



**WOMEN'S FUND**

# **The Economic Impacts of Restricted Abortion Access in Ohio**

**November 2023**



# Letter from the Executive Director

Dear Partner,

So much has changed for women in Greater Cincinnati during the time I've been Executive Director of the Women's Fund. In just a year and a half, we have seen the pendulum swing back and forth on Ohioans' reproductive freedoms. The Women's Fund joined other community voices in the space of reproductive health as part of our mission's essential work. We leveraged our expertise in economic self-sufficiency to better understand the economic impact of restricting abortion access. Exploring reproductive freedoms as a dimension of self-sufficiency is not meant to simplify the issue. We know that usurping healthcare decisions can be fatal. To be agents of systemic change, we knew that we had to offer up whatever resources we could to protect reproductive freedom.

The Women's Fund has a strong commitment to ensuring that all women can participate, prosper, and reach their full potential. At the root of this commitment is research. We leverage our research to support our mission, provide resources to our community partners, and drive systemic change. Our research on reproductive healthcare access began through conversations with members of the community following the overturning of Roe v. Wade. It was through these conversations that we grew confident that we simply must join the conversation around the most pressing issue facing women today.

Women's access to reproductive healthcare is about many things, including rights to bodily autonomy, but it is also about women's ability to be economically self-sufficient. Through our research, we know that most women seeking abortion care do not earn a self-sufficient wage. We also know that most women seeking abortion care are already parenting. And we know that one of the reasons women seek abortion care is because they simply are not currently financially prepared to grow their family. The economic costs of restricting access to reproductive health care hurt all women's ability to be – or become – self-sufficient.

Our research has always been done with the aim of helping ensure women's economic self-sufficiency. It is the cornerstone of our mission. It's only when women can provide for the basic needs of themselves and their families that our community can thrive. Let us use this information to find strategies that ensure all women, all families, and all communities, flourish.

Warmly,



Alicia Miller  
Executive Director  
The Women's Fund

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# Executive Summary

This study analyzes the economic impacts of Ohio’s Senate Bill 23 (commonly referred to as the “Heartbeat Protection Act” or “Heartbeat Bill”), which went into effect following the U.S. Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization* in June 2022. This decision overturned *Roe v. Wade*, which had previously upheld the constitutional right to abortion for 50 years. At the publishing of this report, Senate Bill 23 is blocked by a preliminary injunction, but was enforced for nearly three months between June and September 2022. Senate Bill 23 bans abortions in Ohio after fetal cardiac activity is detected, which can occur as early as six weeks gestation, making very few exceptions.

The economic impacts evaluated in this report refer to the additional costs incurred by individuals seeking abortion care, and the additional costs incurred to the public resulting from Senate Bill 23 if it were in effect. The costs that are already incurred by individuals or the public are not accounted for.

This analysis accounts for individual expenses incurred such as lost earnings, transportation, travel, and child care costs, as well as costs to the public, including maternity, infant, and child medical costs, public assistance, and Supplemental Nutrition Assistance Program (SNAP) benefits.

In all three of the scenarios analyzed, all women experience negative economic outcomes as a result of restrictions to abortion access regardless of whether women seek abortion care out of state or if their pregnancy results in a birth. All women experience lost earnings, yet their expenses increase.

Approximately 70.6 percent of women seeking abortion care have incomes less than 200 percent of the federal poverty level (FPL), which is less than the income needed for self-sufficiency. The additional costs associated with accessing out-of-state care or parenting an additional child are overwhelming. Average additional costs to an individual who parents in lieu of receiving a wanted abortion is \$21,994 to \$28,950. For women already struggling to make ends meet, restricting access to reproductive health care makes attaining self-sufficiency harder.

For each year of births, total additional costs for individuals and the public may be as high as \$551.4 million but are estimated to be between \$98.8 million and \$118.4 million in the most likely scenario. Additional direct costs to the public amount to \$36.1 million per year of births in the most likely scenario.

While some racialized differences are noted, the root of these observations is in the existing racial wage gap. White women whose pregnancies result in a parenting birth are estimated to lose the most in lifetime earnings, while Black women are estimated to pay more as a whole for abortion care requiring out-of-state travel. Existing wage inequities might present greater challenges for Black women to access and pay for reproductive health care.

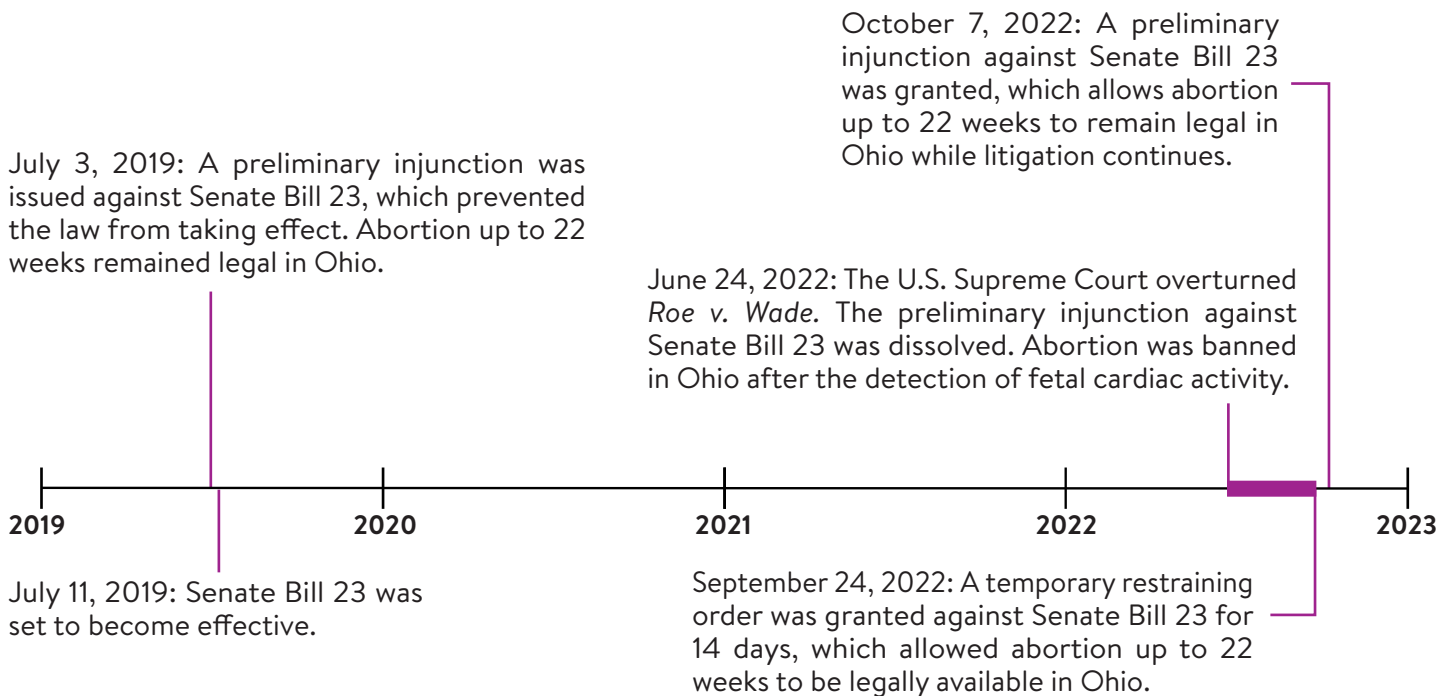
**All women experience economic disadvantage as a result of restrictions to reproductive healthcare. But for the majority of abortion seekers, whose incomes fall below 200 percent FPL, restrictions to health care access makes it even more difficult to achieve self-sufficiency.**

# Background

In *Dobbs v. Jackson Women’s Health Organization* (2022), the U.S. Supreme Court upheld Mississippi’s Gestational Age Act, which banned abortions after 15 weeks except for medical emergencies and in cases of severe fetal abnormality. Abandoning almost 50 years of precedent, the decision in *Dobbs v. Jackson Women’s Health Organization* establishes “that the Constitution does not confer a right to abortion; and, the authority to regulate abortion is ‘returned to the people and their elected representatives.’”<sup>1</sup> With this decision, the U.S. Supreme Court overturned *Roe v. Wade* (1973) and *Planned Parenthood of Southeastern Pennsylvania v. Casey* (1992), which upheld the constitutional right to an abortion.

The Ohio General Assembly passed Senate Bill 23 on April 10, 2019, which was signed into law by Governor DeWine the following day. Ohio Senate Bill 23, known as the “Heartbeat Protection Act”, bans abortion after fetal cardiac activity is detected, which can be as early as six weeks into pregnancy. According to the Ohio Attorney General’s Office, there are three exceptions to Ohio Senate Bill 23: to prevent the death of the pregnant mother; due to a “serious risk of the substantial and irreversible impairment” of a major bodily function of the pregnant mother; and ectopic pregnancy.<sup>2</sup> Ohio Revised Code 2919.16(K) defines “serious risk of the substantial and irreversible impairment” as: “Any medically diagnosed condition that so complicates the pregnancy of the woman as to directly or indirectly cause the substantial and irreversible impairment of a major bodily function. A medically diagnosed condition that constitutes a ‘serious risk of the substantial and irreversible impairment of a major bodily function’ includes pre-eclampsia, inevitable abortion, and premature rupture of the membranes, may include, but is not limited to, diabetes and multiple sclerosis, and does not include a condition related to the woman’s mental health.”

Senate Bill 23 was set to become effective on July 11, 2019; however, a U.S. District Court Judge in Columbus issued a preliminary injunction against Senate Bill 23 on July 3, 2019. On June 24, 2022, the U.S. Supreme Court issued its decision in *Dobbs v. Jackson Women’s Health Organization*. As a result of *Roe v. Wade* being overturned, the preliminary injunction against Senate Bill 23 was dissolved, allowing the law to take effect. The Hamilton County Court of Common Pleas granted a temporary restraining order against Senate Bill 23 on September 24, 2022 and granted a request for a preliminary injunction against Senate Bill 23 on October 7, 2022. The preliminary injunction granted by the Hamilton County Court of Common Pleas allows abortion up to 22 weeks to remain legal in Ohio while litigation continues.



<sup>1</sup> Legal Information Institute of Cornell Law School. 2022. *Dobbs v. Jackson Women’s Health Organization* (2022). June. Accessed September 2023. [https://www.law.cornell.edu/wex/dobbs\\_v.\\_jackson\\_women%27s\\_health\\_organization\\_%282022%29](https://www.law.cornell.edu/wex/dobbs_v._jackson_women%27s_health_organization_%282022%29).

<sup>2</sup> Ohio Attorney General’s Office. 2022. “Explainer Regarding Ohio’s Heartbeat Law Exceptions.” *Ohio Attorney General’s Office*. July 14. Accessed September 2023. <https://www.ohioattorneygeneral.gov/Files/Briefing-Room/News-Releases/Heartbeat-Law-Explainer>.

