What are the Implications of the Overturning of Roe v. Wade for Racial Disparities?

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Introduction

Women of color have much at stake in the June 2022 Supreme Court ruling (https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf) in the case *Dobbs v. Jackson Women's Health Organization*. The decision overturned the longstanding Constitutional right to abortion and eliminated federal standards on abortion access that had been established by earlier decisions in the cases, *Roe v. Wade* and *Planned Parenthood v. Casey*. Going forward, it will be up to each state to establish laws protecting or restricting abortion in the absence of a federal standard.

State laws range from complete abortion bans with criminal penalties to abortion protections that include funding for clinics, and legal protections for clinicians. In some states (https://www.kff.org/womens-health-policy/slide/16-states-and-dc-have-state-laws-protecting-the-right-to-abortion-if-roe-v-wade-is-overturned/), abortion provision will remain legal and available because the states have had policies in place prior to the *Dobbs* decision that protect access even in the absence of *Roe*. Another group of states (https://www.kff.org/policy-watch/reading-the-post-roe-tea-leaves-in-states-without-abortion-bans-or-protections/) do not have any explicit laws either upholding abortion rights or prohibiting abortion, and access to services is mixed in these states. Finally, since the Supreme Court ruling, several states have already outlawed provision of abortion services, and more states are expected to act in the coming weeks. These 17 states (https://www.kff.org/womens-health-policy/issue-brief/abortion-at-scotus-dobbs-v-jackson-womens-health/) had policies in place prior to the decision that would effectively outlaw abortions soon after a ruling to overturn *Roe v. Wade*. Many of these states are in the South, which has large shares of Black and Hispanic women, the Plains which has a large Indigenous population, and the Midwest. To obtain an

abortion, women in states that prohibit abortions would likely have to travel out of state, which will result in disproportionate barriers to accessing abortions for people of color.

In this brief, we present data on abortions by race/ethnicity and show how overturning *Roe v. Wade* disproportionately impacts women of color, as they are more likely to obtain abortions, have more limited access to health care, and face underlying inequities that would make it more difficult to travel out of state for an abortion compared to their White counterparts. Throughout this brief we refer to "women" but recognize that other individuals also have abortions, including some transgender men, nonbinary, and gender-nonconforming persons. This brief is based on KFF analysis of data from the Centers for Disease Control and Prevention (CDC), American Community Survey (ACS), Behavioral Risk Factor Surveillance Survey (BRFSS), and Survey of Household Economics and Decisionmaking (SHED) (see Methods).

How do Abortions Vary by Race/Ethnicity?

Data on abortion by race and ethnicity are limited. The federal Abortion Surveillance System from the CDC provides national and state-level statistics on abortion annually, based on data that is reported by states, DC, and New York City. State reporting is voluntary, and while most states do participate, one notable exception is California, which has many protections for abortion access and is one of the most racially diverse states in the nation. Furthermore, availability of data on race and ethnicity varies among states. The most recent data in the Surveillance System, from 2019, only includes racial/ethnic data from 29 states and DC and is generally only available for White, Black, and Hispanic women. While we present the data from the Surveillance system in this brief, we recognize these limitations.

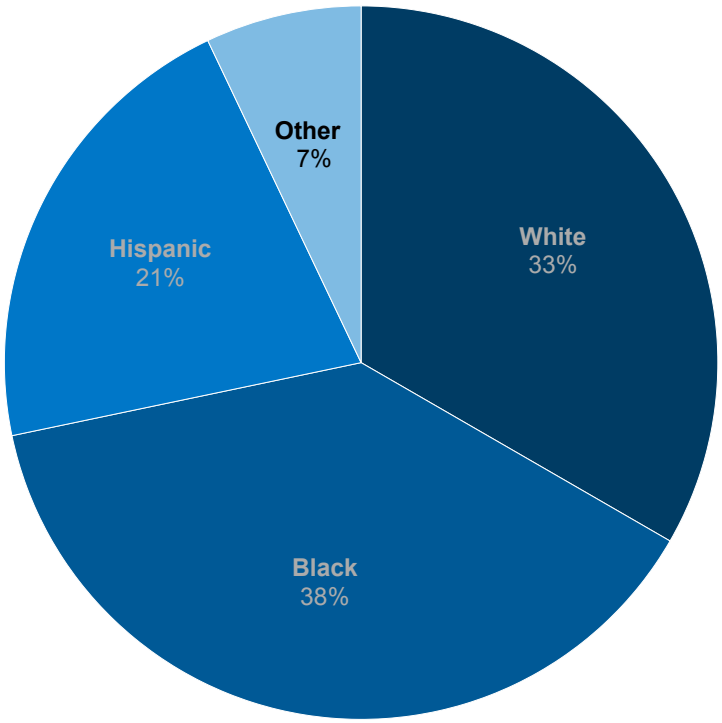
More than half of abortions are among women of color based on available data. In 2019, almost four in ten of abortions were among Black women (38%), one-third were among White women (33%), one in five among Hispanic women (21%), and 7% among women of other racial and ethnic groups (Figure 1). The abortion rate was highest among Black women (23.8 per 1,000 women), compared to 11.7 among Hispanic women, and 6.6 among White women (Figure 1). Data for other racial/ethnic groups were not available.

