



PROMOTING ACCESS TO ABORTION

REPRODUCTIVE JUSTICE AND HEALTH EQUITY

Federal Policy Solutions to Advance Gender Equity | February 2025

OVERVIEW

Policies governing access to abortion in the US vary widely at the state level, particularly in the aftermath of the Supreme Court's 2022 *Dobbs v. Jackson Women's Health Organization* decision. This ruling, which overturned *Roe v. Wade*, eliminated the federal constitutional right to abortion. Since then, a patchwork of laws has emerged: Some states have moved to ban or severely restrict abortion care, while others have solidified or expanded protections. As of late 2024, over a **dozen states** have full abortion bans in effect, according to the Center for Reproductive Rights, disproportionately impacting people in the South and Midwest. In contrast, states like California, Illinois, and New York have bolstered abortion rights, and some states have enshrined new protections in their state **constitutions**.

The barriers to abortion access don't stop at bans. Even in states without outright bans, access is often restricted by limits on the use of state Medicaid funds for care and laws that target providers and clinics. **Targeted Regulation of Abortion Providers** (TRAP) laws, for example, impose

cumbersome and medically unnecessary requirements, such as mandating hospital admitting privileges for providers or costly upgrades to clinic facilities. Even before *Dobbs*, these measures forced clinics to close, leaving many people, especially those in rural or low-income areas, with no nearby options for care. Further barriers like mandatory waiting periods, biased counseling requirements, and restrictions on telemedicine for medication abortion create additional hurdles for both patients seeking care and trained providers who enter this profession to deliver quality care to patients in need. Additionally, restrictive abortion laws have placed providers and patients at legal risk. Federal policies, including the Hyde Amendment, also restrict insurance coverage for abortion care, which creates additional financial hardship, particularly for low-income patients.

These policies disproportionately affect those who cannot afford to take time off work, arrange child care, or travel long distances, which deepens inequities for people already facing economic hardship.

WHAT THE RESEARCH SAYS

- **IWPR research** has found that, as of 2023, over 24 million (49 percent) prime working-age (25–54) 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. Meanwhile, states with abortion bans **cost the economy** tens of billions of dollars per year.
- **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.
- **According to the Guttmacher Institute, in 2023, clinicians provided over one million abortions in states without a total ban**. This represents an 11 percent increase in abortions in these states since 2020. Guttmacher also estimates that 166,000 patients traveled for an abortion in 2023, demonstrating that patients are traveling farther than ever to get care. In many regions of the country, patients must cross multiple state lines to find legal access to abortion. This migration of patients reverberates around the country, increasing clinic wait times in states with legal care.
- **Being denied a wanted abortion has negative health, social, and economic repercussions on pregnant people and families**. The landmark *Turnaway Study* documented the lasting, detrimental impacts of abortion bans on women who were denied abortion: They were more likely to live in poverty after five years (72 percent compared to 55 percent) and experienced a 78 percent increase in past-due debt and an 81 percent increase in bankruptcy, tax liens, and/or evictions.

As of 2023, over

24 MILLION

prime working-age (25–54) women active in the US labor market lived in states with total bans or restrictions on access to abortion care.

- **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.



WHY IT MATTERS

Access to reproductive health care, including safe abortion care, is essential for ensuring that people can make informed decisions about their bodies, their families, and their futures. When reproductive health care is secure and accessible, individuals are better able to pursue education and career goals, fully participate in the economy, and maintain their physical and mental well-being. Moreover, equitable access to reproductive health care is a matter of social justice, as restrictions disproportionately impact low-income people, people of color, rural communities, and those living far from clinics.

A **growing body of research** highlights the critical role of abortion access in shaping individual, family, and societal outcomes. Studies show that access to abortion improves economic stability for pregnant people and their families. For example, research has found that individuals denied abortion care are more likely to experience financial hardship, including increased debt, bankruptcy, and reliance on public

assistance. In contrast, those who can access abortion are more likely to pursue higher education, remain in the workforce, and achieve longer-term economic security. These effects are especially pronounced for women of color, low-income individuals, and young people, who disproportionately face structural barriers to accessing care.

At the macroeconomic level, restrictions on abortion access have broad implications for labor market participation and state economies. **Analyses** by IWPR show that abortion bans and restrictions reduce national GDP by billions of dollars annually due to workforce losses and reduced economic contributions from individuals unable to access abortion care. States that restrict abortion also tend to have smaller economies and poorer outcomes for working women, like lower weekly wages and slower employment growth. These policies may also discourage businesses and workers who are concerned about reproductive health access from operating and working in states that ban or restrict abortion.

POLICY SOLUTIONS

Rather than determine people's access—or lack thereof—to reproductive health care based on their geographic location, it is critical that lawmakers restore and expand national protections for reproductive freedom while also pursuing other policies to expand access to abortion care. **This includes:**

Legislate a nationwide right to abortion, protecting the legality of abortion care in all 50 states and the District of Columbia. Legislating federal protections for abortion rights nationwide is critical to ensure reproductive freedom and to improve abortion access for all, regardless of geographic location, particularly in the face of state-level bans and restrictions.

Reduce financial barriers to abortion care. A key policy lever for ensuring equitable access to abortion care is affordability through insurance coverage. Federal lawmakers can end restrictions on coverage for abortion care, like the Hyde Amendment, while also pursuing policies requiring insurance coverage for a full spectrum of reproductive health care. Abortion is health care and should be treated as such.

