

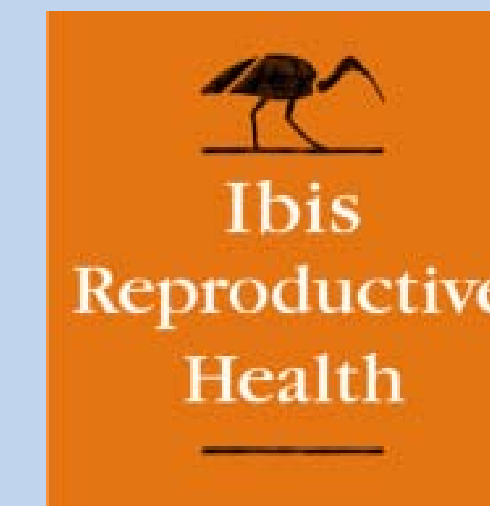
State Medicaid funding for abortions in cases of fetal anomaly:

Is it available when it should be?

Amanda Dennis, Kelly Blanchard

Ibis Reproductive Health, Cambridge, MA, United States

www.ibisreproductivehealth.org



Background

BACKGROUND

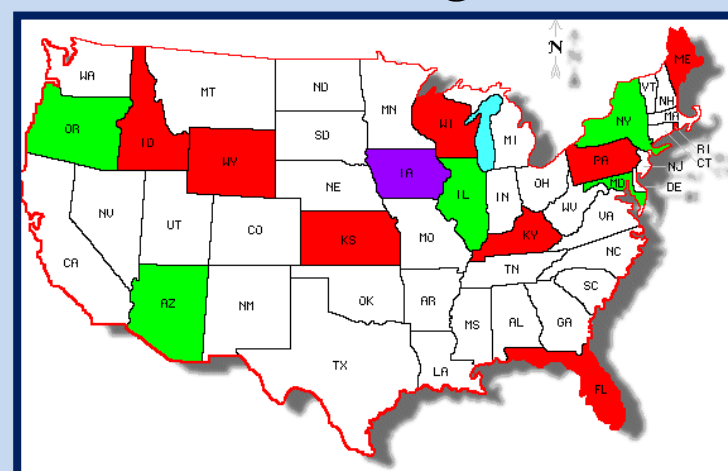
- In 1976, Congress passed the Hyde Amendment, prohibiting federal Medicaid funding for abortions except in cases of rape, incest, or life endangerment.
- The majority of states (34) ban the use of state Medicaid funding for abortions except in the circumstances outlined by the Hyde Amendment.
- In three states, Medicaid covers abortions in cases of fetal anomaly; little evidence exists on how well the Medicaid reimbursement process functions in these circumstances.

METHODS

- Investigated abortion providers' experiences obtaining reimbursement from Medicaid for abortions in cases of fetal anomaly in 15 states using data calculated from a larger study.
- Conducted >60 semi-structured, in-depth telephone interviews with providers from October 2007-March 2010.
- Offered \$75 incentive for participation.
- Recorded and transcribed interviews verbatim
- "Providers" interviewed included physicians, physician assistants, clinic directors, managers, counselors, and financial administrators.
- Coded and analyzed qualitative data using ATLAS.ti.

Current legal status of state Medicaid coverage of abortion*

- Restricts funding to Hyde qualifying cases**
- Restricts funding to Hyde qualifying cases and fetal anomaly
- Provides funding for all or most abortions



*Based on law and court cases, but does not reflect actual implementation
 **One state also includes an exception for the physical health of the woman

Results

EVIDENCE OF SOME FUNDING SUCCESS

- Some providers reported that it was easier to obtain Medicaid reimbursement for abortions provided in cases of fetal anomaly compared to other circumstances outlined by the Hyde Amendment.
- Providers said obtaining reimbursements was easier because of (1) the relatively high frequency of cases, (2) the ease of documenting anomalies, (3) having the anomaly documented by an outside referring physician, and (4) many of the women presenting with pregnancies diagnosed with fetal anomalies were already connected to health care and covered by Medicaid.
 - *Ability to document fetal anomalies:* "We had the ultrasound that came from the doctor's office with her, as well as an ultrasound here in the clinic...based upon the findings of the ultrasound, it was established that the baby had multiple fetal anomalies."
 - *Women already connected to health care:* "If there is a fetal anomaly...she's probably talked to her regular health care provider about that already. And possibly gotten some reimbursement for testing before she even comes here."

REMAINING FUNDING CHALLENGES

- Providers said local Medicaid policies that restrict the types of fetal anomalies that are eligible for reimbursement for abortion care, such as only funding abortions for certain anomalies or those that are considered severe or lethal, was a challenge.
- Providers cited other barriers including (1) complex paperwork requirements, (2) low reimbursement rates, and (3) ambiguity about what fetal anomalies Medicaid will cover.
 - *Low reimbursement rate:* "It seems like they are very stingy especially when it comes to the categories of fetal anomalies or threat to a woman's life."
 - *Ambiguity about what Medicaid covers:* "We often disagree on indications...They don't think the fetal anomalies are severe enough. They won't cover things like mild hydrocephalus, or T-21, or things like that unless there are additional anomalies."

Conclusions

Providers in multiple states, including some without explicit laws that include fetal anomaly, reported success in obtaining funding for abortions in these cases. Though there are a number of within- and between-state differences in access, evidence of success in obtaining funding provides lessons for improving access to Medicaid funding in other states.

However, some providers reported continuing difficulties obtaining reimbursement for fetal anomaly cases, even in states where by law fetal anomalies should be covered. Barriers to ensuring consistent access to this funding include bureaucratic reimbursement processes and a lack of transparent Medicaid policies.

To ensure low-income women have access to affordable and timely abortion care, interventions including repealing the Hyde Amendment, enhancing the transparency of Medicaid policies and procedures, and increasing overall reimbursement rates are needed.

Ibis Reproductive Health aims to improve women's reproductive autonomy, choices, and health worldwide. We accomplish our mission by conducting original clinical and social science research, leveraging existing research, producing educational resources, and promoting policies and practices that support sexual and reproductive rights and health. We focus on improving access to abortion, expanding contraceptive choices, and advancing prevention strategies for HIV and other sexually transmitted infections.