Figure 1

Abortions by Race/Ethnicity, 2019

Click on the buttons below to see data for different indicators:

Distribution | Rate

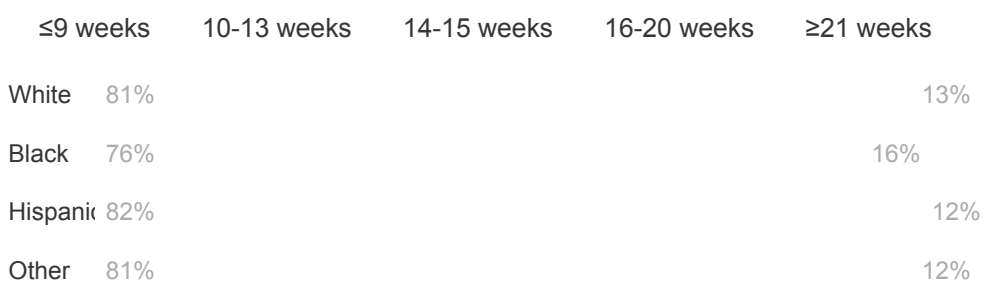


NOTE: Data from 30 reporting areas; excludes 22 reporting areas (California, Colorado, Hawaii, Illinois, Iowa, Louisiana, Maine, Maryland, Massachusetts, Missouri, Nebraska, New Hampshire, New York City, New York State, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Washington, and Wisconsin) that did not report, did not report by race/ethnicity, or did not meet reporting standards. Persons of Hispanic origin may be of any race; other groups may include individuals reporting Hispanic ethnicity. Other refers to Asian, Native Hawaiian and Other Pacific Islander, multiple race, and other race people.
SOURCE: Kortsmit K, Mandel MG, Reeves JA, et al. Abortion Surveillance — United States, 2019. MMWR Surveill Summ 2021;70(No. SS-9):1–29. • PNG

The vast majority of abortions across racial and ethnic groups are in the first trimester. Approximately eight in ten abortions among White (81%) and Hispanic women (82%) and three-quarters of abortions among Black women (76%) occur by nine weeks of pregnancy (Figure 2). Across all racial and ethnic groups, just over one in ten abortions occur between 10 and 13 weeks of gestation, and less than 10% occur in the second trimester. Prior to the *Dobbs* decision, the federal standard allowed the provision of abortions to the point of fetal viability (generally considered about 24 weeks of gestation), although many states had enacted legislation setting gestational limits before this point. While many of the pre-viability gestational limits were not in effect prior to the *Dobbs* ruling, in the absence of the federal standard now, states can bar abortions altogether and implement gestational limits prior to viability.

Figure 2

Abortions by Gestational Week and Race/Ethnicity, 2019



NOTE: Percentages may not add to 100% due to rounding. Data from 29 reporting areas; excludes 23 reporting areas (California, Colorado, District of Columbia, Hawaii, Illinois, Iowa, Louisiana, Maine, Maryland, Massachusetts, Missouri, Nebraska, New Hampshire, New York City, New York State, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Washington, and Wisconsin) that did not report, did not report weeks of gestation by race/ethnicity, or did not meet reporting standards. Persons of Hispanic origin may be of any race; other groups may include individuals reporting Hispanic ethnicity. Other refers to Asian, Native Hawaiian and Other Pacific Islander, multiple race, and other race people.

