

Abortion Access and Income Level: How Abortion Bans Disproportionately Impact Marginalized Communities

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Table of Contents

- 01 Introduction
- 02 Background
- 03 Dobbs vs. Jackson Women's Health Organization
- 04 Access to Abortion Across the U.S.
- 05 Access to Abortion in Pennsylvania
- 07 Medicaid and Reproductive Healthcare
- 08 Difference in Abortion Rates Between Certain Demographics
- 11 What Can Be Done to Protect Abortion Rights

Introduction

In June of 2022, the United States Supreme Court will rule on a case that has the power to overturn the precedent established by *Roe v. Wade*, which legalizes abortion at the federal level. The overturning of *Roe v. Wade* would turn the power over to individual states, letting the legislature of each state decide the legality of abortion. In turn, this would cause many people to lose access to abortion, as well as other forms of reproductive healthcare.

With this threat of losing the Constitutional protection of the right to an abortion looming, it is important to consider what communities will be affected the most if the Supreme Court does overturn *Roe v. Wade*. Low-income birthing people and birthing people of color are the most vulnerable in this case, as they have the highest rates of abortion. The right to an abortion is a basic human right, and it affects significantly more people than just birthing people. This paper aims to inform its target audience of Pennsylvania legislators and reproductive rights advocates of the background of the issue at hand, provide information on the marginalized groups who are most affected by abortion laws and have the highest rates of abortion, and provide said audience with ways to help protect the right to abortion at the federal level.

Background

In 1973, in the case of *Roe v. Wade*, the U.S. Supreme Court made the landmark decision that the Constitution protected the right to an abortion up to the third trimester. This decision was based on these findings:

1. A woman's right to choose to have an abortion falls under the Due Process clause of the Fourteenth Amendment, which protects the right to privacy against state action.
2. State laws that prohibit abortion without considering the state of the pregnancy or other reasons violates that Constitutional right.
3. In the first trimester of a pregnancy, the decision on whether or not to have an abortion is solely up to the pregnant woman.
4. In the second trimester, the state may impose regulations on abortion only if they are related to maternal health.
5. In the third trimester, once the fetus is considered "viable," the state may regulate or prohibit abortion, except for in cases where abortion is necessary for the life or health of the mother.

Figure 1: Oyez¹

¹ "Roe v. Wade." Oyez. Accessed February 16, 2022. <https://www.oyez.org/cases/1971/70-18>.

Dobbs v. Jackson Women's Health Organization

On December 1, 2021, the Supreme Court heard the case of *Dobbs vs. Jackson Women's Health Organization*. The case originates in Mississippi, where in 2018, a law was passed called the "Gestational Age Act." This law banned abortions after 15 weeks, with few exceptions.² The essential facts of the case can be summarized as such:

- A doctor from Jackson's Women's Health Organization, the only licensed abortion facility in Mississippi, filed a lawsuit in district court challenging the Gestational Age Act and requesting a temporary restraining order.³
- The district court found that the state had not provided enough evidence to determine that a fetus would be viable at 15 weeks, and prohibited Mississippi from enforcing that law.⁴

This case is still pending, and the decision is anticipated to be released sometime in June 2022.

² "Dobbs v. Jackson Women's Health Organization." 2022. *Oyez*. www.oyez.org/cases/2021/19-1392. Accessed 16 Feb. 2022.

³ *Ibid*.

⁴ *Ibid*.

Access to Abortion Across the U.S.

Although abortion is currently legal at the federal level, many people across the country do not have sufficient access to safe and legal abortions, with some states imposing their own restrictions on abortion. For example, 43 states prohibit abortions after a specified point in the pregnancy, with exceptions generally pertaining to situations where the patient's life is in danger.⁵

Along with the issue of state laws imposing restrictions on abortion, another factor that contributes to limited access to abortion is a lack of facilities that perform them. In 2014, 90% of U.S. counties had no clinics that provided abortion care.⁶ Due to lack of access to such reproductive healthcare, some patients choose to attempt to end their pregnancies on their own. In 2014, 12% of non-hospital facilities reported treating at least one patient who had attempted to end their pregnancy on their own, the majority of these cases occurring in the South (21%) and Midwest (16%).⁷

⁵ "An Overview of Abortion Laws," Guttmacher Institute, January 5, 2022, <https://www.guttmacher.org/state-policy/explore/overview-abortion-laws>.

⁶ Rachel K. Jones and Jenna Jerman, "Abortion Incidence and Service Availability in the United States, 2014," *Perspectives on Sexual and Reproductive Health* 49, no. 1 (2017): pp. 17-27, <https://doi.org/10.1363/psrh.12015>, 20.

