

# Paid Sick Days Enhance Women's Abortion Access and Economic Security

## INTRODUCTION

Everyone needs time to access health care without risking their economic stability. Paid sick days allow a person to recover from short-term illnesses, access preventive care, undergo a basic medical procedure or care for a sick child or family member. Yet, more than 34 million people working in the private sector don't have a single paid sick day and, for too many of them, taking time away from work to attend to their health means risking their jobs and financial stability.<sup>1</sup>

Not having access to paid sick days is especially problematic for women seeking abortion care because restrictive laws make such care difficult to obtain and force women to expend more time and resources than are needed to access other health care services. Restrictive abortion laws require women to pay out of pocket for abortion care, travel long distances, take multiple days off work, make additional, medically unnecessary visits to an abortion provider and spend hundreds or thousands of dollars on travel- and procedure-related expenses. The combination of barriers to abortion care and a lack of paid sick days disproportionately affects low-income women, women of color and women living in medically underserved areas, including rural communities.

Paid sick days laws could give a woman seeking abortion care the time she needs to travel to a clinic, receive care and recover without risking financial insecurity from the loss of several days' pay or her job. It would mean fewer women delay care due to a lack of workplace supports. **To improve women's health and economic security, policymakers should enact legislation that guarantees workers access to paid sick days as well as legislation that expands women's access to high-quality, affordable and comprehensive reproductive health care.**

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<sup>1</sup>We use the term "women" in this report, but recognize that barriers to abortion access affect people of many gender identities – transgender, nonbinary and cisgender alike. Barriers to abortion access are often exacerbated for people in the LGBTQ community due in part to added stigma and lack of cultural competency. The National Partnership works to remove these barriers so everyone is able to access the care they need.

## PAID SICK DAYS ARE ESSENTIAL TO WOMEN'S ABILITY TO CARE FOR THEIR HEALTH AND THEIR FAMILIES.

Millions of working people face an impossible choice when they are sick or need to access health care: stay home and risk their jobs and economic stability or go to work and risk their health. Paid sick days laws guarantee workers the right to accrue job-protected, paid time away from work.

Nearly 1 in 3 private sector workers have no paid sick days they can use to care for their own health or for a sick child or family member.<sup>2</sup> More than half of Latina workers and 36 percent of Black women workers do not have access to paid sick days.<sup>3</sup> Among the lowest-earning private sector workers of all races and ethnicities, roughly 7 in 10 lack paid sick days.<sup>4</sup> For these workers, taking unpaid time away from work or being fired for missing work can have severe financial consequences.

For women of color, the inability to earn paid sick days can be especially concerning. Nearly 4 million Black families with children have a female head of household<sup>5</sup> – most often a mother, grandmother or other relative who is her family's only source of support. Eighty-one percent of Black mothers are primary breadwinners for their families.<sup>6</sup> Mothers are primary breadwinners for more than half of Latino families and more than two-thirds of Native American families.<sup>7</sup> For these and other workers, a few days of lost pay can mean being unable to pay for an entire

month's worth of groceries, utilities, housing or health care.<sup>8</sup>

The persistent gender wage gap further compounds the challenges. Lower wages make it even tougher for women to take unpaid time off for their own health care or to care for a family member while still making ends meet. For every dollar paid to white, non-Hispanic men, Latinas who are working full time, year-round are typically paid just 53 cents, Native American women 58 cents, Black women 61 cents, white, non-Hispanic women 77 cents, and Asian American women 85 cents.<sup>9</sup> Across all racial and ethnic groups, women in the United States are paid an average of 80 cents for every dollar paid to men, amounting to an annual gender wage gap of \$10,086.<sup>10</sup>

In addition to wage loss, job loss is a risk for a worker who needs to take time off to access health care. Nearly one-quarter of workers report that they have lost a job or were threatened with job loss for taking time off to tend to their health or that of a family member.<sup>11</sup> When someone loses their job, unemployment is often a long-term hurdle that leads to economic instability. Even short-term job loss can upend a family's financial situation.<sup>12</sup>

### Women Need Schedules That Allow Them to Access Abortion Care

In addition to not having any paid sick days, many women face unfair and unpredictable scheduling practices at work. An estimated 1 in 6 workers has an unstable schedule, and workers in low-wage industries are particularly vulnerable to unfair scheduling practices.<sup>13</sup> Many of these workers receive their schedules just days or hours before they are expected to work, and fear retaliation if they request changes. Moreover, for many workers, unpredictable hours make it nearly impossible to know if there will be enough money to make ends meet.