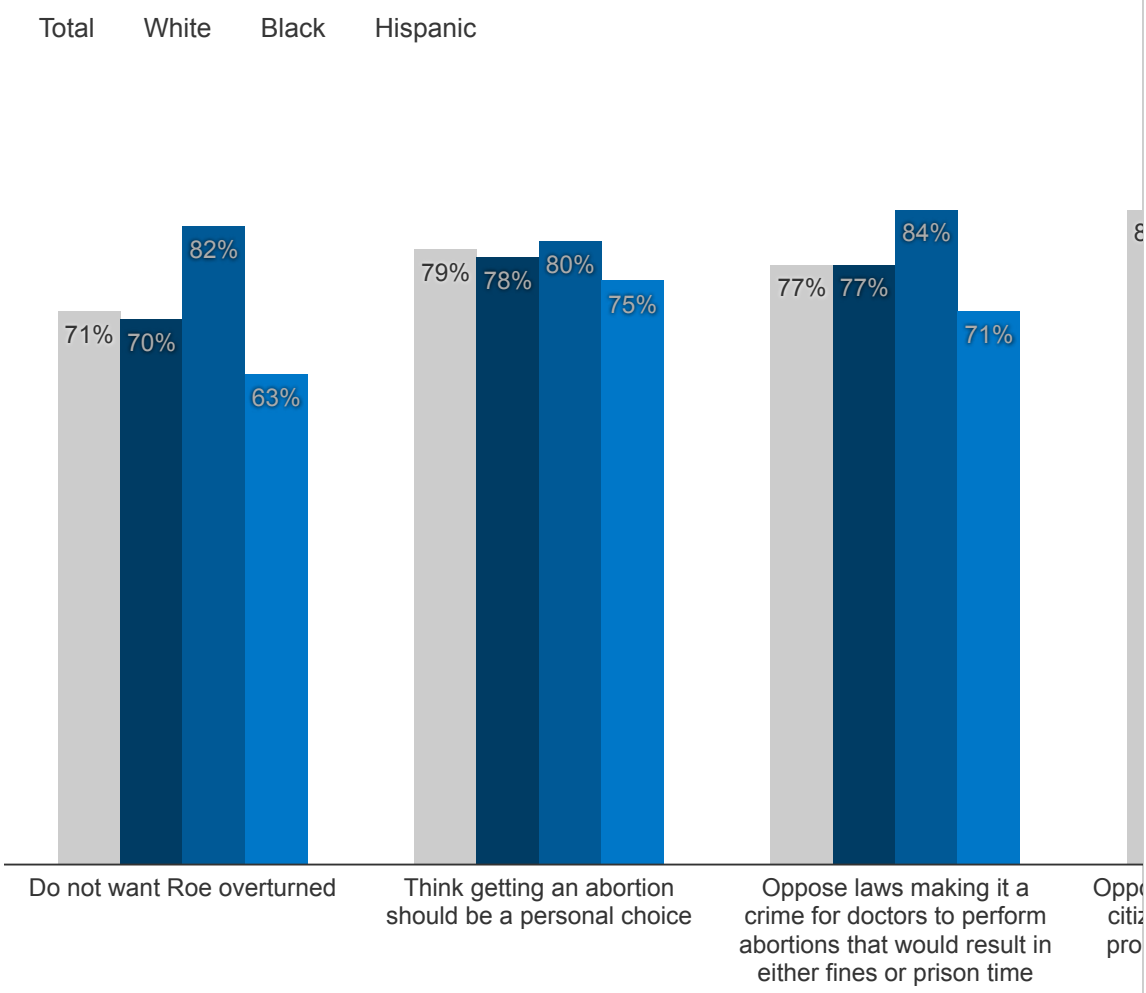
There are a variety of potential reasons why abortion rates are higher among some women of color. As shown below, overall, Black, Hispanic, American Indian and Alaska Native (AIAN), and Native Hawaiian and Other Pacific Islander (NHOPI) women have more limited access to health care, which affects women's access to contraception and other sexual health services that are important for pregnancy planning. Data (https://www.cdc.gov/nchs/products/databriefs/db388.htm) show that, overall, current contraception use is higher among White women (69%) compared to Black (61%) and Hispanic (61%) women. Some women of color live in areas with more limited access (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6660992/) to comprehensive contraceptive options. In addition, the health care system has a long history of racist practices targeting the sexual and reproductive health (https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2021.01422) of people of color, including forced sterilization, medical experimentation, the systematic reduction of midwifery, just to name a few. Many women of color also report discrimination (https://www.kff.org/report-section/kff-the-undefeated-survey-on-race-and-health-main-findings/#HealthCareSystem) by individual providers, with reports of dismissive treatment, assumption of stereotypes, and inattention to conditions that take a disproportionate toll on women of color, such as fibroids. These factors have contributed to medical mistrust, which some women cite (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3780732/) as a reason that they may not access contraception. In addition, inequities across broader social and economic factors — such as income, housing, and safety and education — that drive health, often referred to as social determinants of health (https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/), also affect decisions related to family planning and reproductive health.

Large majorities of women across racial and ethnic groups did not want the Supreme Court to overturn the *Roe v. Wade* decision and oppose criminalizing clinicians who provide abortion services. A May 2022 KFF survey (https://www.kff.org/womens-health-policy/poll-finding/kff-health-tracking-poll-views-knowledge-abortion-2022/) found that across racial and ethnic groups, most women ages 18-49 said they did not want *Roe v. Wade* overturned and they think getting an abortion should be a personal choice (Figure 3). Majorities of women across groups also said that they opposed laws making it a crime for doctors to perform abortions and opposed laws allowing private citizens to sue people who provide or assist people with getting an abortion.

Figure 3

Across racial and ethnic groups, most women do not want *Roe* overturned and most oppose criminalizing abortion care.

