

Statement of Issue: In the 1973 case of Roe v. Wade, the supreme court ruled that every woman has the right and liberty to choose abortion without excessive government and restriction (Roe v. Wade, 1973). However, almost 50 years later in 2021, a woman's access to abortion is still complicated by state laws/restrictions and lack of insurance coverage (Ravi, 2018).

- **“Heartbeat abortion bill”.** A bill passed in Texas that banned abortion after 6 weeks when a fetal heartbeat can be detected. (Najmabadi,2021).Other states such as Idaho, Oklahoma, Louisiana, Arkansas and South Carolina have passed similar bills (Batha, 2021).
- **Restriction in certain health plans.** In Alabama, Health plans offered in the state's health exchange under the Affordable Care Act can only cover abortion in cases of life endangerment, rape or incest (Guttmacher Institute, 2021). Currently, 11 states have laws in effect restricting insurance coverage of abortion in all private insurance plans written in the state, including those offered through health insurance exchanges established under the Affordable Care Act (Guttmacher Institute, 2021).
- **Situational abortion only:** In Arkansas, Oklahoma banned all abortions except in medical emergencies, making no exceptions in cases of rape or incest (Batha, 2021).
- **Situational medical situations banned for reason of aborting:** In Ohio, Arizona, Abortions are banned to be performed because of genetic disorders like Down's syndrome or cystic fibrosis, unless the condition is considered lethal (Batha, 2021).
- **Certain methods banned:** In Kentucky, there is a ban on the dilation and evacuation method of abortion (Batha, 2021).
- **Minor requiring consent.** In Alabama, A parent of a minor must consent before an abortion is provided (Batha, 2021).
- **Limited number of abortion clinics.** In 2019, Kentucky, Mississippi, Missouri, North Dakota, South Dakota and West Virginia only had one clinic (Nash & Naide,2021).

Policy options

1. Week restrictions should have a federal Legal standard of viability of 20-28 weeks
2. Setting subjective limitation of why someone can get an abortion is unjust. Federal mandate should include that abortion is set by weeks and not reason to get abortion.
3. Insurance coverage should be mandated to include abortion
4. Roe vs. Wade stipulations of one clinic per state should be increased to mandate that the number of abortion clinics should be portion to population size
5. Emancipation laws should apply federally to allow minors to make choice about abortion

Background for policy recommendations

1. Week restrictions should have a federal Legal standard of viability of 20-28 weeks

- The legal standard set by Roe vs. Wade was abortion is allowed before viability—which can range from 24 to 28 weeks(Roe v. Wade, 1973). Federal mandate that the viability is the set standard in which an abortion can take place with 24 being the earliest a state can ban abortion.
 - Many women are not even aware that they are pregnant at six week, let alone have had the time to resources to prepare to make the decision of abortion, adoption or to raise a child (Ravi 2018). This gives each woman, the appropriate amount of time to make appointments, get the testing needed and make the needed decision.
2. Setting subjective limitation of why someone can get an abortion is unjust. Federal mandate should include that abortion is set by weeks and not reason to get abortion.
 - States should not be allowed to subjectively determine for what reasons someone is allowed to get an abortion. It discriminatory to certain social statuses who may not be able to take care of special needs children.
 3. Insurance coverage should be mandated to include abortion
 - Medical coverage will allow all socioeconomic classes to have equal opportunity to receive abortions which can cost from \$500 to \$3,000 (Choices Life Resources, 2021).
 - The medical elective procedure of a vasectomy is covered by most health insurance while abortion is not. They are both are both elective medical procedures done to prevent unintended childbirth (Planned Parenthood, 2021)
 - This was an issue with birth control being covered initially, however in July 2015 nearly all insurance plans had to cover birth control (DHHS, 2021).
 - California, New York, Oregon, and Washington state require nearly all fully funded health insurance plans to cover abortion care (Bavi, 2018).
 4. Roe vs. Wade stipulations of one clinic per state should be increased to mandate that the number of abortion clinics should be portion to population size
 - In 1996, there were 452 abortion clinics in the United States. In 2005, that number had dwindled to 38 then in 2014, the latest year of available data, the number was down to 272 (Yan, 2019)
 - Access to reproductive health care can empower people to be able to continue their education, pursue a fulfilling and economically secure career path, and choose if and when to have children (Ravi, (2018)
 5. Emancipation laws should apply federally to allow minors to make choice about abortion
 - Emancipation laws exist in New York in which a law grants certain minors the right to consent to all or most health care for themselves. For example, when a minor is married, pregnant, parenting, serving in the military, or otherwise emancipated (The New York Civil Liberties Union, 2018). This patient while being a minor has the right to consent to whether or not they want to carry a baby to full term or get an abortion.

- In order to support women's economic security and bodily autonomy, it is vital that abortion be comprehensively integrated into the U.S. health insurance system. (Ravi, (2018).

Disadvantages:

The disadvantages to these options are the number of moral objections individuals may have with making abortion more accessible. However, individuals who morally object will not have to be a part of an abortion clinic or participate in abortion. Moral objection is a common trend of reproductive rights. Birth control was deemed "obscene" and outlawed by Comstock Laws. It took over a century from when birth control was starting to be used, mainly condoms, for it to be legal in 1965 in *Griswold V. Connecticut* (Brass, 2007). There are still religious groups that do not allow birth control due to moral objection. However, it is imperative that the church remain separate from the state and reproductive rights of woman are protected.

In 2021, more than 90 abortion restrictions have already been enacted, this is more than in any year since the *Roe v. Wade* decision was handed down in 1973 (Nash & Naide, 2021). These restrictions are intended to make it difficult to get an abortion for a woman however are particularly detrimental to low-income women and women of color (Bavi, 2018). In light of the surplus of restrictions, health policies be reformed to ensure adequate access to abortion clinics and lower the burden of cost with insurance involvement made mandatory. Abortion is a protected right and the above policy options are possible solutions to addressing the recent restrictions making abortion less accessible and available.

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