For women trying to access abortion care, scheduling appointments for abortion counseling or procedures can be extremely challenging, and unpredictable schedules can exacerbate a bad situation. As detailed herein, clinic closures, a shortage of providers and limited appointment availability can mean long travel times and little control over appointment times. And for women in states that have a mandatory delay law, these challenges are compounded if a woman must make multiple trips to see a provider. Policies such as the Schedules That Work Act would better ensure the predictability and stability in work schedules that women need to better attend to their health care.<sup>14</sup>

## THE BARRIERS TO ACCESSING ABORTION CARE ARE GREATER FOR WOMEN WITHOUT PAID SICK DAYS.

A woman's ability to obtain an abortion without barriers or stigma is central to achieving reproductive justice and to her health and economic security. Roughly 1 in 4 women will have an abortion in her lifetime.<sup>15</sup> Unfortunately, myriad abortion restrictions may stand in her way, making care difficult, expensive or impossible to obtain. When a woman lacks paid sick days, getting the care she needs may mean not only facing common, persistent challenges like bans on abortion coverage and other harmful abortion restrictions, but also lost wages and possibly job loss. The financial burden, as well as the potential struggles of navigating inflexible work schedules and policies, may delay or even eliminate a woman's ability to obtain care.

### Abortion restrictions already make accessing care difficult.

Since 1973 when the U.S. Supreme Court legalized abortion, states have passed more than 1,200 abortion restrictions.<sup>16</sup> More than 400 of these, or over one-third, have been enacted just since 2011.<sup>17</sup> Additionally, Congress has enacted multiple federal restrictions on abortion that affect women nationwide. These burdensome laws threaten women's health and economic security and perpetuate health disparities affecting low-income women, women of color, young women and women living in medically underserved regions. The negative impact is immense: These restrictions lead to fewer abortion providers, an increase in the distance that a woman must travel to obtain care, an increase in the number of visits a woman must

make to an abortion provider and an increase in the costs and time associated with obtaining abortion care – if she is able to obtain care at all.

Given these restrictions, accessing abortion care can be more time consuming and resource intensive than accessing other health care services. Costs and barriers can pile up depending on which state restrictions a woman is subject to and the hurdles they cause. These may include:

- Coverage bans.** Due to unjust policies like the federal Hyde Amendment, which bars abortion coverage for women enrolled in Medicaid, and other federal and state abortion coverage bans, many women must pay out of pocket for abortion care.<sup>18</sup> While some states have policies that require them to use state-only Medicaid funds to cover abortion care, 35 states and the District of Columbia do not,<sup>19</sup> leaving the majority of reproductive-age women who are enrolled in the Medicaid program without abortion coverage.<sup>20</sup> Medicaid is particularly important for women of color.<sup>21</sup> Nearly one-third of Black women of reproductive age and more than one-quarter of Latinas of reproductive age are enrolled in Medicaid.<sup>22</sup> These women are also more likely to be working in low-wage industries that historically do not offer paid sick days, such as agriculture, food retail, and restaurant and food service.<sup>23</sup> The Hyde Amendment also means that women with disabilities who rely on Medicare or Medicaid for insurance<sup>24</sup> are denied coverage for abortion care.

### Rising Costs

When an abortion is provided in the first trimester – as is most common<sup>25</sup> – a woman may pay \$504 on average (or up to \$1,655) for a medication abortion or \$480 on average (or up to \$2,908) for an abortion procedure.<sup>26</sup> As time goes on, the cost increases: The median cost of a second-trimester abortion is \$1,350 and can rise as high as \$5,000.<sup>27</sup> Expenses are not limited to the cost of abortion care. A 2013 study found that women incurred additional costs to access abortion care, such as transportation, child care, and hotel and other travel costs.<sup>28</sup> Additionally, many women delayed or did not pay for necessities like electricity and other bills (30 percent), food (16 percent) and rent (14 percent) in order to cover the costs of abortion.<sup>29</sup>

