Economics of Abortion

Before and After *Roe v. Wade*

When abortion was illegal in the U.S., desperate women often paid high fees to obtain abortions, even from unlicensed, untrained practitioners working in frightening, non-sterile conditions. Dangerous medical complications were likely to follow these illegal abortions, resulting in lengthy hospital stays, increased financial and health costs, and a serious drain on hospital maternity resources. Complications from black market abortions were a leading cause of maternal death when abortion was legally prohibited, exacting a huge price from American families. In 1973, the Supreme Court's Roe v. Wade decision re-established the right to legal abortion in every state. As a result, abortion is now medically safe and less expensive. Today, women who want abortions can select well-trained, compassionate medical personnel, who work in clean, well equipped offices, clinics, or hospitals. Now, almost 90% of abortions in the U.S. are provided during the first 12 weeks of pregnancy.[1] The danger of serious complications is extremely small. (See Fact Sheet: Safety of Abortion).

The Cost of Abortion

The exact cost of an abortion depends on many factors, such as how far along the pregnancy is, the kind of procedure and anesthetic that are used, and the kind of facility (clinic, physician's office, or hospital).

In general, though, women getting an abortion between six and ten weeks' gestation can expect to pay about $350 at an abortion clinic and $500 at a physician's office. Providing abortions later in pregnancy is somewhat more complicated, and is usually more expensive. For example, at 16 weeks gestation, abortion clinics generally charge around $650 and physicians' offices generally charge around $700. After the 20th week, the cost rises to above $1,000.[2]

Other costs might result if care is not available locally. These might include travel costs, costs for overnight stays, or lost wages in states requiring waiting periods between pre-abortion counseling and the abortion itself.

The Economics for Women and Their Families

Paying for abortion is not usually a problem for middle- and upper-income women, because the majority of private medical insurance plans and HMO organizations currently cover abortion services. However, the availability of abortion funding for low-income women is controlled by elected government officials. Since 1978, Congress has imposed a restriction on the use of federal money to cover abortion. This restriction, known as the Hyde Amendment, forbids federal funding of abortions except in cases of rape, incest, or when a woman's life is endangered. The restrictions apply to Medicaid, the government program that pays for medical care for many low-income families, as well as other federally funded medical programs such as those for Native American women, military personnel and their dependents, and Peace Corps volunteers. Only 23 states use their own funds to cover abortion services beyond the Hyde Amendment's restrictions. (See Fact Sheet: Public Funding for Abortions).

The Economics for Abortion Providers

In very marked contrast to most other medical procedures, the cost of abortion has risen less than inflation. In fact, contrary to the distorted picture of the "abortion industry" as a tremendously profitable business designed to take advantage of women, in reality abortion providers have maintained lower than average fees for their services compared with physicians in other specialties. Correcting

for inflation, legal abortions in 1991 cost only about half what they cost in the early 1970s.[3]

Physicians and other medical professionals who provide abortion services are people who understand that a woman's right to choose whether she will continue a pregnancy is a critical part of her total health care. They are compassionate people who know that legal abortions are safe abortions.

The Costs of Denying Abortion Funding

When women are denied abortions that they seek because their insurance or Medicaid plans do not cover them, there are both real and hidden costs that they, their families, and other taxpayers must bear. There is also the social cost associated with forcing some women to bear children when they are not prepared to be mothers or when parents are unable to support their children.

For example, many of the women who are denied funding for abortion have one anyway, usually at great sacrifice to themselves and their families. They may take on extra work or borrow from their rent or grocery budgets. Sometimes, because it takes time to find the money, the woman has to obtain the abortion at a later stage of pregnancy, when the procedure is more expensive and more complicated.[4]

Some women without money to pay for an abortion attempt to induce one themselves. This usually fails, resulting in delays before seeking surgical abortion. Self-induced abortion attempts are often medically very dangerous, leading to serious complications or death.

Those who oppose public funding for abortion call it an unfair burden on taxpayers. In fact, funding restrictions on abortions cost taxpayers millions of dollars every year, due to the much higher cost of prenatal care and childbirth, and the secondary costs of unplanned births.[4] Families also pay a high price whenever a woman must carry an unwanted pregnancy to term because she is unable to pay for abortion services.

Abortion and Health Care Reform

There are disagreements about whether abortion services should be covered in proposed health care reform plans. But as long as abortion funding is denied to low-income women, the effect is discriminatory and unfair. The Supreme Court has ruled that the right to choose abortion is guaranteed by the U.S. Constitution. If a government-sponsored universal health care plan fails to cover abortion, all women will lose insurance funding for this procedure, and low-income women and young women will be especially penalized. The right to make private decisions about childbearing and reproductive health care should apply to all women, not just those who can afford it.

References
1 Centers for Disease Control and Prevention. Surveillance Summaries, November 29, 2002. MMWR 2002:51 (No. SS-9)
2 S. Henshaw, L. Finer, The Accessibility of Abortion Services in the United States, 2001, Perspectives on Sexual and Reproductive Health, Volume 35, Number 1, January/February 2003.
3 Grimes, DA. Clinicians Who Provide Abortions: The Thinning Ranks, Obstetrics & Gynecology, 1992, 80: 719.
4 Alan Guttmacher Institute, Revisiting Public Funding of Abortion for Poor Women, Issues in Brief, 2000 Series, No. 5.

For More Information

For information or referrals to qualified abortion providers, call the National Abortion Federation's toll-free hotline: 1-800-772-9100.
Weekdays: 8:00A.M.- 9:00P.M.
Saturdays: 9:00A.M.- 5:00P.M. Eastern time.

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