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All I Want for Christmas Is for Texans to Be Able to Afford Their Abortions

Dec 23, 2019, 3:48pm [Dr. Ghazaleh Moayedi](#)

The calculus of which bill must go unpaid or how late rent can be so that an abortion can be obtained is the daily reality for the communities I care for in Texas.

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Texas prevents almost all abortions from being covered by Medicaid and passed a 2017 law barring private insurance coverage, as well.

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Legislative Tracker

[A searchable database of the laws, people, organizations, and litigation involved in sexual and reproductive health and justice in the United States.](#)

“It looks like your pregnancy is measuring nine weeks, so both the surgical and medication abortions are safe and effective options for you,” I explained to the patient I was caring for as I cleaned the ultrasound gel off her abdomen. While she made it clear that she’d prefer the medication abortion, she told me with tears welling up in her eyes, “I think I’m going to have to wait until after Christmas; I won’t have the money until then.”

As an OB/GYN who provides abortion care in Texas, I have these conversations with patients almost daily. With this particular patient, I pulled out my calendar to confirm how many weeks she would be after the holiday and got a sinking feeling in my stomach. Not only would her pregnancy be past the point where I could offer her the medication abortion she desired, but waiting four additional weeks would mean the cost of her abortion would increase, too. Nearing the end of the year meant this mother-of-four’s access to health care was being driven by a very real and common fear: buy Christmas presents for her children or obtain a timely, affordable abortion.

Unfortunately, the challenge of paying for an abortion is a significant concern for many people across the United States. According to a survey published in 2016 from the [Guttmacher Institute](#), nearly half of patients seeking abortion care live below the federal poverty level and three-fourths of abortion patients are low income.

In Texas, nearly all abortions are paid for out of pocket. For the patients I serve who are fortunate enough to have jobs that pay minimum wage, paying for an abortion requires over 60 percent of their monthly income. An abortion later in pregnancy might cost more than an entire month’s income. For those few patients who need care past our state’s 20-week gestational limit, the money and time required to travel to the closest state where they can legally obtain an abortion is an impossible sum.

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What’s more, Texas prevents almost all abortions from being covered by Medicaid and passed a 2017 law [barring private insurance](#) coverage, as well. Add to this the fact that Texas has the [highest uninsured population in the country](#), and you have an abortion access crisis for the communities I serve.

I’m grateful for the organizations doing the hard work to try and fill the gap forced on Texans and other Americans living in states with oppressive abortion restrictions. The National Network of Abortion Funds and its 70-plus member organizations have been on the frontlines of abortion access for over 20 years. Every day, people from across the country call abortion funds like the Texas Equal Access Fund, seeking to bridge the gap between making ends meet and receiving an abortion.

“Volunteers often speak with callers on our hotline that are being forced to choose between paying for much-needed health care or sacrificing the needs of their family when having an abortion,” Kamyon Conner, executive director of the Texas Equal Access Fund, told *Rewire.News*. “Many young callers are contemplating missing a tuition payment or forgoing the cost of textbooks along with mothers who must choose between feeding their family, paying rent or utilities, and sometimes parting with sentimental items at a pawn shop to obtain their abortion.”

I also want a world where no family is forced to choose abortion solely because they cannot financially afford to parent. All people deserve to parent when they want and to parent their children in safe, healthy, and supportive environments where they thrive. However, those who [suggest that ending poverty would end abortion](#), or that women with low incomes seek abortions simply because of poverty, fail to see women as autonomous humans with goals, aspirations, and desires.

Women with low incomes choose abortion for all the same complex reasons that women with middle and high incomes do. Women living in poverty, however, disproportionately face delays or outright inability to access the care they need because of their income and the zip code where they live.

As an abortion care provider in Texas, I see people making difficult choices every day. However, once people come to me for care, the actual decision to have an abortion is rarely the most difficult choice. The women I see are resolute in their abortion decisions, and [research shows](#) that women who go to abortion clinics are usually certain of their decision to have an abortion. The choices the women I serve face include how they will pay for their abortion and how they will find time off work to come for a second, [state-](#)

[mandated](#) and [medically unnecessary](#) visit. Many are also among the majority of patients seeking abortion who are already parenting other children.

No mother should have to choose between her ability to end a pregnancy when she needs to and paying her rent, feeding her children, or buying them Christmas presents. But the calculus of which bill must go unpaid or how late rent can be so that an abortion can be obtained is the daily reality for the communities I care for in Texas.

Every person has the basic human right to quality health care, which includes timely access to abortion care, regardless of income. What a gift that would be to Texas families.

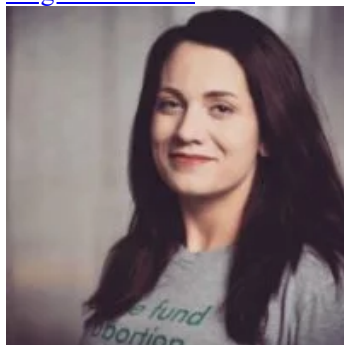
If you want to help Texans access abortion care, [consider donating](#) to one of the many abortion funds operating in our state.

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