- **Travel Distances.** There is a severe shortage of abortion providers in the United States due to medically unnecessary abortion restrictions; limited training opportunities; and an atmosphere of stigma, harassment and violence. This shortage often forces women to travel long distances to obtain care. According to the most recent available data, about half of reproductive-age women have to travel approximately 11 miles to access services at the nearest clinic, and 1 in 5 women must travel 42 miles or more – a significant barrier, particularly for low-income women.<sup>30</sup> Abortion access is especially challenging in rural counties in Kansas, Montana, Nebraska, North Dakota, South Dakota, Texas and Wyoming, where women have to travel at least 180 miles to obtain abortion care.<sup>31</sup> Most of these states are very hostile to abortion rights, having enacted six or more abortion restrictions, according to the Guttmacher Institute.<sup>32</sup>
- **Limited Appointments.** Closures of clinics are exacerbating provider shortages, limiting the availability of appointments and making it even more difficult for women with already inflexible jobs to get the care they need. For example, Texas’ House Bill 2 (a draconian set of abortion restrictions that were eventually struck down by the U.S. Supreme Court) led to a drop in the number of clinics in Texas providing abortion care from 41 to 18,<sup>33</sup> and the Texas Policy Evaluation Project found that the remaining clinics lacked the capacity to meet the need for abortion services across the state.<sup>34</sup> After a key provider in Dallas closed in June 2015, average wait times at the city’s only two open facilities jumped from five or fewer days to 20 days, and one facility was unable to schedule any appointments at all for several months.<sup>35</sup>

## Brittany’s Story

In 2007, I had an abortion. When I found out I was pregnant, I was already a mother of three and my youngest child was still a newborn. I was going to school and working part time, without benefits, at a grocery store. I could not afford the \$900 cost of abortion care, and because my abortion took place at 15 weeks, it was a two-day procedure and I couldn’t physically work immediately after. I had to miss two days of work. Because there was not paid time off, I earned less that week. I don’t remember what I told my employer to get those days off, but it wasn’t easy because they had strict policies around calling out of work.

The impact of having to miss work while raising a family was detrimental. I couldn’t make rent. Missing two days of work while you’re still not making enough – it’s a lot. So is trying to recover while going right back to your everyday life without a break in between. There was no security in that. Because I didn’t have insurance, I had to come up with the money out of pocket, and then try to figure out how to pay the rest of my bills. Luckily, an abortion fund paid for part of the cost, and I borrowed part from my great-grandmother.

The clinic was 15-20 miles away, and I had to take two trains to get there. I had to schedule my abortion care around my mother’s work schedule because I needed her to pick me up on her day off.

I share my story intentionally so folks don’t feel alone.

*Thank you to Brittany Mostiller for sharing her story with us, and thank you to the National Network of Abortion Funds for storytelling coordination.*

- **Mandatory Delay Laws.** In many states, women are forced by law to wait a specific number of days before obtaining abortion care, and delays are often even longer in practice. Many mandatory delay laws force women to make at least one extra trip to the clinic to receive state-mandated false or biased information or to endure a medically unnecessary, state-mandated ultrasound before returning to obtain an abortion.<sup>36</sup> This can compound many challenges that women face accessing care, including by requiring that women arrange to take multiple days off work.

### A lack of paid sick days makes access even harder.

For a woman without paid sick days, taking hours – or days – to travel to and from a clinic means more unpaid time away from work and lost wages<sup>37</sup> – and may jeopardize her employment. Travel-related logistics, such as changing one’s work schedule to be able to make appointments, are among the most common barriers to obtaining abortion care<sup>38</sup> and contribute to delays in care and negative mental health outcomes related to not being able to obtain a wanted abortion.<sup>39</sup> A 2016 study illustrated the challenges that some women encounter in accessing abortion, in part due to the need to schedule appointments during the workday: “Like many others who accepted the next available appointment for their procedure, a 35-year-old [Alabama] woman had to work on the day her . . . abortion was scheduled. To drive 40 miles one way to attend the visit, she told her employer she had a doctor’s appointment for a kidney infection and missed one-half [sic] day of work — almost \$50 in wages.”<sup>40</sup> A study conducted in Utah showed that nearly two-thirds of participants reported that the state’s 72-hour mandatory delay law adversely affected them<sup>41</sup> – in large part in ways that were exacerbated by their lack of paid sick days. Among those who reported having been adversely affected by the

law, nearly one-half of women said they “had to take extra time off of work” to access care, and many reported “lost wages (47%) . . . and additional expenditures and lost wages by a family member or friend (27%).”<sup>42</sup>

People without paid sick days are three times more likely than people with paid sick days to delay or go without medical care for themselves.<sup>43</sup> For women seeking an abortion, time is of the essence. Because fewer providers offer abortion care as the pregnancy progresses, a woman who is delayed in seeking care – for example, because she has to wait until her day off coincides with an available appointment or because lost wages from missing work decrease the funds she has available to pay for care – may be forced to travel farther and expend more resources to get care.<sup>44</sup> And when restrictions delay a woman’s access to abortion care, the costs of the procedure itself also increase.<sup>45</sup> A delay of just a few days may push a woman past the nearest clinic’s gestational limit, forcing her to find another clinic that offers care at her current gestational age or even forcing her to carry to term.