⁷ *Ibid.*, 24.

Access to Abortion in Pennsylvania

In Pennsylvania, abortion is legal during the first 24 weeks of pregnancy. However, there are two main barriers that restrict access to abortion: a lack of facilities that provide abortion, and legislation that places restrictions on abortion. In 2017, there were 43 facilities providing abortions in Pennsylvania, 18 of which were clinics.⁸ Across the state, 85% of counties did not have any clinics that provided abortion, and 50% of Pennsylvanian women lived within those counties.⁹ As for legal restrictions created by legislature, these are some of the restrictions that were in effect in Pennsylvania as of January 2022:

A patient must receive state-directed counseling that includes information designed to discourage the patient from having an abortion, and then wait 24 hours before the procedure is provided.

Health plans offered in the state's health exchange under the Affordable Care Act can only cover abortion in cases of life endangerment, or in cases of rape or incest.

⁸ Lauren Rosenblatt, "What Is the State of Abortion Access in Pennsylvania?," Pittsburgh Post-Gazette, March 3, 2022, <https://www.post-gazette.com/news/crime-courts/2021/12/27/Supreme-Court-Mississippi-ban-abortions-access-clinics-pittsburgh-Pennsylvania-Planned-Parenthood-states-rights/stories/202112260007>.

⁹ Ibid.

Abortion is covered in insurance policies for public employees only in cases of life endangerment, rape or incest.

An abortion may be performed at 24 or more weeks after the last menstrual period only in cases of life or health endangerment.

Figure 2: Guttmacher Institute¹⁰

¹⁰ “State Facts about Abortion: Pennsylvania,” Guttmacher Institute, January 5, 2022, <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-pennsylvania>.

Medicaid and Reproductive Healthcare

One of the key factors that affects access to abortion and other forms of reproductive healthcare is Medicaid coverage, which was greatly expanded after the passing of the Affordable Care Act. In 15 states, Medicaid funds can be used to cover any and all abortion costs, which includes states with large populations like California and New York.¹¹ In 2014, a reported 35% of abortion patients had Medicaid coverage, and the percentage of uninsured abortion patients declined to 28% (versus 34% in 2008).¹²

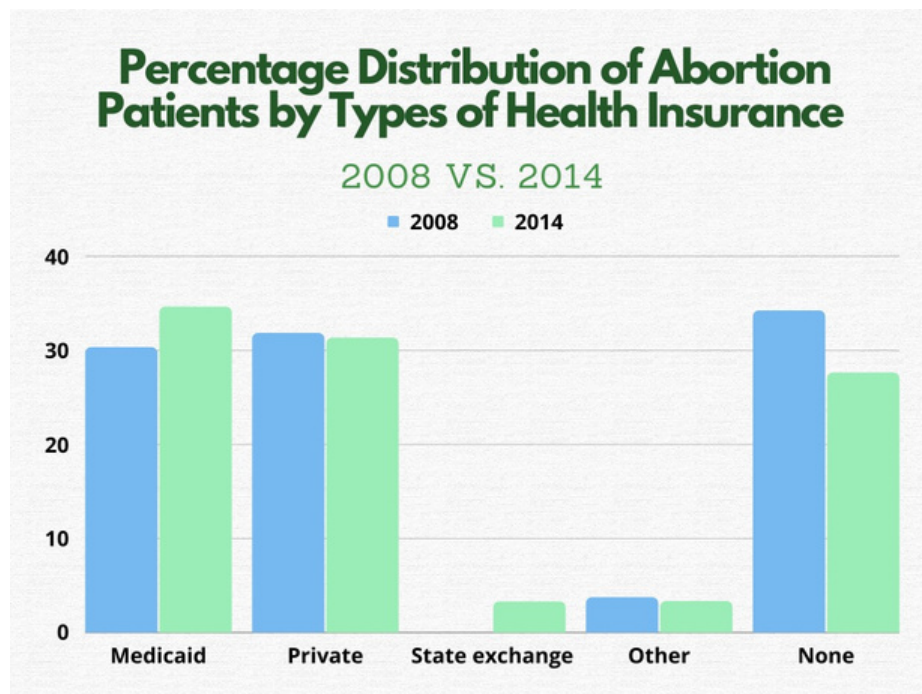


Figure 3: Guttmacher Institute ¹³

¹¹ Jenna Jerman, Rachel K. Jones, and Tsuyoshi Onda, “Characteristics of U.S. Abortion Patients in 2014 and Changes since 2008,” Guttmacher Institute, June 10, 2016, <https://www.guttmacher.org/report/characteristics-us-abortion-patients-2014>, 8.

¹² Ibid., 9.

¹³ Ibid.

