

Minimum Wage and Abortion Access

GETTING WHAT YOU [CAN'T] PAY FOR



About the National Partnership

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family.

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In the United States, people with lower incomes, people with disabilities, and people of color have never fully enjoyed reproductive freedom. Whether a person wants to have a child or wants to not have children, their ability to exercise these rights has consistently been thwarted.

On the one hand, people's decisions to have a child or grow their family have been interfered with by policies such as forced sterilization or caps on the number of children someone can have and still be eligible for public benefits. On the other hand, those who do not want to have children are often denied meaningful access to abortion care, or even contraception, through policies that put that care financially or geographically out of reach or otherwise make access nearly impossible.

This issue brief will focus on a specific governmental economic policy – an inadequate federal minimum wage – that undermines reproductive justice for people with lower incomes, who are disproportionately people of color, by keeping access to abortion care beyond their financial reach. An exploitatively low minimum wage level undermines reproductive justice in other ways as well, such as by compromising one's ability and right to parent and raise one's children in a safe and healthy environment, but those issues are beyond the scope of this issue brief.

About Reproductive Justice

The reproductive justice movement advances a concept of reproductive freedom within a human rights framework that focuses on the full range of experiences, priorities, and needs of Black, Latinx,* Asian American, Pacific Islander, American Indian, and Alaska Native people, as well as LGBTQ people and those with disabilities. The term, which merges reproductive rights with social justice, was created in the early 1990s by a group of Black women seeking to remedy the reproductive rights movement's persistent exclusion of groups who were marginalized by racism and other systemic inequities. SisterSong, the United States' first and leading reproductive justice organization, defines it as "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities."

The reproductive justice framework incorporates the concept of "intersectionality," a term coined by legal scholar Kimberlé Crenshaw. Drawing on Black feminist and critical legal theory, intersectionality promotes an understanding of the realities faced by people with multiple identities subject to oppression. This means that individuals must contend with the structural marginalization and harm society inflicts on people with each of their separate identities (for example, being Black and being a woman), and also experience compounded and unique harms at the particular intersection of those identities (for example, being a Black woman). In summary, intersectionality means that the total harm to people with multiple marginalized identities is much higher than merely the sum of its parts.

The reproductive justice also framework incorporates foundational economic justice concepts because it requires meaningful, concrete access to the resources needed to achieve its stated objectives: bodily autonomy, the choice to have or not have children, and raising the children you choose to have with safety and sustainability. Economic justice envisions a society in which all people are financially secure and have the resources they need to participate fully and equitably in economic, social, and political life, thereby contributing to the wellbeing of themselves, their communities, and their loved ones. Reproductive justice holds that simply having the legal right to something is meaningless without the ability to actually exercise that right.

** To be more inclusive of diverse gender identities this bulletin uses "Latinx" to describe people who trace their roots to Latin America, except where the research uses "Latino/a" or "Hispanic," to ensure fidelity to the data.*

Overview

While economic insecurity impacts millions of people in the United States, women are nearly 40 percent more likely to have incomes below the poverty line, compared to men (nearly 11 percent vs. 8 percent).¹ Many factors fuel this inequity, most of which are rooted in gender and racial discrimination. Women's work has been consistently devalued in the marketplace, with many women being segregated into low-paying jobs. Women comprise the majority of workers paid minimum wage or less. Women of color are also disproportionately represented in the low-paying workforce, and make up almost a quarter of the minimum-wage workforce.² Women, especially women of color, are also overrepresented in occupations considered essential that are nevertheless low-wage, such as retail, health care, education, and food services.

Having a limited income directly affects a person's ability to realize their reproductive rights, actualize their bodily autonomy, and protect their financial future, including their ability to choose to have an abortion. Abortion care can be costly, and is often prohibitively expensive for people with low incomes.³

The cost of the abortion itself is just the beginning. People generally incur additional costs such as childcare, transportation, and taking time off of work (often in the absence of paid sick days). Restrictive state laws, such as those that mandate multiple trips to a clinic or force delays that push care later into a pregnancy, increase the financial burden even more. And yet the financial cost of not being able to access abortion care is exponentially higher for individuals and families and can cause people to fall into, or further into, poverty. This is especially because birthing and raising a child significantly impact a family's short- and long-term economic security.

Moreover, medical care in the United States is notoriously expensive and, without insurance, unaffordable for the vast majority of people. However, few low-wage workers have access to health insurance through their jobs (only one in three). Even if they are offered health insurance at work, for many it is still unaffordable; fewer than one in four low-wage workers actually have employer-sponsored health insurance.⁴ For many people, Medicaid, the government health insurance for selected low-income people, would provide coverage in the absence of affordable private health insurance. However, not only does Medicaid exclude many people with incomes below the poverty line (depending on the state and categorical considerations), but Medicaid is prohibited from covering abortion care anyway (except in very narrow circumstances) due to the Hyde Amendment.