Women need access to paid sick days guaranteed through laws, not just employer-provided vacation or paid time off. Few private sector workers at the bottom of the pay scale have access to these company-provided workplace benefits.<sup>46</sup> And, in contrast to paid sick time that workers accrue and use pursuant to a state or local law, employer-provided time off is not legally protected and often requires both advance notice and approval from a supervisor. Accessing abortion care should not depend on obtaining an employer’s permission or compel women to disclose private health details in order to schedule their medical appointments. As women in one study told researchers, to have time for an abortion consultation, some women “reluctantly had to disclose to others why they needed additional coverage at work.”<sup>47</sup>

## All Women Need Paid Sick Days

Not having access to paid sick days is a destabilizing force that can affect women’s peace of mind, health and economic security. The same women who need paid sick days to access abortion care also need paid sick days to care for their children when they are too sick to attend school, accompany aging parents to doctor appointments and tend to their own health needs.

**For many women seeking abortion care, the lack of guaranteed paid sick days has serious financial consequences.**

For a woman living at the margins of financial stability (well over half of patients seeking abortion care are already low income, with 42 percent classified as poor<sup>48</sup>), an unplanned pregnancy comes with the threat of financial destabilization. In accessing abortion care, she faces the financial impact of lost wages and even job loss, on top of costs imposed by unjust abortion restrictions. If she is unable to access care, she faces the risk of financial instability because of unsupportive or even punitive workplace policies and the cost of being forced to carry an unplanned pregnancy to term.<sup>49</sup> Given that more than 60 percent of U.S. households lack emergency funds or savings,<sup>50</sup> either of these scenarios could wreak havoc on a precarious household budget. For women of color, concerns about financial fallout may be even more pronounced. On average, Black workers are paid less and have less savings and access to wealth than white workers. Nearly 30 percent of Black households have no net savings or assets to draw on during an unexpected loss of income,<sup>51</sup>

meaning loss of income can add up quickly.<sup>52</sup> In one study, Black and Latino respondents were less likely than white respondents “to say that they would be able to handle a \$400 emergency expense while still covering all of their other monthly bills.”<sup>53</sup>

A woman’s ability to choose when and whether to parent is closely linked to her ability to create the future she wants for herself and her family.<sup>54</sup> A woman who wants an abortion but is unable to obtain one is more likely to fall into poverty than a woman who is able to obtain care.<sup>55</sup> Similarly, a woman who is denied abortion care is less likely to be working full time in the four years following her denial than a woman who was able to obtain the care she needed.<sup>56</sup> In contrast, a 2015 study found that women able to obtain abortion care were more likely to have and achieve an aspirational plan, such as finishing school or getting a better job.<sup>57</sup>

Overall, the lack of paid sick days creates or exacerbates a difficult situation for women who are seeking abortion care. Lack of paid sick days can financially destabilize women’s lives and the lives of their families for years to come.

“As a local direct service provider, we see firsthand how important it is for our callers, who are primarily low-income working women of color, to have the ability to take the time they need to take care of themselves or loved ones, without forgoing critical wages that are necessary for their livelihood. Without paid sick days, many working patients have to delay their procedure to find a time they are off work to avoid losing their job, racking up costs in the process.”

- Rosann Mariappuram, former board member, Lilith Fund for Reproductive Equity, which provides financial assistance to Texans seeking abortion care and was instrumental in the fight to secure paid sick leave for private sector workers in Austin, Texas.<sup>58</sup>

## CONCLUSION

Because a woman's health and livelihood are inextricably linked, fair workplace policies and policies that support reproductive justice must go hand in hand. Yet, at present, no federal law guarantees paid sick days, and only 10 states, the District of Columbia and 21 other jurisdictions currently or soon will guarantee workers access to paid sick time.<sup>59</sup> That means that for many women, access to abortion care is threatened not only by anti-abortion laws but also by the lack of strong worker protections.

Policymakers must do more to support women and families.

At the federal level, we urge swift adoption of:

- The **Healthy Families Act**, which would establish a national paid sick and safe days standard and allow workers to earn up to seven paid, job-protected sick days each year;
- The **Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act**, which would restore abortion coverage to women who receive health care or insurance through the federal government; and
- The **Woman's Health Protection Act**, which would prohibit states from imposing burdensome and medically unnecessary restrictions on abortion providers.

At the municipal and state level, we urge swift adoption of:

- **Paid sick and safe days laws** that allow all workers to earn job-protected paid sick days;
- Laws that would enhance abortion access by **requiring insurance coverage for abortion care**, including ensuring that state funds are used to provide abortion care for Medicaid enrollees; and
- Laws like the **Whole Woman's Health Act** that build upon the precedent set by the U.S. Supreme Court in *Whole Woman's Health v. Hellerstedt* and help protect women and abortion providers from medically unnecessary regulations.

