



The Economic and Workforce Impact of Restrictive Abortion Laws

Why Access to
Reproductive Health Care
Matters for Employers

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ABOUT THIS REPORT

This report examines the far-reaching economic effects of the 2022 Supreme Court decision in *Dobbs v. Jackson Women's Health*, which overturned *Roe v. Wade* and gave states the authority to ban abortion. By 2023, nearly half of the 49.5 million prime working-age women in the United States lived in states with severe abortion restrictions, including 17.6 million in states with outright bans. These policies have profound economic consequences for women, employers, and the overall economy.

This report uses data from the Bureau of Labor Statistics' Current Population Survey, the US Bureau of Economic Analysis (BEA), and the Centers for Disease Control and Prevention (CDC) to examine the economic and labor market dynamics associated with varying abortion policies across the states. It focuses on key indicators, including economic growth per capita, labor force participation, health insurance coverage, earnings, and health outcomes such as maternal mortality rates.

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AUTHOR'S NOTE

This report uses "women" to refer to those who self-identify as female. IWPR acknowledges that not all individuals who can become pregnant identify as women, including transgender and gender-nonconforming people. The term reflects a lack of data on gender identity and transgender status in the datasets consulted for this analysis (CPS, BLS, CDC, etc.).

The Center for Reproductive Rights served as an advisor to IWPR on this research.

ABOUT IWPR

The Institute for Women's Policy Research strives to win economic equity for all women and eliminate barriers to their full participation in society. As a leading national think tank, IWPR builds evidence to shape policies that grow women's power and influence, close inequality gaps, and improve the economic well-being of families.

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The Economic and Workforce Impact of Restrictive Abortion Laws

Why Access to Reproductive Health Care Matters for Employers

Executive Summary



The 2022 Supreme Court decision in *Dobbs v. Jackson Women's Health* fundamentally altered reproductive rights in the United States by overturning *Roe v. Wade* and granting states the authority to ban abortion independently. This ruling has profound implications for both women in the workforce and their employers.

As of 2023, nearly half of the 49.5 million prime working-age women (ages 25–54) in the US resided in states with total abortion bans or severe restrictions, with approximately 17.6 million (36 percent) living in states with complete bans. This uneven access to reproductive health care not only affects individual women but also poses significant challenges to the broader economy.

The restrictions on abortion access create barriers to essential reproductive health care, resulting in heightened financial and emotional stress for women. This stress

can adversely impact job performance, career advancement, and overall well-being, particularly for those facing unplanned pregnancies. The inability to access necessary health care may disrupt women's ability to maintain stable and productive work lives.

Employers are also grappling with the consequences of restrictive abortion laws. Increased turnover may occur as employees move to states with better health care options, while absenteeism could rise as women manage health-related issues or travel for reproductive care. These challenges directly affect productivity, and rising health care costs associated with reproductive health issues further strain businesses.

New analysis by the Institute for Women's Policy Research (IWPR) highlights the connection between abortion access, economic performance, and labor market outcomes.

Key findings include:

- In 2023, **over 24 million (49 percent) prime working-age women active in the US labor market lived in states with total bans or restrictions on access to abortion care.** The impact of these restrictions is especially severe for Black women, with 59 percent of Black women aged 25–54 residing in states with such restrictions.
- States that uphold protective abortion policies typically have stronger economies. **Among the 17 states with a gross domestic product (GDP) per capita above the national average in 2023, 14 had protections for abortion access.**
- **Ten of the 18 states with abortion bans witnessed a more pronounced decline in female employment growth** compared to the national average between 2022 and 2023. Additionally, 13 of these states had labor force participation rates below the national average.
- States with abortion restrictions generally report lower health insurance coverage, especially among women of color, and higher maternal mortality rates. **Among the 11 states with the highest maternal mortality rates from 2020–2022, 8 had abortion bans.**

These findings highlight the critical relationship between reproductive health care access and economic, labor market, and health outcomes. To mitigate these challenges, employers can play a vital role by expanding access to reproductive health care, including abortion, through paid leave, comprehensive insurance coverage, and travel assistance for employees seeking abortion care. Additionally, businesses can advocate for public policies that protect and expand access to reproductive health care, ensuring that their workforce remains healthy, supported, and empowered to make their own reproductive choices.



Introduction

The 2022 Supreme Court decision in *Dobbs v. Jackson Women's Health* fundamentally changed reproductive rights in the United States by overturning *Roe v. Wade* and allowing states to ban abortion independently. This decision has had far-reaching implications for both women in the workforce and their employers.

By 2023, the impact of this decision was increasingly clear. As of then, almost half (49 percent) of the 49.5 million prime working-age women in the US—those aged 25 to 54—were living in states with total abortion bans or severe restrictions. Of these women, 17.6 million (about 36 percent) resided in states with complete abortion bans. This uneven access to reproductive health care has significant consequences for both individuals and the broader economy.

For women, these abortion restrictions create barriers to accessing essential reproductive health care, leading to increased financial and emotional stress. This stress can negatively impact job performance, career advancement, and overall well-being, particularly for those facing unplanned pregnancies (Miller et al. 2023; Foster 2021; Jones and Pineda-Torres 2024; Anderson et al. 2024; Thornburg et al. 2024; Dench et al. 2024). The inability to access necessary reproductive health care can disrupt a woman's ability to maintain a stable and productive work life.

Employers are also feeling the effects of these restrictive abortion laws (see, for example, Kelley 2022). They may face increased turnover as employees relocate to states with better health care options (NPWF & PRH 2024). Absenteeism is likely to rise as women manage health-related issues, travel for necessary reproductive care, or manage an unplanned pregnancy, each of which can further impact productivity (Estep 2024). Additionally, health care costs related to managing reproductive health issues may increase, putting further strain on businesses (Kolhatkar 2022).

In other words, the Dobbs decision has not only reshaped reproductive rights in the US but has also introduced a complex set of challenges that impact both the workforce and employers. These challenges highlight the critical connection between reproductive health care access and economic productivity. In fact, new analysis by the Institute for Women's Policy Research (IWPR) shows that states with abortion restrictions often see poorer economic, labor market, and maternal health outcomes. The economic and labor market effects are particularly pronounced for women and even more so for women of color. In states that restrict access to abortion care, employers tend to face smaller state economies, lower workforce participation, and higher costs associated with recruiting and retaining talent.

Key findings of IWPR's analysis include:

- In 2023, over 24 million (49 percent) of women aged 25–54 who were active in the US labor market lived in states with restrictions on abortion access, including about 17.6 million (36 percent) residing in states with total abortion bans.
- The effects of abortion restrictions are even more pronounced for Black women. Fifty-nine percent of Black women of prime working age (age 25–54) who were active in the labor force (approximately 4.1 million) lived in states with abortion restrictions as of 2023.
- States with protective abortion policies tend to have larger economies. Of the 17 states with a gross domestic product (GDP) per capita above the national average in 2023, 14 had protections for abortion care, while only one (North Dakota) had a total ban on access.
- Labor market outcomes tend to be worse in states with abortion bans.
 - 10 of the 18 states where abortion is currently banned saw a sharper decline in female employment growth than the national average between 2022 and 2023.
 - 13 of the 18 states with total abortion bans had labor force participation rates below the national average in 2023, both for all workers and women workers.
 - Each of the 18 states with total abortion bans reported median weekly earnings below the US median for prime-age, full-time workers, including women.
- States with abortion restrictions generally have lower health insurance coverage, particularly for women of color.
- Maternal mortality rates tend to be higher in states with abortion bans.
 - Among the 11 states with the highest maternal mortality rates from 2020–2022, 8 have abortion bans.
 - The six states with the highest percentage of “maternal care deserts”—areas with limited access to reproductive health care, which exacerbates pregnancy and childbirth risks—also totally ban or restrict access to abortion care.

