

Voices of Those Denied Abortion Care Because of an Inability to Pay

The right to an abortion means little without the ability to afford one. People enrolled in Medicaid are often denied coverage for abortion care, forcing them to delay care, sacrifice basic necessities, or continue pregnancies against their wishes. The stories that follow show the real and lasting harm caused when cost—and not a person's own decision—determines whether they can get the care they need.

Jojo Sweatt, US Marine Corps Veteran, Arizona

Story provided by Abortion in America

Many years ago, I served in the United States Marine Corps. I entered the Marine Corps as a mother and a wife, which are unusual circumstances. During my service, I found out I was going toward having a fourth baby.

I was financially strapped. My husband could not pursue a career of his own because he was forced to be a stay-at-home dad based on the needs of the Marine Corps and my career. I'm sad today because my kids sometimes are like, "Why didn't you take pictures of us when we were young and babies?" and I couldn't even afford a camera.

We made the decision that I would not sacrifice anymore in my career by having another baby, that we couldn't financially take on that burden and that our other three children would suffer in that process as well. I had an abortion, and I had to seek those services all by myself because I was in the United States military. Although there was not an abortion ban during that era of time, I still had to go out, seek services, pay for them out of my own pocket, recover alone, isolated. And I had to take leave from the military. When you take leave from the military, it's not like you get to say, "I'm just taking time off. I'll see you when I get back." They need to know where you are, what you're going to be doing, how many miles you will be traveling, where you will be going the whole time you are gone because you belong to them.

So without any privacy, I had to let my command know—who are not medical professionals and who don't adhere to HIPAA laws—and notify them that I was taking this time off to go have an abortion. It was a very hard experience to go through alone. My husband couldn't even help me because he had to stay home with the children. I actually stayed in the barracks that weekend with a girlfriend of mine while I was only for three days recovering so somebody could watch me and take care of me.

It's sad to me as a woman who has raised their right hand to defend this nation, to sacrifice my life and to not have bodily autonomy or the right to make the decision for myself or my family. It's just the biggest slap in the face.

HK Gray, 20, Texas

Story provided by We Testify

When I was fifteen years old I found out I was pregnant with my daughter. I was ecstatic. I struggled to get on Medicaid since I was a minor and my parents were unable to help; my dad was homeless and my mother was

incarcerated. I was unable to go to an Ob/Gyn for almost three months because I had to jump through so many hoops to get my application approved. Once it was approved, I was able to start getting the prenatal care I should've had all along. I also had the opportunity to go to the doctor and dentist for the first time in years. Medicaid paid for everything from ultrasounds to the birth of my daughter. This allowed me to spend my money on baby clothes, toys, and nursery supplies.

I was still on Medicaid three months postpartum when I started having what I thought was a very heavy period. I made an appointment with my Ob/Gyn just in case it was anything serious. It was a spontaneous abortion, commonly known as a miscarriage. I didn't even know I was pregnant before I went in. I was given some medication (the same as a medication abortion) and Medicaid covered it all.

When my daughter was nine months old, I realized I was pregnant again. This time I knew that I was going to have an abortion. I was seventeen, so in Texas, I had to get my parents' consent, but this was something I couldn't do because my parents were still homeless and incarcerated. I had to wait to get permission from a judge through a judicial bypass. This entire process made me go to the clinic multiple times, forced me to stay pregnant for an extra 12 weeks, and made my abortion more expensive. I had Medicaid but I couldn't use it. Luckily, I was supported by Texas Equal Access Fund and Jane's Due Process through the process. Despite the funding support, I still had to raise \$350 and that was difficult. It was unfair that Medicaid covered everything I needed for my daughter's birth and my miscarriage, but not my abortion.

Brittany Mostiller, 35, Illinois

Story provided by We Testify

When I was 22, I was a mama to three daughters and holding down a part-time job at a grocery store, and I realized I was pregnant again. I couldn't afford another child then — physically, emotionally, or financially. The decision to have an abortion was the easy part — but I couldn't afford it.