Every woman should be able to decide if, when and how to become a parent, regardless of how much money she has, what type of insurance she holds, where she lives or where she works. Policymakers and advocates must continue to fight for workplace supports and to remove all barriers to abortion care. Only by doing so will we improve women's health, ensure women's access to constitutionally protected reproductive health care and address the persistent and pervasive gender, racial and socioeconomic inequities that harm our society in so many ways.

## ENDNOTES

- 1 U.S. Department of Labor, Bureau of Labor Statistics. (2018, July 20). *National Compensation Survey: Employee benefits in the United States, March 2018* [Press release No. USDL-17-1013] (Table 6). Retrieved 15 March 2019, from <https://www.bls.gov/news.release/pdf/eb2.pdf>
- 2 Ibid.
- 3 Institute for Women's Policy Research. (2016, February). *Briefing Paper: Paid Sick Days Access and Usage Rates Vary by Race/Ethnicity, Occupation, and Earnings* (p. 2). Retrieved 15 March 2019, from <https://iwpr.org/wp-content/uploads/wpallimport/files/iwpr-export/publications/B356.pdf>
- 4 See note 1.
- 5 U.S. Census Bureau. (2017). *American Community Survey 1-Year Estimate 2017, Table S0201: Selected Population Profile in the United States (Black or African American alone)*. Retrieved 15 March 2019, from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_13\\_3YR\\_S0201&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_3YR_S0201&prodType=table) (Calculation uses family households headed by females living in a household with family and no husband present)
- 6 Institute for Women's Policy Research. (2016, September). *Quick Figures: Breadwinner Mothers by Race/Ethnicity and State* (p. 1). Retrieved 15 March 2019, from <https://iwpr.org/wp-content/uploads/wpallimport/files/iwpr-export/publications/Q054.pdf> (Breadwinner mothers are defined as single mothers who head a household or married mothers who generate at least 40 percent of a household's joint income.)
- 7 Ibid.
- 8 Gould, E., & Schieder, J. (2017, June). *Work sick or lose pay?: The high cost of being sick when you don't get paid sick days* (p. 7, Table 1). Economic Policy Institute. Retrieved 15 March 2019, from <https://www.epi.org/files/pdf/130245.pdf> (demonstrating how only a few days of lost pay can mean that a family without paid sick days cannot afford basic necessities for a month, calculating that: 1.7 days of unpaid sick days is equivalent to a month of gasoline; 2.7 days of unpaid sick days is equivalent to a month of groceries; 3.1 days of unpaid sick days is equivalent to a month of utilities; 3.3 days of unpaid sick days is equivalent to a month of health care expenses; 7.5 days of unpaid sick days is equivalent to a month of rent.)
- 9 National Partnership for Women & Families. (2019, April). *America's Women and the Wage Gap*. Retrieved 1 April 2019, from <http://www.nationalpartnership.org/research-library/workplace-fairness/fair-pay/americas-women-and-the-wage-gap.pdf> (citing U.S. Census Bureau. U.S. Census Bureau. (2018). *Current Population Survey, Annual Social and Economic (ASEC) Supplement: Table PINC-05: Work Experience in 2017 – People 15 Years Old and Over by Total Money Earnings in 2017, Age, Race, Hispanic Origin, Sex, and Disability Status*. Retrieved 13 September 2018, from <https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pinc/pinc-05.html> (Unpublished calculation based on the median annual pay for all women and men who worked full time, year-round in 2018).)
- 10 Ibid. Note the unrounded calculation of the earnings ratio for women compared to men in 2016 is 80.47 cents, a 0.9 percentage point improvement from 2015 (earnings ratio between women and men was 79.56 cents).
- 11 Smith, T. W., & Kim, J. (2010, June). *Paid Sick Days: Attitudes and Experiences* (p. 8). National Opinion Research Center at the University of Chicago, prepared for the Public Welfare Foundation. Retrieved 15 March 2019, from <http://www.nationalpartnership.org/research-library/work-family/psd/paid-sick-days-attitudes-and-experiences.pdf>
- 12 The Pew Charitable Trusts. (2013, April). *Hard Choices: Navigating the Economic Shock of Unemployment* (p. 2). Retrieved 15 March 2019, from [http://www.pewtrusts.org/~media/legacy/uploadedfiles/pes\\_assets/2013/empreport/hardchoicesnavigatingtheeconomicshockofunemployment.pdf](http://www.pewtrusts.org/~media/legacy/uploadedfiles/pes_assets/2013/empreport/hardchoicesnavigatingtheeconomicshockofunemployment.pdf)
- 13 Golden, L. (2015, April). *EPI Briefing Paper: Irregular Work Scheduling and Its Consequences* (p. 1). Economic Policy Institute. Retrieved 15 March 2019, from <https://www.epi.org/files/pdf/82524.pdf>
- 14 National Partnership for Women & Families. (2017, July). *Fact Sheet: Schedules That Work* (pp. 3–4). Retrieved 15 March 2019, from <http://www.nationalpartnership.org/research-library/workplace-fairness/equal-opportunity/schedules-that-work-act-fact-sheet.pdf>