These findings underscore the significant impact that restrictive abortion laws have on both the workforce and employers, making it crucial for businesses to consider these factors when planning for the future. Employers can play a pivotal role in safeguarding and expanding access to reproductive health care, including abortion, by offering paid leave, comprehensive insurance coverage, child care benefits, and travel assistance for employees seeking abortion care. Furthermore, employers can advocate for public policies at both state and federal levels that expand and protect access to reproductive health care, including abortion services. By doing so, they ensure that their workforce remains healthy, supported, and empowered to make their own reproductive choices.

Abortion Restriction Categories

IWPR categorizes states into four abortion restriction categories using data from the Guttmacher Institute and the Center for Reproductive Rights as of August 5, 2024:

- **Total Ban:** This is the most restrictive category and includes states grouped as "most restrictive" by the Guttmacher Institute and/or states with a six-week ban, which we consider an effective total ban.
- **Restricted:** Includes the following:
 - States categorized "restrictive" by Guttmacher.
 - States categorized as "very restrictive" by Guttmacher with gestational term limits greater than six weeks.
 - States categorized as "some restrictions/protections" by Guttmacher if their gestational term limit is 22 weeks or less.
- **Some Protections:** Includes states categorized as "protective" by Guttmacher and states in the "some restrictions/protections" category if their gestational term limit is greater than 22 weeks.
- **Protected:** This is the most protective category and includes states categorized as "most protective" and "very protective" by Guttmacher. It also includes most states categorized as "protective" by Guttmacher when they are also categorized as "expanded access" by the Center for Reproductive Rights.

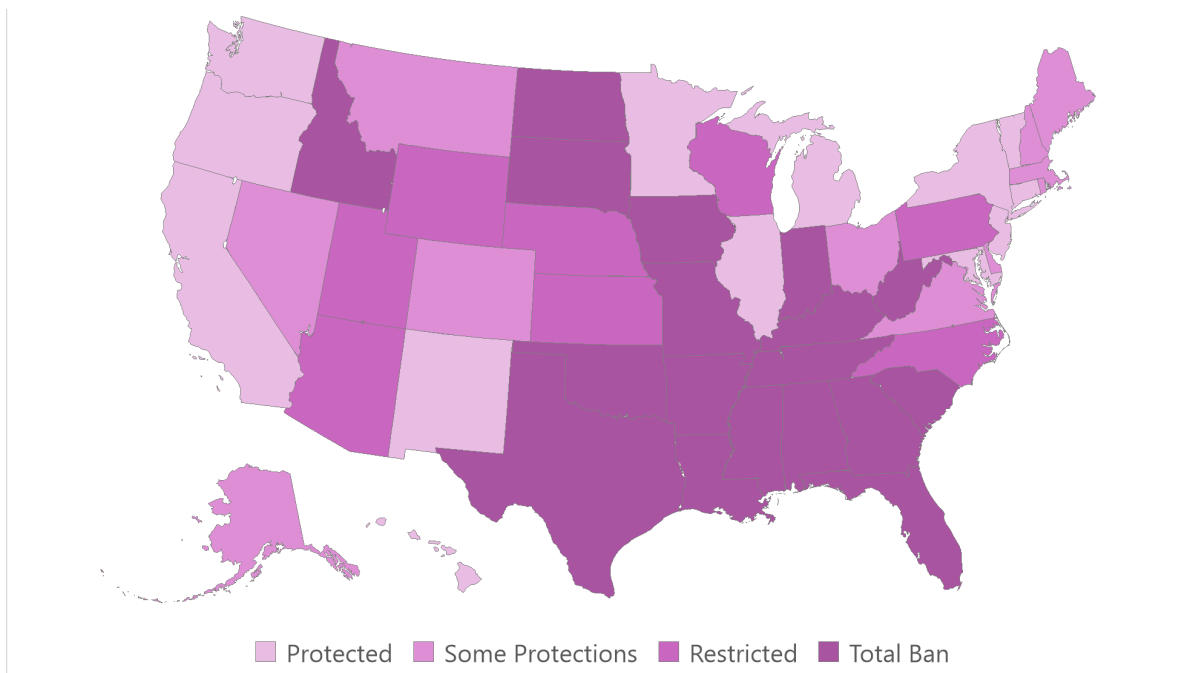


Abortion Restrictions Across the United States

This report categorizes states into four abortion restriction categories using information from the Guttmacher Institute and the Center for Reproductive Rights: total ban, restricted, some protections, and protected. As of the writing of this report, 18 states in the United States have total bans on abortion access, while 13 states have laws protecting access to abortion care. The remaining states vary in the degree to which they restrict and protect abortion access: 8 states have policies that restrict access, whereas the remaining 12 states offer some protections to support access to abortion care. Map 1 below illustrates the current landscape of abortion access in the United States.



Map 1. Abortion Access Across the United States



Source: IWPR illustration from Guttmacher Institute (n.d) and Center for Reproductive Rights (n.d.)

Women in the Labor Force and Abortion Restrictions: A 2023 Snapshot

The recent overturn of *Roe v. Wade* has led to a significant shift in abortion policies across US states, making the labor market impacts of abortion restrictions increasingly evident.

By 2023, over 49.5 million women of prime working age, defined as those between 25 and 54, were actively participating in the US labor market (Table 1). Of these women, over 24 million—about 49 percent of the prime working-age female labor force—resided in the 26 states that totally ban or restrict abortion care. More than 17.6 million of these women lived in the 18 states that have total abortion bans, representing about 36 percent of this group.

The reach of these restrictions is more pronounced among Black women. In 2023, about 59 percent of Black women of prime working age—approximately 4.1 million—were employed or looking for work in the 26 states with total bans or restrictions on abortion access. Among these, over 48 percent, or more than 3.3 million, resided in the 18 states with total bans.

Latina¹ women also face significant challenges due to these restrictions. Over 4.2 million Latina women of prime working age, representing about 46 percent of this group, live in the 26 states with total bans or restrictions. Among them, more than 3.3 million—about 37 percent—are in the 18 states with total bans.



¹ In this report, we use the term Latina to refer to Hispanic or Latina women and Latino to refer to Hispanic or Latino men.

Table 1. Abortion Access and Women’s Labor Force Participation in 2023: Nearly Half of US Women Workers Affected, with Greater Impact on Black Women

Race/ethnicity	Abortion restriction	Women aged 25–54 in the labor force	Distribution by group
White	Protected	9,360,789	49.8%
	Some protections	4,537,914	24.1%
	Restricted	4,468,797	23.8%
	Total ban	9,796,664	52.1%
Black	Protected	2,033,661	29.2%
	Some protections	807,576	11.6%
	Restricted	766,897	11.0%
	Total ban	3,360,872	48.2%
Hispanic/Latina	Protected	4,203,994	45.6%
	Some protections	770,238	8.4%
	Restricted	873,796	9.5%
	Total ban	3,366,758	36.5%
Asian and Pacific Islander	Protected	2,302,858	61.8%
	Some protections	409,793	11.0%
	Restricted	330,290	8.9%
	Total ban	682,486	18.3%
Other or Multiracial	Protected	552,978	38.4%
	Some protections	220,678	15.3%
	Restricted	229,363	15.9%
	Total ban	438,427	30.4%
All	Protected	18,454,280	37.3%
	Some protections	6,746,199	13.6%
	Restricted	6,669,143	13.5%
	Total ban	17,645,207	35.6%

Source: IWPR calculations from the Current Population Survey (Flood et al. 2024, <https://doi.org/10.18128/D030.V12.0>).

