



FACTSHEET #2

LATINAS AND THE “A” WORD:

Although legal, abortion still not widely accessible

Abortion has been a legal medical procedure in the United States for 40 years. Unfortunately, access to abortion has been steadily and severely eroding and as a result many women currently face a number of unnecessary barriers. These barriers include a lack of providers, financial constraints, government restrictions, and for minors and immigrants in particular-fears about accessing abortion services. These barriers are compounded in areas in which an abortion provider is not accessible locally. This fact sheet is the second from the Latinas and the “A” Word series. In it, CLRJ highlights various challenges that California Latinas face in accessing abortion.

Lack of Providers

In California, more than half of the counties do not have an accessible abortion provider.¹ As a result, many women living in these communities are forced to travel long distances to access the care they need.

Immigrant Latinas are challenged to find providers who are not only proficient in their language but more importantly who deliver culturally sensitive and relevant health services. Survey findings from a CLRJ study revealed that female immigrants (18%) stated service providers not understanding their culture is a larger barrier to accessing health services than providers not speaking their language (11%).² As such, this finding is particularly crucial for promoting and supporting delivery of culturally-relevant services, including abortion care.

Other issues compounding lack of providers include the limited number of medical schools that offer abortion care training, the violence and harassment many providers experience and partnerships of religious health systems with secular hospitals. The latter generally results in the adoption of strict religious restrictions by the non-religious facilities, which limit or ban providers from delivering an array of crucial reproductive health services – including abortion.

Financial Cost

Low-income Latinas often lack the funds necessary for an abortion, which can delay their care. Delays in accessing coverage can cause them to receive care at later stages in pregnancy, resulting in more complicated and costly terminations. Nearly 60% of women who experience a delay in obtaining an abortion highlight the time it took to make arrangements and to raise money as a significant factor leading to that delay.³ Finding a provider available to perform abortions in advanced pregnancies may also incur additional transportation and lodging costs, as fewer providers have this specialized training.

1. Weitz TA; Taylor D, Desai S, Upadhyay UD, Battistelli MF, Waldman J, Drey EA. Safety of Aspiration Abortion Performed by Nurse Practitioners, Certified Nurse Midwives and Physician Assistants under a California Legal Waiver, *American Journal of Public Health*, epub 1/17/13.

2. California Latinas for Reproductive Justice. *Unearthing Latina/o Voices on Family, Pregnancy and Reproductive Justice*, Research and Policy Report, Vol. V, No. 1. See <http://www.californialatinas.org/wp-content/uploads/2013/01/CLRJ-Unearthing-Latina-o-Voices.pdf>.

3. Finer LB and Zolna MR, Unintended pregnancy in the United States: incidence and disparities, 2006, *Contraception*, 2011, doi: 10.1016/j.contraception.2011.07.013.

Abortion Costs by Gestational Age		
Weeks of Gestation	Abortion Clinic	Physician's Office or Hospital
6-10	\$350	\$500
16	\$650	\$700
20+	\$1000+	\$1000+

Safety Net Programs

Of the 6.7 million Latinas in California, approximately 2.1 million (31%) depend on Medi-Cal to access health services, including reproductive health care⁴. Although any low-income woman, including a minor, who resides in California, can be covered under Medi-Cal⁵ and the Presumptive Eligibility⁶ programs, many women are not aware that they qualify or know how to apply for these programs. A survey of people who are newly eligible for Medi-Cal under the Affordable Care Act revealed that 71% do not know or do not believe they will qualify for Medi-Cal, while 62% indicated they don't know or are not sure how to apply.⁷ This evaluation also found that adults with Medi-Cal report having a harder time finding health care providers who accept their insurance than adults with other types of health insurance. This could be because more than 40% of California primary care providers report that they are not accepting new Medi-Cal patients – not surprising, given that California has one of the lowest average Medicaid reimbursement rates for physicians of any state.

Government Restrictions

California has a long history of supporting a woman's personal decision regarding terminating a pregnancy. It was one of the few states that did not engage in the almost 100 laws that Congress and state Legislatures passed in 2011 to defund reproductive health services and limit access to care. In fact, in the past six years, California voters have struck down 3 ballot initiatives seeking to mandate parental involvement for minors seeking an abortion.

Additionally, although it uses its state funds to cover abortion services for low-income women, there are many women in California who rely on federally funded medical programs (including disabled women on Medicare, Native American women, women in federal prisons, Peace Corp volunteers, federal employees) who are denied abortion services as a result of the Hyde Amendment.⁸

Conclusions

While abortion is legal and a safe medical procedure, many women in the United States, including Latinas, continue to face seemingly insurmountable barriers to accessing timely abortion services. As reproductive justice advocates, ensuring accessible, affordable and safe abortion care is imperative for upholding the rights of all women to decide if, when, and how many children to have. We must continue to work with our policymakers to safeguard important safety net programs like Medi-Cal in the midst of a fatigued state budget and move forward with proactive legislation that would address many of the barriers discussed above.

CLRJ is part of the California's Women's Health Alliance and co-sponsor of AB 154 (Atkins), a bill in the 2013-2014 legislative session. This bill will help ensure that women throughout the state have early access to quality care by broadening the types of health professionals who can provide abortion services within the first trimester.

4. 2009 California Health Interview Survey, (2005 CHIS). See: ask.chis.ucla.edu

5. Medi-Cal is California's Medicaid health care program and is supported by federal and state taxes.

6. Presumptive Eligibility is a Medi-Cal program that is designed to provide immediate coverage for prenatal care or out-patient abortion procedures to low-income, pregnant women and teens.

7. California HealthCare Foundation. *Medi-Cal at a Crossroads: What Enrollees Say About the Program*. See: <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/M/PDF%20MediCalCrossroadsWhatEnrolleesSay.pdf>

8. Enacted in 1977, the Hyde Amendment currently restricts the use of federal funds for abortion services except in cases of life endangerment, rape or incest.