Difference in Abortion Rates Between Certain Demographics

Income Level

Within the population of abortion patients in the United States, there are differences in abortion rates based on demographics, one of the most notable being economic class (which is based on income level). In 2014, 49% of abortion patients were living at less than 100% of the federal poverty level, and 26% were living at 100-199% of the poverty level.¹⁴

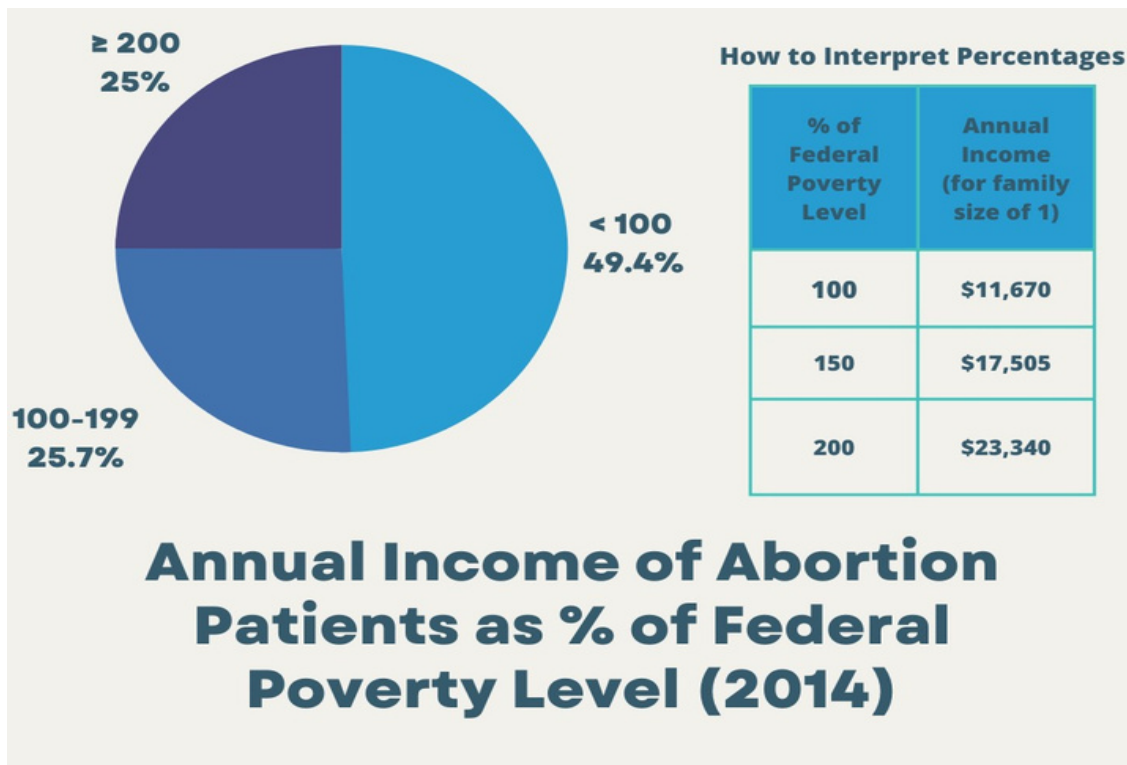


Figure 4: Jerman, Jones, and Onda.¹⁵

¹⁴ Ibid., 7.

¹⁵ Jerman, Jones, and Onda. "Characteristics of U.S. Abortion Patients." 8.

Birthing people living in lower-income households having higher rates of abortion is a continuing trend, as a 2017 study found a trend showing that as income levels increase, abortion rates decrease.¹⁶ From 2008 to 2014, there was an overall decline in abortions between all income levels, but low-income people had the lowest decline of only 26%, with the declines growing larger as income increased.¹⁷

Race

In the United States, birthing people of color have considerably higher rate of abortion than their White counterparts. In 2008, the abortion rate for White women was 12 abortions per 1000 reproductive-age women, compared with 29 per 1000 for Hispanic women, and 40 per 1000 for Black women.¹⁸ These distinct disparities in abortion rates (as well as other outcomes) between birthing people of color and White birthing people are a possible indicator of systemic barriers to reproductive health services.¹⁹ These patterns in the racial disparities among abortion patients can be found in Pennsylvania as well

¹⁶ Rachel K. Jones and Jenna Jerman, “Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014,” *American Journal of Public Health* 107, no. 12 (2017): pp. 1904-1909, <https://doi.org/10.2105/ajph.2017.304042>, 1907.

¹⁷ Ibid., 1907.