- 15 Guttmacher Institute. (2018, January). *Fact Sheet: Induced Abortion in the United States* (p. 1). Retrieved 15 March 2019, from [https://www.guttmacher.org/sites/default/files/factsheet/fb\\_induced\\_abortion.pdf](https://www.guttmacher.org/sites/default/files/factsheet/fb_induced_abortion.pdf) (noting that 24 percent of women will have an abortion by age 45).
- 16 Cf. Nash, E., Gold, R. B., Mohammed, L., Ansari-Thomas, Z., & Cappello, O. (2018, January). *Policy Analysis: Policy Trends in the States, 2017*. Guttmacher Institute. Retrieved 15 March 2019, from <https://www.guttmacher.org/article/2018/01/policy-trends-states-2017>; Nash, E., Mohammed, L., Ansari-Thomas, Z., Cappello, O., & Gold, R. B. (2018, April). *Policy Analysis: Policy Trends in the States: First Quarter 2018*. Guttmacher Institute. Retrieved 15 March 2019, from <https://www.guttmacher.org/article/2018/04/policy-trends-states-first-quarter-2018>
- 17 Ibid.
- 18 The Hyde Amendment is an annual appropriations rider that bans abortion coverage for Medicaid enrollees that was first put in place in 1976. Since then, Congress has imposed bans on abortion coverage for even more women, including those enrolled in the Children's Health Insurance Program (CHIP) and Medicare, federal employees and their dependents, American Indians and Alaskan Natives served by the Indian Health Service, women in federal prison, women in immigration detention, women enrolled in military or veterans' insurance programs, and Peace Corps volunteers. See Donovan, M. K. (2017). In real life: Federal restrictions on abortion coverage and the women they impact (p. 1). Guttmacher Policy Review, 20, 1–7. Retrieved 15 March 2019, from <https://www.guttmacher.org/gpr/2017/01/real-life-federal-restrictions-abortion-coverage-and-women-they-impact>
- 19 Guttmacher Institute. (2019, March). *State Laws and Policies: State Funding of Abortion Under Medicaid*. Retrieved 15 March 2019, from <https://www.guttmacher.org/state-policy/explore/state-funding-abortion-under-medicaid>
- 20 See note 18, Donovan, p. 2.
- 21 Sonfield, A. (2017, March). Why protecting Medicaid means protecting sexual and reproductive health (p. 40). *Guttmacher Policy Review*, 20, 39–43. Retrieved 15 March 2019, from [https://www.guttmacher.org/sites/default/files/article\\_files/gpr2003917.pdf](https://www.guttmacher.org/sites/default/files/article_files/gpr2003917.pdf)
- 22 Ibid.
- 23 Garfield, R., Rudowitz, R., & Damico, A. (2018, January). *Issue Brief: Understanding the Intersection of Medicaid and Work* (p. 3). The Henry J. Kaiser Family Foundation. Retrieved 15 March 2019, from <https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medic-aid-and-work/>. For rates of access to paid sick days by occupation, see note 3, p. 6, Figure 7.
- 24 See note 18, Donovan, p. 3. For background, see also Center for Reproductive Rights. (2017, March). *Shifting the Frame on Disability Rights for the U.S. Reproductive Rights Movement*. Retrieved 15 March 2019, from <https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/Disability-Briefing-Paper-FINAL.pdf>
- 25 See note 15, p. 2 (noting that the vast majority of abortions occur during the first trimester).
- 26 Jerman, J., & Jones, R. K. (2014, July). Secondary measures of access to abortion services in the United States, 2011 and 2012: Gestational age limits, cost, and harassment (p. e421, Table 1). *Women's Health Issues*, 24(4), e419–e424.
- 27 Ibid., p. e422 (describing the cost for an abortion at 20 weeks gestation); see also Guttmacher Institute. (2011, December 16). *Second-trimester abortions concentrated among certain groups of women* [News release]. Retrieved 15 March 2019, from <https://www.guttmacher.org/news-release/2011/second-trimester-abortions-concentrated-among-certain-groups-women> (describing how “[t]he cost of abortion increases, often substantially, with each additional week in the second-trimester [sic] . . .” and noting that “[w]omen who cannot afford to pay these costs out of pocket are then forced to carry an unwanted pregnancy to term”).
- 28 Jones, R. K., Upadhyay, U. D., & Weitz, T. A. (2013, March). At what cost? Payment for abortion care by U.S. women (p. e176). *Women's Health Issues*, 23(3), e173–e178. In this study, “[t]wo-thirds of patients reported that they incurred additional expenses for transportation, averaging \$44 . . . . More than one quarter reported \$198 in lost wages, and approximately 1 in 10 had to pay an average of \$57 for childcare. A small but non-negligible proportion (6%) spent \$140 on hotel and related travel costs.”
- 29 Ibid.
- 30 Bearak, J. M., Burke, K. L., & Jones, R. K. (2017, October). Disparities and change over time in distance women would need to travel to have an abortion in the USA: A spatial analysis (p. e498). *The Lancet Public Health*, 2(11), e493–e500.
- 31 Ibid., p. e497.
- 32 See note 16, Nash, Gold, et al.
- 33 Texas Policy Evaluation Project. (2015, October). *Research Brief: Abortion Wait Times in Texas: The Shrinking Capacity of Facilities and the Potential Impact of Closing Non-ASC Clinics* (p. 1). Retrieved 15 March 2019, from [http://sites.utexas.edu/txpep/files/2016/01/Abortion\\_Wait\\_Time\\_Brief.pdf](http://sites.utexas.edu/txpep/files/2016/01/Abortion_Wait_Time_Brief.pdf)
- 34 Ibid., p. 6.

