

The economics of abortion bans

Abortion bans, low wages, and public underinvestment are interconnected economic policy tools to disempower and control workers

Report • By [Asha Banerjee](#) • January 18, 2023

Introduction

Abortion has long been framed as a cultural, religious, or personal issue rather than a material “bread and butter” economic concern. Since the Supreme Court overturned *Roe v. Wade*, more economic policymakers have been emphasizing the issue as a pressing economic concern. In perhaps the first public comment on the issue by a major political figure, Secretary of the Treasury Janet Yellen noted: “eliminating the right of women to make decisions about when and whether to have children would have very damaging effects on the economy and would set women back decades” (Guida 2022). This direct connection between abortion and reproductive access and economic rights is critical (Banerjee 2022). This report argues that abortion access is fundamentally intertwined with economic progress and mobility. Specifically, in states where abortion has been banned or restricted, abortion restrictions constitute an additional piece in a sustained project of economic subjugation and disempowerment.¹

The states banning abortion rights have, over decades, intentionally constructed an economic policy architecture defined by weak labor standards, underfunded and purposefully dysfunctional public services, and high levels of incarceration. Through a cross-sectional quantitative analysis of state level abortion access status and five indicators of economic security—the minimum wage, unionization, unemployment insurance, Medicaid expansion, and incarceration—we find that, generally, the states enacting abortion bans are the same ones that are economically disempowering workers through other channels.

The results of the analysis underscore that abortion restrictions and bans do have economic effects, given the strong correlation between abortion status and various economic wellbeing metrics. Further, the consistent pattern of state abortion bans and negative economic outcomes shows how abortion fits into an economics and politics of control. Abortion restrictions are planks in a policy regime of disempowerment and control over workers’ autonomy and livelihoods, just like deliberately low wage standards, underfunded social services, or restricted collective

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bargaining power. Economic policymakers must prioritize this issue as widespread abortion bans will contribute to a loss in economic security and independence for millions in the current and future generations.

Key findings from the analysis

States with abortion restrictions or total bans have on average:

- lower minimum wages (\$8.17 compared with \$11.92 in the abortion-protected states)
- unionization levels half as high as those in the abortion-protected states
- only three in 10 unemployed people receiving unemployment insurance (compared with 42% in other states)
- lower rates of Medicaid expansion
- an incarceration rate 1.5 times that of the abortion-protected states

The rest of this report is organized as follows: Section II discusses data and methodology; Section III outlines the current status of abortion policy; Section IV examines the connection between abortion and economics; Section V analyzes the five indicators of economic security and their relationship with state abortion access; Section VI offers policy recommendations; and Section VII concludes.

Data and methodology

This cross-sectional study of state abortion status and economic security draws data from a variety of government data sets. Minimum wage data is from the Economic Policy Institute's Minimum Wage Tracker and the Department of Labor. Union estimates come from the Current Population Survey Outgoing Rotation Group (CPS-ORG) microdata from the Bureau of Labor Statistics. The Department of Labor releases monthly unemployment rate statistics that have been annualized for 2021. The Bureau of Justice Statistics within the Department of Justice releases annual imprisonment rates for each state. Medicaid expansion status has been cross-checked with the Kaiser Family Foundation, which tracks state ballot initiatives on the issue. The minimum wage and Medicaid expansion data are updated for 2022, but the other metrics are measured at their most recent update in 2021. The appendix tables featuring additional economic security variables use data from the Census Bureau's Income, Poverty, and Health Tables.

All 50 states and Washington, D.C., are divided into a binary abortion status category: abortion-protected or abortion-restricted. States are divided based on the most recent abortion policy status cross-referenced from the Guttmacher Institute, Kaiser Family

Table 1

Policies around abortion access and restrictions vary widely by state

Categorization of all 50 states and Washington, D.C., into abortion-protected and abortion-restricted groupings

Abortion-protected		Abortion-restricted/banned	
Alaska	Nevada	Alabama	Nebraska
California	New Hampshire	Arizona	North Carolina
Colorado	New Jersey	Arkansas	North Dakota
Connecticut	New Mexico	Florida	Ohio
Delaware	New York	Georgia	Oklahoma
Hawaii	Oregon	Idaho	South Carolina
Illinois	Pennsylvania	Indiana	South Dakota
Maine	Rhode Island	Iowa	Tennessee
Maryland	Vermont	Kansas	Texas
Massachusetts	Virginia	Kentucky	Utah
Michigan	Washington	Louisiana	West Virginia
Minnesota	Washington, D.C.	Mississippi	Wisconsin
Montana		Missouri	Wyoming

Note: States in the “abortion-protected” category have very few restrictions or limits on abortion access. States in the “abortion-restricted/banned” category have restrictions or total bans.

Source: Adapted from Guttmacher Institute, “[US Abortion Policies and Access After Roe](#)” (interactive map), updated October 16, 2022; Kaiser Family Foundation, “[Abortion Policy Tracker](#)” (interactive map), updated October 13, 2022.

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Foundation, and state Planned Parenthood websites. See Table 1 for the state groupings.²

Methodologically, this analysis is a cross-sectional observational study. The two state groups (abortion-protected and abortion-restricted) are compared on the basis of the economic security variables described above. Using abortion status as a binary numeric variable, we can compare the averages of the two state groups to see how states perform on various economic metrics by abortion status. Additional tables in the appendix also show additional economic security metrics—median household income, poverty rates, median hourly wages, the health care uninsurance rate, and the Black share of the labor force—for each state.

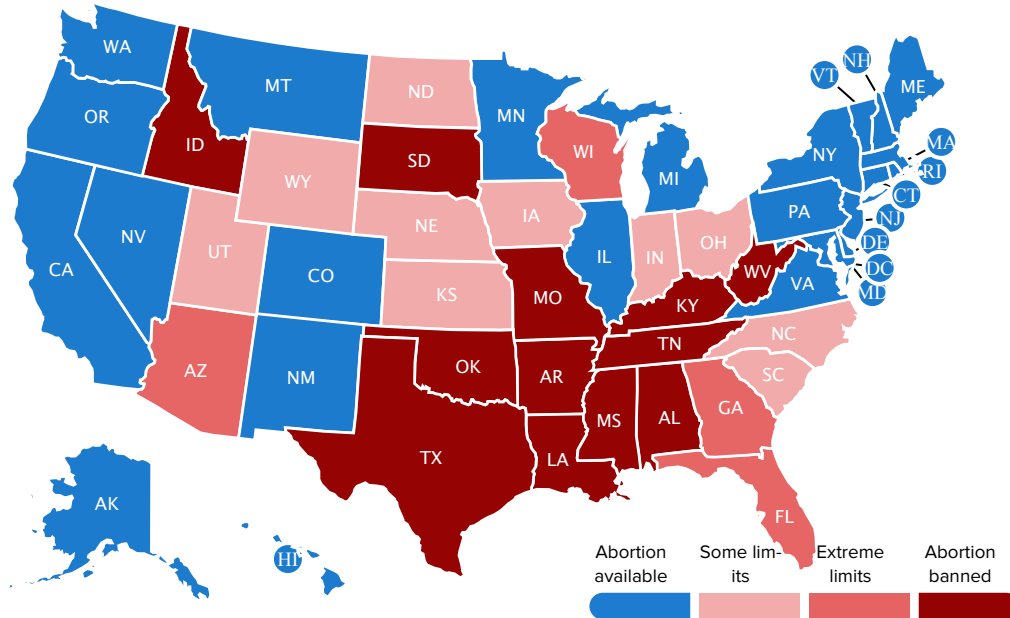
Impact of *Dobbs* decision on state abortion policy

On June 24, 2022, in the landmark case *Dobbs v. Jackson Women’s Health Organization*,

Figure A

Abortion has been severely restricted or banned in much of the country following overturn of *Roe v. Wade*

State policies on abortion as of October 2022



Source: Adapted from Guttmacher Institute, "US Abortion Policies and Access After *Roe*," updated October 16, 2022; Kaiser Family Foundation, "Abortion Policy Tracker," updated October 13, 2022.

