion/first-trimester-options.htm>
- 2 http://www.prochoice.org/about_abortion/facts/safety_surgical_abortion.html
- 3 <http://www.plannedparenthood.org/birth-control-pregnancy/abortion/risks-and-side-effects.htm>
- 4 http://www.prochoice.org/about_abortion/facts/after_12_weeks.html
- 5 <http://www.guttmacher.org/in-the-know/providers.html>
- 6 http://www.prochoice.org/about_abortion/facts/access_abortion.html
- 7 http://www.guttmacher.org/pubs/fb_induced_abortion.html
- 8 <http://www.guttmacher.org/pubs/2006/05/04/AiWL.pdf> pages 25-29
- 9 http://www.guttmacher.org/pubs/fb_induced_abortion.html#10

- 10 <http://www.plannedparenthood.org/news-articles-press/politics-policy-issues/abortion-access/health-benefits-6131.htm>
- 11 http://www.reproductiverights.org/pdf/bo_whatifroefell.pdf
- 12 <http://www.plannedparenthood.org/news-articles-press/politics-policy-issues/Effort-to-Repeal-SD-Abortion-Ban.htm>
- 13 <http://www.ppmns.org/site/apps/nl/content2.asp?c=gwKTJaNOJyF&b=303759&ct=3237285>
- 14 <http://www.plannedparenthood.org/news-articles-press/politics-policy-issues/abortion-access/abortion-ban-6168.htm>