These figures underscore the critical intersection of reproductive health policies and economic participation. The *Dobbs* decision has intensified economic pressures on women, especially those in marginalized communities, highlighting the broader implications of reproductive rights on workforce stability.

Analyzing the Economic and Labor Market Effects of Abortion Restrictions

Restrictions on abortion care are a crucial factor not just in reproductive health but also in shaping economic and labor market outcomes. This section examines how differences in abortion restrictions across states influence key economic indicators, including the size of state economies, labor market participation, employment growth, wages, and health insurance coverage. Understanding these connections can help employers and workers navigate the broader implications of reproductive health policies on their workforce and bottom line.

The Size of State Economies

States with more protective abortion policies generally have bigger economies, while states that impose stricter abortion restrictions tend to have lower economic output per person.



Economists use gross domestic product (GDP) per capita to measure the size of state economies, or how much was produced in each state over a period of time. This approach adjusts for the number of people in a state so it's easier to compare economies across states of different sizes. In 2023, for example, GDP per capita in the United States was just under \$67,000, with values ranging from about \$39,000 to \$214,000 across different states (Table 2). Out of the 17 states with GDP per capita exceeding the national average, only one state—North Dakota—had a total ban on abortion care. Additionally, two other states with higher GDPs per capita—Nebraska and Wyoming—had some restrictions on abortion. Conversely, 14 of the 17 states with higher GDPs per capita than the national average maintained total or some protections for abortion access. The pattern was similar in 2021 and 2022, with the exception that in each of those years, only two of the states with larger economies than the national average had restrictive policies on abortion access.²

² Refer to Table A1 in the accompanying [Excel Workbook](#).

Table 2. States with Above-Average Economic Output More Likely to Protect Abortion Access, 2023

State	Abortion restriction	Real GDP per capita	Rank
District of Columbia	Some protections	\$214,285	1
New York	Protected	\$90,731	2
Massachusetts	Some protections	\$87,861	3
Washington	Protected	\$86,028	4
California	Protected	\$82,975	5
Connecticut	Protected	\$78,094	6
North Dakota	Total ban	\$74,005	7
Nebraska	Restricted	\$72,879	8
Colorado	Some protections	\$72,826	9
Alaska	Some protections	\$72,274	10
Delaware	Some protections	\$71,968	11
New Jersey	Protected	\$70,659	12
Illinois	Protected	\$69,768	13
Maryland	Protected	\$68,120	14
Virginia	Some protections	\$67,786	15
Wyoming	Restricted	\$67,326	16
Minnesota	Protected	\$66,857	17
United States		\$66,814	

Source: IWPR calculations using Real State GDP (millions of chained 2017 dollars) from U.S. Bureau of Economic Analysis (n.d.), <https://apps.bea.gov/itable/?ReqID=70&step=1/>, and population estimates from U.S. Census Bureau, 2023, www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html.

In contrast, among the 10 states with the lowest GDP per capita in 2023, 8 had total bans on abortion care, a trend consistent with 2021 and 2022 (Table 3). While economic conditions were not particularly favorable in states with abortion restrictions prior to the *Dobbs* decision, these recent trends highlight that restrictive abortion policies continue to impede state economies.

The observed relationship between higher GDPs per capita and more protective abortion policies, alongside stricter restrictions in states with smaller economies, underscores the significant impact of economic factors on reproductive rights in the United States.

Table 3. Ten States with the Lowest Per Capita GDP Tend to Restrict Abortion, 2023

State	Abortion restrictions	Per capita GDP
Mississippi	Total ban	\$39,103
West Virginia	Total ban	\$45,272
Arkansas	Total ban	\$45,892
Alabama	Total ban	\$47,324
Idaho	Total ban	\$48,309
South Carolina	Total ban	\$48,372
Montana	Some protections	\$48,722
Oklahoma	Total ban	\$49,745
Kentucky	Total ban	\$49,763
New Mexico	Protected	\$49,879
United States		\$66,814

Source: IWPR calculations using Real State GDP (millions of chained 2017 dollars) from U.S. Bureau of Economic Analysis (n.d.), <https://apps.bea.gov/itable/?ReqID=70&step=1/>, and population estimates from U.S. Census Bureau, 2023, www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html.

IWPR further quantifies this economic impact, finding that abortion bans and restrictions cost the national economy \$68 billion annually (IWPR n.d.). If these restrictions were eliminated, national GDP could increase by half a percentage point, which is equivalent to about one-sixth of the typical economic growth rate each year. Specifically, in states with strict abortion bans, such as Arkansas, Mississippi, and Missouri, GDPs would have been 1.1 percent higher absent the bans in those states. Taken together, these findings illustrate the significant economic benefits of protecting reproductive rights and highlight the broader economic potential that could be realized by removing these restrictive policies.

Workforce Growth

From 2021 to 2022, the prime-age workforce in the United States expanded by 3.8 percent, followed by a more modest increase of 1.6 percent from 2022 to 2023.³ However, growth in the female prime-age workforce lagged, with gains of just 1.7 percent and 0.7 percent, respectively, during these periods. This slowdown is particularly concerning for employers, as a strong and growing workforce drawn from a diverse talent pool is essential for maintaining economic vitality and competitiveness.

Across states, our analysis indicates that employment growth patterns—particularly when differentiated by abortion restrictions—are complex but revealing. Notably, in the year leading up to the *Dobbs* decision, the impact of restrictive abortion laws on the workforce was already becoming apparent. Among the 10 states with the smallest increases in prime-age employment from 2021 to 2022—including 6 states where employment decreased—9 have implemented total bans or restricted abortion access. A similar pattern was observed among prime-age women: 7 of the 10 states with the smallest growth in women’s employment between 2021 and 2022 had abortion bans or restrictions. Moreover, between 2022 and 2023, 10 of the 18 states where abortion is currently

³ Refer to Table A2 in the accompanying [Excel Workbook](#).

banned saw a sharper decline in female employment growth than the national average.

For employers, these trends should be a critical consideration: a shrinking or stagnant workforce can limit business expansion and innovation, particularly in industries that rely heavily on the talent of women.

Labor Force Participation

Economists measure labor force participation by calculating the share of working-age individuals who are either employed or looking for work. This measure helps our understanding of economic opportunity and workforce engagement, particularly for women and marginalized communities who often face barriers in access to jobs and other resources. Employers should care about labor force participation and addressing barriers to workforce entry, such as abortion policies, because it directly impacts the availability of talent and the diversity of their workforce.