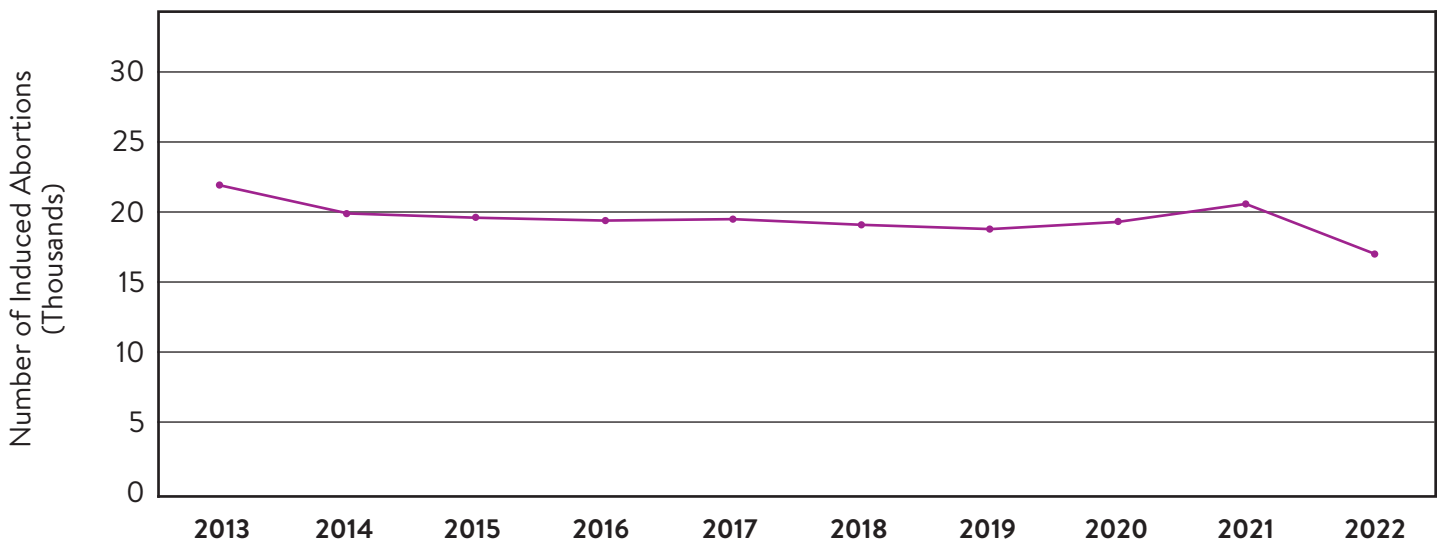
# Background

The purpose of this analysis is to evaluate the economic impacts of restricted abortion access in Ohio, assuming Senate Bill 23 is in effect. The Ohio Department of Health published its *Induced Abortions in Ohio, 2022 Report* in September 2023. Because Senate Bill 23 was in effect for 82 days during 2022, this analysis utilized resident abortion data in Ohio during 2021 to estimate the economic impacts of restricted abortion access in Ohio. This analysis does not attempt to quantify the emotional and mental costs associated with abortion decision making, nor does it provide a comprehensive evaluation of costs and benefits of abortion.

The economic impacts evaluated in this analysis refer to the additional costs incurred by women seeking abortion care and the additional costs incurred by the public. The additional costs incurred by women seeking abortion care include transportation costs, lost wages, child care costs, and travel costs associated with traveling out of state to access abortion care as well as lifetime earnings loss and child care costs through 4 years of age associated with being unable to access abortion care and therefore having a child and choosing parenting instead of placing for adoption. The additional costs incurred by the public include maternity medical costs, infant medical costs, child medical costs from ages 1 through 4 years, public assistance costs, and Supplemental Nutrition Assistance Program costs associated with women being unable to access abortion care and therefore having a child and choosing parenting instead of placing for adoption.

The Ohio Department of Health publishes annual abortion statistics compiled from *Confidential Abortion Reports* and *Post-Abortion Care Reports for Complications* submitted by physicians. Between 2013 and 2022, an average of 19,643 induced abortions were performed for Ohio residents in the State of Ohio. After the reversal of *Roe v. Wade* on June 24, 2022, Senate Bill 23 went into effect for 82 days until a temporary restraining order was granted against Senate Bill 23 on September 14, 2022. The number of abortions performed for Ohio residents decreased by 17.0 percent from 20,716 during 2021 to 17,201 during 2022. This represents the largest percent decline in abortions performed for Ohio over the past 10 years. Compared to 2021, 3,515 fewer abortions were performed for Ohio residents during 2022. Between 2013 and 2014, the number of abortions performed for Ohio residents decreased by 9.1 percent from 22,011 in 2013 to 20,018 in 2014. This indicates that the decline in abortions performed for Ohio residents during 2022 was 7.9 percentage points higher than the second largest decline over the past 10 years.

Induced Abortions for Ohio Residents in the State of Ohio, 2013-2022



# Methodology

Three scenarios were developed to illustrate the potential range of economic impacts associated with restricted abortion access in Ohio. All three scenarios assume that Senate Bill 23 is in effect in Ohio, which bans abortion after fetal cardiac activity is detected.

**Scenario 1:** The pregnancies that would have been terminated if Senate Bill 23 was not in effect require travel to another state to access abortion care.

**Scenario 2:** The pregnancies that would have been terminated if Senate Bill 23 was not in effect result in a birth.

**Scenario 3:** The pregnancies that would have been terminated if Senate Bill 23 was not in effect either result in a birth or require travel to another state to access abortion care.

The analysis for each scenario includes assumptions regarding abortion outcomes if Senate Bill 23 was in effect as well as assumptions for the additional costs incurred by women seeking abortion care and the additional costs incurred by the public. The assumptions and data utilized for each component of the analysis are detailed in the Methodology section.

## Abortion Outcomes

The weeks of completed gestation are utilized as a proxy for the detection of fetal cardiac activity. The Ohio Department of Health's abortion statistics aggregate all abortions for pregnancies less than nine weeks of completed gestation.<sup>3</sup> However, according to the U.S. Centers for Disease Control and Prevention, approximately 27.6 percent of abortions in Ohio during 2020 were for pregnancies with a gestation of six weeks or less.<sup>4</sup> This percent was applied to the total abortions performed for Ohio residents in 2021. It is assumed that the distribution of abortions for pregnancies with a gestation of six weeks or less is uniform by race. All abortions completed for pregnancies with a gestation of six weeks or less are assumed to be legally available in Ohio under Senate Bill 23.

In an analysis of eight states that report the reason for an abortion, approximately 0.3 percent of abortions are due to rape or incest; 0.3 percent are due to the risk to the woman's life or a major bodily function; 1.1 percent are due to fetal anomalies; 2.3 percent are due to other physical concerns; and the remaining 96.0 percent are elective or have an unspecified reason.<sup>5</sup> It is assumed that abortions due to the risk to the woman's life or a major bodily function as well as abortions due to other physical concerns would be legally available in Ohio through the exceptions provided by Senate Bill 23. It is also assumed that the distribution of the reason for an abortion is uniform by race.

<sup>3</sup> Ohio Department of Health. 2022. *Induced Abortions in Ohio, 2021*. Columbus: Ohio Department of Health.

<sup>4</sup> Kortsmitt, Katherine, Antoinette T. Nguyen, Michele G. Mandel, Elizabeth Clark, Lisa M. Hollier, Jessica Rodenhizer, and Maura K. Whiteman. 2022. "Abortion Surveillance – United States, 2020." *Morbidity and Mortality Weekly Report* 71 (No. SS-10): 1-27. doi:10.15585/mmwr.ss7110a1.

<sup>5</sup> Arizona Department of Health Services. 2022. *Abortions in Arizona: 2021 Abortion Report*. Arizona Department of Health Services.

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# Methodology

According to Myers (2021), an increase in travel distance up to 100 miles to the nearest abortion provider is estimated to increase births by 2.4 percent overall.<sup>6</sup> Specifically, the estimated increase in births is 3.3 percent for Black women and 2.1 percent for White women.<sup>7</sup> According to data retrieved from the Ohio Public Health Information Warehouse, there were 129,604 births in Ohio for women between the ages of 15 and 44 years during 2021.<sup>8</sup> This is comprised of 23,252 births for Black/African American women, 97,914 births for White women, and 8,438 birth for women of other races.<sup>9</sup> An increase in travel distance up to 100 miles to the nearest abortion provider would result in an additional 767 births for Black/African American women, 2,056 births for White women, and 203 births for women of other races. The overall increase in births of 2.4 percent was utilized to calculate the increase in births for women of other races.

**Estimated Increase in Births in Ohio Due to an Increase in Travel Distance Up to 100 Miles to the Nearest Abortion Provider by Race, 2021**

	Black/African American	White	Other	Total
Births for Women Aged 15-44 Years (2021)	23,252	97,914	8,438	129,604
Births for Women Aged 15-44 Years if Distance to the Nearest Abortion Provider Increases Up to 100 Miles	24,019	99,970	8,641	132,630
Estimated Increase in Births for Women Aged 15-44 Years if Distance to the Nearest Abortion Provider Increases Up to 100 Miles	767	2,056	203	3,026

## Travel Costs

According to Chakraborty, et al. (2022), a scenario in which abortion is banned in Ohio, Indiana, Kentucky, and West Virginia but remains available in Michigan and Pennsylvania would result in a median increase of 96 miles and an average increase of 131 miles to the nearest abortion provider for individuals in Ohio.<sup>10</sup> The federal mileage reimbursement rate was \$0.56 during 2021.<sup>11</sup> This means that the round-trip additional transportation costs would range from \$108 to \$147 per person. The low estimates utilize the median annual costs, whereas the high estimates utilize the average annual costs.

In a 2011 survey of abortion patients at six facilities across the United States, 25.0 percent of respondents reported lost wages, 10.0 percent of respondents reported additional child care costs, and 6.0 percent of respondents reported incurring hotel and travel costs associated with obtaining abortion care.<sup>12</sup> The average value of lost wages reported was \$198, the average value of additional child care costs was \$57, and the average value of hotel and travel costs was \$140, reported in 2011 dollars.<sup>13</sup> After converting to 2021 dollars using the Consumer Price Index for All Items, the average value of lost wages, additional child care costs, and hotel and travel costs are \$239, \$69, and \$169, respectively. The marginal decrease in taxes associated with lost wages was not calculated due to data limitations.

<sup>6</sup> Myers, Caitlin, Rachel Jones, and Ushma Upadhyay. 2019. "Predicted changes in abortion access and incidence in a post-Roe world." *Contraception* 100 (5): 367-373. doi:10.1016/j.contraception.2019.07.139.

<sup>7</sup> Myers, Caitlin, Rachel Jones, and Ushma Upadhyay. 2019. "Predicted changes in abortion access and incidence in a post-Roe world." *Contraception* 100 (5): 367-373. doi:10.1016/j.contraception.2019.07.139.

<sup>8</sup> Ohio Public Health Information Warehouse. 2023a. *Birth Resident*. May 9. Accessed September 2023. <https://publicappstst.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths>.

<sup>9</sup> Other races include Chinese, Filipino, Japanese, Native American, Native Hawaiian and other Pacific Islander, and other Asian.

<sup>10</sup> Chakraborty, Payal, Stef Murawsky, Mikaela H. Smith, Michelle L. McGowan, Alison H. Norris, and Danielle Bessett. 2022. "How Ohio's proposed abortion bans would impact travel distance to access abortion care." *Perspectives on Sexual and Reproductive Health* 54 (2): 54-63. doi:10.1363/psrh.12191.

<sup>11</sup> U.S. Internal Revenue Service. 2023. *Standard Mileage Rates*. March 29. Accessed September 2023. <https://www.irs.gov/tax-professionals/standard-mileage-rates>.

<sup>12</sup> Jones, Rachel K., Ushma D. Upadhyay, and Tracy A. Weitz. 2013. "At What Cost? Payment for Abortion Care by U.S. Women." *Women's Health Issues* 23 (3): e173-e178.

<sup>13</sup> Jones, Rachel K., Ushma D. Upadhyay, and Tracy A. Weitz. 2013. "At What Cost? Payment for Abortion Care by U.S. Women." *Women's Health Issues* 23 (3): e173-e178.



# Methodology

## Lifetime Earnings Loss

According to Finer and Zolna (2014), the national rate of unintended pregnancy per 1,000 women between the ages of 15 and 44 years was 137 for women with income less than 100 percent of the federal poverty level (FPL), 85 for women with income between 100 and 199 percent of FPL, and 26 for women with income greater than equal to 200 percent of FPL during 2008.<sup>14</sup> The national rate of unintended pregnancy was higher for Black women than White women for every income range during 2008.

### Rate of Unintended Pregnancy per 1,000 Women Aged 15 to 44 Years in the United States by Race and Income, 2008

Income	Black, Non-Hispanic	White, Non-Hispanic	Overall
Less than 100% of federal poverty level	163	110	137
Between 100% and 199% of federal poverty level	99	73	85
200% or more of federal poverty level	51	20	26

The national rates of unintended pregnancy by race and income from 2008 were applied to the respective population of women between the ages of 15 and 44 in Ohio during 2021. The overall rate of unintended pregnancy by income was utilized for women of other races.<sup>15</sup> The distribution of unintended pregnancy by income was calculated for each race and then applied to the estimated number of abortions that would have resulted in a parenting birth under Senate Bill 23.

