

### Abortion in the U.S.: Utilization, Financing, and Access

Approximately one-fifth (19%) of the 6.4 million pregnancies occurring annually in the U.S. end in induced abortion.<sup>1</sup> While abortion is one of the most common medical procedures for women,<sup>2</sup> access and availability of services has been subject to ethical and political debates. Federal and state policies have a substantial impact on women's access to abortion services. This fact sheet provides an overview of the use of abortion services in the U.S. and reviews state and federal policies that affect women's access.

#### Incidence and Trends

- In 2005, 1.21 million abortions were performed in the U.S., down from 1.61 million (the all-time high) in 1990.<sup>3</sup>
- 49% of pregnancies were unintended in the U.S., and of these, 42% resulted in abortions in 2001 (the most recent data available).<sup>4</sup>
- The abortion rate (the number of abortions per 1,000 women aged 15–44) was 19.4 in 2005, a 9% drop since 2000.<sup>5</sup>
- 89% of abortions were performed in the first twelve weeks of pregnancy in 2004, with about 63% in the first eight weeks and 1% of abortions at 21 weeks or later.<sup>6</sup>
- About 19% of women having abortions in the U.S. are teens; 33% are between the ages of 20 and 24; and 48% are ages 25 and older.<sup>7</sup> Two-thirds (67%) of women have never been married and about 61% of women have given birth before.<sup>8</sup>
- Abortion rates for black women (49 per 1,000 women), Hispanic women (33 per 1,000) and Asian women (31 per 1,000) are higher than those of white women (13 per 1,000).<sup>9</sup>
- Abortion rates are higher among low-income women. The abortion rate for poor women has been increasing since 1994, so that the procedure is becoming increasingly concentrated among poor women, including those on Medicaid.<sup>10</sup>
- In 2005, medical abortions accounted for approximately 13% of all abortions (compared to 6% in 2001) and 22% of abortions before nine weeks' gestation.<sup>13</sup>
- Since the 1990s, 31 states have enacted bans on procedures called "partial-birth" abortions, with 14 state laws (GA, IN, KS, LA, MS, MT, NM, ND, OH, OK, SC, SD, TN, UT) in effect. All include an exception to the ban: four states (GA, KS, NM, OH) include a health exception and the rest of the states include an exception only when a woman's life is in danger.<sup>14</sup>
- In 2003, the President signed the Partial-Birth Abortion Ban Act of 2003, which banned "partial-birth" abortions with no health exception. This legislation was upheld by the Supreme Court in the April 2007 *Gonzales v. Carhart* decision. The procedure banned by this Act is sometimes medically defined as intact dilation and extraction.<sup>15</sup> Following the high court ruling, state legislatures have been reviving their bans on late-term abortion procedures previously blocked by lower courts.
- Complications from abortions are rare, with less than 0.3% of abortion patients in the U.S. experiencing a major complication requiring hospitalization.<sup>16</sup> The annual risk of death associated with abortion has been approximately one death per 100,000 legal abortions.<sup>17</sup>
- Research has shown that both medical and surgical abortions performed in the first trimester are not significantly associated with later infertility, ectopic pregnancy, spontaneous abortion, or preterm or low-birth-weight deliveries<sup>18,19,20</sup> and no greater risk of breast cancer.<sup>21,22,23</sup>

#### Methods

- Two general types of abortion are available to women in the U.S.: surgical and medical (non-surgical) abortions.
- Surgical abortions account for the majority (87%) of abortions performed in the U.S.<sup>11</sup> The most common surgical methods include vacuum aspiration, dilation and curettage (D&C), and dilation and evacuation (D&E). Surgical abortion is generally not performed until the sixth week of gestation.
- In September 2000, the U.S. Food and Drug Administration approved mifepristone (also known as "RU-486"), the first drug specifically designed for use as a method of medical abortion. This drug, in conjunction with misoprostol, is the most commonly used method of medical abortion.<sup>12</sup> Methotrexate, usually followed by misoprostol, is also used for medical abortion. Medical abortion can be initiated as soon as a pregnancy is confirmed.