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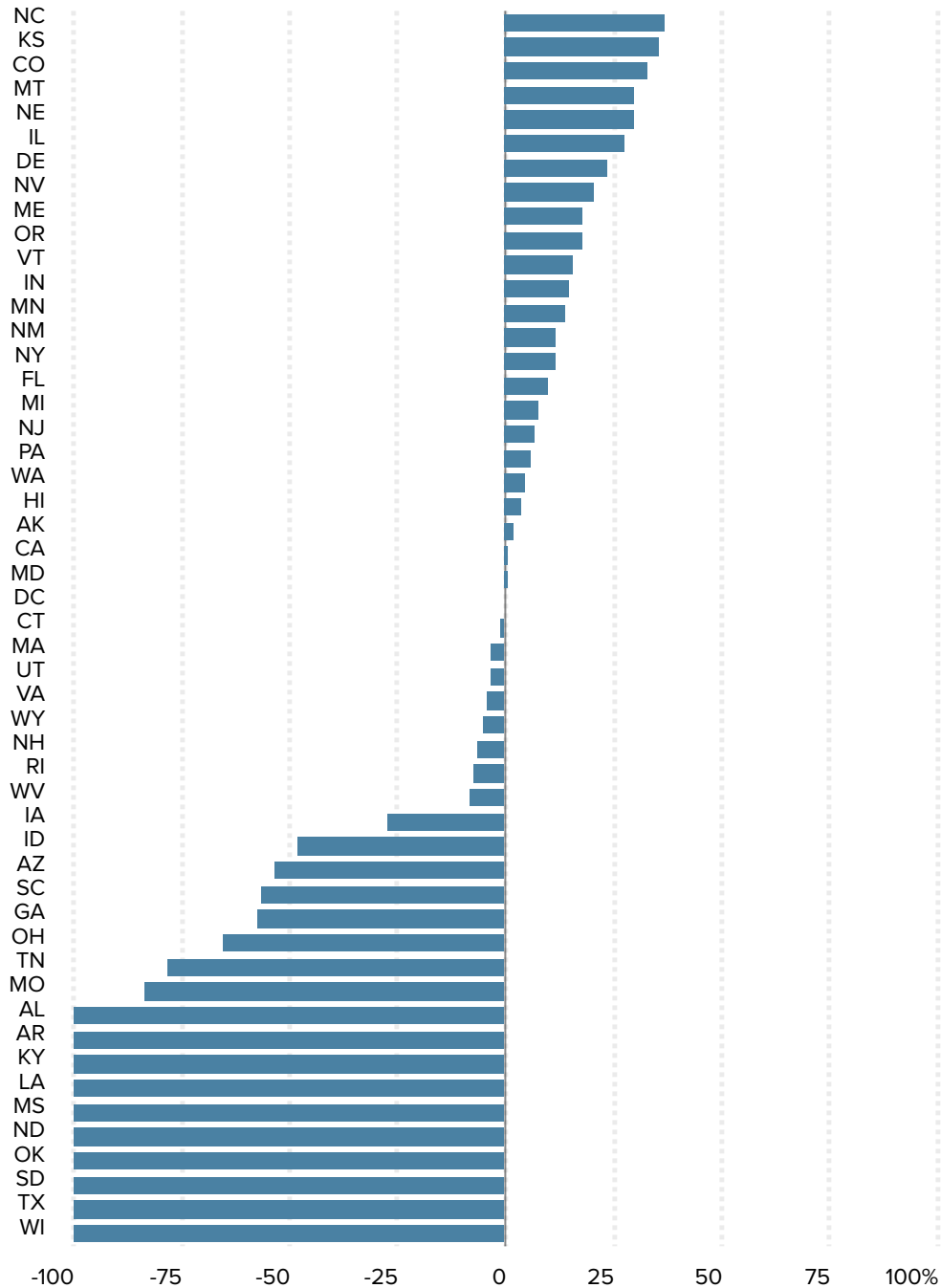
the Supreme Court overturned *Roe v. Wade*, reversing a half-century old precedent securing the constitutional right to an abortion across the nation.³ While states have chipped away at abortion access over several decades, the Supreme Court verdict paved the way for broader restrictions that will have lasting and widespread consequences (Maddow-Zimet and Kost 2022). In the months since the verdict, access to abortion and reproductive services has been drastically curtailed or banned in nearly half the country, with many clinics no longer offering services in affected states (Myers et al. 2022; Kirstein et al. 2022). The legal landscape has become erratic with a wide array of state policy implementations post-*Roe*, including trigger bans, pre-*Roe* bans (some of which date back to the 1800s), new legislation, and several ongoing court challenges. The unpredictability has ushered in a chilling effect in many states, in which abortion care providers have preemptively shut down services for fear of legal action.⁴ **Figures A** and **B** show the current status of abortion policy in the U.S.

As Figures A and B show, the state landscape for abortion access has shifted tremendously in the months since the Supreme Court verdict. While Figure A gives a broad overview of state abortion policies through a range of categories, from open availability of abortion to complete bans, Figure B, as a quick snapshot, offers some key additional insights. Figure B depicts the percent change in the number of abortions from April to August 2022, measuring the immediate four-month change from pre- to post-

Figure B

In just months after Roe v. Wade was overturned, state abortion rates have dramatically changed

Estimated percent change in number of abortions between April and August 2022



Notes: This chart uses new data from #WeCount, an initiative spearheaded by public health social scientists from the Society of Family Planning. This organization is among the first to be collecting data

Figure B
(cont.)

tracking state abortion counts at the monthly level. See their report for their data collection methodology.

Source: Norris and Upadhyay, [#WeCount Report](#), Society for Family Planning, October 2022; Sanger-Katz and Miller, “[Legal Abortions Fell Around 6 Percent in Two Months After End of Roe](#),” New York Times, October 30, 2022.

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Supreme Court decision. Unsurprisingly, many states have seen a total cessation in abortions thanks to the post-Roe legality of outright bans. Several states that have not yet enacted total bans, have some enforced restrictions, or have restrictions being challenged in court have also seen significant decreases in their abortion numbers—signaling a chilling effect. Finally, some states that still have abortion access have seen significant increases in their abortion rates, most notably North Carolina, which borders the new large abortion-restricted region in the South. The new spate of anti-abortion policies following the Supreme Court decision will undoubtedly have long-term implications, but the short-term shock to the system—and disruption to millions of lives—is undeniable.

