NATIONAL ABORTION FEDERATION

Access To Abortion

FACT SHEET

■ Legal Abortion Is Not Widely Accessible to Women in the US

The Supreme Court confirmed women's right to choose abortion in 1973, and the courts have upheld that finding in subsequent cases. But access to abortion has been severely eroded. The most recent survey found that 84% of US counties have no identifiable abortion provider. In non-metropolitan areas, the figure rises to 94%. As a result, many women must travel long distances to reach an abortion provider.

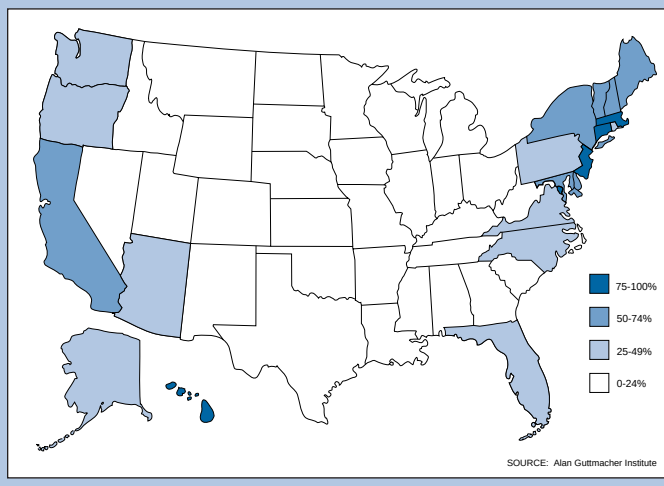
But distance is not the only barrier. Many other factors contribute to the current crisis in abortion access, including a shortage of trained providers; state laws that make getting an abortion more complicated than is medically necessary; continued threats of violence at abortion clinics; state and federal Medicaid restrictions; and fewer hospitals providing abortion services.

■ Shortage of Abortion Providers

In 1973, the Supreme Court struck down state laws that had criminalized abortion. Doctors working in emergency rooms and ob/gyn units before that time knew first-hand about the medical devastation that women suffered as a result of self-induced abortions or illegal abortions performed by unlicensed practitioners. Today, many of those doctors are retiring. The younger physicians replacing them have little direct experience with the consequences of illegal abortions and the public health benefits of ensuring that safe abortions remain available.

Even young doctors who are committed to providing safe abortions to their patients may have trouble getting the training they need. A survey in 1991 revealed that first trimester abortion techniques are a routine part of training in only 12% of America's ob/gyn residency programs. About 56% offer this training only as an elective, and 27% provide no opportunity at all for young doctors to learn to do safe abortions.[1]

Percentage of Counties with Abortion Providers



In 1996, the agency responsible for accrediting medical residency programs (the Accreditation Council for Graduate Medical Education) took steps to correct this problem. It now requires ob/gyn residency programs to include family planning and abortion training for their students. It is too soon to tell whether this will result in better preparation of ob/gyns in the future to provide safe abortion services, but it is clear that doctors who don't get this training are not in a position to provide the full range of care that their patients will need.

■ Restrictive Legislation

National polling consistently shows that the majority of Americans support a woman's right to choose, but many legislators are committed to bringing an end to legal abortion and have passed laws to drastically diminish abortion access. These include:

• *Parental Consent* or *Notification Laws* which are now enforced in over half the states (see Fact Sheet: *Teenage Women, Abortion and the Law*) can violate the privacy of young women by forcing them to involve their parents in their decisions, even when they have strong objections to doing so. As a result, some women travel to other states that do not require parental involvement; others have resorted to illegal abortions rather than comply with a legal requirement that puts them in jeopardy.

• *Mandatory Waiting Periods* require women to wait some period of time (up to 24 hours or more) between a state mandated counseling appointment and their abortion. These laws imply that women come to abortion clinics without having seriously considered their options. Such laws can add significantly to the costs of an abortion if the woman has to take time off from work, arrange for child care, travel a long way, and perhaps stay overnight in a distant city.

