



State Medicaid funding for abortions: It can increase access, but challenges remain

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.
- Previous research on abortion providers' experiences with federal Medicaid reimbursement for abortions that qualify under the Hyde amendment has found that many providers have given up on working with Medicaid and that they are rarely reimbursed for cases that legally should be covered (1-3).

METHODS

- Investigated abortion providers' experiences in 5 states (AZ, IL, MD, NY, OR) where state funding should cover all or most abortions and in 10 states (FL, IA, ID, KS, KY, ME, PA, RI, WI, WY) where funding is available only for the Hyde Amendment exceptions
- Conducted >60 semi-structured in-depth telephone interviews with providers from October 2007-March 2010.
- Offered \$75 incentive for participation
- "Providers" interviewed included physicians, physician assistants, clinic directors, managers, counselors, and financial administrators.
- Recorded and transcribed interviews verbatim.
- Coded and analyzed qualitative data using ATLAS.ti.

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.



Results

Five of the 15 states studied have laws that say state Medicaid should cover all or most abortions. Providers working in only two of these five states reported consistent success in receiving reimbursements for abortion care. Providers working in the other three states reported that there was a significant gap between what is supposed to be covered by law in the state and what is covered in practice.

EVIDENCE OF CONSIDERABLE SUCCESS WITH STATE FUNDING

In the two states where providers experienced success with state funding, providers described a comprehensive Medicaid program that meets the needs of low-income women.

- "We are in a really lucky circumstance...We do have this coverage that the majority of people who can't come up with the money can get [coverage]...We are really lucky in that circumstance and I have to remember how incredibly difficult that is in other states."
- "We don't make women in [state] jump through a whole lot of hoops to show eligibility for this [abortion]."

EVIDENCE OF THE GAP BETWEEN LAW AND PRACTICE

Providers working in three states in which state funding is supposed to cover all or most abortions reported they had given up working with Medicaid because of a number of bureaucratic hurdles, including (1) uninformed Medicaid staff, (2) complex billing and paperwork requirements, (3) rarely getting reimbursed, and (4) low reimbursement rates when reimbursed. In addition, many of these providers were only applying for funding in cases of rape, incest, and life endangerment, and were often unable to obtain funding even in these limited cases.

- "I've never been paid for any kind of case with a Medicaid patient. And I don't know really anyone that has...They don't pay for abortions...They get credit maybe for saying they're going to cover it, but...they just do not cover it."
- "[If we worked with Medicaid] it would cost us a lot and it would increase our hassle level a lot, but it might not result in very much money because they're not paying very much...So, that's a very unattractive proposition to us...it's really not worth it for us."

Conclusions

Even when the law says that state Medicaid should provide coverage for all or most abortions, some providers report little success in ever obtaining reimbursement for abortion services. Though state funding for abortion is a critical component of access to abortion care for low-income women, funding laws are insufficient to ensure women can obtain coverage for abortion care. Continued efforts to expand public funding for poor women are needed to ensure equitable access to abortion services for all women in the US.

References

- 1) Kacanek D, Dennis A, Miller K, Blanchard K. Medicaid Funding for Abortion: Providers' Experiences with Cases Involving Rape, Incest and Life Endangerment. *Perspecti Sex Repro H.* June 2010;42(2).
- 2) Boonstra H. The Heart of the Matter: Public Funding of Abortion for Poor Women in the US. *Guttmacher Policy Review.* Winter 2007;10(1).
- 3) Towey S, Poggi S. Abortion Funding: A Matter of Justice. National Network of Abortion Funds. 2005.