It is crucial to recognize abortion bans and the resulting state landscapes as a policy shock that will have steep economic ramifications.

Abortion and economics

Abortion access is an economic issue because access to, and inversely, denial of, abortion services directly impacts labor market experiences and economic outcomes. The decision whether to and when to have children is an economic one with powerful effects on one’s professional and personal life. A 2014 study found that about half of all abortion patients had a family income at or below the federal poverty level (Jones and Jerman 2017). In many cases, abortion restrictions impose heightened economic consequences. A wide breadth of social science literature demonstrates the range of negative economic consequences of abortion denial, from prolonged financial distress to being trapped in lower paying occupations (ANSIRH 2022; Foster et al. 2018; Miller, Wherry, and Foster 2022; Bahn et al. 2019).⁵ While the effect of abortion denial is overwhelmingly negative economically, mentally, and physically, there is also strong evidence for the flip side of this argument: that access to abortion is associated with positive economic outcomes, including lower rates of teen births and teen marriages (Myers 2017).

Abortion access is crucial for policymakers to consider because of its impact on racial and economic disparities, in addition to the limitations on reproductive health and freedom (Robbins and Goodman 2022). In 2019, in the 30 states that reported data on the demographics of women obtaining abortions to the Centers for Disease Control and Prevention (CDC), Black women made up the largest share at 38.4%.⁶ Research on the economic benefits of abortion access has also found especially important effects for Black women, including increased schooling, employment, educational attainment, wages, labor force participation, and career outcomes and earnings (Angrist and Evans 1996; Kalist 2004; Abboud 2019; Jones 2021).

Even before *Roe v. Wade* was overturned, abortion patients were disproportionately

women who are poor and women of color. The current reality of abortion bans in over half the country is likely to heighten the inequities these women face. Black and Hispanic women already face steep economic disadvantages, from labor market discrimination to gaps in wages and earnings (Banks 2019; Wilson 2021). This is compounded by the steep gender pay gap working women face as a whole (Goldin 1990; Gould, Scheider, and Geier 2016).⁷ Though the Supreme Court decision did not mention race, this was not—and there is no such thing as—a “race-neutral” policy (Nelson 2022; Maye 2022).

Further, abortion is an economic issue because of the intersections between the economy and other key systems and institutions that people seeking abortions encounter, including the medical and health care system, government social services and insurance programs, and the incarceration and criminal justice system. These systems—economic, health, social safety net, prison—and the flaws and inequities embedded in each overlap and interact with each other. Abortion sits at the center of these economic intersections—it is not a separate, personal, or solely “women’s” issue.

Economists will observe these negative ripple effects of denial of abortion services for years to come. The reduced earnings, lower labor force participation, and poorer educational attainment that will arise will create avoidable economic policy challenges. Still, there are other worrisome economic implications in the future. Cottom (2022) points out how state abortion bans will undermine women’s bargaining power in the labor market as many women will be unwilling to sacrifice access to the full range of reproductive health care to follow what would otherwise be a better job for them in an abortion-restricted state. Different paths for economic and personal fulfillment, like schooling, training, and moving jobs geographically, will become much more uncertain.

The full effect, and the full loss, of eliminating millions of peoples’ ability to make their own choices in the economy and of altering their paths and potential will be immeasurable.

Analysis of state abortion access and economic security indicators

The rest of this report will relate state abortion status (abortion-protected or abortion-restricted) to policies on economic security and thus to worker empowerment and mobility.

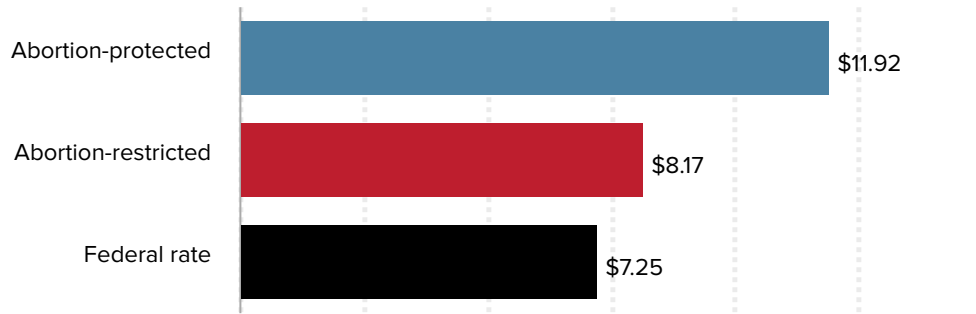
The minimum wage

Wages and salary earned from employment comprise the main source of income for the vast majority of working people. The federal minimum wage sets a wage floor for the minimum hourly wage employers must pay workers. States can set their own higher minimum wage or pay the federal minimum wage of \$7.25. Thirty states have raised their minimum wage above the federal level (EPI 2021a). Raising minimum wages is crucial because it shifts wage negotiation from employers and the lowest paid workers, who have very little bargaining power, to employers and the community and government (Cooper,

Figure C

States with abortion protections have, on average, higher minimum wages than abortion-restricted states and the U.S. as a whole

Average minimum wage in states categorized by abortion policy



Notes: See Table 1 for state abortion status groupings. See Appendix Table 1 for full list of state minimum wage values.

Source: EPI, “[Minimum Wage Tracker](#),” updated July 1, 2022; Figure A adapted from Guttmacher Institute, “[US Abortion Policies and Access After Roe](#)” (interactive map), updated October 16, 2022.

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Gould, and Zipperer 2019). Minimum wages also indirectly impact other workers by pushing employers in nonunionized firms to raise other wages to remain competitive (Spriggs and Klein 1994; Wicks-Lim 2006). Further, minimum wage floors and expanding eligibility for workers covered by the minimum wage have historically had powerful effects in closing racial income gaps (Derenoncourt and Montialoux 2021). Unfortunately, the inflation-adjusted value of the minimum wage has reached its lowest point since the 1950s, and workers paid the federal minimum wage have seen a 30% fall in their earnings over the last half century (Shierholz 2021; Cooper, Hickey, and Zipperer 2022).

As **Figure C** portrays, the states with abortion protections have, on average, a minimum wage \$3.75 higher per hour than the states with abortion restrictions or bans. This wage gap amounts to just under \$8000 annually for a full-time, year-round, hourly-paid worker. While the average minimum wage of \$11.92 in the abortion-protected states is still far too low to adequately support oneself or one’s family, that makes the minimum wage of \$8.17 in the abortion-restricted states even starker. Given the rise in costs for health care, education, housing, and more, these are truly poverty-level wages.