Share of women reporting they:



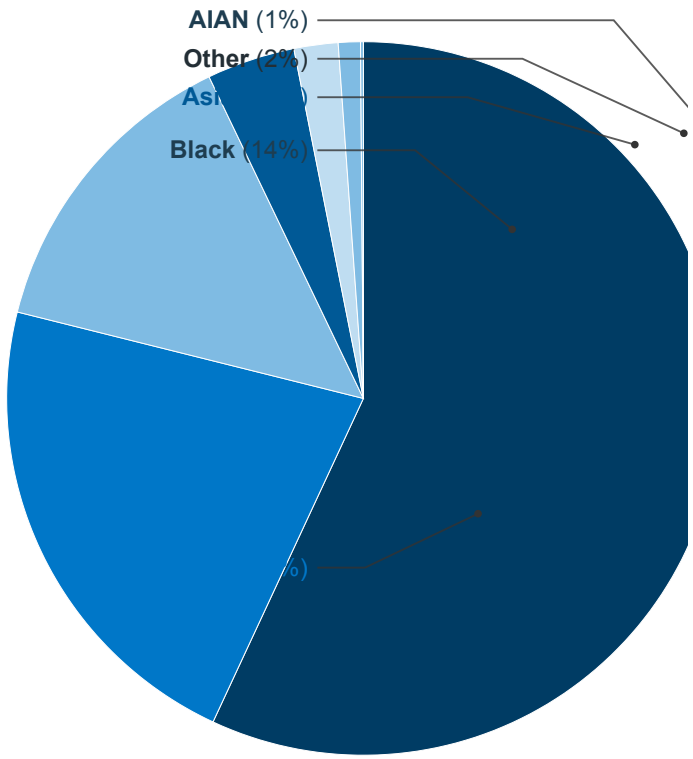
NOTE: Among women ages 18-49. See topline for full question wording.

What are Potential Racial Disparities in Access to Abortions now that *Roe v. Wade* has been Overturned?

Over four in ten (43%) of women between ages 18-49 living in states where abortion has become or will likely become illegal are women of color. As of May 2022, 17 states (https://www.kff.org/womens-health-policy/slide/16-states-and-dc-have-state-laws-protecting-the-right-to-abortion-if-roe-v-wade-is-overturned/) had laws in place intended to immediately ban abortion, including four that had a law banning abortion in place predating *Roe v. Wade.* Overall, 18.1 million or 28% of women ages 18-49 live in these 17 states. Among women ages 18-49 living in these states, 22% are Hispanic,14% are Black, and 4% are Asian (Figure 4). (See Appendix Table 1 for the racial/ethnic distribution of women ages 18-49 by state.) Overall, nearly half (49%) of all AIAN women ages 18-49 live in these states, as do nearly three in ten White (29%), Hispanic (28%), and Black (28%) women in this age group, while less than one in five NHOPI (19%) and Asian (15%) women live in these states.

Figure 4

Racial/Ethnic Distribution of Women Ages 18-49 Living in States with Trigger or Pre-Roe Bans, 2019



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups

Variation in the availability of abortions by state due to the overturning of *Roe v. Wade* will likely result in women of color facing disproportionate barriers to accessing abortions. Women of color face more barriers to accessing health care in general and have more limited access to coverage of abortions. Moreover, due to underlying structural inequities, women of color have more limited financial resources and may face other increased barriers to accessing abortions if they need to travel out of state for one.

Health Coverage and Access Barriers

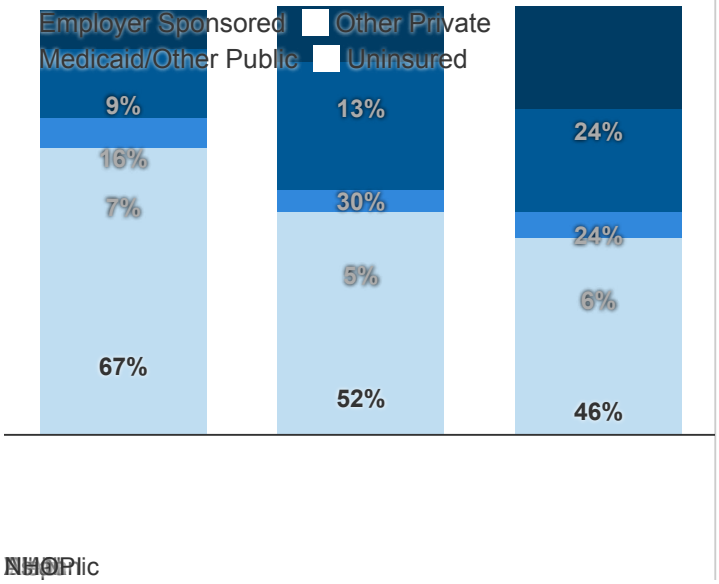
Women of color between ages 18-49 face greater barriers to accessing health care overall compared to their White counterparts. Among women in this age group, roughly a quarter of Hispanic (24%) and AIAN (24%) women are uninsured as are 16% of NHOPI women and 13% of Black women. In contrast, less than one in ten (9%) of White women lack insurance (Figure 5). (See Appendix Table 2 for state-level uninsured data by race/ethnicity.) Moreover, prior to the *Dobbs* decision, even among those who were insured, women of color had more limited access to abortion coverage since they are more likely to be covered by Medicaid, which has limited coverage for abortions. For decades, the Hyde Amendment has prohibited the use of federal funds for coverage of abortion under Medicaid, except in cases of rape, incest, or life endangerment for the pregnant person. States can choose to use state funds to pay for abortions under Medicaid in other instances. Currently, 16 states (https://www.kff.org/womens-health-policy/issue-brief/the-hyde-amendment-and-coverage-for-abortion-services/) have a policy directing the use of their own funds to pay for abortions for low-income women covered by Medicaid beyond the Hyde limitations. Moreover, women of color are less likely to benefit from employer actions to cover travel costs (https://www.kff.org/policy-watch/employer-coverage-travel-costs-out-of-state-abortion/) for out-of-state abortions, since Black, Hispanic, AIAN, and NHOPI women ages 18-49 have lower rates of employer-sponsored insurance than their White counterparts. Beyond differences in insurance coverage, women of color are also less likely to have a personal doctor. Over four in ten (42%) Hispanic women and over a third of AIAN (35%) and NHOPI (34%) women between ages 18-49 do not have a personal doctor, compared to 22% of their White counterparts (Figure 5).