Our analysis shows that states with more protected access to abortion care generally experience higher rates of labor force participation among workers in their prime working years (ages 25 to 54). We observe that the negative impacts of abortion restrictions are especially significant for women, who typically have lower labor force participation rates compared to the overall population and men. An important driver of this is that parenthood affects women's involvement in the labor force more significantly than men because women continue to bear the brunt of child care responsibilities, particularly for young children (Schochet 2019; Hess et al. 2020).

Exploring the data in greater detail, in 2023, the labor force participation rate for prime working-age Americans was 83 percent, with significant variation across states.⁴ Mississippi, where abortion is banned, had the lowest rate at 77 percent, while the District of Columbia, where abortion is partially protected, had the highest at just over 89 percent. For women of prime working age, the national labor force participation rate was over 77 percent in 2023, but again, this varied widely—from just under 72 percent in Mississippi to nearly 87 percent in the District of Columbia.

Among the 18 states with total abortion bans, 13 had labor force participation rates below the national average in 2023, impacting both the prime-age workforce and women in their prime working years (Table 4). This trend has persisted over the past few years, with states that had more restrictive abortion policies generally showing lower labor force participation rates.

⁴ Refer to Table A3 in the accompanying [Excel Workbook](#).

Table 4. Labor Force Participation Rates, Including for Women, Generally Lower than US Average in States with Abortions Bans, 2021-2023

State	Abortion restriction	All			Women		
		2021	2022	2023	2021	2022	2023
Alabama	Total ban	77.8%	78.1%	78.5%	71.2%	71.3%	72.6%
Arkansas	Total ban	78.1%	78.5%	79.4%	71.0%	71.9%	72.5%
Florida	Total ban	80.5%	81.1%	81.9%	74.1%	75.2%	76.2%
Georgia	Total ban	81.0%	81.4%	82.2%	75.1%	74.7%	75.6%
Idaho	Total ban	82.2%	83.3%	82.3%	73.2%	74.5%	74.9%
Indiana	Total ban	81.4%	83.5%	83.7%	73.4%	77.1%	77.5%
Iowa	Total ban	86.9%	88.6%	89.3%	82.5%	84.9%	85.2%
Kentucky	Total ban	78.5%	78.8%	79.2%	72.9%	73.6%	74.5%
Louisiana	Total ban	78.1%	77.6%	77.9%	71.8%	72.2%	72.9%
Mississippi	Total ban	75.9%	76.2%	77.0%	70.6%	72.4%	71.7%
Missouri	Total ban	85.0%	84.7%	84.9%	80.6%	80.1%	79.7%
North Dakota	Total ban	88.4%	88.2%	88.3%	83.3%	83.0%	82.9%
Oklahoma	Total ban	78.9%	79.5%	82.1%	71.5%	72.3%	75.1%
South Carolina	Total ban	79.9%	78.5%	80.9%	74.4%	73.1%	76.1%
South Dakota	Total ban	86.9%	89.2%	89.2%	82.3%	84.4%	85.9%
Tennessee	Total ban	80.7%	81.5%	81.4%	75.2%	74.3%	74.4%
Texas	Total ban	81.0%	82.0%	83.1%	72.6%	74.1%	75.4%
West Virginia	Total ban	77.3%	78.0%	78.1%	71.4%	71.5%	72.6%
United States		81.6%	82.4%	83.3%	75.3%	76.4%	77.4%

Source: IWPR calculations from the Current Population Survey (Flood et al. 2024, <https://doi.org/10.18128/D030.V12.0>)

Note: Figures represent prime working-age individuals (age 25–54).

Notably, there were 20 states where women’s labor force participation rates were below the national average in 2023. Of these, 15 had total bans or some restrictions on abortion access, including 13 with total bans (Table 5). For the entire prime working-age workforce, 22 states had labor force participation rates below the national average in 2023, with 14 of these states imposing total bans or some restrictions on abortion. We observed similar trends in the preceding two years.

This pattern of lower labor force participation in states with restrictive abortion laws aligns with recent research by IWPR, which estimates the economic cost of these restrictions (IWPR n.d.). In states with total bans and restrictions, our model shows that labor force participation among women of reproductive age would be notably higher if these bans were lifted. For example, in Louisiana and Mississippi, women’s labor force participation in 2023 would have been 1.6 percent higher absent the bans in those states. Nationally, our research estimates that nearly 360,588 more women in this age group would have entered the labor force if reproductive health restrictions were eliminated, representing an additional 0.8 percent of the nation’s labor force.

Table 5. Most States with Below Average Labor Force Participation Rates for Women Have Abortion Bans or Restrictions, 2023

State	Abortion restriction	2023	Rank
Mississippi	Total ban	71.7%	51
New Mexico	Protected	72.2%	50
Arkansas	Total ban	72.5%	49
West Virginia	Total ban	72.6%	48
Alabama	Total ban	72.6%	47
Louisiana	Total ban	72.9%	46
North Carolina	Restricted	73.9%	45
Tennessee	Total ban	74.4%	44
Kentucky	Total ban	74.5%	43
California	Protected	74.6%	42
Idaho	Total ban	74.9%	41
Oklahoma	Total ban	75.1%	40
Utah	Restricted	75.1%	39
Texas	Total ban	75.4%	38
Georgia	Total ban	75.6%	37
South Carolina	Total ban	76.1%	36
Florida	Total ban	76.2%	35
Nevada	Some protections	76.2%	34
Maine	Some protections	76.7%	33
Michigan	Protected	76.8%	32
United States		77.4%	

Source: IWPR calculations from the Current Population Survey (Flood et al. 2024, <https://doi.org/10.18128/D030.V12.0>)

Note: Figures represent prime working-age individuals (age 25-54).

These trends hint at a broader economic impact—that increased reproductive autonomy contributes to increased economic participation, as individuals, especially women, are better able to make decisions that align with their personal, family, and career goals. For employers, this translates into a more stable workforce with a broader talent pool to draw from. This, in turn, enhances productivity and business outcomes.

Weekly Earnings for Full-Time Workers

The data is clear: all workers tend to earn less in states with total bans or restrictions on abortion care. In all three years of our study (2021 to 2023), prime-age workers on full-time schedules earned less per week than the national average in each of the 18 states with total abortion bans (Table 6). This pattern is especially pronounced among women, who experience more significant earnings disparities in these states compared to their counterparts in states with fewer restrictions.

Table 6. Median Weekly Earnings for Full-Time Workers Lag Behind National Average in States with Abortion Bans, 2021–2023

State	Abortion restriction	All (age 25–54)			Women (age 25–54)		
		2021	2022	2023	2021	2022	2023
Alabama	Total ban	\$924	\$962	\$1,000	\$840	\$866	\$900
Arkansas	Total ban	\$920	\$960	\$962	\$836	\$880	\$866
Florida	Total ban	\$924	\$980	\$1,020	\$866	\$906	\$962
Georgia	Total ban	\$962	\$1,000	\$1,080	\$904	\$962	\$1,000
Idaho	Total ban	\$960	\$1,000	\$1,112	\$808	\$910	\$970
Indiana	Total ban	\$1,000	\$1,040	\$1,080	\$900	\$910	\$962
Iowa	Total ban	\$928	\$1,000	\$1,096	\$828	\$912	\$962
Kentucky	Total ban	\$920	\$962	\$1,000	\$840	\$920	\$962
Louisiana	Total ban	\$924	\$974	\$1,020	\$808	\$900	\$904
Mississippi	Total ban	\$800	\$848	\$856	\$750	\$770	\$800
Missouri	Total ban	\$962	\$1,058	\$1,100	\$866	\$924	\$1,000
North Dakota	Total ban	\$1,000	\$1,040	\$1,126	\$880	\$950	\$1,000
Oklahoma	Total ban	\$900	\$878	\$1,000	\$788	\$770	\$892
South Carolina	Total ban	\$920	\$962	\$1,046	\$794	\$900	\$1,000
South Dakota	Total ban	\$960	\$1,040	\$1,058	\$880	\$962	\$962
Tennessee	Total ban	\$924	\$1,000	\$1,000	\$848	\$924	\$944
Texas	Total ban	\$1,000	\$1,058	\$1,116	\$900	\$962	\$1,000
West Virginia	Total ban	\$900	\$1,000	\$1,000	\$770	\$866	\$910
United States		\$1,044	\$1,116	\$1,154	\$962	\$1,000	\$1,058

Source: IWPR calculations from the Current Population Survey (Flood et al. 2024, <https://doi.org/10.18128/D030.V12.0>).