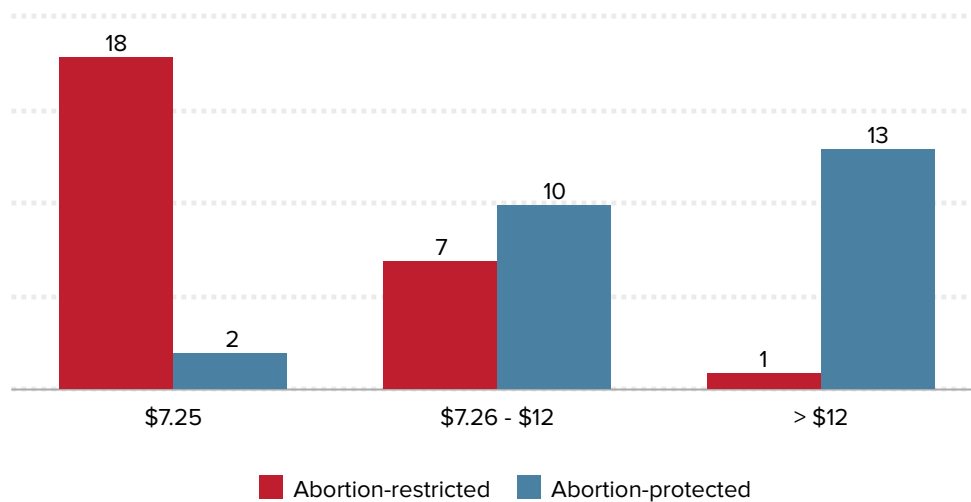
It is important to emphasize that abortion service denial and low minimum wages are both examples of state policies designed to impoverish and disempower. Keeping the minimum wage purposefully and persistently low ensures that many people and families will struggle to cover their costs and get out of poverty. Blanket abortion bans strip bodily autonomy and heighten economic misery. If the person denied an abortion is also working a minimum wage job, the negative economic effect is compounded.

Figure D depicts the state landscape of abortion rights and minimum wages in another way. Nearly two-thirds of the abortion-restricted states have the lowest minimum wage of

Figure D

State abortion status and minimum wages

States categorized by minimum-wage rate and abortion status



Notes: See Table 1 for state abortion status groupings. See Appendix Table 1 for list of state minimum wages.

Source: EPI, “[Minimum Wage Tracker](#),” updated July 1, 2022; Figure A adapted from Guttmacher Institute, “[US Abortion Policies and Access After Roe](#)” (interactive map), updated October 16, 2022.

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\$7.25, and just one state has a minimum wage above \$12. Meanwhile, over half of abortion-protected states have a minimum wage over \$12, and just two states have a minimum wage at the federally mandated level of \$7.25.

Union status and bargaining power

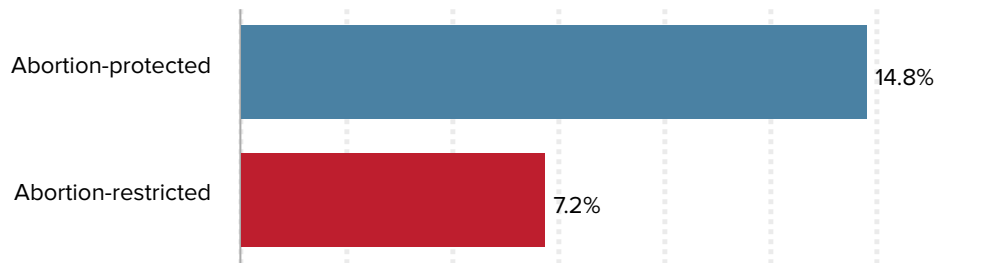
Unionization is an important indicator of worker power and economic wellbeing (Bivens et al. 2017; Banerjee et al. 2021). Unions give workers a collective voice and equal negotiating status with their employers. Through collective bargaining agreements, unions can help workers negotiate higher pay, safer working conditions, and processes for grievances and disputes. The economic benefits unionization brings workers have been thoroughly documented. Workers covered by unions earn more than their nonunionized peers—with an even larger wage premium for Black workers—and are more likely to have health insurance (EPI 2021b). Periods of high unionization have historically also been associated with closing wage gaps for Black and Hispanic workers (Farber et al. 2021). On the flip side, anti-union hostility often went hand in hand with anti-Black racism, as reflected in the racist origins of “right-to-work” laws and the centrality of labor to the civil rights movement (Moore 2021; Pierce 2017). Further, unions help narrow the gender wage gap and help facilitate the application and receipt of social insurance benefits for workers (Gould and McNicholas 2017; Hertel-Fernandez and Gould-Werth 2020).

Unions also have powerful spillover effects on nonunionized workers by pushing

Figure E

States with abortion protections are more than twice as likely as states with abortion restrictions to have union representation

Percent of workers represented by a union as a member or covered by a contract, 2021



Notes: See Table 1 for state abortion status groupings. See Appendix Table 1 for full list of state minimum wage values.

Source: Author analysis of 2021 Current Population Survey Outgoing Rotation Group data for all workers ages 16 and older (Bureau of Labor Statistics, Current Population Survey Outgoing Rotation Group (BLS-CPS-ORG), Public data series aggregated from basic monthly CPS microdata, 2021.); abortion status categories from Figure A.

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employers of nonunionized workplaces to raise wages and standards to remain competitive (Mishel 2021). In this way, unions contribute to lowering wage inequality across the board (Card 2001; Card, Lemieux, and Riddell 2018). The decline in unionization since the 1980s, coupled with rising corporate power, has been associated with a rise in income inequality (Mishel, Rhinehart, and Windham 2020). Unionization has been associated with broader civic and political benefits as well, including reduced white racial resentment, increased voter turnout and mobilization, and higher numbers of working-class candidates serving in state legislatures (Frymer and Grumbach 2021; Feigenbaum, Hertel-Fernandez, and Williamson 2019).

Figure E shows that states with abortion protections have an average union density (defined as the percentage of workers represented by a union as a member or covered by a contract) twice as high as that of states with varying degrees of abortion restrictions and bans. Unions are a critical intermediary in worker empowerment and economic mobility. Abortion-restricted states—many in the South and Midwest—have enacted anti-union and anti-collective bargaining policies for decades. These laws suppressing worker power and collective action have led, in part, to the abysmally low levels of union density we see today. As with the minimum wage, the states that are anti-union are largely also abortion-restricted. Unionization and abortion access are both mechanisms for economic freedom and mobility. Economic concerns and policies concerning workplace, employment, pregnancy and childbearing, and raising children are all connected.

Unemployment insurance

Next, we analyze abortion status in conjunction with two social safety net policies: unemployment insurance and Medicaid expansion. Unemployment insurance is a foundational plank of the economy, offering relief and financial protection to those who have lost employment and bolstering the economy in an economic downturn (Bivens et al. 2021). While there are broad federal guidelines for unemployment insurance, states have significant autonomy in designing and implementing their systems. Outside of the federal pandemic extensions to unemployment insurance in 2020 and 2021, the system is riddled with low benefit levels, short duration, and restrictive eligibility (Bivens and Banerjee 2021). Historically, unemployment insurance also excluded disproportionately Black- and Hispanic-dominated occupations like domestic and agricultural work (Edwards 2020). State unemployment insurance differs widely, with benefit levels ranging from \$217 weekly in Mississippi to \$556 weekly in Massachusetts in 2021 (DOL-ETA 2021). The enhanced unemployment insurance programs boosted all state benefit levels and durations, keeping millions out of poverty in 2020 and 2021 (Banerjee and Zipperer 2021). However, these programs expired in summer 2021 and the unemployment insurance system has reverted to its pre-pandemic form.

Many states have chosen to keep low benefit levels with complicated application and reciprocity processes to avoid paying out claims. Because unemployment insurance is funded through employer taxes, many states choose to limit duration and benefit levels rather than levy higher taxes on employers to keep benefits and revenue balanced. Essentially, states have chosen to defund and disinvest, rather than bolster unemployment insurance as the crucial and necessary support for workers it was intended to be when established in the Great Depression. As this safety net program allows workers and their families to remain whole, disinvesting from unemployment insurance is a method of worker disempowerment.