Figure 5

Health Coverage of Women Ages 18-49 by Race and Ethnicity, 2019

Click on the buttons below to see data for different indicators:

Health Coverage | No Personal Doctor



Social and Economic Access Barriers

Women of color have more limited financial resources and transportation options than White women, which would make it more difficult for them to travel out of state for an abortion. The median self-pay cost of obtaining an abortion exceeds $500 (https://www.ansirh.org/sites/default/files/2022-06/Trends%20in%20Abortion%20Care%20in%20the%20United%20States%2C%202017-2021.pdf). Traveling out of state will raise the cost of abortion due to added costs for transportation, accommodations, and childcare. Moreover, it may result in more missed work, meaning greater loss of pay. Data suggest that women of color would have more difficulty than White women affording these increased costs and may face other barriers that could prevent them from traveling to obtain an abortion and instead turning to self-managed abortions or continuing the pregnancies.

- **Women of color are more likely to be low income (household income below 200% of the federal poverty level or $42,660 for a family of three as of 2019).** AIAN (47%), Black (44%), and Hispanic (42%) women ages 18-49 are nearly twice as likely to be low income as White women (25%) (Figure 6). (See Appendix Table 2 for state-level data on the share of women who are low-income by race/ethnicity.)
- **Women of color are less likely to have savings readily available to cover the costs of an abortion.** For example, over half of Black women (53%) and nearly half of Hispanic women (47%) ages 18 and older would not cover a $400

emergency expense using cash or its equivalent compared to 27% of White women in this age group (Figure 6). These women reported they would pay using another method, such as with a credit card or by borrowing money, or that they would not have been able to cover the expense.

- **Vehicle access is also more limited among women of color.** Black women ages 18-49 are over three times as likely as their White counterparts to live in a household without access to a vehicle (13% vs. 4%), and AIAN and Asian women in this age group are twice as likely as White women to lack vehicle access (8% and 8%, respectively, vs. 4%) (Figure 6). Hispanic women are also more likely than White women to lack vehicle access, although the difference is smaller (6% vs 4%).

Figure 6

Percent of Women Ages 18-49 with Income Below 200% Poverty by Race/Ethnicity, 2019

Click on the buttons below to see data for different economic indicators:

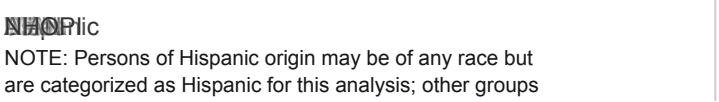
Below 200% Poverty | No Cash for Emergency Expense | No Vehicle Access

NHOPIic

Some women of color may also have immigration-related fears about traveling out of state for an abortion. Among women ages 18-49, over a third of Asian women (35%), over a quarter (27%) of Hispanic women, and one in five (20%) NHOPI women are noncitizens, who includes lawfully present and undocumented immigrants (Figure 7). Many citizen women may also live in mixed immigration status (https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/) families, which may include noncitizen family members. Noncitizen women and those living in mixed immigration status families may fear (https://www.kff.org/report-section/living-in-an-immigrant-family-in-america-issue-brief/) that traveling out of state could put them or a family member at risk for negative impacts on their immigration status or detention or deportation, especially if states move to criminalize abortion.

Figure 7

Percent of Women Ages 18-49 Who are Noncitizens by Race/Ethnicity, 2019



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups

Women of color likely face greater challenges to accessing and navigating information on how to obtain an abortion compared to White women. Among women ages 18-49, 16% of AIAN, and nearly one in ten Black (8%), NHOPI (8%) and Hispanic (7%) women lack internet access, compared to 3% of White women (Figure 8). Moreover, nearly three in ten Hispanic (28%) and Asian (27%) women in this age group speak English less than very well, as do one in ten NHOPI women (10%) compared to just 1% of White women (Figure 8).