Protect and expand access to medication abortion, including mifepristone and misoprostol, which is a safe and effective form of abortion care. Medication abortion fills significant gaps in access to reproductive health care, particularly as abortion care providers leave restrictive states and fewer medical students opt to pursue residencies in these states. Abortion pills help maintain abortion access in areas where the provider-to-patient ratio is low. Telemedicine also plays a critical role in access to medication abortion, and policy measures to protect and expand access to medication abortion and telehealth services for abortion pills can help bridge the gap in reproductive health care access for patients who would otherwise have to travel great distances to receive care

in person. Policymakers should take steps to ensure that the Comstock Act, a 19th-century anti-obscenity law, cannot be used to restrict access to medication abortion.

Expand access to a full spectrum of reproductive health care and services.

Abortion access is critical, but it must be part of a comprehensive suite of health information, care, and resources **across a lifespan.** This includes ensuring access to a range of contraceptive options, access to affordable fertility treatment and care, and other interventions that ensure reproductive health and autonomy.

Enact federal data privacy protections to shield patients and providers from reporting information that could be used to prosecute those who access and provide abortion care. These data protections should extend to a wide range of personal data, from patient health care records maintained by providers to the license plate numbers of patients (and those they are traveling with) seeking abortion care. In addition to shielding patients and provider data from hostile state governments that seek to criminalize abortion care, it is equally imperative to shield health data against predatory third-party technology companies providing app-based services that collect reproductive health-related data. Without federal data privacy protections, individuals may be at risk of technology companies and app-based services sharing or selling personal health data that could be used by hostile administrations to criminalize activities related to reproductive health care.

Remove barriers for immigrants to receive comprehensive reproductive health care. Immigrants are **far more likely** to be uninsured: About half of likely undocumented immigrant adults and one in five lawfully present immigrant adults reported being uninsured in 2023. Current law mandates a five-year **waiting period** before many lawfully present immigrants can enroll in Medicaid or the Children's Health Insurance Program (CHIP). Undocumented immigrants are completely barred from programs like CHIP and Medicaid and cannot purchase their own insurance from the Affordable Care Act's marketplace.



KEY LEGISLATION

Women's Health Protection Act (WHPA):

Legislation to codify a federal right to access and provide abortion care across the entire United States. Congress should build upon WHPA and other previous initiatives to enact innovative legislation that meets the current moment and not only restores previous protections but also expands abortion access nationwide.

Freedom to Travel for Health Care Act/ Ensuring Women's Right to Reproductive Freedom Act: These bills protect the right to travel between states for health care, shielding patients and providers from prosecution in states with abortion restrictions.

The Stop Comstock Act: Legislation to repeal the Comstock Act, therefore ensuring that 150-year-old legislation cannot be weaponized to further restrict access to health care. The bill repeals antiquated language in the Comstock Laws that might be used by an anti-abortion administration to ban the mailing of mifepristone and other drugs used in medication abortions, instruments and equipment used in abortions, and educational material related to sexual health.

EACH Act: Legislation requiring government health insurance plans to provide coverage for abortion services and federal facilities to provide access to those services. It also repeals provisions of the Patient Protection and Affordable Care Act that permit states to prohibit coverage of abortion services in plans offered through a health insurance exchange in the state.

HEAL for Immigrant Families Act:

A bill that would improve the ability of immigrant families to access health care, including by removing the five-year bar for Medicaid/CHIP, allowing access to the ACA marketplace, and expanding access to Medicare.

Remove harmful appropriations riders:

Each year during the appropriations process, a number of harmful riders are adopted that restrict abortion access. These include the Hyde Amendment, which restricts the use of public funds for abortion care, the Helms Amendment, and similar provisions restricting abortion access for federal employees, federal prisoners, and residents of the District of Columbia. Removing restrictions on public funds for reproductive health care and coverage would allow all patients to receive abortion care, regardless of their income status or ability to pay out-of-pocket.



EXECUTIVE PRIORITIES

Restore access to accurate information on abortion and reproductive rights via federal government websites. In January 2025, the Trump administration took down ReproductiveRights.gov, a site launched in 2022 to provide accurate information about abortion care, contraception, and other reproductive rights, as well as information on the Affordable Care Act and insurance coverage. The new administration also removed other resources on abortion and related issues from federal websites. The federal government should proactively provide accurate and reliable information about abortion and related reproductive health and rights issues.

Implement and expand the 2023 presidential memorandum directing agencies to consider further efforts to support patients, providers, and pharmacies who wish to legally access, prescribe, or provide medication abortion. Protecting this directive upholds a key protection for access to mifepristone and medication abortion.

Uphold the 2023 guidance from the Food and Drug Administration (FDA) allowing mifepristone to be prescribed by telehealth and sent by mail as well as to enable interested pharmacies to become certified to dispense the medication. Continued implementation of this FDA action will secure critical protections for mifepristone, medication abortion, and telemedicine for reproductive health care.

Implement and expand upon the Department of Veterans Affairs (VA) final rule allowing the VA to provide abortion counseling and, in certain circumstances, abortion care to veterans and VA beneficiaries. Retaining this final rule will protect family planning services and abortion care access for veterans and their families.