Note: Median usual weekly earnings of full-time prime-age working women (age 25–54).

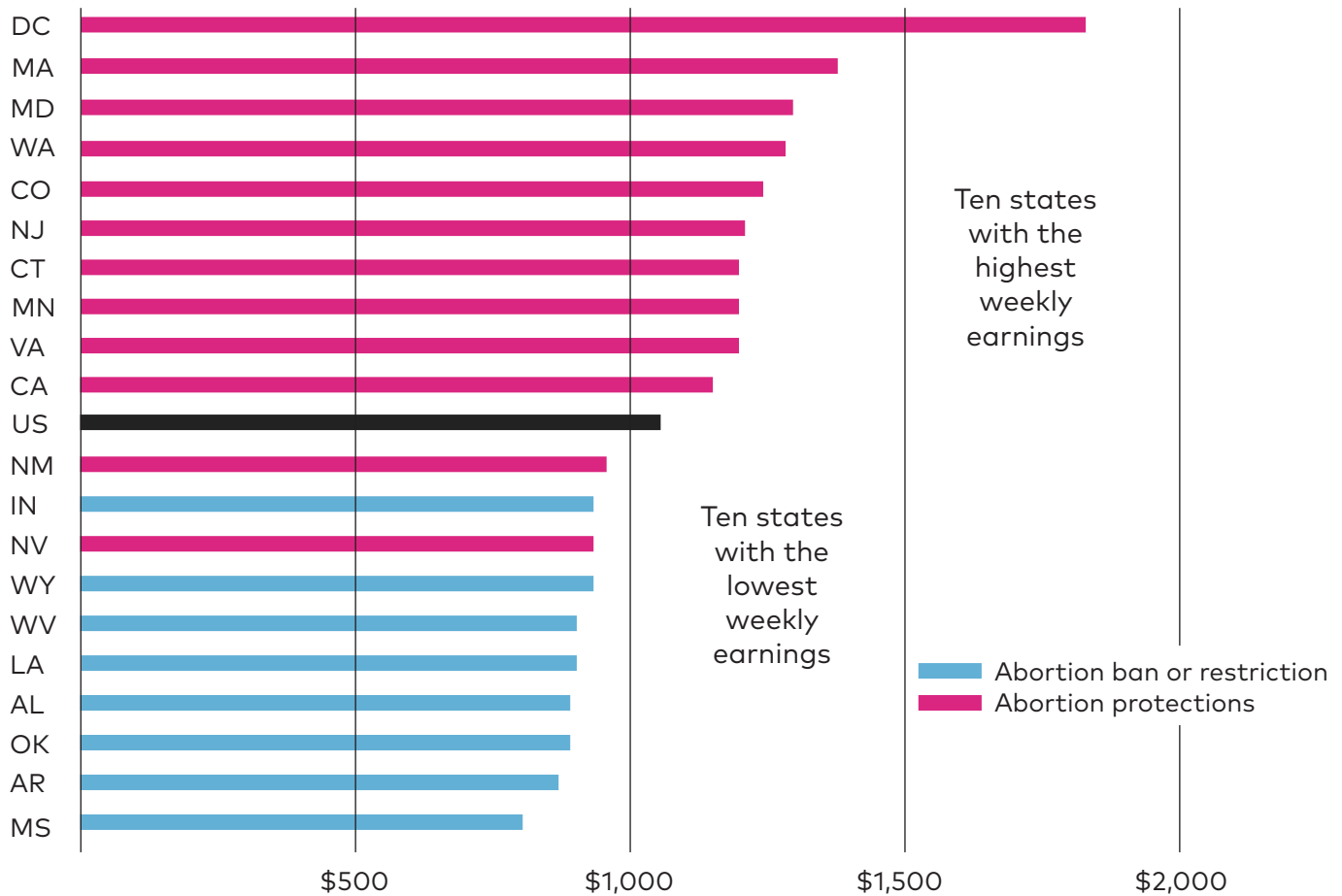
Moreover, of the 10 states with the lowest weekly earnings for prime-age women working full time, the majority had a total ban or abortion restrictions in place: 8 states in 2022 and 2023, and all 10 in 2021. Conversely, among the 10 states with the highest weekly earnings for the same group, all had total or some protections on abortion access in each year of our study. Figure 1 illustrates these findings for 2023.⁵

Lower wages not only affect workers but also have broader implications for employers and the economy. When wages are insufficient, employees often face greater financial insecurity, which can lead to diminished job satisfaction and lower productivity.⁶ This dissatisfaction can lead to higher turnover rates, increased absenteeism, and greater costs related to lack of engagement on the job, recruiting, and training new staff (Parker 2022; Fuller et al. 2023). Moreover, lower earnings limit workers' purchasing power, which can weaken consumer demand and negatively affect local businesses and overall economic activity.

⁵ Refer to Table A4 in the accompanying [Excel Workbook](#) for data for all states.

⁶ In contrast, higher wages can lead to higher labor productivity because workers feel more motivated to work hard. Economists call this the efficiency wage theory; see also Gallup 2024.

Figure 1. Most States That Paid Women the Least in 2023 Have Abortion Bans or Restrictions, While All States That Paid Women the Most Provide at Least Some Abortion Protections



Source: IWPR calculations from the Current Population Survey (Flood et al. 2024, <https://doi.org/10.18128/D030.V12.0>).
Note: Median usual weekly earnings of full-time prime-age working women (age 25–54).

Black and Latina women are particularly impacted in states with abortion bans. Consistently, states with more restrictive abortion policies also tend to offer some of the lowest weekly wages to Black and Latina women. Our analysis highlights this disparity: among the 15 states with the lowest weekly wages for prime-age Black women working full-time (and for which we have reliable data), 11 have total restrictions on abortion care (Table 7).⁷ For instance, Mississippi—which has one of the most restrictive stances on abortion in the country—ranks among the lowest in wages for Black women, with a median weekly income of \$700, about \$178 less per week than the national median of \$878 for this group. This disparity amounts to more than \$9,000 less in earnings annually. A similar pattern emerges for Latina women: among the 10 states where they are paid the least per week, 8 have total or restrictive abortion policies. Oklahoma, for example, offers the lowest wages for Latina women, at only \$600 per week on a full-time schedule, which is \$200 less than the national median (Table 8).⁸

⁷ We use 15 states in this analysis rather than 10 because 6 states are tied for the 9th lowest earnings.