### Percent of Unintended Pregnancies in Ohio by Race and Income, 2021

Income	Black/African American	White	Overall
Less than 100% of federal poverty level	51.3%	38.2%	46.6%
Between 100% and 199% of federal poverty level	26.7%	28.6%	27.7%
200% or more of federal poverty level	22.0%	33.2%	25.7%
Total	100.0%	100.0%	100.0%

The age categories in the Ohio Department of Health's *Induced Abortions in Ohio, 2021* report include aggregate abortion counts for ages less than 15 years; single age abortion counts for 15 years through 21 years; aggregate abortion counts beginning for 20 to 24 years and ending with 40 to 44 years; and aggregate abortion counts for 45 years of age and older. It is assumed that the abortions that would have resulted in a parenting birth by income and race as a result of Senate Bill 23 being in effect followed the same age distribution as all resident abortions by race during 2021.

<sup>14</sup> Finer, Lawrence B., and Mia R. Zolna. 2014. "Shifts in Intended and Unintended Pregnancies in the United States, 2001-2008." *American Journal of Public Health* 104 (Supplement 1): S43-S48. doi:10.2105/AJPH.2013.301416.

<sup>15</sup> Other races include all races that are not Black/African American or White, regardless of ethnicity.

# Methodology

After determining the number of abortions that would have resulted in a parenting birth by race and income, lifetime earnings were estimated for women in Ohio between the ages of 18 and 30 years by utilizing 2021, five-year IPUMS data from the U.S. Census Bureau's American Community Survey.<sup>16</sup> IPUMS data consists of integrated, high-precision samples of the American population drawn from federal censuses.

The weighted average of wage and salary income was calculated for women at every age between 18 and 64 years and was broken out by race (Black/African American, White, and Other) and income (less than 100% of FPL, between 100-199% of FPL, and greater than or equal to 200% of FPL).<sup>17</sup> Wage and salary income was then summed for the remaining years in the workforce, after accounting for the mortality rate of women in Ohio by age and race. Mortality data was retrieved from the Ohio Public Health Data Warehouse.<sup>18</sup>

Because portions of the abortion statistics from the Ohio Department of Health are aggregated into five-year age ranges, two estimates were developed to calculate lifetime earnings. The low estimates assume that all abortions in a given age range were for women of the highest age in the age range. The high estimates assume that all abortions in a given age range were for women of the lowest age in the age range. For example, all abortions for women between the ages of 25 and 29 years were assumed to be 29 years of age for the low estimates and 25 years of age for the high estimates.

Amador (2017) estimated the effects of abortion and contraceptive choices of women between the ages of 18 and 30 on fertility, school, and labor market outcomes using a discrete choice dynamic programming model. The model estimates that an abortion ban would result in a decrease in average lifetime earnings by age 65 of \$39,173, or 3.3 percent, for women between the ages of 18 and 30 years who would have had an abortion, after accounting for education.<sup>19</sup> The percent decrease in lifetime earnings due to an abortion ban was then applied to the estimates of lifetime earnings calculated for women in Ohio between the ages of 18 and 30 years by income and race who would have had a parenting birth if Senate Bill 23 was in effect. There are further costs to the public in the form of lost tax revenue as a result of the lifetime earnings loss. However, lost tax revenue is not included in the analysis due to the data limitations on when the earnings loss would occur.

## Child Care Costs

The utilization and costs of early care and education in the United States by age of the child and income were calculated based on the National Survey of Early Care and Education conducted in 2012.<sup>20</sup> The aggregate child care costs are estimated for the percent of children with any regular early care and education for whom the parents have out-of-pocket costs. The aggregate child care costs reflect costs for children between 0 months and 60 months, or up to 5 years of age. The annual cost estimates reflect the weekly cost of care in 2012 multiplied by 52 weeks per year. The weekly cost of care represents the direct weekly charges plus any copay amount minus any subsidies paid directly to the household. Data for 200 percent or more of FPL reflect a weighted average of data for 200 to 299 percent of FPL and data for 300 percent or more of FPL. Therefore, the median annual cost does not reflect a true median but instead reflects a weighted average. All cost estimates are regionally adjusted to Ohio and converted to 2021 dollars. The low estimates utilize the median annual costs, whereas the high estimates utilize the average annual costs.

<sup>16</sup> Ruggles, Steven, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. 2023. *IPUMS USA: Version 13.0 [dataset]*. Minneapolis, MN. doi:10.18128/D010.V13.0.

<sup>17</sup> Other races include all races that are not Black/African American or White, regardless of ethnicity.

<sup>18</sup> Ohio Public Health Information Warehouse. 2023b. Mortality. September 12. Accessed September 2023. <https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality>.

<sup>19</sup> Amador, Diego. 2017. *The Consequences of Abortion and Contraception Policies on Young Women's Reproductive Choice, Schooling and Labor Supply*. Documentos CEDE No. 2017-43. doi:10.2139/ssrn.2987367.

<sup>20</sup> National Survey of Early Care and Education Project Team. 2018. *Early Care and Education Usage and Households' Out-of-Pocket Costs: Tabulations from the National Survey of Early Care and Education (NSECE)*. OPRE Report #2016-09, Office of Planning, Research and Evaluation, Administration for Children and Families, Washington, D.C.: U.S. Department of Health and Human Services.

# Methodology

## Utilization and Costs of Early Care and Education by Age of the Child and Income in the United States, 2012 (2021\$)

Income	Age Range	Percent of Children with Any Regular Care	Percent of Children with Regular Care for Whom Parents Have Zero Out-of-Pocket Costs	Median Annual Cost	Average Annual Cost
Less than 100% of federal poverty level	0-35 Months	42.4%	69.9%	\$3,813	\$4,848
	36-71 Months	51.5%	63.3%	\$2,858	\$3,887
Between 100% and 199% of federal poverty level	0-35 Months	41.2%	52.4%	\$4,528	\$6,763
	36-71 Months	56.1%	45.7%	\$3,350	\$4,413
200% or more of federal poverty level	0-35 Months	57.9%	31.7%	\$6,268	\$7,652
	36-71 Months	69.5%	21.4%	\$5,273	\$6,991

### Medical Costs

Medicaid health insurance was utilized as a proxy for publicly funded births. The Medicaid status of women between the ages of 15 and 44 years who had a birth in the past year was calculated utilizing 2021, five-year IPUMS data and was broken out by race and income.<sup>21</sup> The percentage with Medicaid health insurance was then applied to the estimated abortions that would have resulted in a parenting birth by race and income to determine what portion of parenting births would have been publicly funded.

### Percent of Women Aged 15 to 44 Years Who Had a Birth in the Past Year and Had Medicaid Health Insurance by Race and Income in Ohio, 2021

Income	Black/African American	White	Other
Less than 100% of federal poverty level	87.0%	79.2%	68.2%
Between 100% and 199% of federal poverty level	60.5%	46.4%	49.4%
200% or more of federal poverty level	24.0%	9.7%	12.7%

Sonfield and Kost (2015) evaluated the public costs and savings of births resulting from unintended pregnancies that were paid for by Medicaid, the Children's Health Insurance Program (CHIP), or the Indian Health Service (IHS) during 2010. The average cost per publicly funded birth in Ohio totaled \$18,144 during 2010, assumed to be reported in 2010 dollars.<sup>22</sup> This comprises \$10,925 for prenatal care, labor and delivery, post-partum care, and the first year of infant medical care as well as \$7,220 for the next four years of medical care for the child.<sup>23</sup> After converting to 2021 dollars using the Consumer Price Index for Medical Care, the average cost per publicly funded birth in Ohio totaled \$24,538. This comprises \$14,774 for prenatal care, labor and delivery, post-partum care, and the first year of infant medical care as well as \$9,764 for the next four years of medical care for the child.

According to Upadhyay, et al. (2022), the median out-of-pocket costs for abortion in Ohio were \$588 for medication abortion, \$625 for first trimester procedural abortion, and \$820 for second trimester abortion during 2020.<sup>24</sup> The out-of-pocket costs for an abortion are not included in this analysis as they represents costs incurred by women regardless of Senate Bill 23 being in effect.

<sup>21</sup> Other races include all races that are not Black/African American or White, regardless of ethnicity.

<sup>22</sup> Sonfield, Adam, and Kathryn Kost. 2015. *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*. New York: Guttmacher Institute. <http://www.guttmacher.org/pubs/public-costs-of-UP-2010.pdf>.

<sup>23</sup> Sonfield, Adam, and Kathryn Kost. 2015. *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*. New York: Guttmacher Institute. <http://www.guttmacher.org/pubs/public-costs-of-UP-2010.pdf>.

<sup>24</sup> Upadhyay, Ushma D., Chris Ahlback, Shelly Kaller, Clara Cook, and Isabel Muñoz. 2022. "Trends In Self-Pay Charges And Insurance Acceptance For Abortion In The United States, 2017-20." *Health Affairs* 41 (4): 507-515. doi:10.1377/hlthaff.2021.01528.21 Other races include all races that are not Black/African American or White, regardless of ethnicity.

# Methodology

## Social Assistance Costs

The 2021, five-year IPUMS data from the U.S. Census Bureau’s American Community Survey were analyzed to determine the utilization rates of public assistance and the Supplemental Nutrition Assistance Program (SNAP) as well as the amount of public assistance received for women in Ohio between the ages of 15 and 44 years by race and fertility status. Public assistance, as defined in IPUMS data, refers to federal/state Supplemental Security Income (SSI) payments to elderly (age 65+), blind, or disabled persons with low incomes; Aid to Families with Dependent Children (AFDC); and General Assistance (GA).

The utilization rate of public assistance for women in Ohio between the ages of 15 and 44 years who had a birth in the past year was 10.3 percent for Black/African American women, 4.2 percent for White women, and 3.8 percent for women of other races during 2021.<sup>25</sup> In comparison, the utilization rate of public assistance for women in Ohio between the ages of 15 and 44 years who did not have a birth in the past year was 4.4 percent for Black/African American women, 1.9 percent for White women, and 2.3 percent for women of other races during 2021. This means that having a birth in the past year increased the utilization rate of public assistance by 6.0 percentage points for Black/African American women, 2.2 percentage points for White women, and 1.5 percentage points for women of other races. For women in Ohio between the ages of 15 and 44 years who had a birth in the past year, the amount of public assistance received averaged \$3,639 for Black/African American women, \$3,926 for White women, and \$2,292 for women of other races.

**Utilization Rate of Public Assistance for Women Aged 15 to 44 Years by Race and Fertility Status in Ohio, 2021**

Fertility Status	Black/African American	White	Other
With a birth in the past year	10.3%	4.2%	3.8%
Without a birth in the past year	4.4%	1.9%	2.3%

The utilization rate of SNAP for women in Ohio between the ages of 15 and 44 years who had a birth in the past year was 52.4 percent for Black/African American women, 20.1 percent for White women, and 25.8 percent for women of other races during 2021.<sup>26</sup> In comparison, the utilization rate of SNAP for women in Ohio between the ages of 15 and 44 years who did not have a birth in the past year was 34.3 percent for Black/African American women, 12.4 percent for White women, and 17.9 percent for women of other races during 2021. This mean that having a birth in the past year increased the utilization rate of SNAP by 18.1 percentage points for Black/African American women, 7.7 percentage points for White women, and 7.9 percentage points for women of other races. According to the Ohio Department of Job and Family Services, the annual SNAP benefit amount per person averaged \$2,788 during 2021.<sup>27</sup>

**Utilization Rate of the Supplemental Nutrition Assistance Program for Women Aged 15 to 44 Years by Race and Fertility Status in Ohio, 2021**

Fertility Status	Black/African American	White	Other
With a birth in the past year	52.4%	20.1%	25.8%
Without a birth in the past year	34.3%	12.4%	17.9%

<sup>25</sup> Other races include all races that are not Black/African American or White, regardless of ethnicity.

