women was almost double the nationwide rate for women 15–44 years of age. It was, however, very similar to national estimates of the abortion rate for unmarried white women in 1987—55 per 1,000 among those aged 20–24 and 46 per 1,000 among those aged 25–29.26

Among the black women in our sample, the 1986 abortion rate was 49.7 per 1,000; it was 52.9 per 1,000 in the states with good reporting. By contrast, other researchers have estimated abortion rates of 109 per 1,000 unmarried black women aged 20–24 and 86 per 1,000 among those aged 25–29 in 1987.27 One reason for the discrepancy between our estimates and those previously reported is that our sample excludes states with large black urban populations that have high abortion rates (California, Illinois, Michigan, New York, Ohio and Pennsylvania, as well as Washington, D.C.). Birthrates in our sample were reasonably close to national estimates. In 1990–1991, 102.8 births occurred per 1,000 white women in the sample states. According to national estimates, in 1994, the birthrate was 98.6 per 1,000 unmarried white women aged 18–24 years with 12 years of schooling and 118.9 per 1,000 for similar women with 9–11 years of schooling.26

The black women in our sample had a substantially higher birthrate: 208.6 per 1,000 in 1990–1991. Nationally, the birthrate in 1994 was 217.3 per 1,000 unmarried black women with 12 years of education and 152.0 per 1,000 among those with 9–11 years of schooling.28

The change in the natural logarithm of the abortion rate after Medicaid eligibility expansions shows that the rate rose 6.2% among white women and 18.8% among black women. The rise in birthrates between 1989 and 1991 was substantially greater: 39.5% for white women and 23.5% for black women.

These changes, however, are only suggestive. The interval between the period before and after the Medicaid expansions used in these calculations (3.5 years) was relatively long and subject to confounding by trends in rates of births and abortions unrelated to the expansions. To estimate changes while taking such trends into account, we turn to the regression analyses.

Regression Estimates
Relative to birthrates before the Medicaid eligibility expansions, the rate among whites increased after each expansion, and the effects were large (Table 4, page 112). After the first phase of expansions, the birthrate among white women in our sample was 5.2% higher than it was when the income threshold was less than 75% of the poverty level; after the second expansion, the change relative to the original level was about the same—a 4.8% increase. This indicates, however, that the birthrate did not increase between the two phases of expansions, since we cannot reject the null hypothesis that the coefficients on the two eligibility expansion terms are different. Thus, the change in birthrates was associated with women’s having become eligible for Medicaid as a result of the initial expansion.

Although the increase in the birthrate among white women made eligible by the first expansion was 5.2% it was not equally distributed among all women, since some women were not affected by the expansion. For example, according to the 1990 census, 28% of white women in our sample were receiving public assistance. Assuming, therefore, that roughly a third of the women in the sample became eligible because of the initial expansion, the effect of the expansion on those women would have been triple the overall effect, or about 15%. More generally, the larger the proportion of women in our sample made eligible by the expansions, the smaller the effect attributable to the expansions.

The expansions had no statistically significant effect on the birthrate among black women, although the sign of the coefficient...