

Center for American Progress



Abortion Funding for Poor Women: The Myth of the Rape Exception

by **Stephanie Poggi**
April 28, 2005

In recognition of Sexual Assault Awareness Month, the National Network of Abortion Funds comments on the need for humane U.S. policies to support abortion funding for low-income women who are pregnant because of rape or incest.

What rights do poor women and girls have in the United States when they want to end a pregnancy that is the result of rape or incest?

Very few. Despite laws protecting the right to assistance in these circumstances, poor women and girls who have been raped are routinely refused funding for abortion under Medicaid, the government program that is the primary source of health care for those with the fewest resources. Like other poor women seeking abortion, they are often unable to get the care they need.

The history of withholding abortion funding from poor and vulnerable women began in 1976, just three years after the Supreme Court legalized abortion. That year, Congress passed the Hyde Amendment, which prohibited federal Medicaid funding for abortion unless a woman's life was in immediate danger. In 1993, an exception was added to permit coverage if the pregnancy was the result of rape or incest. More than 30 state Medicaid programs have followed the federal model and only permit funding for poor women in the case of life endangerment, rape, or incest. There are 17 states that currently use their own funds to cover abortion in most cases.

So, what happens today when a woman or girl who has been sexually assaulted seeks Medicaid funding for abortion in one of the many states that pay only in the case of rape/incest or life endangerment? The reality is that she is almost always denied coverage for the abortion.

At least 9,100 abortions each year are attributed to pregnancies that occur because of forced sexual intercourse, according to the Alan Guttmacher Institute.^[1] Yet, the vast majority of states that only cover abortion under the narrow exceptions report zero payments in any given year. In fiscal year 2001, the most recent year for which we have statistics, the number of abortions paid for by both federal and state Medicaid under the narrow exceptions totaled 81. This figure includes payments in cases of rape/incest, as well as in cases of life endangerment.^[2]

Denied funding by Medicaid in most states, poor women who have nowhere else to turn seek help from the National Network of Abortion Funds. This organization of 104 grassroots groups in 42 states and the District of Columbia helps 20,000 poor women and girls to pay for abortion each year, including many who have been raped but are unable to obtain Medicaid coverage.

Member funds share similar stories of women and girls who have been refused assistance from Medicaid, often after fulfilling laborious reporting requirements in the aftermath of a traumatic assault. In some cases, state Medicaid officials simply assert that they never cover abortion, either because they do not understand the rape/incest exception or because they do not believe in assisting women and girls with abortion under any circumstances. In other cases, the burdensome paperwork requirements on the part of the woman needing

assistance, the police, and doctors ensure that payment is never made – or will never come in time for the woman to obtain an abortion. In still other cases, the reimbursement from the state to abortion providers is so low that clinics no longer choose to go through the complicated and rarely successful process of seeking coverage.

The truth is that there is no real Medicaid exception for poor women and girls who have been raped or victimized by incest. They join other groups of vulnerable women whose rights are not protected, but instead, are severely abridged by bans on abortion funding. By definition, the Hyde Amendment burdens some of the most disadvantaged women in our society – those who depend on the government for health care. Given racial inequalities in the United States and the resulting racial distribution of poverty, women of color disproportionately depend on such coverage. This makes the issue of abortion funding a matter of racial justice, as well as economic justice and women's rights. Young women, who often have few resources of their own, are also hard hit by funding bans.

A policy report released this month from the National Network of Abortion Funds, entitled *Abortion Funding: A Matter of Justice*, illustrates the devastating costs to women of bans on Medicaid funding by looking at case studies of abortion funds and the hardships faced by the women they assist. Women who come to abortion funds are usually already mothers and may be unable to care for another child. They have suffered from rape and battery at rates that are even higher than those of the general population, and they are also more likely to be living with a serious illness.

Because it can take so long for poor women to find the money for an abortion, they tend to have later and thus more costly abortions. Often, women pay for abortions with money that was supposed to pay for rent, food, or utilities. And many times, women are unable to get the abortion at all. As many as one in three poor women who would have an abortion if the procedure were covered by Medicaid are forced to continue the pregnancy.^[3]

While the Network helps thousands of women and girls every year, the organization can never fill the gap created by the denial of Medicaid funding. As a country, we need to replace harmful policies that target the most vulnerable women with just, compassionate ones that give poor women the resources they need to obtain abortions and also provide support for poor mothers to have and raise their children with dignity.

For details on the policy recommendations and the work of the Network, please see *Abortion Funding: A Matter of Justice* at http://www.nnaf.org/policy_report.html.

Stephanie Poggi is the executive director of the National Network of Abortion Funds.

[1] Jones, Rachel, Jacqueline Darroch, and Stanley Henshaw, "Contraceptive Use Among U.S. Women Having Abortions in 2000-2001," *Perspectives on Sexual and Reproductive Health*, 2002, 34(6): 294-303; p. 297. In this survey, the question about forced sex was only asked of women who did not use hormonal contraception or other non-barrier methods in the month they got pregnant. Therefore, it is likely that the number is even higher.

[2] Sonfield, Adam and Rachel Benson Gold, "Public Funding for Contraceptive, Sterilization and Abortion Services, FY 1980-2001," 2005, National and State Tables and Figures, Table 9, report by the Alan Guttmacher Institute.

[3] Henshaw, Stanley and Lawrence Finer, "The Accessibility of Abortion Services in the United States, 2001," *Perspectives on Sexual and Reproductive Health*, 2003, 35(1): 16-24; p. 23.

www.americanprogress.org