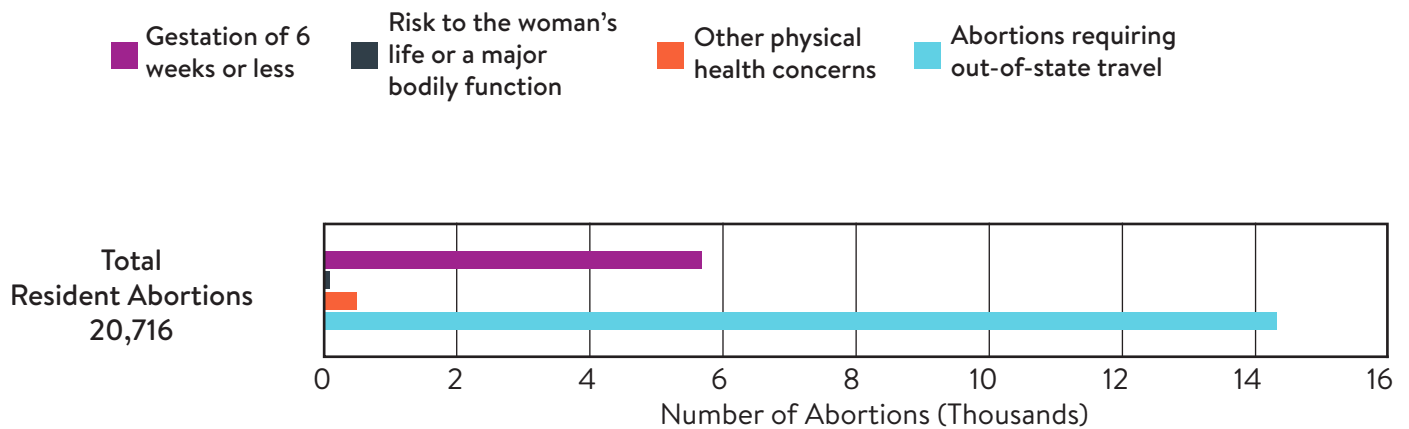
<sup>26</sup> Other races include all races that are not Black/African American or White, regardless of ethnicity.

<sup>27</sup> Ohio Department of Job and Family Services. 2023. "Public Assistance Monthly Statistics (PAMS)." *Ohio Department of Job and Family Services*. July 24. Accessed September 2023. <https://jfs.ohio.gov/cash-food-and-refugee-assistance/pams/pams>.

# Scenario 1: Abortion Outcomes

Scenario 1 assumes that Senate Bill 23 is in effect meaning that abortion is legally available in the State of Ohio until fetal cardiac activity is detected and assumes that any pregnancy after fetal cardiac activity is detected requires travel to another state for abortion care. According to the Ohio Department of Health’s abortion statistics, Ohio residents received 20,716 abortions during 2021.<sup>28</sup> It is estimated that approximately 5,725 abortions were performed for Ohio residents with pregnancies with a gestation of six weeks or less. It is estimated that 62 of the abortions performed for Ohio residents would be the result of a risk to the woman’s life or a major bodily function and 479 abortions performed for Ohio residents would be the result of other physical concerns. Therefore, an estimated 6,266 abortions for Ohio residents would have still occurred in 2021 if Senate Bill 23 was in effect. This means that the remaining 14,450 abortions performed for Ohio residents would require out-of-state travel in order to obtain abortion care.

## Total Abortion Outcomes



## Abortion Outcomes by Race

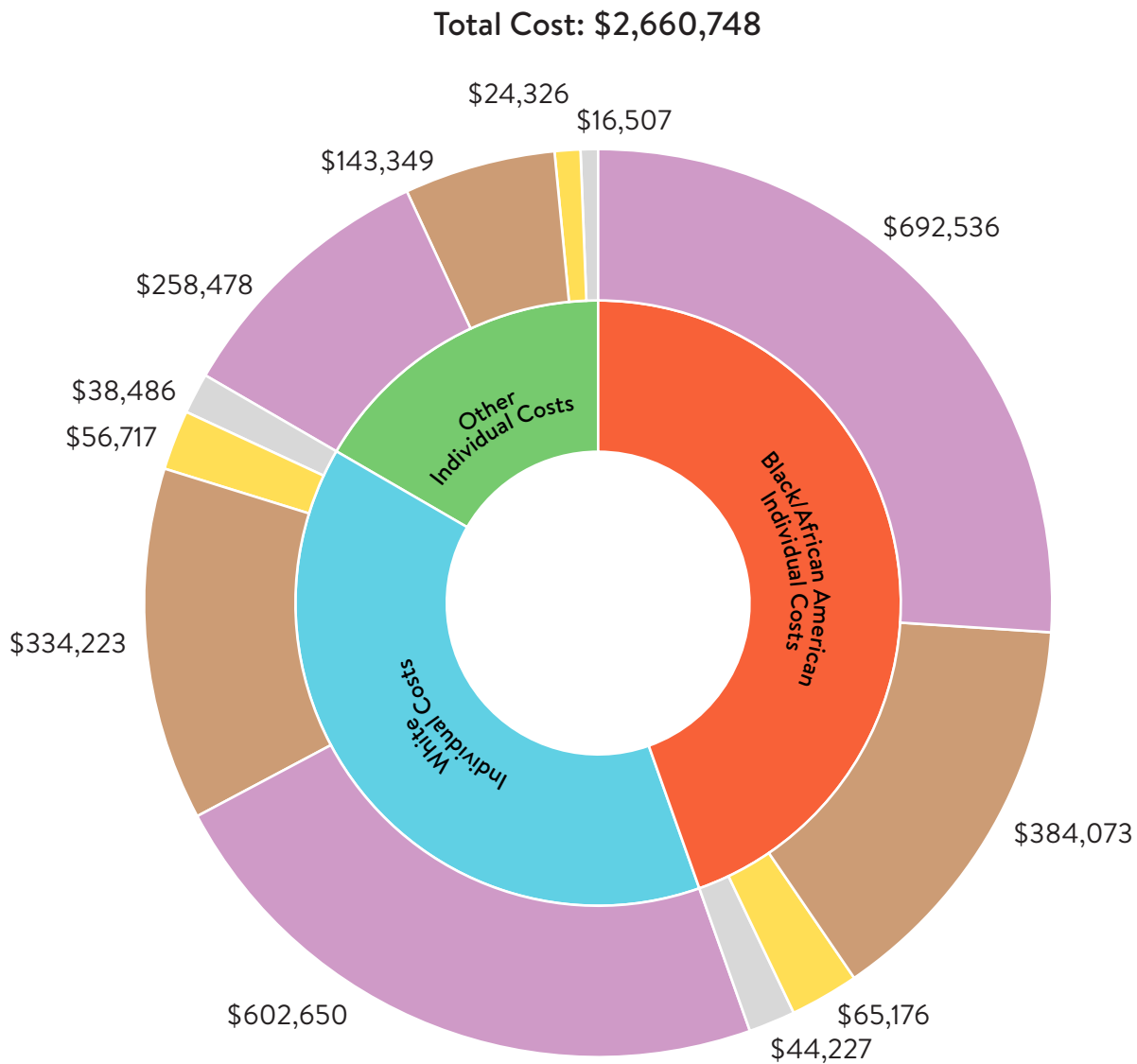
Outcome	Black/African American	White	Other
Gestation of 6 weeks or less	2,552	2,221	952
Risk to the woman's life or a major bodily function	28	24	10
Other physical health concerns	213	186	80
<b>Total Resident Abortions</b>	<b>2,793</b>	<b>2,431</b>	<b>1,042</b>

<sup>28</sup> Ohio Department of Health. 2022. *Induced Abortions in Ohio, 2021*. Columbus: Ohio Department of Health.

# Scenario 1: Economic Impacts (Low)

The low estimates of the economic impacts of Scenario 1 are based on the median increase in miles traveled to the nearest abortion provider. For the 14,450 abortions completed for Ohio residents in 2021 that would require out-of-state travel under Senate Bill 23, the additional costs incurred by women as a result of having to travel out of state for abortion care totals nearly \$2.7 million. This is comprised of nearly \$1.6 million in transportation costs, \$861,600 in lost wages, \$99,200 in child care costs, and \$146,200 in hotel and travel costs. Of the total additional costs incurred by women as a result of having to travel out of state for abortion care, approximately \$1.2 million represents the additional costs for Black/African American women, more than \$1.0 million represents the additional costs for White women, and approximately \$442,700 represents the additional costs for women of other races. In this scenario, there would be no additional costs incurred to the public since all abortions that occurred in 2021 would still result in an abortion. This means that the individual costs incurred by women represent 100.0 percent of the low estimates of the economic impacts of restricted abortion access for Scenario 1.

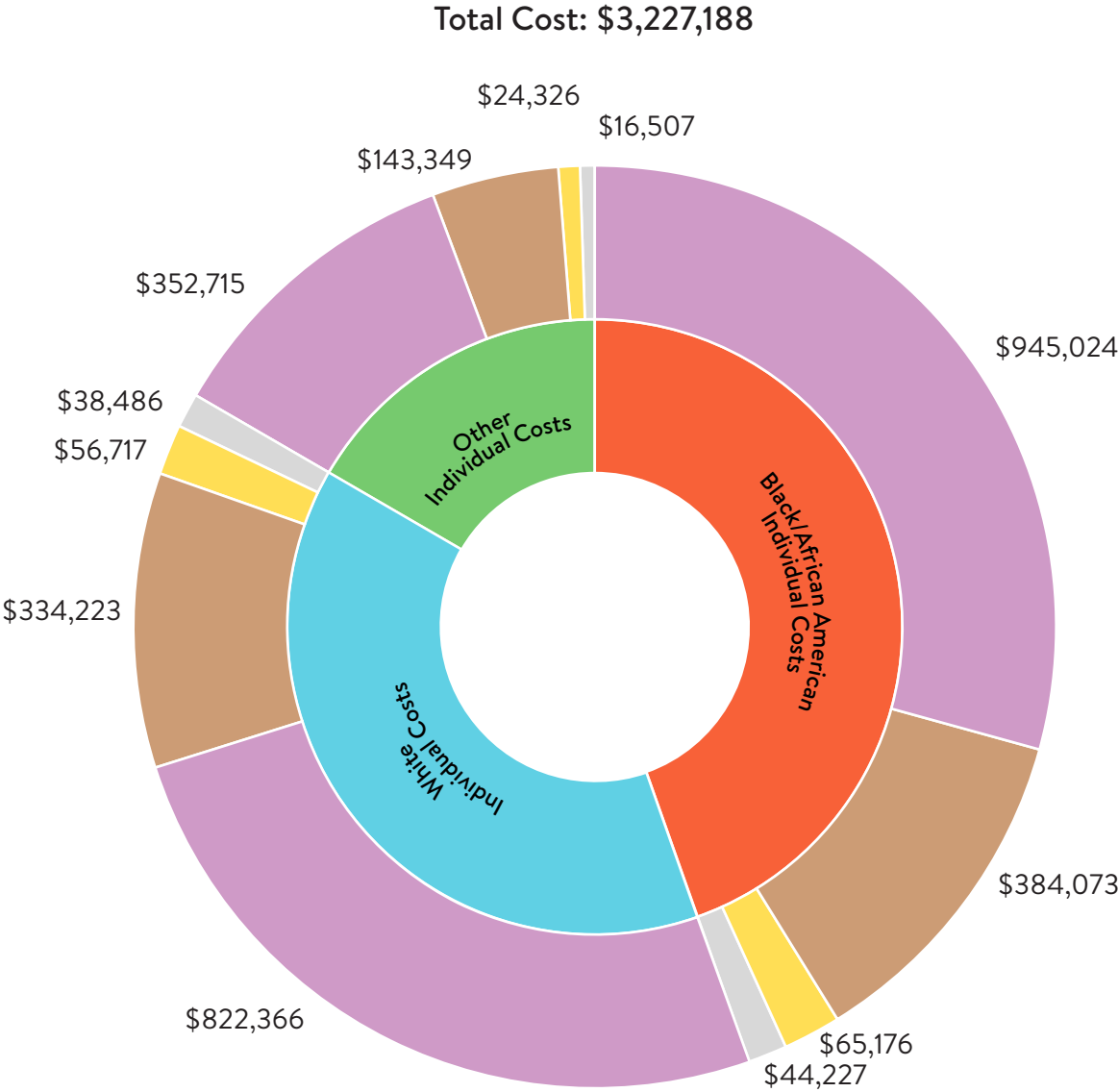
■ Transportation Costs    
 ■ Lost Wages    
 ■ Hotel and Travel Costs    
 ■ Child Care Costs



# Scenario 1: Economic Impacts (High)

The high estimates of the economic impacts of Scenario 1 are based on the average increase in miles traveled to the nearest abortion provider. Based on the 14,450 abortions completed for Ohio residents in 2021 that would require out-of-state travel under Senate Bill 23, the additional costs incurred to women as a result of having to travel out of state for abortion care totals more than \$3.2 million. This is comprised of \$2.1 million in transportation costs, \$861,600 in lost wages, \$99,200 in child care costs, and \$146,200 in hotel and travel costs. Of the total additional costs incurred by women as a result of having to travel out of state for abortion care, approximately \$1.4 million represents the additional costs for Black/African American women, nearly \$1.3 million represents the additional costs for White women, and approximately \$536,900 represents the additional costs for women of other races. In this scenario, there would be no additional costs incurred to the public since all abortions that occurred in 2021 would still result in an abortion. This means that the individual costs incurred by women represent 100.0 percent of the high estimates of the economic impacts of restricted abortion access for Scenario 1.

