

REPRODUCTIVE HEALTH

When women are able to decide when and whether to have children, they are more likely to finish school, find gainful employment, build a career, and thus achieve economic stability.¹ Affordable access to contraception and safe, legal abortion give women the ability to choose whether and when they are economically, emotionally, and physically able to raise a child.

THE LANDSCAPE

- 99% of women ages 15-44 who have had sexual intercourse have used a form of contraception.²
- The Guttmacher Institute found that if a family plans to have two children, the average woman will spend more than three-quarters of her reproductive years trying to avoid pregnancy.³
- In a study examining the reasons women seek abortions, 73% reported that they were financially unable to support a child and 74% said that it would interfere with their school, work, or caretaking responsibilities.⁴
- One in three American women will have an abortion before the age of 45. Of women who have had an abortion, 61% have one or more children, and 69% are economically disadvantaged.⁵
- Only three health care clinics provide abortion services in Maine, which leaves 55% of Maine women without access to safe care near their homes.⁶
- The Hyde Amendment restricts federal funds from being used for abortions except in cases of rape, incest or endangerment to the life of the mother – severely limiting access to abortion services for women whose health care is covered through Medicaid.

BENEFITS OF ACCESS TO A FULL RANGE OF REPRODUCTIVE HEALTH CARE

- Avoiding costs of unintended pregnancy** The medical costs of pregnancy are expensive both to families and communities. Access to contraception makes it possible for women to choose if and when to make the financially significant decision to have children. States that provide women access to contraception realize savings in lowering the incidences of unintended pregnancy in Medicaid participants as well as reduced abortion rates.⁷
- Increased educational opportunity** Researchers have found that greater access to contraception leads to increased educational attainment for women, especially in professional degrees. This leads to a greater number of women in professional occupations.⁸

“Until women have control of their reproductive life they are not equal.”

–Mabel Sine Wadsworth

- **Progress towards wage equality** When women can choose when and whether to have children, they are able to spend more time in the paid workforce. Historically, this has contributed to a narrowing of the wage gap.⁹

RECOMMENDATIONS FOR MAINE ACTION

Ensure private health insurance includes abortion coverage

Private insurance companies with policies available through the state exchange should be able to offer coverage for the full range of reproductive services, including contraception, maternity care, routine screenings, and abortion without requiring a separate rider. Maine should pass affirmative legislation that ensures women are able to purchase private health insurance that includes abortion coverage.

Provide Medicaid coverage for all reproductive health services

The Supreme Court in *Roe v. Wade* and Maine state law protect all women's right to a safe and legal abortion. However, economic and geographic barriers make exercising this right impossible for many low-income women. Maine should join the 17 other states¹⁰ that provide Medicaid coverage for the full range of reproductive health services, including abortion.

RECOMMENDATION FOR FEDERAL ACTION

Repeal the Hyde Amendment

Abortion is legal under the U.S. Constitution. The Hyde Amendment makes it difficult or impossible for many women to access abortion services. Congress should repeal the Hyde Amendment to ensure that women who receive health care through Medicaid, federal employees, members of the Peace Corps, and women in the military have access to safe abortion services.

ENDNOTES

- 1 Sonfield, A., et al. (2013). *The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children*. Washington, DC: Guttmacher Institute. Retrieved June 16, 2014 from <http://www.guttmacher.org/pubs/social-economic-benefits.pdf>
- 2 Daniels K., et al., (2013). *Contraceptive methods women have ever used: United States, 1982–2010*. Centers for Disease Control and Prevention, National Health Statistics Reports, 2013, No. 62. Retrieved June 18, 2014 from <http://www.cdc.gov/nchs/data/nhsr/nhsr062.pdf>
- 3 Guttmacher Institute. (2013) *Fact Sheet: Contraceptive Use in the United States*. Retrieved June 18, 2014 from http://www.guttmacher.org/pubs/fb_contr_use.html#4
- 4 Finer, L., et al. (2005). *Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives* Washington, DC: Guttmacher Institute. Retrieved June 16, 2014 from <http://www.guttmacher.org/pubs/journals/3711005.html>
- 5 Guttmacher Institute. (2014) *State Facts About Abortion: Maine*, Retrieved June 16, 2014 from <http://www.guttmacher.org/pubs/sfaa/pdf/maine.pdf>
- 6 Ibid.
- 7 Frost, J. et al. (2010) *The Impact of Publicly Funded Family Planning Clinic Services on Unintended Pregnancies and Government Cost Savings*. New York, NY: Guttmacher Institute Retrieved June 16, 2014 from http://www.guttmacher.org/pubs/09_HPU19.3Frost.pdf
- 8 Sonfield, A., op. cit.
- 9 Ibid.
- 10 Kaiser Family Foundation. (2014). *State Funding of Abortions Under Medicaid*. Retrieved June 16, 2014 from <http://kff.org/medicaid/state-indicator/abortion-under-medicaid/>