As a consequence of these discriminatory policy decisions, people with low incomes can be stuck between a rock and a hard place – devoid of any meaningful choice. In practice, millions of women in the United States do not, in fact, have access to abortion care. This is, at least in part, because of decision-makers' inability to ensure, first, that everyone has a living wage, and second, that comprehensive health care is accessible and affordable to all, and in the absence of these, that government-supported health care does not discriminate against women with regard to their reproductive needs. The fact that the legal right to abortion remains in place is irrelevant to many people's reality. Focusing only on the rights people have on paper is woefully inadequate and disproportionately harms communities of color, given how the labor market discriminates against them. It is past time that decision-makers address the economic barriers to full reproductive health, autonomy, and justice. And while raising the minimum wage alone will not solve deep and systemic

problems of economic insecurity, or racist and sexist structures of inequity that deeply disadvantage communities of color, it is an important step toward ensuring that more people will have access to the abortion care they want and need.

The minimum wage is too low and disproportionately impacts women, especially women of color, who are the majority of the minimum wage workforce.

The federal minimum wage is inadequate and has devastating consequences for workers, especially women. The federal minimum wage has stagnated at \$7.25 per hour since 2009, the longest period without an increase since 1938.⁵ This is so low that a full-time worker would earn only \$15,080 annually, which is well below the federal poverty line for families of two or more,⁶ and nowhere near a living wage (the amount of income needed to meet a household's basic needs, including food, childcare, health care, housing, and transportation). The tipped minimum wage, which is what many workers in service industries like restaurants are paid, is only \$2.13 per hour; it has not changed in three decades.⁷ Only 30 states, the District of Columbia, and 45 localities have adopted minimum wages above the federal floor,⁸ but in many cases even that higher rate is still not a livable wage.

At the same time, women's work is systematically devalued and inadequately compensated. Two trends interplay with and reinforce each other: First, women are segregated into lower-paying jobs and industries; and second, jobs that are "feminized" or dominated by women, for structural and cultural reasons, become comparatively less well-paid over time.⁹ Many factors drive these trends, ranging from gender stereotypes, to the lack of workplace supports for family caregiving, to the devaluation of work that is primarily done by women. As a result, women tend to be overrepresented in certain occupations that are much more likely to pay workers the minimum wage or even the sub-minimum tipped wage. These include: sales, food preparation, building cleaning, food and beverage services, and personal care and services.¹⁰ Women comprise almost 60 percent of all minimum wage workers, while Black women and Latinas comprise roughly a quarter.¹¹

Having limited financial resources undermines people's ability to parent their children safely and sustainably and to make a better life for themselves and their families. This is particularly true for low-wage workers who are caregivers or the primary breadwinners of their families.¹² As an organizer with the Fight for \$15 Campaign said, "We should be able to go on family vacations and spend time with our kids if they get sick. We should not have to keep living in poverty."¹³ Women earning low incomes are forced to risk their health or that of their families just to stretch their dollars. They might buy and eat cheap, unhealthy food; skip medical care; overwork themselves; and take no time to rest and recuperate even when they are ill.¹⁴ Their limited income prevents them from saving money to deal with unexpected expenses and emergencies, or a stable retirement, or creating any wealth. The low minimum wage also leaves women particularly vulnerable to sexual harassment on the job, especially for women who work in service industries and are often forced to tolerate inappropriate behavior from customers so as not to jeopardize their income or tips.¹⁵

Abortion care is expensive and financially inaccessible for many people.

Medical care in this country is notoriously expensive, and abortion care is no exception. In 2017, a first trimester abortion procedure cost an average of \$549, while a medication abortion at 10 weeks' gestation cost \$551.¹⁶ In 2018, more than 9 out of 10 abortions were performed in the first trimester.¹⁷ Studies show that the price of abortion care in the second trimester of pregnancy can be two to three times higher compared to the first trimester.¹⁸

The unexpected expense of abortion care is unaffordable for many people. A 2020 Federal Reserve study found that almost 40 percent of people in the United States would not have the cash to cover the costs of a \$400 emergency.¹⁹ For Black and Hispanic people, the rate is even higher – 55 percent and 53 percent respectively.²⁰ During the coronavirus pandemic, as many as 82 percent of people said that if they were faced with a surprise \$500 expense, they would not be able to afford it.²¹ For a minimum wage worker, the expense of abortion care may be insurmountable. A person working full-time (40 hours per week) at the federal minimum wage earns \$15,080 annually before taxes and withholding, which amounts to \$1,256.67 monthly.²² A first trimester abortion costs more than a third of that monthly income.²³ For those needing abortion care after 20 weeks' gestation, they would have to pay close to two-thirds of their monthly income.²⁴ That is an incredibly high proportion of the expenses of someone with a tight budget or living paycheck-to-paycheck.