■ Transportation Costs    
 ■ Lost Wages    
 ■ Hotel and Travel Costs    
 ■ Child Care Costs

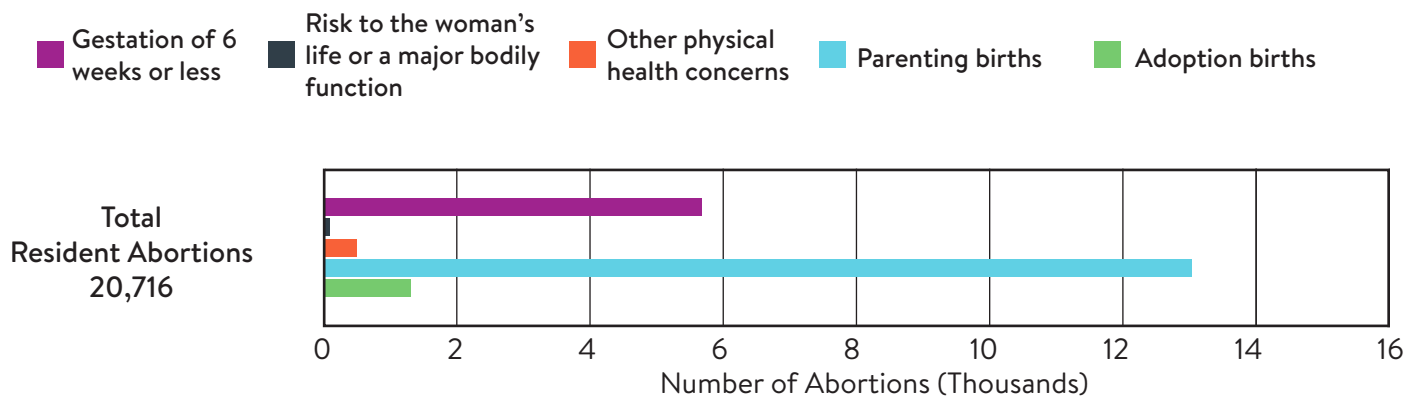




# Scenario 2: Abortion Outcomes

Scenario 2 assumes that Senate Bill 23 is in effect meaning that abortion is legally available in the State of Ohio until fetal cardiac activity is detected and assumes that any pregnancy after fetal cardiac activity is detected results in a birth. According to the Ohio Department of Health’s abortion statistics, Ohio residents received 20,716 abortions during 2021.<sup>29</sup> It is estimated that approximately 5,725 abortions were performed for Ohio residents with pregnancies with a gestation of six weeks or less. It is estimated that 62 of the abortions performed for Ohio residents would be the result of a risk to the woman’s life or a major bodily function and 479 abortions performed for Ohio residents would be the result of other physical concerns. Therefore, an estimated 6,266 abortions for Ohio residents would have still occurred in 2021 if Senate Bill 23 was in effect. This means that the remaining 14,450 abortions performed for Ohio residents would result in a birth. According to Sisson, et al. (2017), approximately 91.0 percent of women denied an abortion who gave birth chose parenting instead of placing for adoption<sup>30</sup> Therefore, 13,150 of the 14,450 abortions performed for Ohio residents would result in a parenting birth, assuming women denied an abortion in Ohio would make similar decisions.

## Total Abortion Outcomes



## Abortion Outcomes by Race

Outcome	Black/African American	White	Other
Gestation of 6 weeks or less	2,552	2,221	952
Risk to the woman's life or a major bodily function	28	24	10
Other physical health concerns	213	186	80
Parenting birth	5,861	5,101	2,188
Adoption births	580	504	216
<b>Total Resident Abortions</b>	<b>9,234</b>	<b>8,036</b>	<b>3,446</b>

<sup>29</sup> Ohio Department of Health. 2022. *Induced Abortions in Ohio, 2021*. Columbus: Ohio Department of Health.

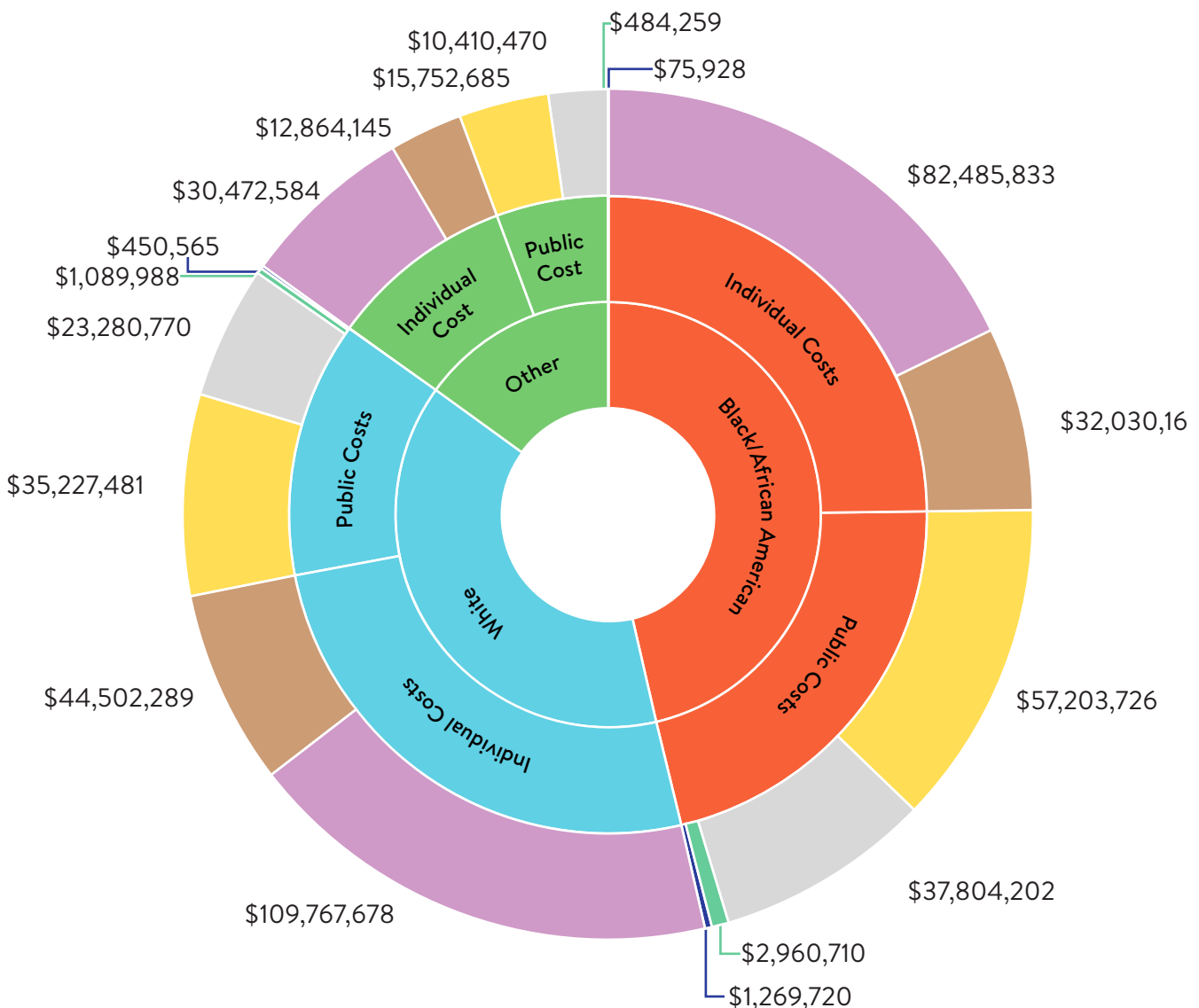
<sup>30</sup> Sisson, Gretchen, Lauren Ralph, Heather Gould, and Diane Greene Foster. 2017. "Adoption Decision Making among Women Seeking Abortion." *Women's Health Issues* 27 (2): 136-144. doi:10.1016/j.whi.2016.11.007.

# Scenario 2: Economic Impacts (Low)

For the 13,150 abortions performed for Ohio residents during 2021 that would have resulted in a parenting birth if Senate Bill 23 were in effect, the low estimate of the additional costs incurred by women and the public totals \$461.8 million. This is comprised of \$275.8 million in additional costs incurred by women as well as \$186.0 million in additional costs incurred by the public. The additional costs incurred by women include \$196.8 million in lifetime earnings loss and \$79.0 million in child care costs through age 4. The additional costs incurred by the public include \$108.2 million in maternity medical costs and one year of infant medical costs, \$71.5 million in child medical costs from ages 1 through 4 years, \$1.8 million in public assistance costs, and \$4.5 million in SNAP costs. Of the total additional costs incurred by women and the public, approximately \$213.8 million represents the additional costs for Black/African American women, \$178.0 million represents the additional costs for White women, and approximately \$70.1 million represents the additional costs for women of other races.

- Lifetime Earnings Loss
- Child Care Costs
- Maternity Medical Costs and One Year of Infant Medical Costs
- Child Medical Costs from Ages 1-4 Years
- Supplemental Nutrition Assistance Program Costs
- Public Assistance Costs