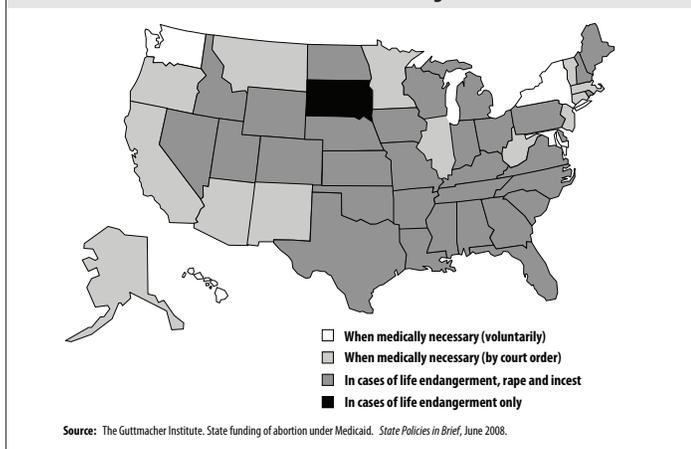
#### Abortion Financing

The cost of an abortion varies depending on factors such as location, facility, timing, and type of procedure. In 2005, a nonhospital abortion at 10 weeks' gestation ranged from \$90 to \$1,800 (average: \$430), whereas an abortion at 20 weeks' gestation ranged from \$350 to \$4,520 (average: \$1,260).<sup>24</sup> Costs are higher for a medical abortion than a first-trimester surgical abortion.<sup>25</sup>

##### Medicaid

- Federal law requires that states cover abortions under Medicaid in the event of rape, incest, and life endangerment, but bans the use of federal Medicaid funds for any other abortions.
- Based on these restrictions, 32 states and DC fund abortions through Medicaid only in the cases of rape, incest, or life endangerment (Figure 1).<sup>26</sup> SD covers abortions only in the cases of life endangerment, which does not comply with federal requirements under the Hyde Amendment. IN, UT and WI have expanded coverage to women whose physical health is jeopardized, and IA, MS, UT and VA also include fetal abnormality cases.
- Seventeen states (AK, AZ, CA, CT, HI, IL, MD, MA, MN, MT, NJ, NM, NY, OR, VT, WA, WV) use their own funds to cover all or most "medically necessary" abortions sought by low-income women under Medicaid.<sup>27</sup>

Figure 1  
State Policies on Medicaid Funding of Abortion



### Private Insurance

- Five states (ID, KY, MO, ND, OK) restrict insurance coverage of abortion services in private plans: OK limits coverage to life endangerment, rape or incest circumstances; and the other four states limit coverage to cases of life endangerment.<sup>28</sup>
- Twelve states (CO, IL, KY, MA, MS, NE, ND, OH, PA, RI, SC, VA) restrict abortion coverage in insurance plans for public employees, with CO and KY restricting insurance coverage of abortion under any circumstances.<sup>29</sup>
- U.S. laws also ban federal funding of abortions for Federal employees and their dependents, Native Americans covered by the Indian Health Service, military personnel and their dependents, and women with disabilities covered by Medicare.

### Availability of and Access to Abortion Services

- 1,787 facilities provided abortions in 2005 in the U.S., a 2% decline from the year 2000.<sup>30</sup>
- 87% of U.S. counties have no abortion provider, and 35% of women of reproductive age (15–44) live in these counties.<sup>31</sup> Women in the Midwest and South are more likely to live in a county without a provider (50% and 47%, respectively) than women in the Northeast and West (17% and 15%, respectively).
- Over half of abortion providers (57%) performed early medical abortions in 2005, up from 33% in 2001.<sup>32</sup> More than half of early medical abortions were provided at abortion clinics.
- Most abortion providers performed abortions within the first eight weeks. 40% performed early abortion within first four weeks' gestation, whereas 8% of abortion providers performed abortions at 24 weeks.<sup>33</sup>
- In recent years, 28 states have adopted laws and regulations specific to abortion clinics and providers. These laws involve special requirements for abortion providers to have health facility licenses and ambulatory surgical center licenses, or requirements that abortions after a specified gestation age be performed in a hospital, or that providers have admitting privileges in local hospitals.<sup>34</sup> These policies can make it more difficult for providers to offer abortion services to women.
- The Federal Freedom of Access to Clinic Entrances (FACE) Act was passed in 1994 to prohibit acts of physical or psychological intimidation to persons seeking or providing reproductive health services. Fifteen states (CA, CO, KS, ME, MD, MA, MI, MN, MT, NV, NY, NC, OR, WA, WI) and DC go beyond the FACE protections and

prohibit certain specified actions aimed at abortion providers, such as threatening or intimidating staff, property damage and telephone harassment.<sup>35</sup>

- Twenty-four states have passed requirements for women to wait a specified time (usually 24 hours) between receiving counseling and undergoing an abortion.<sup>36</sup> As a result, women must make two visits to the clinic, which can be difficult for those who live far from the clinic. 8% of women travel more than 100 miles to access abortion services and 19% travel between 50 and 100 miles.<sup>37</sup>
- Thirty-five states have adopted “parental involvement” laws that require notification and/or consent of one or both parents before a minor has an abortion.<sup>38</sup> Most states with these laws apply them to girls under age 18, although several set the level to 16 or 17.

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