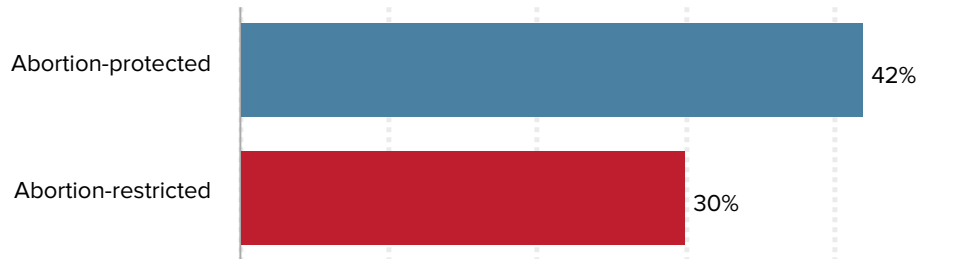
The most common way to gauge the effectiveness of overall unemployment insurance accessibility is through the reciprocity rate, which is the share of unemployed workers who actually receive benefits (the “insured unemployed” as a percentage of total unemployed). An effective, well-functioning unemployment insurance system should have a relatively high reciprocity rate because most of those who are unemployed should be able to receive benefits. In 2021 the U.S. reciprocity rate was 36%, meaning that fewer than four in ten unemployed people received UI benefits. Like benefit levels, the reciprocity rate varies nationwide, spanning as low as 16% in South Dakota to 71% in Minnesota. **Figure F** underscores the same relationship we have observed between other markers of worker empowerment and economic mobility and abortion status: unemployed workers in states with abortion protections receive unemployment benefits at a rate 12 percentage points higher than unemployed workers in states (where only 3 in 10 unemployed workers receive benefits).

The unemployment insurance system, like other social insurance programs, is a direct reflection of state funding and economic policy decisions. While the system is ineffective nationwide and federal reform is likely the only means to make unemployment insurance

Figure F

More unemployed people can access unemployment insurance (UI) benefits in states with abortion protections

UI recipiency rates in states with abortion protections and abortion bans/limitations



Notes: The UI recipiency rate in each state is the share of unemployed workers who are receiving unemployment insurance benefits through the state’s regular UI program (i.e., not through federal emergency programs such as Pandemic Unemployment Assistance). States are split into two categories: abortion-restricted and abortion-protected. The “abortion-restricted” category includes the three sub-categories from Figure A: states with some restrictions or abortions bans which have been blocked in court, states with extreme restrictions, and states where abortion is completely banned. The “abortion-protected” states include states where abortion is available or there are very few restrictions.

Source: Department of Labor Employment & Training Administration, [Unemployment Insurance Data Chartbook 2021](#); Figure A adapted from Guttmacher Institute, “[US Abortion Policies and Access After Roe](#)” (interactive map), updated October 16, 2022.

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equitable, state differences are stark. Unemployment insurance effectiveness and abortion access are key for worker empowerment. State disinvestment from social insurance and bans on abortion are impoverishing and disempowering workers.

Medicaid expansion and health care coverage

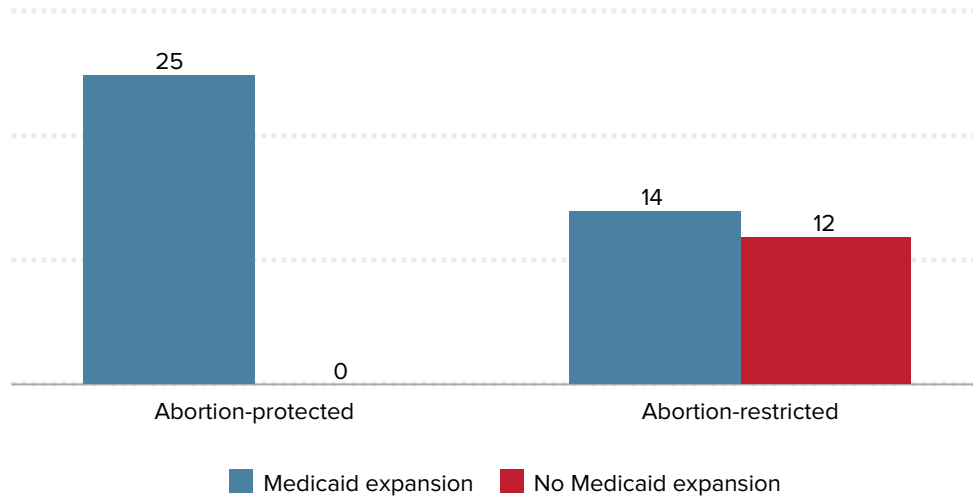
The second social insurance program we examine alongside abortion access is the Medicaid program. Part of President Johnson’s *Great Society* programs in 1965, Medicaid is a critical public insurance program to provide health insurance to those with very low incomes. In 2018, about 40% of Medicaid enrollees were children and 20% were seniors or people with disabilities (CBPP 2020). Similar to unemployment insurance, while there are overarching federal guidelines, Medicaid coverage and eligibility varies by state. Medicaid expansion through the Affordable Care Act (ACA) offers coverage to more populations. As many low-wage jobs do not offer benefits like health care, Medicaid expansion is a lifeline for the most economically vulnerable workers. There are numerous economic benefits to Medicaid expansion, including better health outcomes, increased financial security and lower debts, and higher economic mobility and access to credit (Hu et al. 2016; CBPP 2020).

In states that did not expand Medicaid, most childless adults are ineligible, no matter how low their incomes are. In these states, the median parental income limit is 42% of the

Figure G

The 12 states that have not expanded Medicaid have abortion restrictions

Number of states that have expanded Medicaid by abortion policy status



Notes: This figure is updated to 2022. While a ballot initiative in South Dakota to expand Medicaid succeeded in November 2022, it will not be implemented until mid-2023. Therefore, South Dakota is still counted in the “No Medicaid expansion” category.

Source: Kaiser Family Foundation, “[Status of State Medicaid Expansion Decisions](#)” (interactive map), updated November 22, 2021.

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poverty level (just over \$9000 for a family of three), compared with 138% of the poverty level for the states that expanded Medicaid. Many also fall into the “coverage gap” when their income is above the state eligibility threshold (set at an extremely low level) but below the official poverty rate (Garfield, Orgera, and Damico 2021). States that have not expanded Medicaid have essentially left millions economically vulnerable and impoverished. Medicaid expansion is perhaps the clearest example of intentional state policy design. The federal government has Medicaid funding and coverage allocated, yet states choose not to take it—leaving millions without health insurance coverage. **Figure G** shows the distribution of Medicaid expansion states and their corresponding state abortion policy. Every state with abortion protections has also expanded Medicaid. Each of the 12 states that has still not expanded Medicaid is a state with anti-abortion policies.

Figure G shows 14 states with abortion restrictions have also expanded Medicaid. Half of these states expanded Medicaid after the initial sign-up period in 2014, with some states, like Missouri, expanding only very recently in 2021. Five abortion-restricted states (Idaho, Missouri, Nebraska, Oklahoma, plus South Dakota in 2023) expanded Medicaid via successful ballot initiative, showing a public rejection of previous state policy.