⁸ Refer to Table A5 in the accompanying [Excel Workbook](#) for data for all states.

Table 7. Abortion Restrictions in States with the Lowest Pay for Black Women

State	Abortion restriction	Median weekly earnings
Mississippi	Total ban	\$700
South Carolina	Total ban	\$746
Alabama	Total ban	\$750
Arkansas	Total ban	\$760
Iowa	Total ban	\$760
Louisiana	Total ban	\$760
Missouri	Total ban	\$770
Nevada	Some protections	\$770
Oregon	Protected	\$770
Colorado	Some protections	\$800
Kentucky	Total ban	\$800
North Dakota	Total ban	\$800
Ohio	Some protections	\$800
Tennessee	Total ban	\$800
West Virginia	Total ban	\$800

Table 8. Abortion Restrictions in States with the Lowest Pay for Hispanic/Latina Women

State	Abortion restriction	Median weekly earnings
Oklahoma	Total ban	\$600
North Carolina	Restricted	\$650
South Carolina	Total ban	\$680
Arkansas	Total ban	\$694
Ohio	Some protections	\$700
South Dakota	Total ban	\$700
Indiana	Total ban	\$720
New Hampshire	Some protections	\$720
Utah	Restricted	\$720
Kentucky	Total ban	\$730
Georgia	Total ban	\$730
Tennessee	Total ban	\$732
Kansas	Restricted	\$732
Mississippi	Total ban	\$734
Wyoming	Restricted	\$738

Source: IWPR calculations from the Current Population Survey (Flood et al. 2024, <https://doi.org/10.18128/D030.V12.0>).

Note: Median usual weekly earnings of full-time prime-age working women (age 25–54), pooled sample 2021–2023.

Source: IWPR calculations from the Current Population Survey (Flood et al. 2024, <https://doi.org/10.18128/D030.V12.0>).

Note: Median usual weekly earnings of full-time prime-age working women (age 25–54), pooled sample 2021–2023.

Recent research by Jones and Pineda-Torres (2024) highlights the impact of restricted access to abortion care on the financial and personal challenges faced by women of color in the United States. Their study, which examines the period 2000 to 2019, before *Roe v. Wade* was overturned, reveals that Black women exposed to abortion restrictions, such as Targeted Restrictions on Abortions Providers (TRAP) laws, before age 18 are 1–3 percentage points less likely to start and complete college. Given the established link between lower educational attainment and reduced earnings, the study’s findings suggest that abortion restrictions further constrain opportunities for Black women to achieve high earnings in their lives. Employers should take note of these issues; equitable access to reproductive health care and fair wages are essential for sustaining a diverse, educated, and productive workforce.

Health Insurance Coverage

Employers play a significant role in shaping workplace productivity and employee well-being through their health insurance offerings. Prioritizing comprehensive coverage that includes abortion care and other reproductive health services is essential for enhancing overall workplace efficiency and reducing health-related absenteeism. Access to robust health insurance enables employees to address health issues proactively, mitigating the risk of severe complications that can lead to increased time off from work. Moreover, when employers provide coverage for reproductive health care, including

contraception and abortion care, they help to empower employees to make informed decisions about their reproductive health (Guttmacher Institute 2023). This not only supports better health outcomes but helps to decrease the incidence of unplanned pregnancies, which can contribute to reduced absenteeism and enhanced workplace productivity.

Despite the critical importance of health insurance, as of 2023, just over 88 percent of the US prime-age workforce had coverage.⁹ Of those insured, about 65 percent were covered by employer-based plans, while 15 percent relied on Medicaid. This pattern is consistent among prime-age working women and has shown only a modest increase over time, likely due to the expansion of Medicaid in more states, which has also been linked to greater job mobility, opportunities for career advancement, and higher pay (Farooq and Kugler 2016).

However, significant disparities persist across states. For instance, Texas—one of the states with abortion bans—had the lowest health insurance coverage rates in 2023, with only 77 percent of the prime-age workforce and 79 percent of prime-age women covered. In stark contrast, the District of Columbia, which protects abortion access, reported a coverage rate of 97 percent for both groups. This gap in health insurance coverage is even more concerning given that contraception is predominantly accessed through insurance, meaning that women in states with lower coverage are also less likely to have reliable access to birth control, further deepening reproductive health inequities.

Racial disparities in health insurance coverage are also pronounced. Latina workers have the lowest coverage rates nationally, with about 76 percent of prime-age workers and 79 percent of prime-age women insured in 2023. For both groups, only 47 percent of their coverage is employer-based. Comparatively, 88 percent of prime-age Black workers and 91 percent of prime-age Black women had health insurance in 2023, with employer-based plans covering about 60 percent of these groups (Table 9).



⁹ Refer to Table A6 in the accompanying [Excel Workbook](#).

Table 9. Health Insurance Coverage by Race and Ethnicity, Prime Working Age Individuals (Age 25–54)

Year	Race/ethnicity	All			Women		
		Insured	Employer-based	Medicaid	Insured	Employer-based	Medicaid
2021	White	91.4%	70.5%	11.2%	92.8%	70.8%	12.4%
	Black	84.6%	53.9%	21.9%	87.8%	54.3%	25.9%
	Hispanic/Latina/o	72.7%	46.7%	18.1%	75.8%	46.8%	20.4%
	Asian and Pacific Islander	92.5%	70.8%	11.6%	92.4%	70.2%	11.8%
	Other or multiracial	83.9%	56.3%	19.3%	85.7%	57.6%	20.0%
2022	White	91.8%	70.7%	11.8%	93.2%	71.0%	13.1%
	Black	87.3%	56.3%	22.1%	90.1%	57.1%	25.0%
	Hispanic/Latina/o	73.9%	46.5%	19.0%	77.4%	46.7%	22.1%
	Asian and Pacific Islander	93.2%	72.2%	12.2%	93.7%	72.0%	12.7%
	Other or multiracial	86.0%	55.6%	21.1%	87.7%	59.0%	19.2%
2023	White	92.4%	71.4%	12.2%	93.7%	71.4%	13.4%
	Black	88.4%	59.6%	20.8%	91.2%	59.7%	23.6%
	Hispanic/Latina/o	75.5%	47.7%	20.5%	78.6%	47.6%	23.3%
	Asian and Pacific Islander	93.9%	73.0%	12.1%	93.7%	72.7%	12.3%
	Other or multiracial	87.8%	61.6%	19.9%	89.4%	60.3%	21.7%

Source: IWPR calculations from the Annual Social and Demographic Supplement of the Current Population Survey (Flood et al. 2024, <https://doi.org/10.18128/DO30.V12.0>).

The connection between restrictive abortion laws and lower health insurance coverage is clear when comparing states. In 2023, 17 states had health insurance coverage rates below the national average, 13 of which had total bans or restrictions on abortion: Alabama, Arizona, Florida, Georgia, Idaho, Louisiana, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, South Carolina, and Texas. Among women, 19 states had lower coverage rates than the national average, with 15 of these states imposing abortion restrictions, including 12 with outright bans: Alabama, Arizona, Florida, Georgia, Idaho, Kansas, Louisiana, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, and Texas. This pattern has remained consistent over the years studied, underscoring the broader impact of state abortion-related policies on health coverage.¹⁰

Employer-based health insurance coverage reflects similar trends. In 2022 and 2023, 8 of the 10 states with the lowest employer-based coverage for prime-age workers had outright abortion bans (figures for 2023 are shown in Table 10). Likewise, in 2021, seven of the states with the lowest rates of employer-based coverage had total or near-total abortion bans. For women workers, the correlation is also evident: states with stricter abortion laws consistently show lower rates of employer-based health insurance coverage, highlighting the critical intersection between state policies, access to health care, and the availability of abortion services (figures for 2023 are shown in Table 11.)