Figure 8

Percent of Women Ages 18-49 without Internet Access by Race/Ethnicity, 2019

Click on the buttons below to see data for different indicators:

No Internet Access | Limited English Proficiency

NHOPIic

NOTE: Persons of Hispanic origin may be of any race but

What are the Potential Implications of Overturning *Roe v. Wade* for Racial Disparities in Health, Finances, and Criminal Penalties?

There are already stark racial disparities in maternal and infant health, which may widen if it becomes more difficult for people to access abortions. Moreover, restrictions on access to abortions has negative economic consequences and may put people of color at increased risk for criminalization.

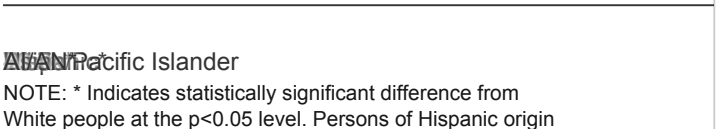
Some groups of color are at higher risk of dying for pregnancy-related reasons or infancy compared to White people. Black and AIAN people are more likely to die while pregnant or within a year of the end of pregnancy compared to White people (40.8 and 29.7 per 100,000 births vs. 12.7 per 100,000 births) (Figure 9). One study (https://read.dukeupress.edu/demography/article/58/6/2019/265968/The-Pregnancy-Related-Mortality-Impact-of-a-Total) estimated that a total abortion ban in the U.S. would increase the number of pregnancy-related deaths by 21% for all women and 33% among Black women. Moreover, Black and NHOPI infants were two times as likely to die as White infants (10.8 and 9.4 per 1,000 compared to 4.6 per 1,000). AIAN infants also had a higher mortality rate than White infants (8.2 vs. 4.6 per 1,000) (Figure 9).

Figure 9

Pregnancy-Related Mortality (per 100,000 births) by Race/Ethnicity, 2007-2016

Click on the buttons below to see data for different indicators:

Pregnancy-related mortality | Infant mortality



NOTE: * Indicates statistically significant difference from White people at the p<0.05 level. Persons of Hispanic origin

People of color are more likely to experience certain birth risks and adverse birth outcomes compared to White people. Specifically, as of 2020, higher shares of births to Hispanic, Black, AIAN and NHOPI people were preterm, low birthweight, and among those who received late or no prenatal care compared to White people (Figure 10).

Figure 10

Percent of Births with Selected Risk Factors by Race/Ethnicity, 2020

Preterm Births | Low Birthweight | Late or No Prenatal

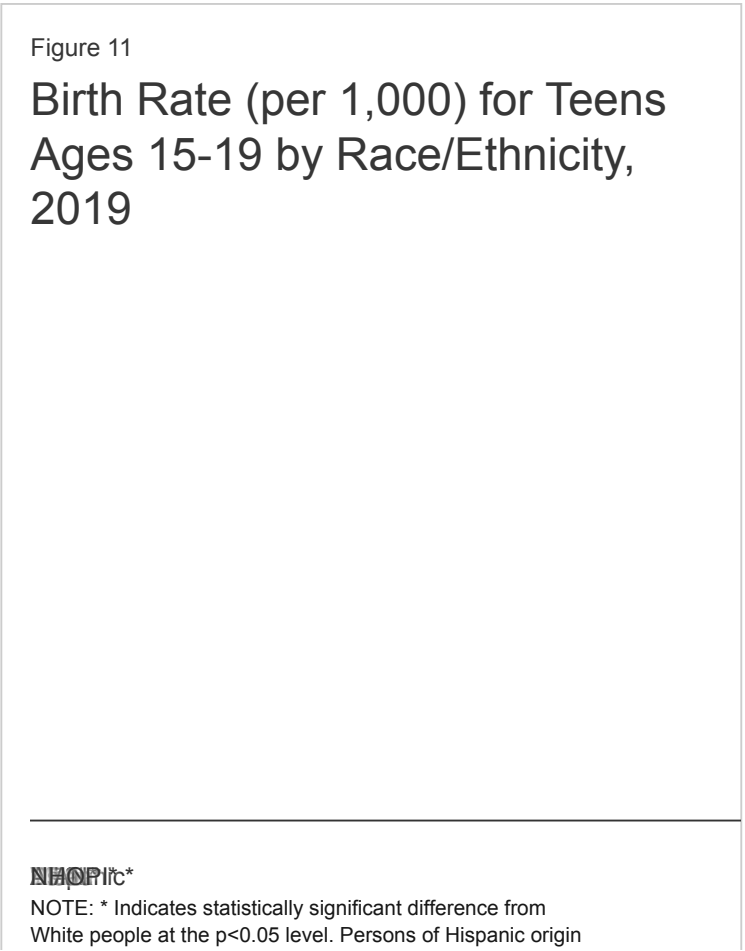
NHOPI*

NOTE: * Indicates statistically significant difference from White in the respective year at the p<0.05 level. Persons of Hispanic origin may be of any race but are categorized as