Figure H

States with abortion restrictions incarcerate at higher levels than states with abortion protections

Imprisonment rate per 100,000 people by state, 2021



Note: Washington, D.C., is not counted in statewide prison statistics by the Bureau of Justice Statistics and is excluded from this figure.

Source: Carson, [Prisoners in 2020 – Statistical Tables](#), U.S. Department of Justice, Bureau of Justice Statistics, December 2021.

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Incarceration

The final economic stability measure we examine alongside state abortion policy is incarceration, or imprisonment levels. Incarceration may seem like an outlier compared with the other metrics that are very directly related to economic security (wages, access to social insurance programs, worker power). However, this category is perhaps where we see the steepest difference between the abortion-protected and abortion-restricted states. Further, analyzing state incarceration rates most clearly highlights the connection between state economic policies (including abortion and incarceration) and racism.

The U.S. has the highest incarceration rate among its OECD peers and the second highest in the world (World Prison Brief 2021). The enforcement of mass incarceration is highly racialized—Black people are incarcerated at a rate nearly five times higher than their white peers (Nellis 2021). Incarceration is strongly and negatively correlated with economic security and economic outcomes. Incarceration, even a conviction for a misdemeanor, sharply reduces future annual earnings, with formerly incarcerated Black and Hispanic people less likely than their white peers to see their earnings recover (Grawert and Craigie 2020). Time spent in prison also powerfully impacts people’s future labor market outcomes because of lost opportunity for work experience, educational attainment, and wages. “Wages” for prison work can be as low as a few cents per hour, and incarcerated people are not included in official government labor market data (Schmitt and Kandra 2021). Employer discrimination against formerly incarcerated people also contributes to this strong negative economic impact.

Figure H shows the incarceration rate (defined as the number of people imprisoned per 100,000 people) for abortion-restricted and abortion-protected states. The incarceration rate for the states that have banned or restricted abortion is more than one and a half times higher than the incarceration rate for the states with abortion protections.

State policies around incarceration and abortion most obviously seek to punish, control, and disempower. Incarceration and abortion are not just two mechanisms for economic subjugation—they may be the most directly interconnected of all the categories examined in this report. Incarceration and the criminalization of pregnancy and abortion have existed historically (recall the bans) and are seeing a troubling resurgence after the *Dobbs* decision (Keveney 2022). Some states are threatening to imprison anyone suspected of “aiding or abetting” an abortion, including medical professionals, acquaintances, family members, and even ride-share app drivers (Bond 2021).

Women of color are disproportionately likely to be and are overrepresented among people getting abortions in the states that recorded demographic data (Carson 2020). Incarceration and abortion bans are intertwined with the long legacy of state-sanctioned anti-Black racism.

The five metrics for economic security detailed above—the minimum wage, unionization, unemployment insurance, Medicaid expansion, and incarceration levels—show a similar pattern with state abortion policy. States with abortion restrictions are largely those with lower wages, unionization levels, unemployment insurance reciprocity, and Medicaid expansion rates, and higher incarceration levels. **Appendix Table 1** shows all state values for these variables. **Appendix Table 2** includes additional variables on economic security, such as median household income, median hourly wages, poverty rates, and health care coverage. Importantly, these additional variables show the same pattern with lower wages and higher poverty and uninsurance rates for the states with abortion restrictions.⁸

Policy solutions

The Supreme Court decision to overturn *Roe v. Wade* has allowed states to enact draconian and life-threatening total bans on abortion. As this report has detailed, there will be severe economic and health consequences from this decision. Income and wage inequality and racial disparities will only widen. Given how many people this will affect, federal and state policymakers must prioritize abortion rights as a crucial long-term economic challenge ahead.

This analysis has also shown that the states that have banned or restricted abortion access are also those that have designed economic policies to make it increasingly difficult for working people to support themselves. The metrics examined (wages, unionization, social insurance, and incarceration) are not substitutes for each other, nor for robust abortion protections. However, these economic security metrics are clearly interconnected and, together with abortion access, can improve economic outcomes. Alongside supporting protections for abortion access, policymakers at the federal, state, and local levels should prioritize legislation that will improve economic security, including strengthening collective bargaining, boosting wages, funding paid leave, and expanding and improving equitable access to social safety net programs like unemployment insurance and food and nutrition assistance.

Policy, labor, and advocacy organizations must continue to connect abortion rights and

economic rights as they collectively organize and chart the path forward (NPWF 2022). The following policy recommendations would directly impact and protect people seeking abortions:⁹

- Pass the **Women’s Health Protection Act (WHPA)**: This federal legislation protects the right to access abortion care throughout the U.S. (H.R. 3755); and
- Pass the **Equal Access to Abortion Coverage in Health Insurance Act (EACH)**: This act ensures abortion coverage to those receiving health insurance through the federal government and upholds the right of health insurance companies to offer abortion care coverage (H.R. 1692).

These additional congressional acts would support working people who are most negatively impacted by abortion bans and restrictions:

- Pass the **Raise the Wage Act**: This legislation raises the federal minimum wage and abolishes subminimum wages (H.R. 603);
- Pass the **Family and Medical Insurance Leave (FAMILY) Act**: This legislation establishes a national paid family and medical leave program (S. 248);
- Pass the **Healthy Families Act**: This legislation establishes a national paid sick days program (S. 1195);
- Pass the **Paycheck Fairness Act**: This legislation enforces anti-discrimination in employment (H.R. 7); and
- Pass the **Schedules that Work Act**: This legislation grants employees the right to request schedule changes (S. 3642).

These state level policy recommendations will also support working people:

- **Expand Medicaid coverage** through the Affordable Care Act; and
- **Extend postpartum Medicaid**—currently, many lose Medicaid coverage in the postpartum period.

Private sector companies, organized labor, and corporate organizations can also take steps to protect people seeking abortions:

- **Extend health care coverage to include abortion travel and care** without loss of privacy to all workers without fear of retaliation; and
- **Include abortion protections in collective bargaining agreements.**

Conclusion

Abortion access, and the long-term consequences of the Supreme Court decision overturning *Roe v. Wade*, are crucial economic issues. From labor market outcomes to financial security and earnings, and crucially, the fundamental right to bodily autonomy, abortion access is critical for women to be able to decide their own economic trajectories.

This report details the association of detrimental economic policies with abortion bans, and argues that abortion bans are yet another economic policy that subjugates and disempowers workers. To make this case, abortion status (abortion-restricted or abortion-protected) is analyzed alongside five metrics of economic security for working people: the minimum wage, unionization, unemployment insurance, Medicaid expansion, and incarceration rates.

Across the five measures of economic security, states with abortion bans of varying degrees generally follow similar association patterns. That is, states with abortion bans largely had lower minimum wages, unionization, and access to unemployment insurance and Medicaid expansion, and higher incarceration rates.

Abortion bans as an economic policy have not appeared in a vacuum, or even as a narrowly tailored religious concern, since *Roe v. Wade* was decided in 1972. Rather, denial of abortion access is one additional policy that states have engineered over decades in a sustained project of economic subjugation, control, and worker disempowerment. States that have banned and restricted abortion have largely also kept minimum wages low, underfunded and complicated their unemployment insurance systems, declined to expand Medicaid, suppressed unionization, and preferred to over-incarcerate. These policies, in conjunction, keep working people economically disempowered.