When I gave birth to my three daughters, Medicaid covered every aspect of my pregnancy and the delivery of my daughters. So I assumed it would cover my abortion, but because of the Hyde Amendment, it didn't. I had to figure out how to pay \$900 for the abortion out-of-pocket. That was more money than I made in a month. It took me several weeks to save up, which meant that while I tried to get my abortion during the first trimester, I was pushed to later in my pregnancy before I could finally afford the procedure. This was a really challenging and disheartening experience.

Thankfully, the law has changed in Illinois and people enrolled in Medicaid now have abortion coverage. Unfortunately, that is not the case in more than half of the states, and it is doubly difficult when combined with the thousands of abortion restrictions.

Millions of people live in states that are hostile to abortion. I experienced first hand the panic and worry of not being sure of whether I'd be able to get the abortions I wanted because I couldn't afford them. Medicaid insurance has been a healthcare lifeline for me and my family—including when I chose to become a parent. We need to make sure that everyone on Medicaid is able to decide if, when, and how to grow their families without fear of that decision being taken away from them simply because insurance won't cover it.

Angel Robinson, 22, Texas

Story provided by We Testify

At the time of my abortion, I was 20 years old and I had Texas Medicaid for my health insurance. In Texas, Medicaid will not cover abortions unless it is a medical emergency, which was not the case for me. I ended up traveling to New Mexico because it was closest, and in Texas, there is a 24-hour waiting period. I had a strict time limit to get the abortion done.

Since abortions are not covered by Medicaid you must either pay out of pocket and or find funding, if you're lucky some people may be able to get their full procedure covered, but it's very rare. Thankfully, in my case, I was able to get my full procedure covered, fuel, and lodging between two abortion funding organizations. It would have been easier if my insurance could have covered it, so I could have had the procedure in my home city or at least within the state of Texas.

Medicaid does not cover abortions, but they do cover alternative services such as prenatal medical care and adoption. Texas Medicaid prenatal assistance includes counseling, mentoring, informational brochures about pregnancy, and a family nurse program. They give information on adoption and how it works, but they do not give any information, counseling for services for abortion. I have had Medicaid for all of my pregnancies, including the last two I carried to term and it was so important to me. When I see how much my medical bill actually is, there is no way I could even come close to affording to have my children. I am so thankful that I was able to go see a doctor and not be forced to go through my pregnancy without it because I can't afford to pay. There is so much medication that I have to have, like lab work, sonograms, and weekly injections due to my anemia. Even the nausea medication is too expensive for me to afford on my own. I am thankful that Medicaid does cover a lot of it because there is just no way that I could have prepared for a baby and pay the medical bills at the same time. It is just impossible. What I wish, however, is that Texas would support me in my decision to not have another child, too. I wish all of my pregnancy healthcare was covered—including my abortion.

Esmarie, 19, Texas

Story provided by We Testify

The day I found out I was pregnant, I saw all over Facebook that Texas was going to be shutting down the clinics. I thought 'I'm not going to be able to have this abortion.' I thought that I didn't have a choice—I was going to have to just live with it. It was very scary because I couldn't tell anybody. I was trying to get as many hours of work as I could. It was also scary because of everything going on. Everything was closed. I wasn't making enough money. The restaurants were giving me only 10 hours a week, so I couldn't make enough to support myself. I was scared I would get COVID-19 because I was pregnant. I didn't have a car, so I had to walk in the heat. No transportation, no work—I couldn't meet my basic needs.

The abortion clinics were closed at that time, but the CPCs, the crisis pregnancy centers, were open. When I was making phone calls, trying to see which clinics were open for abortion, they were the only ones who answered. They said, "We don't do abortions, but you can get an ultrasound and we can talk to you about your choices."

But they really only give you two choices—adoption or parenting. I was definitely not going to do adoption because I was adopted and it just didn't go well. But I knew I couldn't raise my child at this time.

The first time I had an abortion, I was eight weeks along. I had Medicaid and was under 18, so I had to get help from an organization to get a judicial bypass and pay for my abortion. The first time, it was not that bad—I was able to handle the pain, I guess. But the second time, it was so bad. I couldn't move, I had chills, and my stomach

was hurting. It was so bad I brought my blanket into the restroom just so I could be next to the tub, be next to the toilet. I feel like this wouldn't have happened if I could have just gotten the help earlier.