- <sup>35</sup> Ibid., p. 2.
- <sup>36</sup> Guttmacher Institute. (2019, March). *State Laws and Policies: Counseling and Waiting Periods for Abortion*. Retrieved 15 March 2019, from [http://www.guttmacher.org/statecenter/spibs/spib\\_MWPA.pdf](http://www.guttmacher.org/statecenter/spibs/spib_MWPA.pdf); Guttmacher Institute. (2019, March). *State Laws and Policies: Requirements for Ultrasound*. Retrieved 15 March 2019, from <https://www.guttmacher.org/print/state-policy/explore/requirements-ultrasound>
- <sup>37</sup> See note 28. In the study, 1 in 4 women lost wages in order to access abortion care, and among those, an average of \$198 in lost wages was reported.
- <sup>38</sup> Jerman, J., Frohworth, L., Kavanaugh, M. L., & Blades, N. (2017, June). Barriers to abortion care and their consequences for patients traveling for services: Qualitative findings from two states (p. 98). *Perspectives on Sexual and Reproductive Health*, 49(2), 95–102.
- <sup>39</sup> Ibid., pp. 98–101.
- <sup>40</sup> White, K., deMartelly, V., Grossman, D., & Turan, J. M. (2016, May). Experiences accessing abortion care in Alabama among women traveling for services (p. 301). *Women's Health Issues*, 26(3) 298–304.
- <sup>41</sup> Sanders, J. N., Conway, H., Jacobson, J., Torres, L., & Turok, D. K. (2016). The longest wait: Examining the impact of Utah's 72-hour waiting period for abortion (p. 485). *Women's Health Issues*, 26(5), 483–487.
- <sup>42</sup> Ibid.
- <sup>43</sup> DeRigne, L., Stoddard-Dare, P., & Quinn, L. (2016, March). Workers without paid sick leave less likely to take time off for illness or injury compared to those with paid sick leave (p. 524). *Health Affairs*, 35(3), 520–527.
- <sup>44</sup> Upadhyay, U. D., Weitz, T. A., Jones, R. K., Barar, R. E., & Foster, D. G. (2014, September). Denial of abortion because of provider gestational age limits in the United States (p. 1689). *American Journal of Public Health*, 104(9), 1687–1694 (describing that “the most common reason for delay[ing abortion care] was travel and procedure costs.”)
- <sup>45</sup> See note 26; See also note 27.
- <sup>46</sup> See note 1.
- <sup>47</sup> See note 40.
- <sup>48</sup> Kotting, J. & Ely, G. E. (2017). *The Undue Burden of Paying for Abortion: An Examination of Abortion Fund Cases. Data from the National Network of Abortion Funds' Tiller Memorial Abortion Fund* (p. 3). National Network of Abortion Funds. Retrieved 15 March 2019, from <https://abortionfunds.org/cms/assets/uploads/2017/08/Tiller-Fund-Report-2017-National-Network-of-Abortion-Funds.pdf>. (Citations omitted.)
- <sup>49</sup> National Partnership for Women & Families. (2016, September). *A Double Bind: When States Deny Abortion Coverage and Fail to Support Expecting and New Parents*. Retrieved 15 March 2019, from <http://www.nationalpartnership.org/research-library/repro/abortion/a-double-bind.pdf>
- <sup>50</sup> McGrath, M. (2016, January 6). 63% of Americans Don't Have Enough Savings to Cover a \$500 Emergency. *Forbes*. Retrieved 15 March 2019, from <https://www.forbes.com/sites/maggiemcgrath/2016/01/06/63-of-americans-dont-have-enough-savings-to-cover-a-500-emergency/#7f5384db4e0d>
- <sup>51</sup> Prosperity Now. (2019). *Financial Assets & Income Scorecard: Households with Zero Net Worth*. Retrieved 15 March 2019, from <http://scorecard.prosperitynow.org/data-by-issue#finance/outcome/households-with-zero-net-worth>