It is crucial for policymakers to recognize that abortion is an economic issue with economic consequences and restore abortion access nationwide immediately. Further, policymakers must work to dismantle the package of additional economic policies that have economically hurt workers for generations.

Appendix tables

Five selected economic security variables, by state (2021–2022)

	Minimum Wage	Unionization	UI Reciprocity	Medicaid Expansion	Incarceration
	\$	%	%	Yes/No	Rate per 100k
Abortion-restricted					
<i>Alabama</i>	\$7.25	6.9%	19.2%	No	419
<i>Arizona</i>	\$12.80	6.7%	23.8%	Yes	556
<i>Arkansas</i>	\$11.00	4.4%	33.1%	Yes	585
<i>Florida</i>	\$10.00	6.1%	21.0%	No	444
<i>Georgia</i>	\$7.25	5.8%	50.9%	No	507
<i>Idaho</i>	\$7.25	5.5%	22.4%	Yes	474
<i>Indiana</i>	\$7.25	10.2%	37.7%	Yes	400
<i>Iowa</i>	\$7.25	8.3%	33.8%	Yes	293
<i>Kansas</i>	\$7.25	11.3%	36.2%	No	342
<i>Kentucky</i>	\$7.25	9.7%	38.9%	Yes	515
<i>Louisiana</i>	\$7.25	5.7%	35.3%	Yes	678
<i>Mississippi</i>	\$7.25	6.9%	29.7%	No	636
<i>Missouri</i>	\$11.15	10.2%	29.0%	Yes	423
<i>Nebraska</i>	\$9.00	7.9%	27.5%	Yes	289
<i>North Carolina</i>	\$7.25	3.4%	15.9%	No	313
<i>North Dakota</i>	\$7.25	6.9%	29.8%	Yes	231
<i>Ohio</i>	\$9.30	13.0%	29.5%	Yes	430
<i>Oklahoma</i>	\$7.25	6.8%	36.6%	Yes	621
<i>South Carolina</i>	\$7.25	2.0%	33.3%	No	352
<i>South Dakota</i>	\$9.95	5.0%	15.5%	No*	426
<i>Tennessee</i>	\$7.25	5.9%	26.5%	No	384
<i>Texas</i>	\$7.25	4.7%	25.9%	No	529
<i>Utah</i>	\$7.25	6.5%	25.7%	Yes	207
<i>West Virginia</i>	\$8.75	10.5%	34.1%	Yes	380
<i>Wisconsin</i>	\$7.25	9.3%	51.6%	No	378
<i>Wyoming</i>	\$7.25	6.9%	23.1%	No	426
Abortion-protected					
<i>Alaska</i>	\$10.34	17.2%	40.2%	Yes	243

Appendix
Table 1
(cont.)

	Minimum Wage	Unionization	UI Reciprocity	Medicaid Expansion	Incarceration
<i>California</i>	\$15.00	17.8%	43.1%	Yes	310
<i>Colorado</i>	\$12.56	7.5%	31.8%	Yes	342
<i>Connecticut</i>	\$14.00	16.2%	43.2%	Yes	246
<i>Delaware</i>	\$10.50	10.2%	34.3%	Yes	380
<i>Hawaii</i>	\$12.00	24.1%	42.6%	Yes	215
<i>Illinois</i>	\$12.00	15.2%	47.8%	Yes	303
<i>Maine</i>	\$12.75	14.7%	33.5%	Yes	146
<i>Maryland</i>	\$12.50	12.3%	22.8%	Yes	305
<i>Massachusetts</i>	\$14.25	13.6%	39.1%	Yes	133
<i>Michigan</i>	\$9.87	15.3%	35.6%	Yes	381
<i>Minnesota</i>	\$10.33	17.1%	71.5%	Yes	177
<i>Montana</i>	\$9.20	12.9%	43.7%	Yes	439
<i>Nevada</i>	\$10.50	14.0%	47.2%	Yes	412
<i>New Hampshire</i>	\$7.25	11.3%	27.0%	Yes	197
<i>New Jersey</i>	\$13.00	17.9%	41.2%	Yes	209
<i>New Mexico</i>	\$11.50	9.1%	33.0%	Yes	315
<i>New York</i>	\$13.20	24.0%	45.2%	Yes	224
<i>Oregon</i>	\$13.50	18.8%	43.9%	Yes	353
<i>Pennsylvania</i>	\$7.25	13.6%	43.8%	Yes	355
<i>Rhode Island</i>	\$12.25	17.5%	48.1%	Yes	156
<i>Vermont</i>	\$12.55	14.2%	62.7%	Yes	182
<i>Virginia</i>	\$11.00	6.5%	28.2%	Yes	421
<i>Washington</i>	\$14.49	19.9%	36.7%	Yes	250
<i>Washington, D.C.</i>	\$16.10	9.9%	65.1%	Yes	NA

Notes: Minimum wage and Medicaid expansion values are updated to 2022 while unionization, unemployment insurance reciprocity rate, and incarceration rate are for 2021. While South Dakota did successfully vote via ballot initiative to expand Medicaid in November 2022, the change will not be implemented until 2023, so South Dakota is still classified as a “No Medicaid expansion” state.

Source: EPI 2021a, “[Minimum Wage Tracker](#),” updated July 1, 2022; author analysis of 2021 Current Population Survey Outgoing Rotation Group (CPS-ORG) data for all workers ages 16 and older; Department of Labor Employment & Training Administration, Unemployment Insurance Data Chartbook; Source: Kaiser Family Foundation, “[Status of State Medicaid Expansion Decisions](#)” (interactive map), updated November 22, 2021; Carson, *Prisoners in 2020 – Statistical Tables*, U.S. Department of Justice, Bureau of Justice Statistics, December 2021.

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Additional economic security variables, by state (2020–2021)

	Median Household Income	Poverty Rate	Median Hourly Wage	Uninsurance Rate	Black Share of Labor Force
	\$	%	\$	%	%
<i>Abortion-restricted</i>					
Alabama	\$56,929	14.6%	\$19.98	9.9%	25.9%
Arizona	\$70,821	11.2%	\$20.75	10.7%	5.1%
Arkansas	\$50,784	15.1%	\$19.23	9.2%	14.6%
Florida	\$59,734	12.5%	\$20.00	12.1%	16.8%
Georgia	\$61,497	13.1%	\$20.00	12.6%	31.9%
Idaho	\$76,918	8.5%	\$19.23	8.8%	0.8%
Indiana	\$70,190	10.9%	\$20.00	7.5%	8.6%
Iowa	\$72,429	9.5%	\$20.00	4.8%	3.4%
Kansas	\$75,979	8.6%	\$20.00	9.2%	5.0%
Kentucky	\$55,629	14.6%	\$19.23	5.7%	8.4%
Louisiana	\$57,206	17.2%	\$19.23	7.6%	31.0%
Mississippi	\$46,637	18.1%	\$17.77	11.9%	35.5%
Missouri	\$63,594	10.8%	\$20.00	9.4%	10.9%
Nebraska	\$78,109	8.4%	\$20.00	7.1%	5.1%
North Carolina	\$62,891	12.8%	\$19.60	10.4%	21.4%
North Dakota	\$68,882	9.1%	\$20.75	7.9%	2.6%
Ohio	\$62,689	12.3%	\$20.17	6.6%	11.9%
Oklahoma	\$60,096	13.8%	\$18.46	13.8%	7.5%
South Carolina	\$62,542	14.1%	\$19.23	10.8%	25.0%
South Dakota	\$73,893	10.2%	\$20.00	9.5%	2.1%
Tennessee	\$62,166	12.2%	\$19.23	10.1%	16.1%
Texas	\$67,404	12.9%	\$20.00	18.0%	12.8%
Utah	\$87,649	7.5%	\$20.00	9.0%	1.5%
West Virginia	\$46,836	15.0%	\$19.00	6.1%	3.9%
Wisconsin	\$69,943	8.6%	\$21.60	5.4%	5.8%
Wyoming	\$71,052	9.4%	\$20.00	12.2%	1.2%
<i>Abortion-protected</i>					
Alaska	\$81,133	11.7%	\$24.00	11.4%	3.6%