**Total Cost: \$461,830,071**

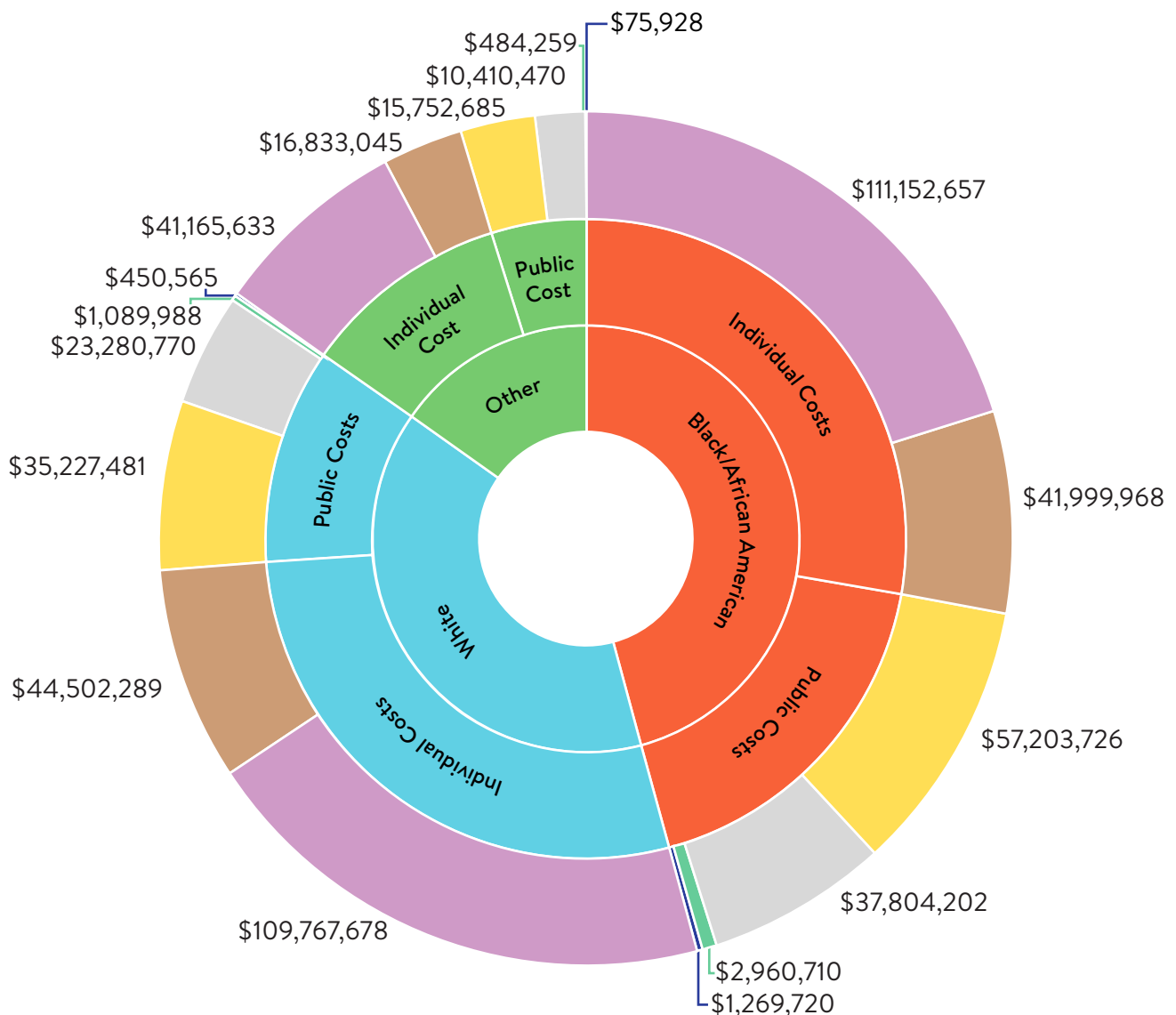


# Scenario 2: Economic Impacts (High)

For the 13,150 abortions performed for Ohio residents during 2021 that would have resulted in a parenting birth if Senate Bill 23 were in effect, the high estimate of the additional costs incurred by women and the public totals \$551.4 million. This is comprised of \$365.4 million in additional costs incurred by women as well as \$186.0 million in additional costs incurred by the public. The additional costs incurred by women include \$262.1 million in lifetime earnings loss and \$103.3 million in child care costs through age 4. The additional costs incurred by the public include \$108.2 million in maternity medical costs and one year of infant medical costs, \$71.5 million in child medical costs from ages 1 through 4 years, \$1.8 million in public assistance costs, and \$4.5 million in SNAP costs. Of the total additional costs incurred by women and the public, approximately \$252.4 million represents the additional costs for Black/African American women, \$214.3 million represents the additional costs for White women, and approximately \$84.7 million represents the additional costs for women of other races.

- Lifetime Earnings Loss
- Child Care Costs
- Maternity Medical Costs and One Year of Infant Medical Costs
- Child Medical Costs from Ages 1-4 Years
- Supplemental Nutrition Assistance Program Costs
- Public Assistance Costs

Total Cost: \$551,431,774

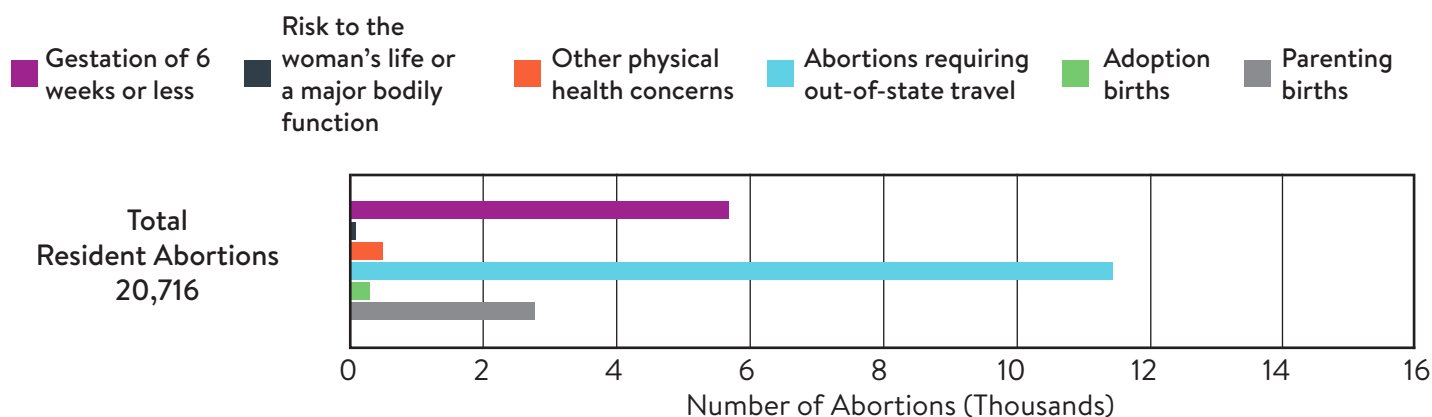


# Scenario 3: Abortion Outcomes

Scenario 3 assumes that Senate Bill 23 is in effect meaning that abortion is legally available in the State of Ohio until fetal cardiac activity is detected and assumes that any pregnancy after fetal cardiac activity is detected either results in a birth or requires travel to another state for abortion care. According to the Ohio Department of Health's abortion statistics, Ohio residents received 20,716 abortions during 2021.<sup>31</sup> It is estimated that approximately 5,725 abortions were performed for Ohio residents with pregnancies with a gestation of six weeks or less. It is estimated that 62 of the abortions performed for Ohio residents would be the result of a risk to the woman's life or a major bodily function and 479 abortions performed for Ohio residents would be the result of other physical concerns. Therefore, an estimated 6,266 abortions for Ohio residents would have still occurred in 2021 if Senate Bill 23 was in effect, which is the same as Scenario 1 and Scenario 2.

This means that the remaining 14,450 abortions performed for Ohio residents would require out-of-state travel in order to obtain abortion care or would result in a birth. Based on analysis from Myers (2021), an increase in travel distance up to 100 miles to the nearest abortion provider is estimated to result in an additional 767 births for Black/African American women, 2,056 births for White women, and 203 births for women of other races, given the births in Ohio by race among women between the ages of 15 and 44 years during 2021. An increase in travel distance up to 100 miles to the nearest abortion provider would result in a total of 3,026 additional births in Ohio. According to Sisson, et al. (2017), approximately 91.0 percent of women denied an abortion who gave birth chose parenting instead of placing for adoption.<sup>32</sup> Therefore, 2,754 of the 3,026 abortions performed for Ohio residents would result in a parenting birth, assuming women denied an abortion in Ohio would make similar decisions. Therefore, the remaining 11,424 abortion performed for Ohio residents would require out-of-state travel in order to obtain abortion care.

## Total Abortion Outcomes



## Abortion Outcomes by Race

Outcome	Black/African American	White	Other
Gestation of 6 weeks or less	2,552	2,221	952
Risk to the woman's life or a major bodily function	28	24	10
Other physical health concerns	213	186	80
Parenting birth	698	1,871	185
Adoption births	69	185	18
<b>Total Resident Abortions</b>	<b>3,560</b>	<b>4,487</b>	<b>1,245</b>

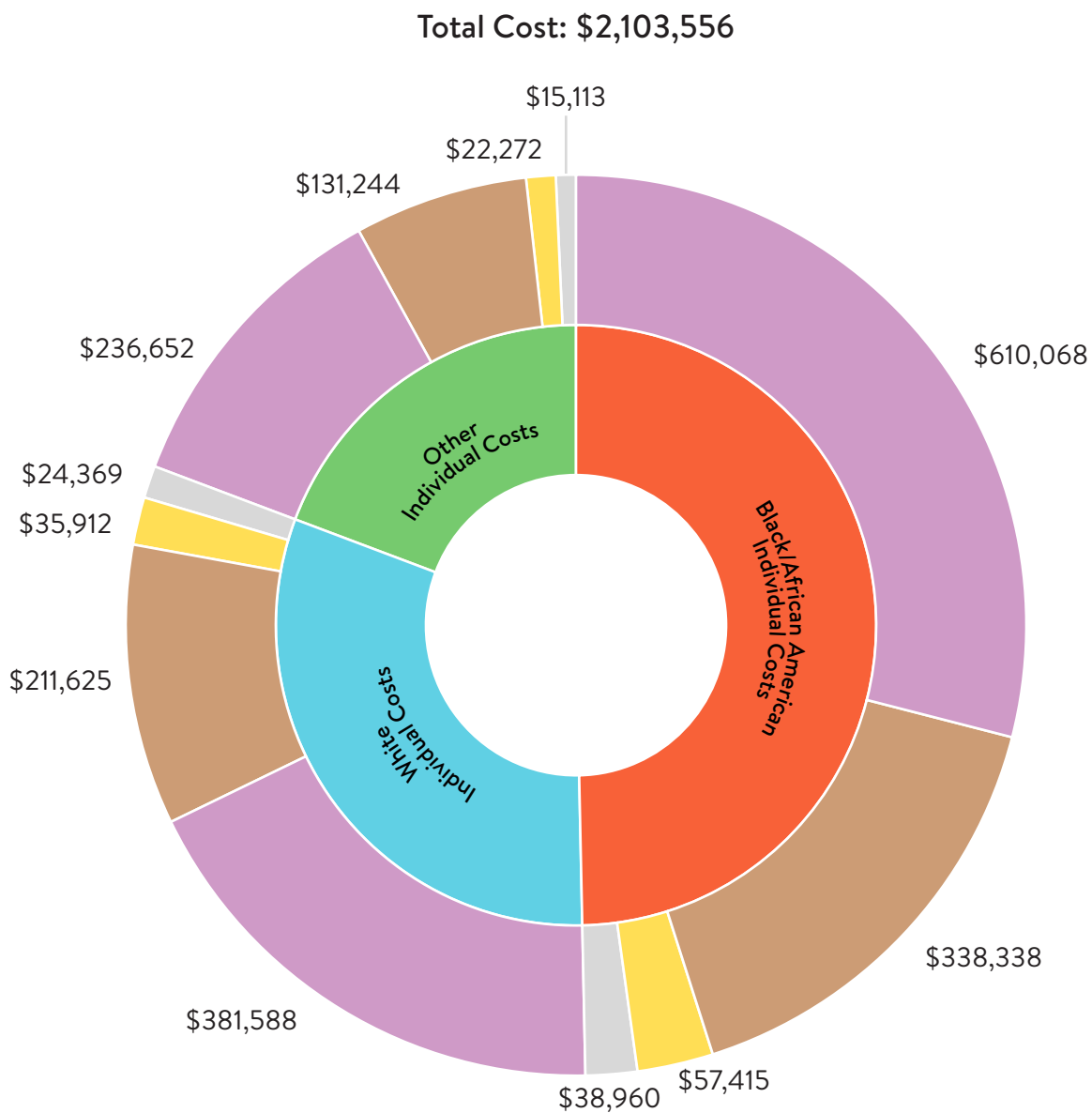
<sup>31</sup> Ohio Department of Health. 2022. *Induced Abortions in Ohio, 2021*. Columbus: Ohio Department of Health.

<sup>32</sup> Sisson, Gretchen, Lauren Ralph, Heather Gould, and Diane Greene Foster. 2017. "Adoption Decision Making among Women Seeking Abortion." *Women's Health Issues* 27 (2): 136-144. doi:10.1016/j.whi.2016.11.007.

# Scenario 3: Economic Impacts of Traveling for Abortion Care (Low)

The low estimates are based on the median increase in miles traveled to the nearest abortion provider. For the 11,424 abortions completed for Ohio residents in 2021 that would require out-of-state travel under Senate Bill 23, the low estimate of the additional costs incurred by women as a result of having to travel out of state for abortion care totals \$2.1 million. This is comprised of \$1.2 million in transportation costs, \$681,200 in lost wages, \$78,400 in child care costs, and \$115,600 in hotel and travel costs. Of the total additional costs incurred by women as a result of having to travel out of state for abortion care, approximately \$1.0 million represents the additional costs for Black/African American women, \$653,500 represents the additional costs for White women, and \$405,300 represents the additional costs for women of other races. For abortions requiring out-of-state travel under Senate Bill 23, there would be no additional costs incurred by the public.