I had forgotten my mask—that was not on my mind at all. I was nervous. I didn't want to touch anything. I think I was having a panic attack because I couldn't tell them I was having a miscarriage. They were asking me what was wrong and what I needed, but I couldn't breathe because I was in shock. I just remember holding my stomach because it was hurting and I was crying because I was scared. I told them, "I'm bleeding and I was pregnant." I told them I was having a miscarriage because I was scared that I could get arrested for doing my own abortion and because Medicaid insurance pays for miscarriage care.

Then I lost so much iron from bleeding that I passed out on the floor. I'm 4'11" and I weigh about 98 pounds. I later found out that I have an iron deficiency and was able to get medication for it. I remember a receptionist told me to go put hand sanitizer on. I walked to go get hand sanitizer and I woke up on the floor. They put me in a wheelchair. It was kind of embarrassing—I was bleeding all over the wheelchair, all over the floor and the restroom.

They gave me morphine for pain through an IV. I was on anesthesia because I guess they had to finish taking out whatever was left, so I was asleep. When I woke up, I felt better and everything was fine. The pregnancy was over, and honestly, they did the same procedure, but Medicaid covered it because it was considered a miscarriage and not an abortion. I should have been able to have it covered without going through this.

Sally Alves, 35, Massachusetts

Story provided by We Testify

At the age of 24, I found myself unemployed, struggling with an active addiction, and in poor mental health. It was at this time that I discovered that I was six-weeks pregnant. I knew growing my family was not in my best interest, so I wanted an abortion without hesitation. However, I was extremely scared and unsure of my options as someone with limited income. The silver lining during this very scary moment in my life was that I was on Medicaid and living in the state of Massachusetts. My state—unlike so many others—makes it possible for many on Medicaid to access abortion services without financial barriers. If it were not for Medicaid, I do not know how I would have saved up over \$500 to afford the medication abortion. Perhaps, if I sold some of my things, I would have needed four or more weeks to raise it all, but honestly, I do not think I would have been able to raise it in time. I didn't have anyone to turn to because everyone around me either didn't support my decision or—like me—also had limited income and didn't have the cash to spare.

I do not hesitate to say that my abortion saved my life. It was truly the access to comprehensive healthcare that provided me a second chance. My abortion allowed me the opportunity to re-direct my life towards stability, and thankfully I can say that I am ten years sober today. I do not doubt my trajectory would have been much different if I had not had my abortion. What I wish to stress is that I am privileged to live in a part of the country where my abortion experience was possible without financial stress, especially when Medicaid abortion coverage is not an option for many people across this country.

It's shameful to think that a legal right to an abortion is continuously hindered because one has limited income and/or lives in a region that makes it logistically impossible to access one. Medicaid is a viable and appropriate route for many who wish to seek an abortion, and if we're truly serious about upholding abortion rights in this country, then we must secure all resources for the 1 and 4 who will choose to rightfully have one.

Lexis Dotson-Dufault, 22, Ohio (via Massachusetts)

Story provided by We Testify

Nearly every factor surrounding my abortion experience was traumatizing-- except the fact that I was no longer pregnant, which was made possible only because my insurance covered my abortion care in its entirety. Growing up poor and part of the foster care system, I had been a MassHealth (the Massachusetts state Medicaid plan) member my whole life until I graduated college. As a full-time student at the time, I was not working as many hours as I needed already. Then once I became pregnant, I quickly became sick to the point of being bedridden, and could no longer work at all. I barely had enough money to put gas in my car to make it to the clinic. If MassHealth had not covered my abortion care entirely, I would have had no choice but to unwillingly continue my pregnancy due to my financial status. I can't imagine how long it'd have taken me to raise the funds to pay for my abortion. I wasn't in a safe position to tell anyone who had the means to help and I was too sick to work. I probably would have had to wait at least an additional two months until my school refund check came through.