Appendix
Table 2
(cont.)

	Median Household Income	Poverty Rate	Median Hourly Wage	Uninsurance Rate	Black Share of Labor Force
<i>California</i>	\$81,575	11.0%	\$23.08	7.0%	6.3%
<i>Colorado</i>	\$84,954	8.9%	\$24.00	8.0%	3.6%
<i>Connecticut</i>	\$80,958	9.2%	\$24.79	5.2%	12.5%
<i>Delaware</i>	\$68,687	9.6%	\$20.99	5.7%	22.3%
<i>Hawaii</i>	\$82,199	10.1%	\$21.15	3.9%	2.0%
<i>Illinois</i>	\$79,253	9.3%	\$23.00	7.4%	12.5%
<i>Maine</i>	\$71,139	9.2%	\$20.17	5.7%	1.7%
<i>Maryland</i>	\$97,332	8.0%	\$26.26	6.1%	31.5%
<i>Massachusetts</i>	\$86,566	7.9%	\$26.42	2.5%	8.8%
<i>Michigan</i>	\$64,488	11.0%	\$21.00	5.0%	12.3%
<i>Minnesota</i>	\$80,441	7.0%	\$24.00	4.9%	5.4%
<i>Montana</i>	\$64,999	10.4%	\$19.50	8.3%	0.5%
<i>Nevada</i>	\$64,340	12.1%	\$19.22	11.4%	9.7%
<i>New Hampshire</i>	\$88,841	5.6%	\$23.08	5.1%	2.0%
<i>New Jersey</i>	\$88,559	7.4%	\$25.50	7.2%	15.0%
<i>New Mexico</i>	\$53,463	16.7%	\$19.38	10.0%	2.4%
<i>New York</i>	\$72,920	12.3%	\$23.08	5.2%	15.8%
<i>Oregon</i>	\$81,855	9.0%	\$23.06	6.1%	2.1%
<i>Pennsylvania</i>	\$72,627	10.0%	\$21.50	5.5%	10.6%
<i>Rhode Island</i>	\$74,982	9.0%	\$23.08	4.3%	7.3%
<i>Vermont</i>	\$76,079	8.2%	\$22.35	3.7%	1.5%
<i>Virginia</i>	\$80,268	8.8%	\$24.00	6.8%	18.9%
<i>Washington</i>	\$87,648	7.6%	\$24.81	6.4%	4.3%
<i>Washington, D.C.</i>	\$90,640	14.5%	\$38.46	3.7%	NA

Notes: All data for 2021 except Black share of labor force, which is from 2020.

Source: U.S. Census Bureau, "Historical Income Tables: Households," Table H-8, accessed October 2022; Table B-5 from Creamer et al. *Poverty in the United States: 2021*, U.S. Census Bureau, September 2022. Author analysis of 2021 Current Population Survey Outgoing rotation Group (CPS-ORG) data for all workers ages 16 and older; Figure 1 from Conway and Mykyta, "Decline in Share of People Without Health Insurance Driven by Increase in Public Coverage in 36 States," U.S. Census Bureau, September 15, 2022; Bureau of Labor Statistics (BLS), "Four States and D.C. Had Labor Force That Was More Than 30 Percent African American in 2020," *The Economics Daily*, February 19, 2021.

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Notes

1. A note on wording throughout this report: the loss of abortion rights affects cisgender women as well as transgender and nonbinary people. When referring to specific economic analyses, this report uses “women” to be in line with the data collected and in reference to the group most severely affected. When referring to policy prescriptions and the population as a whole, this report uses “people seeking abortions” or other gender-inclusive terms.
2. It is worth noting that, given the uncertainty in abortion status, some level of subjectivity went into dividing the states. Generally, a state is categorized as abortion-restricted if the Guttmacher Institute and other abortion policy trackers listed it as a restricted state, despite overall legality. For example, both Kansas and Kentucky have passed ballot initiatives against banning abortion. But while technically abortion is legal in these states, access is still extremely restricted and hence both states have been categorized as abortion-restricted states.
3. *Dobbs v. Jackson Women’s Health Org.*, 142 S. Ct. 2228, 2022.
4. See Wisconsin as an example of the chilling effect. Before *Roe v. Wade* was overturned, abortion was banned at 22 weeks or later. After *Roe*, the pre-*Roe* ban from 1849 went into effect. While the Attorney General is challenging that ban, because of legal uncertainty clinics are not providing abortions at all in the meantime. See Guttmacher Institute 2022 and KFF 2022 for the detailed breakdown of state abortion policies.
5. For economic literature on abortion bans see also Brief of Amicus Curiae Economists in Support of Respondents, *Dobbs v. Jackson Women’s Health Org.*, No. 19-1392, 142 S. Ct. 2228, 2022. See Myers and Welch 2021 for a thorough literature review and summary of the economic effects of abortion access and restrictions. On financial distress, one of the foundational studies on the long-term economic effects of abortion denial was the multi-year longitudinal survey, the Turnaway Study.
6. Furthermore, in many states, Black and Hispanic women are more likely to get abortions than their peers, disproportionate to their share of the population (CDC 2021). The Guttmacher Institute estimates a lower share of abortions by Black women at 27.6%, though this is still far higher than their share of the population.
7. There is a long history of state involvement with labor, work and life, and bodily autonomy. Control over women’s bodies and their labor was a crucial tenet of slavery in the U.S. (Jones 1985; Morgan 2022). After emancipation, Black women were pushed into low-wage domestic labor with much higher levels of labor force participation (but much lower wages) than their white peers (Goldin 1977; Boustan, Frydman, and Margo 2014). The historical context behind abortion bans long predates *Roe v. Wade* and is deeply connected to the history of race, labor, and state control over workers in the U.S. Alongside racial integration, the fight for abortion rights also coincided and

was entangled with the equal pay movement, the fight for LGBTQ rights, discussions on school prayer and religion, and more during the complicated fractious political realignment of the 1970s (Balmer 2022; Frank and Young 2022; Schickler 2016).

8. The uninsurance rate refers to the share of the population without health care coverage.

9. All bill numbers referenced below refer to the 117th Congress, 2021–2022.

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