■ Transportation Costs    
 ■ Lost Wages    
 ■ Hotel and Travel Costs    
 ■ Child Care Costs

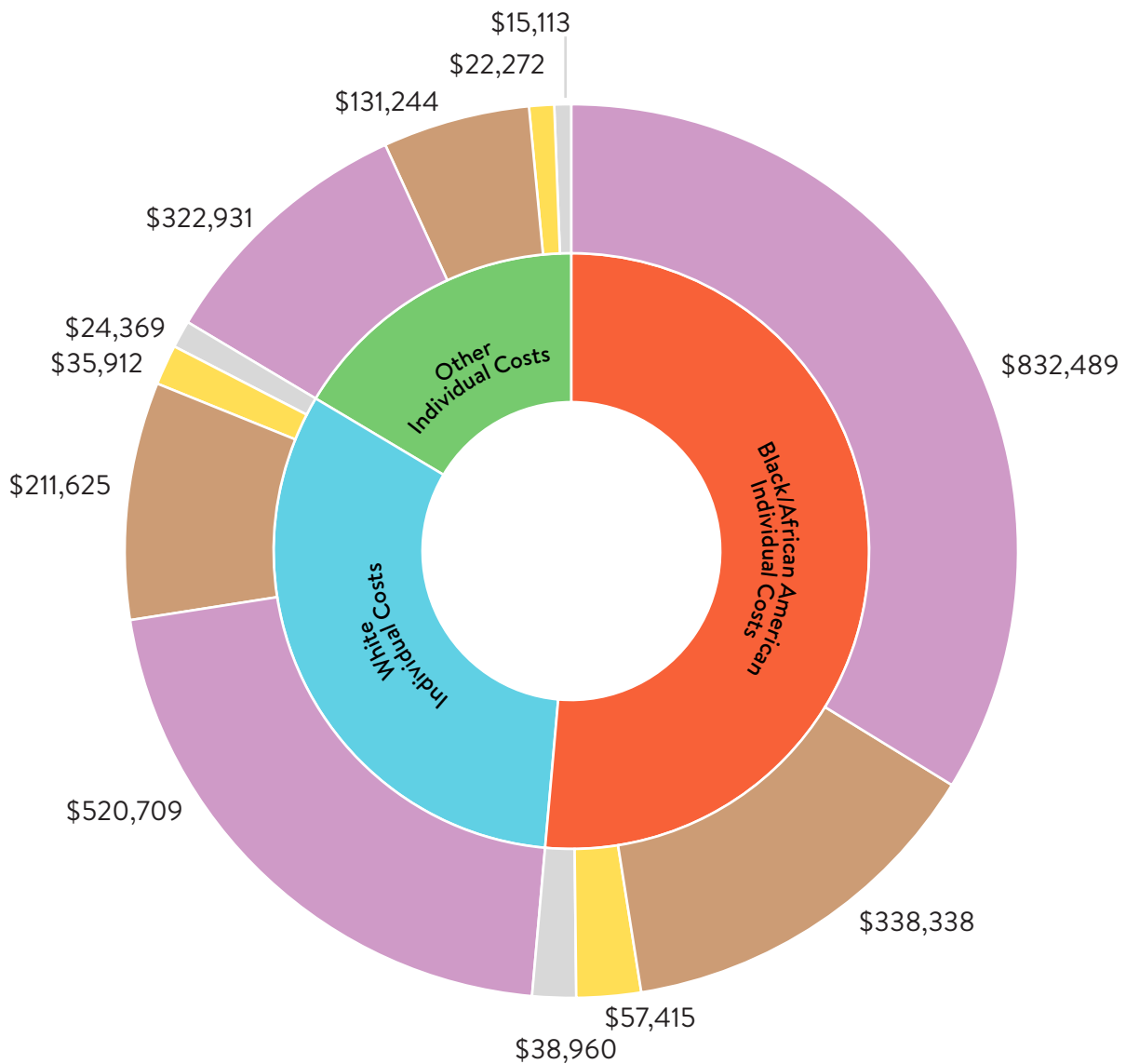


# Scenario 3: Economic Impacts of Traveling for Abortion Care (High)

The low estimates are based on the median increase in miles traveled to the nearest abortion provider. For the 11,424 abortions completed for Ohio residents in 2021 that would require out-of-state travel under Senate Bill 23, the high estimate of the additional costs incurred by women as a result of having to travel out of state for abortion care totals nearly \$2.6 million. This is comprised of nearly \$1.7 million in transportation costs, \$681,200 in lost wages, \$78,400 in child care costs, and \$115,600 in hotel and travel costs. Of the total additional costs incurred by women as a result of having to travel out of state for abortion care, approximately \$1.3 million represents the additional costs for Black/African American women, \$792,600 represents the additional costs for White women, and \$491,600 represents the additional costs for women of other races. For abortions requiring out-of-state travel under Senate Bill 23, there would be no additional costs incurred by the public.

■ Transportation Costs    
 ■ Lost Wages    
 ■ Hotel and Travel Costs    
 ■ Child Care Costs

**Total Cost: \$2,551,377**

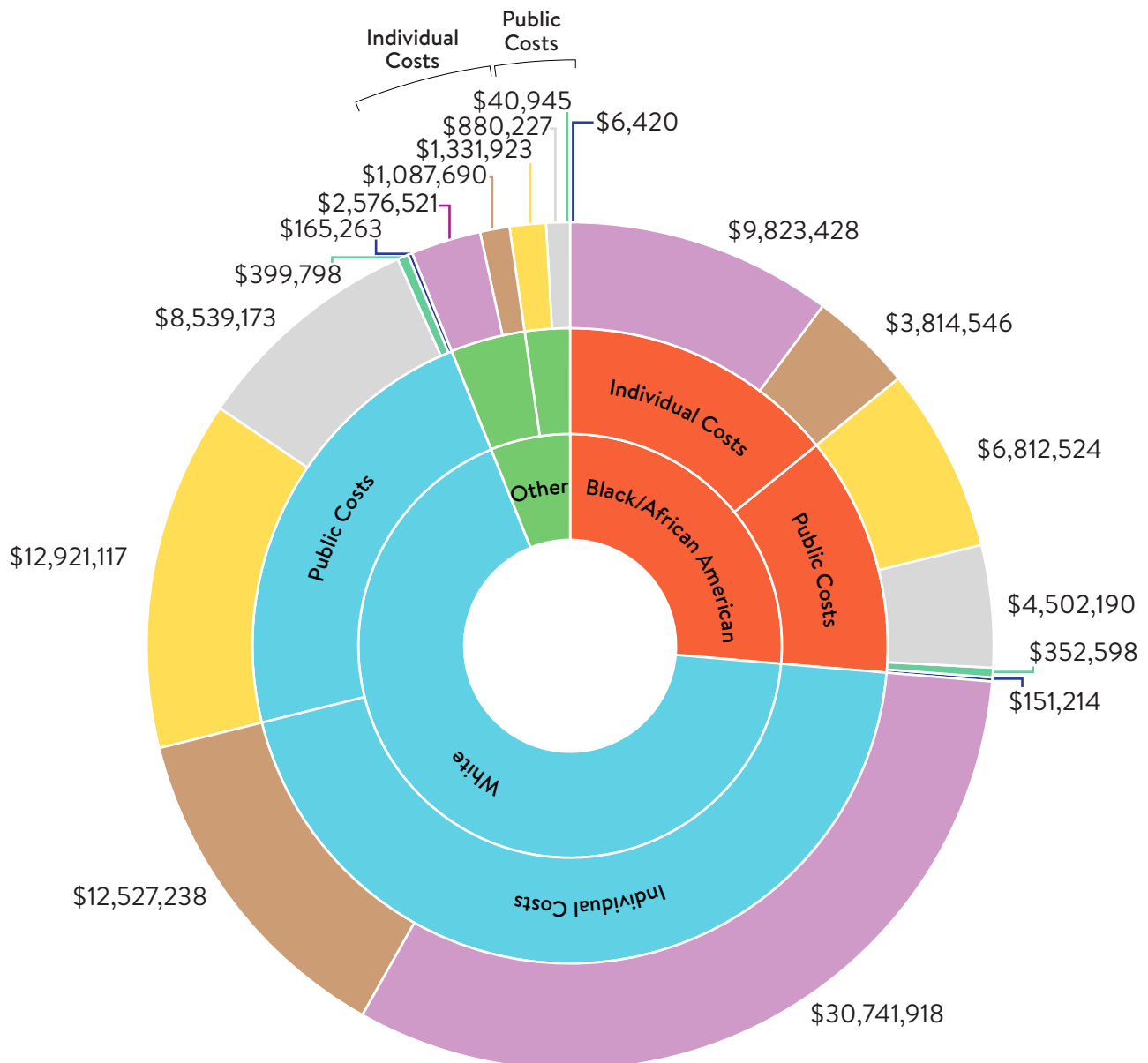


# Scenario 3: Economic Impacts of Parenting Births (Low)

For the 2,754 abortions performed for Ohio residents during 2021 that would have resulted in a parenting birth if Senate Bill 23 were in effect, the low estimate of the additional costs incurred by women and the public totals \$96.7 million. This is comprised of \$60.6 million in additional costs incurred by women as well as \$36.1 million in additional costs incurred by the public. The additional costs incurred by women include \$43.1 million in lifetime earnings loss and \$17.4 million in child care costs through age 4. The additional costs incurred by the public include of \$21.1 million in maternity medical costs and one year of infant medical costs, \$13.9 million in child medical costs from ages 1 through 4 years, \$322,900 in public assistance costs, and \$793,300 in SNAP costs. Of the total additional costs incurred by women and the public, approximately \$25.5 million represents the additional costs for Black/African American women, \$65.3 million represents the additional costs for White women, and approximately \$5.9 million represents the additional costs for women of other races.

- Lifetime Earnings Loss
- Child Care Costs
- Maternity Medical Costs and One Year of Infant Medical Costs
- Child Medical Costs from Ages 1-4 Years
- Supplemental Nutrition Assistance Program Costs
- Public Assistance Costs

