VIEWPOINT

Affordability and Access to Abortion Care in the United States

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Access to medical services is a critical element of a country's health care system. Access to care has multiple dimensions, including the quality and types of services available, how far an individual must travel for care, and the convenience of scheduling and attending appointments.[1] In the United States, affordability is a crucial determinant of health care access: approximately 30 million people in the US lacked health insurance in 2020,[2] and approximately 30 million live below the federal poverty level, which in 2021 is defined as a combined income of $26 500 for a family of 4.

Unexpected medical expenses are a common cause of financial hardship and bankruptcy for people who are uninsured or whose insurance provides inadequate protection against substantial out-of-pocket health care costs. Although the expanded availability of health insurance following passage of the Affordable Care Act (ACA) has improved protections against financial hardships, one medical service—abortion care—has often been excluded from coverage. Therefore, some patients must pay $600 to more than $1000 out of pocket,[3] depending on the type of abortion care needed. As the Biden administration and the 117th Congress consider improvements in equitable access to health care, abortion care should not be left behind.

Prohibitions on insurance coverage for abortion care in the US date from 1976, when a legislative rider on federal appropriations, known as the Hyde Amendment (named after the anti-abortion Republican Congressman Henry Hyde), banned the use of federal funds to pay for abortion care except in cases of rape or incest, or when the life of the person needing abortion care was endangered (Pub L No. 95-480 II USC §210). Federal funds pay for fewer than 500 of the estimated 862 000 abortions obtained annually in the US.[4]

The Hyde Amendment works in opposition to one of the central goals of Medicaid: protecting people with low incomes from financially catastrophic medical expenses. Even for people who qualify for the exemptions, obtaining Medicaid coverage for an abortion is often difficult or impossible, depending on the state, because of administrative burdens and low reimbursement rates.[4]

For more than 40 years, Congress has renewed the Hyde Amendment annually; at present, its narrow exemptions apply to all federally funded health care, including the Indian Health Service, the Peace Corps, the Bureau of Federal Prisons, the Military Health System, and the Department of Veterans Affairs.

The ACA has extended prohibitions on abortion coverage to private insurance plans. Under the ACA, federal funding assistance, such as subsidized insurance premiums and reduced cost-sharing, cannot be used to cover abortion care in private plans purchased on health insurance exchanges, except for abortion care falling under the Hyde Amendment exemptions.

Although states may use nonfederal funds to cover abortion care, 33 states have passed restrictions on such coverage and 26 restrict coverage for plans available on health insurance exchanges. Eleven states have gone even further by prohibiting all private insurance plans in the state (other than self-insured plans) from covering abortion services.

Insurance coverage restrictions have the greatest consequences for those most likely to need abortion care: people living in or near poverty, many of whom are Black, Latinx, Asian, Pacific Islander, or Indigenous individuals. Most people who obtain abortions (75% in 2014) have incomes below 200% of the federal poverty level.[5] People living on low incomes are rarely able to afford an unexpected $400 expense,[6] which is less than the average cost for abortion care, and they are disproportionately affected by associated expenses such as childcare and taking unpaid time off work. The economically unequal consequences of the COVID-19 pandemic have compounded these hardships. Because the Hyde Amendment disproportionately harms people of color, it has been cited as an example of structural racism in public policy.[7]

Hardships arising from restrictions on abortion care are especially acute in Texas, which has the highest uninsured rate in the US. In addition to the Hyde Amendment's restrictions on abortion care for Medicaid, in 2017 Texas passed legislation curtailing abortion coverage in private insurance plans. As a result, many low-income patients in Texas—even those with private insurance—struggle financially when they need abortion care, delaying food purchases and rent payments, which places themselves and their families at risk of hunger and housing instability. Like many other states, Texas has also imposed numerous nonfinancial barriers to abortion services, such as requirements for hospital admitting privileges and unnecessary facility standards that have led to widespread clinic closures, as well as waiting periods, state-mandated counseling, and parental involvement laws that can delay patients' obtaining care. When an abortion is unnecessarily delayed until later in pregnancy, the costs and procedural risks increase, leading to worse long-term financial outcomes[8] and worse health outcomes for patients and their children.[9]

Recently, several states and the federal judiciary have taken extraordinary steps to further limit abortion access. In May 2021, the US Supreme Court agreed to hear a case that could allow Mississippi to ban abortions after 15 weeks' gestation, raising the possibility that key reproductive rights previously protected under *Roe v Wade* (410 US 113, 153 [1973]) and *Planned Parenthood of Southeastern Pennsyl-*

vania v Casey (505 US 833 [1992]) may be overturned by the Court's conservative majority. Two days later, the governor of Texas signed a law banning abortions for pregnancies more than 6 weeks after the patient's last menstrual period. These troubling developments will severely increase logistical and financial hardships for patients in antiabortion states, many of whom will have to travel long distances to obtain a legal abortion in another state.

In 2021, Congress has the opportunity to repeal the Hyde Amendment and restore the use of federal funds to pay for abortion care in Medicaid and other federal health insurance programs. President Biden's proposed 2022 budget omits the Hyde Amendment, marking an important policy shift for the Democratic Party. Although major abortion policy reform might be considered a political nonstarter, and despite the continuing efforts of Republican-controlled state legislatures to restrict abortion access,[10] easing financial barriers for patients and advocating for affordable and equitable access to an essential health service is the right thing to do.

ARTICLE INFORMATION

Published Online: July 19, 2021. doi:10.1001/jamainternmed.2021.3502

Conflict of Interest Disclosures: Dr White reported receiving grants from the Susan Thompson Buffett Foundation during the conduct of the study. Dr Grossman reported receiving personal fees from Planned Parenthood Federation of America for providing input on the implementation of services that provide medication abortion using telemedicine and from the Lawyering Project and the Center for Reproductive Rights as an expert witness in several legal challenges to laws regulating abortion care outside the submitted work. No other disclosures were reported.

Funding/Support: The authors are supported by a grant from the Susan Thompson Buffett Foundation, as well as a center grant P2CHD042849 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development awarded to the Population Research Center at the University of Texas at Austin.

Role of the Funder/Sponsor: The funding sources had no role in the preparation, review, or approval of the manuscript or the decision to submit the manuscript for publication.

Disclaimer: The findings and conclusions in this article are those of the authors and do not necessarily reflect the views of Planned Parenthood Federation of America.

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