- <sup>52</sup> Black women who hold full-time year-round jobs in the United States are paid, on average, just 61 cents for every dollar paid to white, non-Hispanic men while black men are paid just 72 cents for every dollar paid to white, non-Hispanic men. See note 9, U.S. Census Bureau. (Unpublished calculation based on the median annual wages of white, non-Hispanic men, black women and black men who worked full time, year-round in 2018.)
- <sup>53</sup> Board of Governors of the Federal Reserve System. (2017, June). *Report on the Economic Well-Being of U.S. Households in 2016 – May 2017: Economic Preparedness and Emergency Savings*. Retrieved 15 March 2019, from <https://www.federalreserve.gov/publications/2017-economic-well-being-of-us-households-in-2016-economic-preparedness.htm>
- <sup>54</sup> If a woman cannot come into work due to the logistics of her abortion appointment – for example, if the clinic can only see her during her work hours or if she needs to take time off to travel to a clinic who can see her at her gestational age – she may lose her job. See, e.g., Adler, K. W. (2017, August 28). What Happens When You Can't Afford an Abortion? *Marie Claire*. Retrieved 15 March 2019, from <http://www.marieclaire.com/politics/a28993/abortion-fund-hotline/>. Temporary job loss – especially in challenging economic times – can negatively impact long-term earnings. See also, e.g., Rich, M. (2011, November 4). The Lasting Financial Impacts of a Layoff. *New York Times*. Retrieved 15 March 2019, from <https://economix.blogs.nytimes.com/2011/11/04/the-lasting-financial-impact-of-a-layoff/>
- <sup>55</sup> Reproductive Health Technologies Project. (2015, August). *Two Sides of the Same Coin: Integrating Economic and Reproductive Justice* (p. 2). Retrieved 15 March 2019, from <http://rhtp.org/wp-content/uploads/2016/08/Two-Sides-of-the-Same-Coin-Integrating-Economic-and-Reproductive-Justice.pdf> (citing Foster, D. G., Biggs, M. A., Ralph, L., Gerds, C., Roberts, S., & Glymour, M. M. (2018, March). Socioeconomic outcomes of women who receive and women who are denied wanted abortions in the United States (p. 409). *American Journal of Public Health*, 108(3), 407–413.)
- <sup>56</sup> Ibid., Foster et al., p. 409.
- <sup>57</sup> Upadhyay, U. D., Biggs, M. A., & Foster, D. G. (2015, November). The effect of abortion on having and achieving aspirational one-year plans (p. 5, Table 2). *BMC Women's Health*, 15(102), 1–10.
- <sup>58</sup> Repro Power Texas. (2018, February 16). *STATEMENT: Reproductive rights and justice advocates urge Austin City Council to vote yes on paid sick day ordinance* [News release]. Retrieved 15 March 2019, from <http://repopowertx.org/statement-reproductive-rights-and-justice-advocates-urge-austin-city-council-to-vote-yes-on-paid-sick-day-ordinance/>
- <sup>59</sup> National Partnership for Women & Families. (2019, February). *Current Paid Sick Days Laws*. Retrieved 15 March 2019, from <http://www.nationalpartnership.org/research-library/work-family/psd/current-paid-sick-days-laws.pdf> (Austin, Texas passed their paid sick days ordinance in February 2018. At the time of this publication, the law has not yet gone into effect as a result of litigation.)

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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 health care and policies that help all people meet the dual demands of work and family. More information is available at [NationalPartnership.org](http://NationalPartnership.org).

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