¹⁸ Christine Dehlendorf, Lisa H. Harris, and Tracy A. Weitz, “Disparities in Abortion Rates: A Public Health Approach,” *American Journal of Public Health* 103, no. 10 (2013): pp. 1772-1779, <https://doi.org/10.2105/ajph.2013.301339>, 1772.

¹⁹ Jerman, Jones, and Onda, “Characteristics of U.S. Abortion Patients,” 5.

In 2019, 44% of abortion patients in Pennsylvania were Black women,²⁰ Pennsylvania were despite the fact that only around 11% of Pennsylvania residents are Black (including both men and women).²¹

Other Notable Demographics

Although the biggest difference in abortion rates are based on income levels and race, there are certain communities that are often overlooked in the discussion about abortion rights and reproductive healthcare. One of those communities is transgender and non-binary people. A 2020 study found that, in 2017, 18% of non-hospital facilities reported that they provided abortions to 230 TGNB (an acronym used in the study which stands for Transgender Non-Binary) individuals, which estimates around 462 to 530 TGNB abortion patients nationwide.²² Out of all abortion clinics nationwide, only an estimated 23% of non-hospital clinics provide transgender-specific healthcare.²³ This data shows that, in terms of reproductive healthcare in the United States, there is a lack of gender-affirming care that takes into account the needs of transgender and nonbinary patients.

²⁰ “2019 Abortion Statistics - Pennsylvania Department of Health.” Pennsylvania Department of Health. Accessed March 6, 2022.

https://www.health.pa.gov/topics/HealthStatistics/VitalStatistics/Documents/Pennsylvania_Annual_Abortion_Report_2019.pdf.

²¹ “Data USA: Pennsylvania,” Data USA, accessed March 6, 2022,

<https://datausa.io/profile/geo/pennsylvania#demographics>.

²² Rachel K. Jones, Elizabeth Witwer, and Jenna Jerman, “Transgender Abortion Patients and the Provision of Transgender-Specific Care at Non-Hospital Facilities That Provide Abortions,” *Contraception: X2* (2020):p.

100019, <https://doi.org/10.1016/j.conx.2020.100019>.

²³ Ibid.

What Can Be Done to Protect Abortion Rights

What Legislators Can Do

There are many ways in which legislators, especially those from Pennsylvania, can help fight to protect the right to abortion. The most impactful way is by voting **for** legislation that aims to protect abortion access, and **against** legislation that aims to restrict it. A bill that has recently been proposed and is currently being debated on is Senate Bill 956, which proposes an amendment to the Constitution of Pennsylvania, providing that there is no right to abortion or funding for an abortion.²⁴ If passed, this bill would have severely impact the ability of many Pennsylvanian citizens, especially those who have health insurance under Medicaid, to have access to safe and legal abortions. It is crucial that during a divisive time like this, that legislators take into account the needs of their most vulnerable citizens when voting on bills and legislations that could have devastating effects, such as SB956.

²⁴ Legislative Data Processing Center. "Bill Information - Senate Bill 956; Regular Session 2021-2022." The Pennsylvania General Assembly. Accessed March 6, 2022. <https://www.legis.state.pa.us/cfdocs/billinfo/billinfo.cfm?sYear=2021&sInd=0&body=S&type=B&bn=956>.

What Activists Can Do

There are a multitude of ways in which local reproductive rights activists can get involved in the fight to protect abortion rights. One of the most significant ways is by getting involved in different pro-choice grassroots organizations, such as Planned Parenthood Generation Action Network (national) or New Voices for Reproductive Justice (based in Pittsburgh, Philadelphia, and Cleveland). Through organizations like these, some of the actions that can be taken include organizing and attending protests/rallies, participating in fundraising campaigns, and contacting local and national legislators. For more ideas on ways activists can get involved, attached on the next page is an infographic that can be shared online or as a flyer.

REPRODUCTIVE RIGHTS ACTIVISM CHECKLIST

Here are some ways that you can get involved
in the fight to protect abortion rights:

ORGANIZING AND ATTENDING PROTESTS/ RALLIES



PARTICIPATE IN FUNDRAISING CAMPAIGNS FOR LOCAL ABORTION FUNDS

In Western PA: Western
Pennsylvania Fund for Choice

VOLUNTEER AS AN ESCORT AT ABORTION CLINICS

DONATE TO LARGE PRO-CHOICE ORGANIZATIONS

Such as NARAL Pro-Choice
America, Center for
Reproductive Rights, etc.



CONTACT YOUR LEGISLATORS

Contact Senators, members of the House of
Representatives, and members of the
Pennsylvania General Assembly via email, phone
calls, and/or in person and urge them to fight to
protect reproductive rights

ENCOURAGE MEMBERS OF YOUR COMMUNITY TO VOTE