Massachusetts has a long way to go in terms of reproductive justice, specifically abortion access, but just allowing state dollars to be used to pay for abortions elevates a number of barriers for specifically for low-income individuals trying to make personal reproductive decisions. By banning Medicaid dollars from covering abortion care, America continues to perpetuate reproductive coercion, specifically targeted against poor people, Black people, people of color, and young people. It will never be enough to just make abortion legal, unless this country switches its focus to accessibility, abortion might as well be illegal to people with marginalized identities and from disadvantaged backgrounds.

Lauren Morrissey

Story provided by National Partnership for Women & Families

When I moved to the East Coast, I promised my mom I would call her every Sunday. With Medicaid on the proverbial chopping block, two such Sunday calls helped me learn just how important Medicaid is throughout a woman's lifespan.

One Sunday in 2022, my mom shared with me that her first abortion was covered by Medicaid. After some initial confusion — “What do you mean Medicaid? The Hyde Amendment banned Medicaid from covering abortion care, Mom!” — the math checked out. My mom had her first abortion, the one she credits with saving her life, mere months before the Hyde Amendment was passed in September 1976.

While the Hyde Amendment now prevents Medicaid from covering most abortion care, Medicaid is the largest payer of family planning services for low-income women. My mom, single with my nine month old sister living in a one bedroom apartment with her parents and nine siblings, was able to receive abortion care, birth control, and postpartum support because of Medicaid.

On a recent Sunday, nearly 50 years after that experience, my mom shared with me that she is terrified of potentially losing her health coverage from Medicaid. The program that supported her through one of the toughest times in her life may not be there to guarantee her access to long-term support services as she gets older. If Medicaid is cut, older women like my mom will pay more for nursing home care, in-home personal care assistance, and medication.

Medicaid matters for women of all ages and at all points in their health journeys. My mom was able to transition into motherhood and assert bodily autonomy with the support of Medicaid. Today, she deserves to transition into retirement and “grandma-hood” without the stress of wondering if she can afford to receive the care she needs to thrive in this next phase of her life. Medicaid matters for mothers everywhere including mine.

National Abortion Hotline Workers' Stories

Stories provided by the National Abortion Federation

Anonymous #1

I received a call from a patient in a state where abortion is not covered by Medicaid. The patient was a young woman who was hoping her insurance would cover her abortion cost, as she had no income of her own due to living with an abusive partner who did not allow her to work or have access to any money herself. She previously lived in a state where Medicaid covered her abortion, and she assumed the coverage would be the same in her new state of residence. She called us to ask where she could be seen and to find out if her care would be covered through Medicaid. I had to inform her that Medicaid cannot cover the cost of her abortion, and it would have to be paid by local funds and/or out of pocket. The patient was devastated at this obstacle because she feared for her life if her partner were to find out. We provided her with funding that likely allowed her to receive lifesaving care that the Hyde Amendment restricted her from accessing.

Anonymous #2

A recent caller from Florida, who qualified for Medicaid and was experiencing homelessness, was unable to use that coverage for abortion care and had to travel out of state to obtain care. This case stood out because the caller had significant medical complications and may have required care in a hospital setting. At the time of the call, the patient was approximately eight weeks pregnant and therefore beyond Florida's six-week abortion ban. During the pregnancy, they had already been hospitalized three times due to complications. As a result, the caller faced not only the challenges of traveling to New York for abortion care, but also the possibility of being referred to an out-of-state hospital, all without family support. The caller's situation highlighted how coverage restrictions and abortion bans can compound existing medical, financial, and logistical barriers. Even when patients know these obstacles may exist, fear of the costs, travel requirements, and uncertainty can delay care or make them question whether they can continue pursuing an abortion at all.

Anonymous #3

A Virginia patient discovered she was pregnant at approximately 13 weeks and spent several days contacting clinics in search of one that accepted her insurance. When she was unable to find coverage, she turned to family and friends for financial support, a process that took an additional two weeks. By the time she learned about available funding resources, further delays had occurred, and the cost of care had increased because she was later in pregnancy. Once she contacted the Hotline, we were able to secure additional funding through solidarity funding efforts and expedite the process. However, by the time we addressed all the funding and logistical barriers, the patient was approximately 17 to 19 weeks pregnant. Her experience highlighted how insurance coverage restrictions and financial barriers can delay care, increasing both the cost and complexity of obtaining an abortion.