¹⁰ Refer to Tables A7 and A8 in the accompanying [Excel Workbook](#).

Table 10. Most States with Below-Average Employer-Based Health Insurance Coverage Have Abortion Bans or Restrictions, 2023

State	Abortion Restriction	% of people with employer-based insurance
New Mexico	Protected	48.9%
Alaska	Some Protections	56.6%
Florida	Total Ban	57.4%
Louisiana	Total Ban	57.9%
Mississippi	Total Ban	58.6%
Oklahoma	Total Ban	59.1%
Texas	Total Ban	60.0%
Arkansas	Total Ban	60.1%
Georgia	Total Ban	60.6%
Kentucky	Total Ban	60.6%
Nevada	Some Protections	61.2%
New York	Protected	61.3%
California	Protected	61.3%
North Carolina	Restricted	62.5%
South Carolina	Total Ban	63.6%
Arizona	Restricted	64.6%
Idaho	Total Ban	64.7%
Oregon	Protected	64.8%
United States		64.8%

Source: IWPR calculations from the Annual Social and Demographic Supplement of the Current Population Survey (Flood et al. 2024, <https://doi.org/10.18128/D030.V12.0>).

Note: Figures represent prime working-age individuals (age 25–54).

Table 11. Most States with Below-Average Employer-Based Health Insurance Coverage for Women Have Abortion Bans or Restrictions, 2023

State	Abortion restriction	% of women with employer-based insurance
New Mexico	Protected	47.5%
Louisiana	Total ban	56.8%
Arkansas	Total ban	58.0%
Alaska	Some Protections	58.1%
Florida	Total ban	58.7%
Georgia	Total ban	59.2%
Oklahoma	Total ban	59.4%
Mississippi	Total ban	59.5%
New York	Protected	60.3%
Texas	Total ban	60.8%
Nevada	Some protections	60.9%
California	Protected	61.0%
Kentucky	Total ban	62.1%
North Carolina	Restricted	62.7%
Maine	Some protections	63.8%
Oregon	Protected	63.8%
Indiana	Total ban	63.9%
Connecticut	Protected	64.2%
United States		64.8%

Source: IWPR calculations from the Annual Social and Demographic Supplement of the Current Population Survey (Flood et al. 2024, <https://doi.org/10.18128/D030.V12.0>).

Note: Figures represent prime working-age individuals (age 25–54).

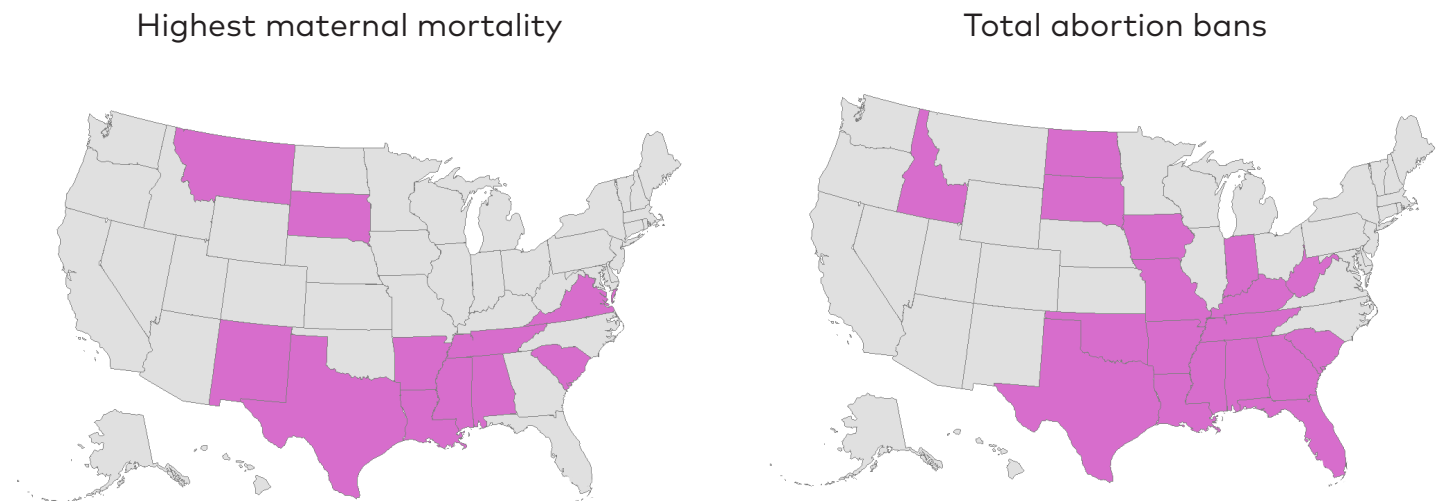
Maternal Mortality, Fertility Rates, and Restrictive Abortion Policies

Maternal Mortality

States with abortion bans often see higher rates of maternal mortality, a troubling trend with far-reaching implications for public health, the labor market, and social, economic, and racial justice. Among the 11 states with the highest maternal mortality rates from 2020 to 2022, 8 currently have *total* abortion bans (Map 2).¹¹ Conversely, states that *protect* abortion access tend to support maternal health care, which promotes healthier pregnancies and leads to lower maternal mortality rates (Madden et al. 2024). In fact, none of the 10 states with the lowest maternal mortality rates have total abortion bans currently in place. This stark contrast underscores the fact that in states that lack safe, legal abortion services, women often face limited access to comprehensive reproductive health care, including prenatal and maternity care, which leads to increased health risks during pregnancy, childbirth, and the postpartum period.

This issue disproportionately affects women of color, contributing to even worse maternal health outcomes and higher mortality rates (Rabin and Doyle 2024). A recent investigation by the Gender Equity Policy Institute further reveals the connection between abortion access and maternal mortality, showing that between 2019 and 2022, Texas saw a staggering 56 percent rise in maternal deaths, contrasting with the national increase of just 11 percent. The researchers attribute this trend primarily to the abortion ban (SB8) enacted in the state in 2021, which was prior to the overturn of *Roe v. Wade* at the national level (Edwards et al. 2024).¹²

Map 2. States with the Highest Maternal Mortality Rates Are Often Those with Total Abortion Bans



Source: IWPR illustration using maternal mortality data from Collins et al. 2024, <https://doi.org/10.26099/6gr0-t974>.

Note: States with the highest mortality had rates between 34.7 and 51.1 per 100,000 live births in 2020-2022.

¹¹ Refer also to Map A1 in the accompanying [Excel Workbook](#).

¹² This investigation was shared exclusively with NBC News.