Births among Asian people were also more likely to be low birthweight than those to White people. Moreover, the birth rate among Black, Hispanic, AIAN, and NHOPI teens was over two times higher than the rate among White teens (Figure 11). Research (https://pubmed.ncbi.nlm.nih.gov/34686197/#:~:text=Conclusion%3A%20Findings%20demonstrate%20that%20Black,associated%20with%20restrictive%20abortion%20policies.) has found that state-level abortion restrictions were associated with disproportionately higher rates of adverse birth outcomes, including preterm birth, for Black individuals, and that inequities widened as states became more restrictive.

Figure 11

Birth Rate (per 1,000) for Teens Ages 15-19 by Race/Ethnicity, 2019



NOTE: * Indicates statistically significant difference from White people at the p<0.05 level. Persons of Hispanic origin

Denying women access to abortion services has negative economic consequences. Many women who are not able to obtain abortions will have children that they hadn't planned for and face the associated costs of raising a child. In addition to the direct costs, lack of abortion access can affect women's longer-term educational and career opportunities. Research from the Turnaway Study (https://www.ansirh.org/research/ongoing/turnaway-study), which examined the impact of state-level gestational limits on abortion, found a range of negative economic effects of abortion denials, including higher poverty (https://ajph.aphapublications.org/doi/10.2105/AJPH.2017.304247) rates, financial debt (https://www.nber.org/system/files/working_papers/w26662/w26662.pdf), and poorer credit scores (https://www.nber.org/system/files/working_papers/w26662/w26662.pdf) among women who were not able to obtain abortions compared to women who received abortions. The study also found negative socioeconomic impacts for the children born to women who were denied abortions, which may exacerbate existing racial disparities in income. Poverty rates are already much higher among children of color (https://nap.nationalacademies.org/resource/25246/Child%20Poverty.pdf) than White children, and research shows poor children experience negative long-term outcomes, including lower earnings and income, increased use of public assistance, greater likelihood of committing crimes, and more health problems.

People of color may be at increased risk for criminalization in the post-*Roe* environment. A long history of racism and judicial policy in this country has led to disproportionately higher rates of criminalization among people of color, which has also affected reproductive health care and is likely to grow as abortion care is criminalized. While most state-level abortion bans criminalize clinicians for providing abortion care, some states, such as Texas (https://legiscan.com/TX/text/SB8/id/2395961/Texas-2021-SB8-Enrolled.html), Oklahoma (http://webserver1.lsb.state.ok.us/cf_pdf/2021-22%20AMENDMENTS/Amendment%20&%20Engr/HB4327%20SAHB%20&%20ENGR.PDF), have enacted laws that allow individuals to sue anyone who aids or abets the performance or inducement of an abortion, for civil penalties starting at $10,000. Increased fear of criminalization of abortion may also result in more limited access to services to manage miscarriages or stillbirths since almost all of the health care services used in these cases are identical to those used in abortions. Some clinicians (https://jamanetwork.com/journals/jama/fullarticle/2793921?widget=personalizedcontent&previousarticle=2793825) may hesitate to provide these services because of concerns they could be conflated with providing an abortion, and some pregnant people may be reluctant to seek these services due to fear of criminalization. Prior to the *Dobbs* ruling, there were already cases (https://read.dukeupress.edu/jhppl/article/38/2/299/13533/Arrests-of-and-Forced-Interventions-on-Pregnant) of women criminalized for their own miscarriages, stillbirths, or infant death, and the women involved were overwhelmingly low-income and women of color.

Conclusion

Prior to the *Dobbs* decision, people of color already faced significant disparities in maternal and infant health. With *Roe* now overturned, people of color are likely to be disproportionately affected by state actions to fully prohibit or implement extensive restrictions on abortions as they are more likely to seek abortions and more likely to face structural barriers that will make it more difficult to travel out of state for an abortion, including more limited access to health care and fewer financial and transportation resources. Increased barriers to abortion for people of color may widen the already existing large disparities in maternal and infant health, have negative economic consequences for families, and increase risk of criminalization for people of color.

Methods

This analysis uses data from multiple sources including the 2019 American Community Survey, the 2020 Behavioral Risk Factor Surveillance System, the 2021 Survey of Household Economics and Decisionmaking, as well as from several online reports and databases including the Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR) on abortion surveillance, National Vital Statistics Reports, the 2017 CDC Natality Public Use File, and the CDC WONDER online database. Unless otherwise noted, race/ethnicity was categorized by non-Hispanic White (White), non-Hispanic Black (Black), Hispanic, non-Hispanic American Indian and Alaska Native (AIAN), non-Hispanic Asian (Asian), and non-Hispanic Native Hawaiian or Other Pacific Islander (NHOPI).