Additional, related expenses push abortion care even further out of reach. First, for many people in the United States, just getting to an abortion provider is costly. There is a severe shortage of abortion providers, driven by a combination of medically unnecessary abortion restrictions, limited training opportunities, and an atmosphere of stigma, harassment, and even violence.²⁵ This shortage often forces women to travel long distances to obtain care. In 2014, 35 percent of women had to travel more than 25 miles one way to get abortion care.²⁶ Abortion access is especially challenging in rural counties such as those in Kansas, Montana, Nebraska, North Dakota, South Dakota, Texas, and Wyoming, where women may have to travel at least 180 miles to obtain abortion care.²⁷ This distance barrier is exacerbated by medically unnecessary requirements including mandatory delays, medication abortion restrictions, and the targeted regulation of abortion providers.²⁸ These restrictions multiply the costs of travel, from paying for the transportation itself, to the need for overnight lodging, to the costs of child care – to say nothing of the harm they cause to people's health and well-being.

What are abortion funds?

Abortion funds are nonprofit organizations that collect private donations and work with abortion providers to help cover the cost of the procedure for women who otherwise could not afford it.²⁹ They also provide practical support in the form of transportation, child care costs, lodging, translation services, doulas, and other services or supports to ensure that the person seeking the service feels respected and valued.³⁰ In 2014, 14 percent of abortion patients relied on financial assistance from organizations to pay for some or all of the cost of their care.³¹ In 2019, abortion funds comprising a network of 80 grassroots organizations supported 56,155 people; this, however, represents only 26 percent of the calls the network received, indicating both that abortion funds are under-resourced and that the costs associated with abortion care remain too high for many people.³²

Another factor that escalates the cost of obtaining abortion care for many people is the lack of paid leave, especially in low-wage occupations. About 79 percent of workers do not have paid family or medical leave through an employer.³³ Fewer than one out of 10 workers in the bottom wage quartile have access to paid sick leave or other forms of paid time off.³⁴ The situation is even more dire in female-dominated occupations such as food service.³⁵ In addition, low-wage workers often face unfair and unpredictable work shifts, which make it hard to schedule a medical appointment.³⁶ This includes “just in time” scheduling practices, where workers are informed of their schedule only two hours prior to their shift.³⁷ Workers often fear retaliation, and even unemployment, if they request changes in their schedules in order to access care.³⁸ These factors can increase the financial burden of accessing abortion care, as people would have to risk losing wages – and even their job – to take the time they need.

Even though abortion care can be cost-prohibitive for many people, not being able to access it has even greater economic consequences, considering how expensive birthing and raising a child is. Women denied a wanted abortion were almost four times more likely to have a household income below the federal poverty level, and were three times more likely to be unemployed.³⁹ Research also shows that living in a state with targeted restrictions on abortion providers (TRAP laws) correlates with more women being unwilling to leave their existing jobs for better-paying ones.⁴⁰ All together these factors can create a vicious cycle for low-income women: They are unlikely to be able to afford abortion care, while lack of access to abortion care can trap them in poverty.

Restrictions on health insurance coverage of abortion keep this care out of reach for people who can't afford to pay full cost.

The point of having health insurance is to make health care more affordable, yet this is not always true for abortion care. First, people who work in minimum- and low-wage jobs often cannot afford private insurance and must rely on Medicaid for health insurance. There are 12 million wage-earning adults enrolled in Medicaid, most of them working full-time.⁴¹ More than seven out of 10 of those on Medicaid work in one of five industries: education and health, hospitality, retail, business services, and manufacturing, industries that are mostly dominated by women, particularly women of color.⁴²

For people on Medicaid, abortion care is very difficult to access, in significant part due to the Hyde amendment which, since 1976, has blocked federal Medicaid funding for abortion care in all except for a few, very narrow circumstances. When the Hyde Amendment was challenged in *Harris v. McRae* in 1980, the Supreme Court held that a woman did not have a “constitutional entitlement to financial resources to avail herself of the full range of protected choices.”⁴³ This decision denied the promise of *Roe v. Wade* for low-income women who depend on the government for financial resources to access health care. The mainstream reproductive rights movement also failed to acknowledge that in emphasizing privacy as the basis for the legal right, it omitted to address the needs of women, particularly women of color, who did not have the privilege of privacy or separation from the government.⁴⁴ Due to systemic racism and structural economic inequities, women of color of reproductive age are more likely to be insured through Medicaid: nearly one in three Black women and more than one in four Latinas, compared to roughly one in six white women.⁴⁵ Consequently, women of color are disproportionately denied access to abortion coverage and are much more likely to have to pay the full cost themselves.