**Total Cost: \$96,674,733**



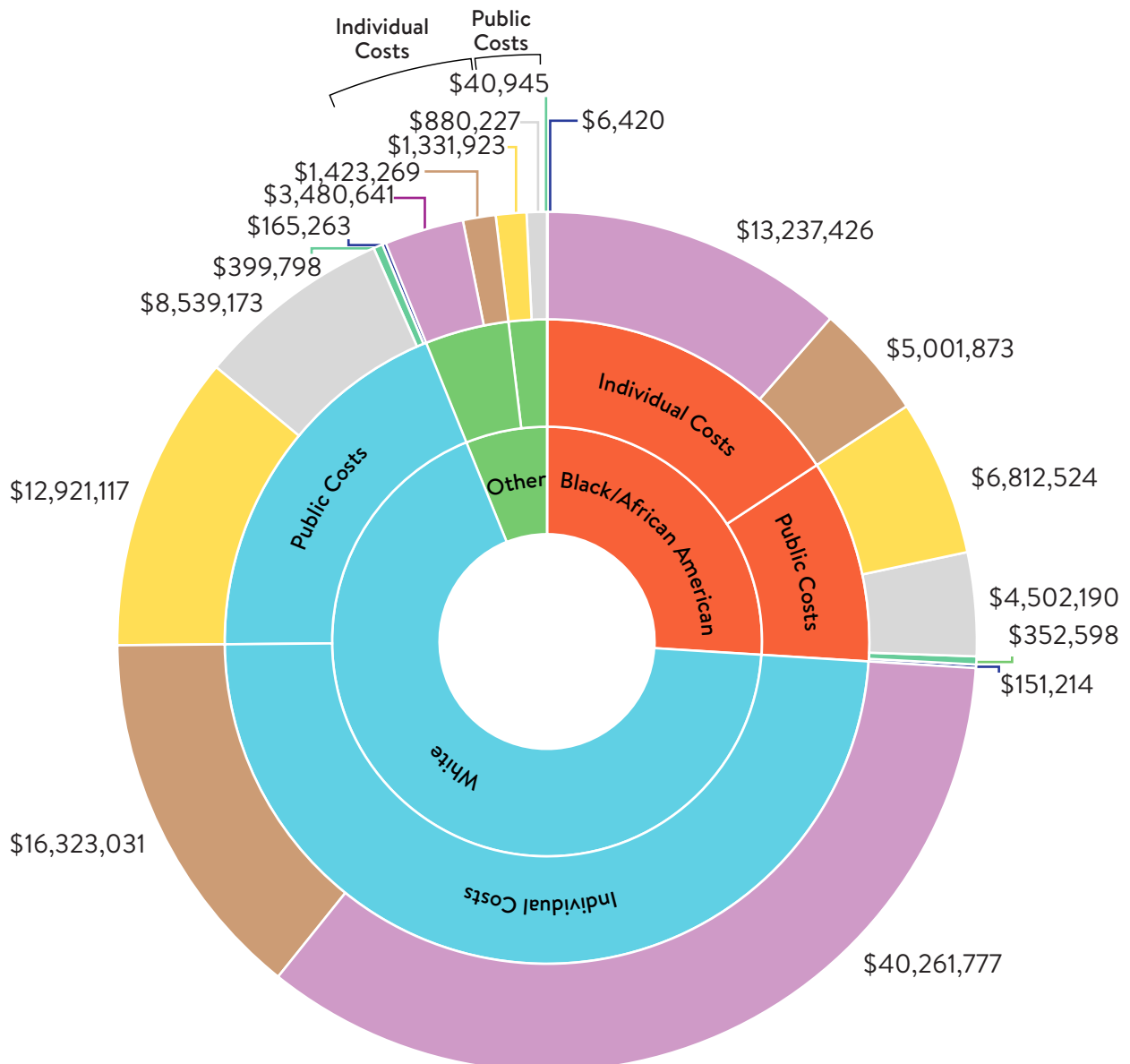


# Scenario 3: Economic Impacts of Parenting Births (High)

For the 2,754 abortions performed for Ohio residents during 2021 that would have resulted in a parenting birth if Senate Bill 23 were in effect, the high estimate of the additional costs incurred by women and the public totals \$115.8 million. This is comprised of \$79.7 million in additional costs incurred by women as well as \$36.1 million in additional costs incurred by the public. The additional costs incurred by women include \$57.0 million in lifetime earnings loss and \$22.7 million in child care costs through age 4. The additional costs incurred by the public include of \$21.1 million in maternity medical costs and one year of infant medical costs, \$13.9 million in child medical costs from ages 1 through 4 years, \$322,900 in public assistance costs, and \$793,300 in SNAP costs. Of the total additional costs incurred by women and the public, approximately \$30.1 million represents the additional costs for Black/African American women, \$78.6 million represents the additional costs for White women, and approximately \$7.2 million represents the additional costs for women of other races.



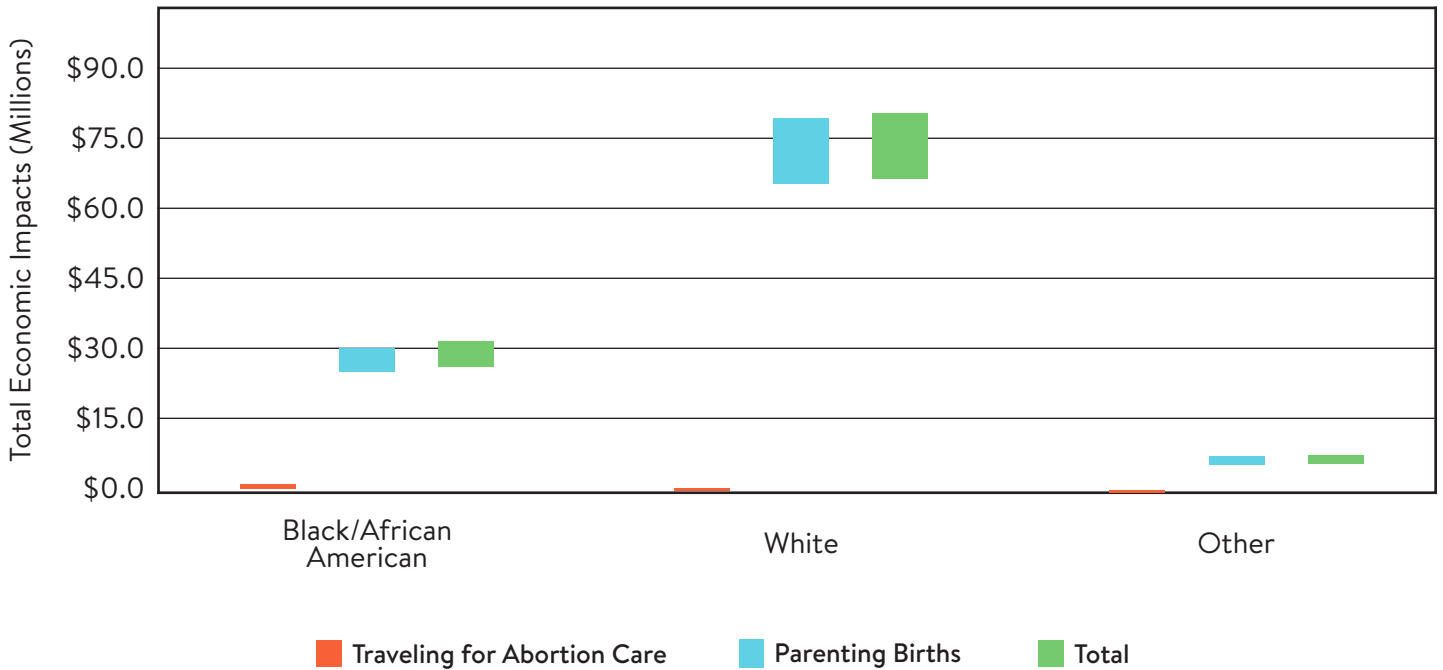
Total Cost: \$115,831,409



# Scenario 3: Economic Impacts Summary

For Scenario 3, the economic impacts of restricted abortion access in Ohio comprise the economic impacts for women forced to travel out of state to access abortion care as well as the economic impacts for women who would have had an abortion but have a parenting birth as a result of Senate Bill 23 being in effect. For women forced to travel out-of-state to access abortion care, the economic impacts range from \$1.0 million to \$1.3 million for Black/African American women, \$653,500 to \$792,600 for White women, and \$405,300 to \$491,600 for women of other races. For women who would have had an abortion but have a parenting birth, the economic impacts range from \$25.5 million to \$30.1 million for Black/African American women, \$65.3 million to \$78.6 million for White women, and \$5.9 million to \$7.2 million for women of other races. The total economic impacts range from \$26.5 million to \$31.3 million for Black/African American women, \$65.9 million to \$79.4 million for White women, and \$6.3 million to \$7.7 million for women of other races. Collectively, the economic impacts of restricted abortion access in Ohio range from \$98.9 million to \$118.4 million for Scenario 3. Of the total economic impacts of restricted abortion access in Ohio, individual costs incurred by women represent between 63.5 percent and 69.5 percent, whereas costs incurred by the public represent between 30.5 and 36.5 percent.

Economic Impacts Comparison by Outcome and Race, 2021 (2021\$)



# Summary

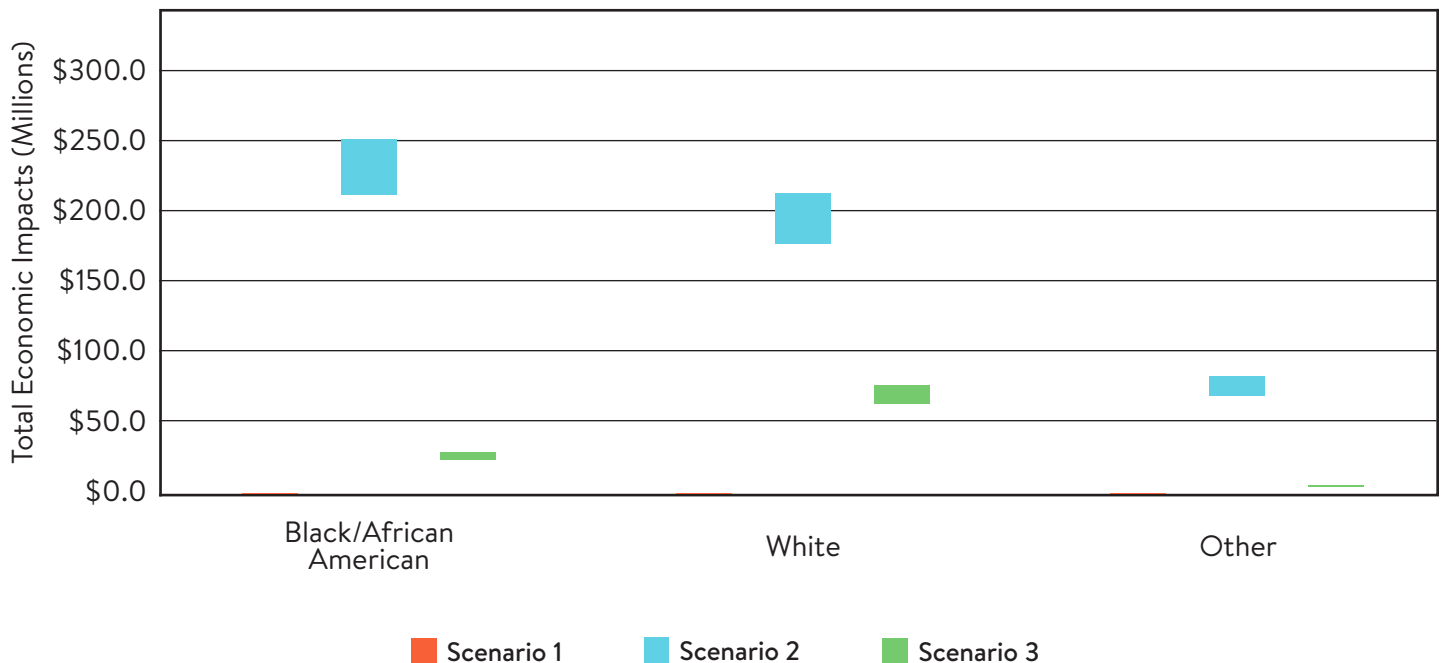
The economic impacts evaluated in this analysis refer to the additional costs incurred by women seeking abortion care and the additional costs incurred by the public. Three scenarios were developed to illustrate the potential range of economic impacts associated with restricted abortion access in Ohio. All three scenarios assume that Senate Bill 23 is in effect in Ohio, which bans abortion after fetal cardiac activity is detected.

Scenario 1 assumes that the pregnancies that would have been terminated if Senate Bill 23 was not in effect require travel to another state to access abortion care. This scenario represents the lower bound of the potential economic impacts associated with restricted abortion access in Ohio. For the 14,450 abortions that would have required out-of-state travel under Senate Bill 23, the total additional costs range from \$2.7 million to \$3.2 million. The average additional cost per abortion requiring out-of-state travel ranges from \$184 to \$223.

Scenario 2 assumes that the pregnancies that would have been terminated if Senate Bill 23 was not in effect result in a birth. This scenario represents the upper bound of the potential economic impacts associated with restricted abortion access in Ohio. For the 13,150 abortions that would have resulted in a parenting birth under Senate Bill 23, the total additional costs range from \$461.8 million to \$551.4 million. The average total cost per abortion that results in a parenting birth ranges from \$35,120 to \$41,931. The costs incurred by women seeking abortion care averages between \$20,975 and \$27,789 per abortion that results in a parenting birth, whereas the costs incurred by the public averages \$14,145 per abortion that results in a parenting birth.

Scenario 3 assumes that the pregnancies that would have been terminated if Senate Bill 23 was not in effect either result in a birth or require travel to another state to access abortion care. This scenario represents the more realistic potential economic impacts associated with restricted abortion access in Ohio. Under this scenario, 11,424 abortions would have required out-of-state travel under Senate Bill 23 and 2,754 abortions would have resulted in a parenting birth. The total additional costs of restricted abortion access in Ohio range from \$98.8 million to \$118.4 million. The average additional cost per abortion requiring out-of-state travel ranges from \$184 to \$223. The average total cost per abortion that results in a parenting birth ranges from \$35,103 to \$42,059. The costs incurred by women seeking abortion care averages between \$21,994 and \$28,950 per abortion that results in a parenting birth, whereas the costs incurred by the public averages \$13,109 per abortion that results in a parenting birth.

**Economic Impacts Comparison by Scenario and Race, 2021 (2021\$)**





### **About the Women's Fund**

Through leadership, research, and policy advocacy, the Women's Fund is designing a community where all women can participate, prosper, and reach their full potential. Our mission is to advance gender and racial equity for women by addressing systemic barriers to upward mobility.

To learn more, visit [cincinnatiwomensfund.org](http://cincinnatiwomensfund.org)

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