What You Need to Know
Access to Abortion Services

There are many barriers to abortion provision with respect to both obtaining abortion care and providing abortion services. Health care providers should be aware of the barriers women may face when seeking comprehensive reproductive health services.

Key factors influencing access to abortion services

Low income and/or no health insurance or Medicaid coverage to cover abortion services

In 1977, the Hyde Amendment eliminated federal funding for abortion services except to save a woman’s life. Currently, federal Medicaid funding for abortion is provided only in cases of rape, incest, or life endangerment. As of 2004, seventeen states provide expanded Medicaid funding for abortion.

Cost (2005)

• Average cost of 10 weeks gestation nonhospital abortion = $523
• Average cost of 20 weeks gestation nonhospital abortion = $1,339

Provider Shortage/Distance from a provider

In 2005, 87% of U.S. counties reported having no abortion provider. Women in need of second-trimester procedures often have to travel long distances.

Gestation limits set by the provider, the clinic, and/or the law

Patients’ access to second-trimester abortions is even more limited than access to first-trimester procedures – in 2005, only 20% of abortion providers offered abortions at 20 weeks. State and federal legislation has also banned certain abortion procedures typically performed in the second trimester known as “partial-birth” abortion. In 2007, the U.S. Supreme Court upheld the federal “partial-birth abortion” ban.

Harassment of women and providers

Many clinics providing abortion services are regularly picketed by antichoice groups, and both patients and providers can be subjected to harassment from these picketers. Many clinics that provide abortions also provide family planning and prenatal care services, and patients seeking these services are exposed to harassment as well.

Violence and Intimidation

In 2005, approximately 20% of all clinics providing abortion services experienced some form of anti-abortion violence. 59% of clinics reported anti-abortion intimidation tactics interfering with access to services.

Legislation and government regulation

Recent legal restrictions on women’s access to abortion services include the federal “partial-birth abortion” ban, parental involvement laws required in 35 states, waiting periods of usually 24 hours between receiving counseling and obtaining an abortion mandated in 24 states, and Targeted Regulation of Abortion Providers (TRAP) laws. Examples of TRAP laws include requiring abortions after 15 weeks to be provided in a licensed surgical center and requiring providers to have expensive ultrasound equipment on site.

Limited availability of medical training in abortion

Although the Accreditation Council on Graduate Medical Education now requires that training in abortion be made available to all Ob/Gyn residents, currently only half of Ob/Gyn residency programs offer routine training in abortion care. Availability of training in abortion has improved in recent years, and due to efforts of pro-choice activists and supporters, New York City and California

now have laws requiring Ob/Gyn residency programs to offer routine training in abortions.\textsuperscript{11}

The training in abortion profile is similar for advanced practice clinicians including nurse practitioners (NPs), physician assistants (PAs), and certified nurse-midwives (CNMs). \textsuperscript{53%} of accredited programs for these clinicians offer didactic instruction in abortion procedures and only \textsuperscript{21%} offer routine clinical exposure to any abortion procedures.\textsuperscript{12} Eleven states and the District of Columbia do not have physician-only laws for therapeutic abortions. Each state’s regulatory board determines the provision of therapeutic/medication procedures by NPs, PAs, and CNMs. PAs are legally allowed to perform therapeutic abortion procedures in two states.

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