The lack of access to reproductive health care also creates what researchers and health advocates refer to as “maternity care deserts,” which lead to increased health risks during pregnancy and childbirth as individuals are often forced to travel long distances to obtain necessary care (Deloitte n.d.). Six states currently have the highest percentage of maternity care deserts: North Dakota, South Dakota, Oklahoma, Missouri, Nebraska, and Arkansas. Each of these states also fully bans abortion care except Nebraska, which restricts access (The Commonwealth Fund 2024). These “deserts” are exacerbated by the fact that reproductive health care providers frequently leave hostile work environments, often deepening the health care crisis in states like these that already ban or restrict access to abortion care. The impact on businesses is significant and clear. Employees

living in maternity care deserts may need to take additional time off to travel longer distances for reproductive health care, which can affect their availability and productivity. Additionally, these conditions could pose challenges for employers, especially in health care sectors, since they might struggle to recruit and retain staff in areas where accessing reproductive health care is more difficult.¹³

Employers should be deeply concerned about these trends in maternal mortality, as it directly impacts the health, productivity, and well-being of their workforce. Higher maternal mortality rates can lead to increased absenteeism, higher health care costs, and the potential loss of skilled employees, particularly in industries where women constitute a sizable portion of the workforce.

Fertility Rates

Fertility rates, reflecting the number of children a woman can expect to have throughout her life, are higher in states with stricter abortion policies, which has significant implications for businesses and economies since employee time away from work and the labor force is impacted by pregnancy and family size. Among the 10 states with the highest fertility rates in 2022, the most recent year for which official data is available, 9 had some or total bans on abortion care. In contrast, all of the 10 states with the lowest fertility rates had either total or partial abortion protections. The same patterns were observed in 2021.¹⁴

¹³ Mahoney et al. (2023), for example, find that the well-documented “job lock” linked to private health insurance increases with the availability of health care workers in a locality. This means that workers are less likely to switch jobs if they have health insurance and access to nearby health care workers. Stated differently, “job lock” is likely to decrease, or job changes are likely to increase, in areas with fewer health care workers, including those in reproductive care—an issue increasingly evident in states that are hostile to abortion care.

¹⁴ Refer to Table A9 in the accompanying [Excel Workbook](#).

It is important to note that higher fertility rates across populations are not inherently problematic; they reflect a wide range of personal and societal factors. However, there is an established connection between abortion access and lower fertility rates because access to abortion services—as well as safe and effective methods of contraception—allows women greater control over if and when to have children (see, for example, Levine et al. 1999; Myers 2017; Myers forthcoming). The ability to exercise this control enables women to make decisions about their fertility that align with their personal, economic, and professional goals.

Fertility rates also vary by state across different ethnic and racial groups. For instance, Latina women had higher total fertility rates than their non-Latina counterparts in nearly all states for which we have data for both 2021 and 2022. In 2022, the highest fertility rate among Latina women was 3.61 in Alabama, a state with a total ban on abortion. In contrast, the highest fertility rate among non-Latina women was 1.98 in South Dakota, which also has a total ban on abortion. On the other end of the spectrum, Latina women living in Maine, a state with some abortion protections, had the lowest fertility rate among women in this group, at 1.47. Non-Latina women living in the District of Columbia, which also has some abortion protections, had the lowest fertility rate among women in this group, at 1.13.

Nationally, fertility rates among Black and White women show minimal differences, though state-level data presents a more complex picture. Of the 26 states with reliable data where fertility rates for Black women exceeded the national average, 17 had partial or total abortion bans in 2022. For White women, 20 of 23 states also had such restrictions. This trend was similar in 2021. Notably, there are differences in the highest fertility rates. In 2022, North Dakota, a state that bans abortion, had the highest fertility rate among Black women, at 2.52. Texas, another state that bans abortion, had the highest fertility rate for White women, at 1.93.

The variations observed across ethnic and racial groups highlight how abortion restrictions often intersect with economic disparities to impact access to health care and shape family planning. Economic challenges can intensify the financial and logistical difficulties individuals can face in obtaining abortion services, particularly in states with restricted abortion access. In fact, research by Dench, Pineda-Torres, and Myers shows a 2.5 percent increase in births in states with abortion bans during the first six months after the Dobbs decision, resulting in about 30,000 more births than would have otherwise occurred (Dench et al. 2024). The impact is especially pronounced among



young people of color and those living in states with a greater average distance from the nearest clinic, exacerbating existing disparities in reproductive health care access.

Taken together, these findings highlight the broader socioeconomic consequences of restrictive abortion policies. Restricted access to abortion care can lead to higher fertility rates, as individuals may be unable to exercise full control over their reproductive choices, especially when combined with a lack of access to contraception, which increases the likelihood of unintended pregnancies. Furthermore, the states that impose these restrictions are often the same ones that provide the least medical and social supports to families, including Medicaid expansion, paid family leave, and nutrition and income assistance programs, exacerbating the challenges faced by those affected (Madden et al. 2024).

The increase in fertility and births, especially among lower-income and young women of color, not only amplifies existing racial and economic disparities but also places additional strain on health care systems and the labor market. For employers, this means navigating a workforce increasingly impacted by unplanned or early parenthood, which can lead to reduced employee availability, productivity, and long-term career progression.



Conclusion and Policy Recommendations

The research presented in this report clearly indicates that states with restrictions on abortion access or outright bans often face adverse economic and labor market outcomes. These outcomes include smaller economies per capita, lower rates of labor force participation and health insurance coverage, and reduced earnings, along with significant health impacts such as higher maternal mortality rates. By supporting employees' access to abortion care, employers can help mitigate these negative effects, enhancing workforce engagement, productivity, and employee health.

Employers can contribute to this effort by offering comprehensive health insurance coverage that includes abortion and contraception, paid leave (including sick days), time off for pregnancy-related care, parental leave, and leave for other caregiving responsibilities. Additionally, they can provide child care benefits, flexible work schedules to accommodate caregiving, and travel benefits for those seeking abortion care. Employers can also advocate for policies at both the state and federal levels that expand and protect access to reproductive health care, including abortion services.

At the federal level, Congress can pass bills to improve access to abortion care. The Women's Health Protection Act (WHPA) would protect the right of providers to provide abortion care and patients to receive abortion care. The Equal Access to Abortion Coverage Act (EACH) would end the Hyde Amendment and ensure everyone has access to insurance coverage for abortion, regardless of where they get their insurance. The Health Equity and Access Under the Law for Immigrant Families Act (HEAL) would expand access to health care for certain immigrants.

States can also act to protect access to abortion care by enshrining reproductive health care and abortion access in state constitutions and laws. States can protect patients and providers from liability and prosecution by implementing stronger data privacy concerns. Protective states can enact interstate shield laws to protect providers in the state who provide care through telemedicine regardless of the patient's location. Legislators can also remove barriers to abortion care for teens and young women who are legally allowed to work and give birth but are legally prohibited from consenting to reproductive health care.

Policies such as statewide paid family and medical leave, affordable and accessible child care, and comprehensive health insurance coverage for abortion care can have far-reaching impacts on expanding access to abortion care and increasing workforce participation among women.

State legislators can improve financial accessibility through state Medicaid coverage and private coverage requirements. In addition to addressing financial barriers, states should eliminate barriers within the health care system, such as waiting periods and unreasonable facilities requirements. States can allow providers other than doctors to provide abortion care, including advanced practice clinicians (APCs), such as physician assistants, nurse practitioners, certified registered nurse anesthetists, and certified nurse-midwives.

States should also take steps to ensure that patients seeking reproductive care have access to accurate and timely information, including by ending public funding or tax credits for Crisis Pregnancy Centers that work to prevent women from accessing abortion.

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