



How Restrictions on Health Care Funding Affect Low-Income Women's Access to Care

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Seventeen million women in the US, most of whom are of reproductive age, are insured by Medicaid, the health insurance program for low-income individuals and families. Because Medicaid is jointly administered by federal and state governments, policies at both levels can affect which health services Medicaid will cover.

Medicaid coverage of abortion care is affected by both federal and state policies. The Hyde Amendment, passed in 1976, prevents the use of federal Medicaid funding for abortion except when a woman is pregnant as a result of rape or incest, or when her pregnancy endangers her life. States have the option of using their own funds to cover abortion in broader circumstances, but only 17 are currently required to do so according to their state policies.

These restrictions on funding make it almost impossible for low-income women to access abortion care. In fact, at an average of \$470, a first-trimester abortion can cost more than half of what a family at the poverty level lives on in one month. Women needing abortions in the second trimester face significantly higher costs.

Ibis Reproductive Health has conducted several [research studies](#) that evaluate how federal and state Medicaid policies on abortion coverage impact women seeking abortion care. Analysis of some work is still underway, but what we have found so far has been alarming.

Our [research](#) shows that women consistently encounter problems enrolling in Medicaid, trying to use Medicaid to cover qualifying abortion care, and finding a local health care provider who accepts Medicaid. In fact, unpublished findings show that in states with federal Medicaid restrictions in place, as many as two in three women seeking abortions due to circumstances of rape, incest, or life endangerment are ultimately unable to secure the coverage legally entitled to them.

What happens to the women denied Medicaid coverage for an abortion?

Consider the story of Tasha, a 37-year-old single mother from Arizona. Tasha had a heart condition and was advised by her doctor not to get pregnant because it would endanger her life. When faced with an unplanned pregnancy, she felt her only option was termination and sought Medicaid coverage for the procedure. She explained, "I wasn't eligible to have this [abortion] covered under that regulation [Hyde Amendment] because...it was some stupid thing about [the] percentage of my heart that's dead is not enough.... It's not life threatening enough for them to cover it."

Without Medicaid coverage for abortion available, women like Tasha struggle to raise money for an abortion. The women we interviewed took out payday loans, delayed bill payments, pawned jewelry, sold drugs, performed sex work, borrowed money from friends and family, and took other drastic measures in attempts to raise money for an abortion. The scramble to obtain funding can lead to delays in obtaining timely abortion care, prevent women from accessing treatment for life-threatening

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conditions, or prevent women from obtaining an abortion altogether.

The women we interviewed recognized the profound impact Medicaid restrictions on abortion can have on women and their families. As one woman said, "Putting a financial strain between a woman and her need to have an abortion isn't going to do anything to lower it [the abortion rate]. It's just putting these women in more poverty, in financial crisis, in emotional crisis... in physical crisis.... I really don't think there's any benefit in restricting the Medicaid funding for it."

Unfortunately, the decades-old battle over public funding for abortion continues under the Affordable Care Act. When national health care reform goes into effect, more individuals will become eligible for Medicaid, meaning more women will be affected by restrictions on Medicaid coverage of abortion.

Our research suggests that any restrictions on the circumstances under which Medicaid covers abortion can effectively lead to prohibitions on coverage in all cases. We call for continued and expanded efforts to overturn federal restrictions on abortion coverage to ensure timely and equitable access to abortion care for all women.

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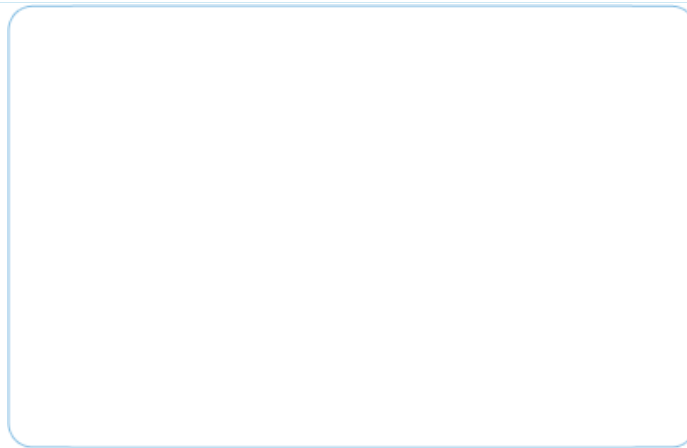
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