Despite the federal limitations on abortion coverage, 16 states use their own funds to cover the cost of abortion care for residents with Medicaid coverage.⁴⁶ However, even people living in those states may not be able to take advantage of the benefits of insurance coverage for abortion care. First, many people struggle to access Medicaid coverage at all due to actual or perceived challenges in enrollment⁴⁷ and reenrollment, and to structural factors such as the digital divide, which makes it hard to enroll online.⁴⁸ Second, many people may fall into gaps in state Medicaid coverage, such as low-wage workers who earn slightly more than the level required to be financially eligible for Medicaid, or immigrant workers who may be barred from Medicaid coverage based on their documentation status, duration of residence, and policies such as the public charge rule.⁴⁹

Although most low-income people rely on Medicaid, some may have access to private insurance (such as through their employer or through a parent’s insurance plan). However, other factors may dissuade them from using their insurance for abortion care, even when it is technically available. First, they may not know that abortion care is covered and may end up paying the cost themselves.⁵⁰ Second, abortion stigma and confidentiality concerns also impact people’s decisions whether to use their insurance to cover abortion care. For example, young people seeking care while on their parent’s insurance may be scared of getting “caught,” while other people who are insured through work may be worried about their employer finding out that they were getting abortion care.⁵¹ These

reasons contribute to why, in 2014 (the latest year for which data is available), 53 percent of abortion patients paid out of their own pockets.⁵² Given the costs of abortion care, this is a significant strain on people's financial security and can be especially problematic for people with low incomes. Until more significant and structural changes are made to the health insurance landscape so that there is improved and equitable coverage for abortion care, raising the minimum wage can help reduce this financial strain.

Raising the minimum wage can make abortion care more affordable and accessible.

Raising the minimum wage will benefit women and families in many ways. Proposed legislation would gradually raise the federal minimum wage from \$7.25 to \$15 by 2025. It would also peg the federal minimum wage to median wage growth to ensure its value does not once again erode over time. Raising the minimum wage would significantly enhance the income of workers, 59 percent of whom are women.⁵³ It would also benefit people and families of color: 35 percent of Black working women and 32 percent of Latinx working women would receive higher pay.⁵⁴ Furthermore, in the past, raising the minimum wage narrowed gender and racial earning gaps.⁵⁵ A raised minimum wage would increase women's earnings, allowing them to build wealth, increase savings, and pay for needed services, including health and abortion care.

There is some evidence that increasing the minimum wage increases women's access to health care and leads to better health outcomes. Workers experience fewer unmet medical needs when they reside in states with higher minimum wages, which is likely due in part to their increased ability to afford out-of-pocket health care costs.⁵⁶ Similarly, a higher minimum wage is associated with improvements in self-rated health and reported health conditions, and for women in particular, it is associated with a decline in reported number of days of poor mental health.⁵⁷ Additionally, a \$1 increase in the minimum wage was associated with a sharp decrease in STI rates,⁵⁸ and with a small, but statistically significant increase in prenatal care, including total number of visits, having at least five visits, and obtaining care during the first trimester.⁵⁹

Increasing the minimum wage can provide low-income individuals with more resources to invest in their own health and may help bring abortion care within their financial reach. Of course, raising the minimum wage alone is not enough to make abortion care affordable or accessible, or to guarantee reproductive autonomy. That said, it is an important step toward improving the economic security of women and families so that they are better able to afford and access the care they need and are better able to make decisions about whether and when to become parents.

Recommendations for Policymakers

- 1** Federal, state, and local policymakers must enact a minimum wage law that raises the base rate to at least \$15 per hour, eliminates the sub-minimum or tipped wage, and ensures that the minimum wage will be adjusted automatically to keep pace with inflation, such as the [Raise the Wage Act](#).
- 2** Federal, state, and local policymakers should pass legislation to allow workers to earn job-protected paid sick days, such as the [Healthy Families Act](#).
- 3** All policymakers should support policies that would help keep women attached to the labor force. These policies include investing in care infrastructure, universal paid family and medical leave, child care and early learning, and long-term services and supports; addressing workplace harassment and pregnancy discrimination; subsidizing transportation costs, especially for low-income individuals and families; and ensuring workers have the right to request flexible and predictable work schedules.
- 4** Federal and state policymakers should pass legislation that ensures access to abortion care in ways that prioritize personal autonomy and dignity, and that ends the stigmatizing and medically unnecessary restrictions that drive up costs and put abortion care out of reach.
- 5** Federal policymakers should eliminate the Hyde Amendment and other similar amendments to ensure that people receiving insurance or health care through the federal government will have coverage and access to abortion services. Legislation should also prohibit federal, state, and local governments from preventing private insurance companies from providing coverage for abortion care.

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