• *Biased Counseling Laws* require that clinic personnel lead their patients through detailed, state prescribed "scripts" that promote childbearing. Abortion providers have

long been at the forefront of developing and delivering sound and effective options-counseling to their patients. They consider these scripts "biased" because they contain information that is designed to frighten and dissuade women from having abortions. These coercive scripts are completely incompatible with the goal of true informed consent.

Clinic Violence and Disruption

Medical professionals who provide abortion services do so at a tremendous risk to their safety. Since 1994, two doctors who provided abortions have been murdered, and three others have been shot by anti-abortion zealots in the US and Canada. A clinic escort and two clinic employees have been murdered, and an escort and six clinic staff have been shot. Violence against providers also includes bombings, arson, vandalism, burglary, illegal blockades, threats and harassment.

Frivolous malpractice lawsuits against abortion providers are also generated by anti-choice extremists who want to keep providers from offering abortion services. These lawsuits are rarely justified (see Fact Sheet: *Safety of Abortion*), but they are used unfairly to discredit the reputations of providers and frighten patients.

Funding for Abortion

The cost of a first trimester abortion has increased only slightly since 1973 (see Fact Sheet: *Economics of Abortion*), but many women still cannot afford the fee. The Hyde Amendment denies federal Medicaid funding for abortions except in specific, rare circumstances, and most states have similar laws restricting financial help to women who need abortions. About one-third of private insurance plans do not cover abortion or will only cover it in certain limited circumstances, and about one-third of working women are not eligible for employee health insurance coverage.

The result is that too many women who need abortions must wait while they raise funds, postponing their abortions until later in their pregnancies, when the costs of these more complicated abortion procedures are higher. For the women who are struggling to make ends meet and who do not have insurance that covers abortion, the legal right to have an abortion does not guarantee that they will have access to it.

Declining Number of Hospitals Providing Abortion Services

Today, about 87% of women who need abortions have them in clinics or in private doctors' offices where costs can be kept low, without increasing health risks (see Fact Sheet: *Safety of Abortion*).

This pattern of abortion service delivery represents a significant shift away from hospital provided abortion care, which was far more common in the early years after the laws criminalizing abortion were struck down. Twenty five years later, only about 36% of hospitals offer abortion services. This has serious implications for abortion access. Women in rural areas where there are no abortion clinics, and low-income women who depend on hospital emergency services for medical care, are left unserved when hospitals do not provide abortions. When hospitals do not offer abortions, young physicians they train have no opportunity to learn to perform safe abortions. Finally, about 3% of women obtaining abortions require hospitalization because of serious risk factors, life threatening medical conditions, fetal anomalies, or other circumstances that require specialized life support equipment and expertise not available in clinics.

What is Being Done to Improve Abortion Access?

The National Abortion Federation's Access Initiative Project was created specifically to address the escalating problem of limited access to abortion in the US. The Access Initiative Project works with medical residency programs, educational institutions, healthcare associations, legal experts, public policy organizations, and interested individuals to ensure that qualified clinicians are able to get the training they need to provide safe abortions and that women can continue to have access to the quality health care they deserve.

[1]MacKay, H.T. & MacKay, A.P. Abortion Training in Obstetrics and Gynecology Residency Programs in the United States, 1991-1992. *Family Planning Perspectives*, 1995, 27:112-115.

- Statistical information in this fact sheet is based on research by the Alan Guttmacher Institute and other members of the National Abortion Federation.
- **For More Information**

  For information or referrals to qualified abortion providers, call the National Abortion Federation's toll-free hotline: 1-800-772-9100. In Canada: 1-800-424-2280. In Washington, DC: 202-667-5881. Weekdays, 9:30 a.m.-5:30 p.m. Eastern time.
- **For Further Reading**

  Who Will Provide Abortions? Recommendations from a National Symposium. 1995. Washington, DC: National Abortion Federation.

  Joffe, Carole. *Doctors of Conscience: The Struggle to Provide Abortion Before and After Roe v. Wade.* 1995. New York: Beacon Press.

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