Data on the share of women ages 18 and older who would not cover a $400 emergency expense completely using cash or its equivalent is from the 2021 Survey of Household Economics and Decisionmaking and is defined as the share who would not have paid with cash, savings, or a credit card paid off at the next statement. These respondents said they would have paid the expense by using a credit card and then carrying a balance, borrowing from a friend or family member, using money from a bank loan or line of credit, using a payday loan, deposit advance, or overdraft, selling something, or said they would not have been able to cover the expense. However, some who would not have paid with cash or its equivalent likely still had access to $400 in cash. Instead of using that cash to pay for the expense, they may have chosen to preserve their cash as a buffer for other expenses.

Appendix

Table 1

Racial/Ethnic Distribution of Women Ages 18-49 by State, 2019

State	White	Black	Hispanic
United States	**55%**	**14%**	**21%**
Alabama	61%	30%	5%
Alaska	57%	3%	7%
Arizona	47%	5%	37%
Arkansas	68%	18%	9%
California	31%	6%	43%
Colorado	65%	4%	24%
Connecticut	58%	12%	20%

Connecticut	58%	12%	20%
Delaware	56%	26%	11%
District Of Columbia	42%	39%	10%
Florida	45%	18%	31%
Georgia	47%	35%	10%
Hawaii	19%	2%	12%
Idaho	80%	1%	15%
Illinois	56%	15%	20%
Indiana	75%	11%	8%
Iowa	82%	5%	7%
Kansas	72%	6%	14%
Kentucky	84%	8%	4%
Louisiana	55%	35%	6%
Maine	90%	2%	2%
Maryland	45%	33%	12%
Massachusetts	65%	8%	14%
Michigan	71%	16%	6%
Minnesota	75%	8%	7%
Mississippi	52%	42%	3%
Missouri	77%	13%	5%
Montana	84%	NSD	4%
Nebraska	75%	5%	13%
Nevada	41%	10%	33%
New Hampshire	87%	2%	5%
New Jersey	48%	14%	24%
New Mexico	30%	2%	54%
New York	50%	16%	21%
North Carolina	58%	23%	11%
North Dakota	80%	3%	5%
Ohio	76%	14%	5%
Oklahoma	61%	8%	12%
Oregon	71%	2%	15%
Pennsylvania	71%	12%	9%
Rhode Island	66%	7%	19%
South Carolina	60%	30%	6%
South Dakota	79%	3%	5%

Tennessee	70%	19%	6%
Texas	37%	13%	42%
Utah	76%	1%	15%
Vermont	91%	1%	2%
Virginia	57%	20%	11%
Washington	63%	4%	14%
West Virginia	92%	4%	2%
Wisconsin	77%	7%	9%
Wyoming	81%	NSD	13%

Table 2

Share of Women Ages 18 to 49 Who are Uninsured by Race/Ethnicity and State, 2019

Uninsured <200% FPL

State	White	Black	Hispanic
United States	**9%**	**13%**	**24%**
Alabama	13%	15%	33%
Alaska	8%	NSD	NSD
Arizona	10%	12%	22%
Arkansas	10%	11%	33%
California	5%	7%	16%
Colorado	7%	7%	21%
Connecticut	5%	6%	14%
Delaware	7%	5%	22%
District Of Columbia	NSD	4%	NSD
Florida	15%	20%	25%
Georgia	15%	18%	45%
Hawaii	6%	NSD	NSD
Idaho	14%	NSD	28%
Illinois	6%	10%	20%
Indiana	10%	15%	26%
Iowa	4%	NSD	18%
Kansas	10%	19%	33%

Kentucky	7%	12%	29%
Louisiana	10%	9%	36%
Maine	10%	NSD	NSD
Maryland	4%	7%	30%
Massachusetts	3%	5%	5%
Michigan	7%	7%	14%
Minnesota	4%	14%	21%
Mississippi	19%	20%	47%
Missouri	14%	16%	30%
Montana	8%	NSD	NSD
Nebraska	7%	21%	27%
Nevada	10%	10%	27%
New Hampshire	8%	41%	28%
New Jersey	5%	12%	25%
New Mexico	6%	NSD	14%
New York	4%	7%	13%
North Carolina	12%	17%	44%
North Dakota	7%	NSD	NSD
Ohio	8%	11%	19%
Oklahoma	18%	22%	39%
Oregon	7%	NSD	21%
Pennsylvania	6%	8%	15%
Rhode Island	3%	NSD	15%
South Carolina	13%	14%	40%
South Dakota	9%	NSD	NSD
Tennessee	11%	13%	48%
Texas	15%	20%	39%
Utah	9%	32%	29%
Vermont	5%	NSD	NSD
Virginia	7%	11%	33%
Washington	6%	12%	24%
West Virginia	8%	NSD	NSD
Wisconsin	5%	8%	30%
Wyoming	16%	NSD	27%

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