

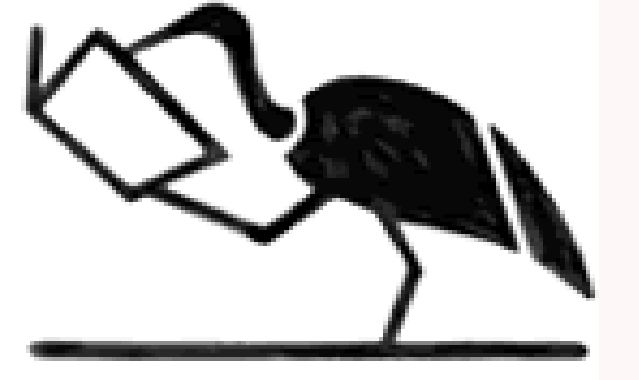
Beyond stopping Stupak:

Emerging challenges to abortion access under health care reform

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OVERVIEW

Background

- Massachusetts passed health care reform legislation in 2006 aimed at ensuring universal access to health care for residents.
- State-subsidized health care plans called Commonwealth Care were developed, and like Massachusetts Medicaid (MassHelath), provide coverage of abortion care.
- Massachusetts is one of the few states where public funding for abortion is available, both in policy and in practice.
- Within this context, it is commonly expected that low-income women who have access to state-subsidized insurance programs experience minimal barriers obtaining abortion coverage.

Methods

- To investigate how Massachusetts health care reform affected low-income women's access to contraception and other services, we conducted:
 1. Systematic review of all available Commonwealth Care plan websites
 2. 10 self-administered surveys of family planning administrators
 3. 16 in-depth interviews with family planning providers
 4. 9 focus group discussions with 52 low-income English- and Spanish-speaking women
- We analyzed qualitative data using ATLAS.ti., and quantitative data using Microsoft Excel.

RESULTS

Data about low-income women's experiences accessing abortion in Massachusetts emerged during a study focused on contraceptive access. Although Massachusetts healthcare reform has benefited many low-income women, challenges to accessing abortion care remain.



State-subsidized insurance programs have helped increase access to a variety of affordable health services. Only 2% of residents remain uninsured in Massachusetts, and all subsidized plans cover a range of reproductive health services, including abortion, which appears to have led to an increase in women using insurance to cover their abortion care. One family planning provider working at an abortion clinic explained, *"We are seeing more people...that have a [n insurance] plan rather than paying out-of-pocket... Fewer people are using that [paying out of pocket], and more people have an insurance plan."*



Many women reported that **enrolling and maintaining eligibility in health care plans developed under reform is difficult** due to complex paperwork and filing processes, which may impact women's ability to use their insurance for abortion coverage. One woman described spending 6 months trying to re-enroll in a plan, but being thwarted because of gaps in communication between her and the plan, *"I guess they sent the forms [but] I never received [them] to verify my income. And so I didn't send it back and they cut me off?"*



Most women and family planning providers interviewed were not sure if abortion was covered by the health care plans developed under reform. Moreover, a small number of women in the focus groups had misinformation about coverage and reported that *"insurance does not cover abortions."* It was also difficult to find information about plan coverage on insurance websites.



A small number of family planning providers reported that **wait times for abortions in Massachusetts have increased** because of newly insured women seeking appointments, and administrative struggles to confirm that state-subsidized plans cover abortion care. One family planning provider described how scheduling for abortion has changed since reform: *"[Before], I could just call up and say, 'I have a patient here that needs to make an appointment.'... They'd have an appointment within a week.... Now, they have to call their insurance company, ask them if they are going to pay for it...just the amount of time that they have to sit pregnant before they can get an appointment because everyone wants to know now: are we going to get paid for this?"*

CONCLUSIONS

Findings suggest that many low-income women have access to abortion coverage in Massachusetts, however access to the service may be delayed due to women's challenges maintaining health insurance coverage and understanding benefits, as well as the administrative challenges faced by health care providers when confirming abortion coverage is available under newly developed insurance plans.

As national health care reform rolls out, many of the benefits and challenges described here may be faced in the few states with abortion coverage of abortion available. It is critical to rigorously track any emerging barriers to reproductive health care during national health care reform implementation to protect low-income women's access to insurance coverage of abortion.

Limitations

Because this study was small and not designed to focus on abortion care, more research in this area is needed to document emerging challenges to abortion access.

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.

