

# Barriers to abortion care in California: Highlighting challenges of Medi-Cal coverage

## OVERVIEW

California is often celebrated for its progressive policies in the national conversation about abortion access. For example, federal funding of abortion coverage in federal health plans is restricted by the Hyde Amendment, but California is one of 15 states that uses its own funds to cover the health care service for people insured by the state's Medicaid program, Medi-Cal.<sup>1,2</sup> While federal Medicaid funding limits abortion coverage to cases when a person's life is at risk, or when a pregnancy results from rape or incest, Medi-Cal covers abortion for any reason.<sup>1,3</sup> People in California who have federal or private insurance that does not cover abortion are eligible for abortion coverage under Medi-Cal if they meet income qualifications and can provide proof that their insurance policy does not cover the procedure.<sup>4</sup> In addition, California continues to pass policies to improve women's reproductive health, inclusive of abortion care. In 2015, California enacted three pro-choice measures--more than any other state--and no anti-choice measures.<sup>5-7,a</sup>

Despite California's supportive policy environment and commitment to abortion care for all people, current challenges with Medi-Cal coverage may limit access to abortion services for people with low incomes. A report from the Kaiser Family Foundation in 2015 showed Medi-Cal covers 2.3 million women aged 15-49 in California,<sup>2</sup> approximately 25% of the state's women in that age group. Barriers to accessing abortion care affect a significant number of women and have the potential to cause poor health and social outcomes and increase disparities in reproductive health. In this brief, we examine and explore the impact of three primary challenges faced by people seeking to access abortion care with Medi-Cal coverage:

1. Low Medi-Cal reimbursement rates
2. Misconceptions and misinformation about Medi-Cal eligibility and coverage
3. Difficulty finding a Medi-Cal provider

We argue that research on these challenges, to better understand who is affected by them and to identify potential solutions, is critical for protecting and promoting access to abortion care in California.

## BARRIER TO PROVISION OF CARE

**Medi-Cal reimbursement rates.** California has one of the lowest average Medicaid reimbursement rates for physicians in the United States.<sup>8</sup> Reimbursement is often lower than the cost of providing care, which makes it financially challenging for providers to accept Medi-Cal insurance. This challenge was exacerbated in 2015, when the state implemented a 10% reduction in reimbursement rates for fee-for-service Medi-Cal providers.<sup>9</sup> Low reimbursement rates have been cited among the top ten barriers in the United States to the provision of abortion care.<sup>10</sup> Research has shown that low reimbursement for abortion services can result in greater out-of-pocket costs for patients and can lead to delays in obtaining abortion care or to the continuation of an unwanted pregnancy; fewer providers that accept federal insurance coverage; and clinic closures due to significant losses for un-reimbursed services.<sup>11</sup>

Research need: In California, the impact of low reimbursement rates on health care access has not been well documented. Research is needed to understand the impact of reduced reimbursement rates on the number of providers accepting Medi-Cal and the impact of any changes on people seeking care. Mixed methods research examining the experiences of providers seeking reimbursements from the state as well as providers' decisions around accepting Medi-Cal clients is also needed to better understand and address this barrier to the provision of care. Finally, it is important to describe the overall experience of people seeking abortion in California in order to document the benefits and challenges to accessing care.

## BARRIERS TO ACCESSING CARE

**Medi-Cal misconceptions and misinformation.** Medi-Cal enrollment is subject to misconceptions around Medi-Cal eligibility for both the user and the administrator. A 2012 survey of people eligible for Medi-Cal under the Affordable Care Act indicated that 71% do not know or believe they qualify for Medi-Cal and 62% do not know or are unsure how to apply for Medi-Cal.<sup>4</sup> This finding suggests that access to abortion care in California may be limited because people are uncertain about whether they qualify for coverage. Similarly, access may be limited because of incorrect interpretation of eligibility criteria by Medi-Cal administrators. Restricted Medi-Cal for pregnancy covers family planning services and abortion for eligible pregnant women who are at or below 213% of the Federal Poverty Level.<sup>12</sup> Data from an ACCESS Women's Health Justice survey of Medi-Cal eligibility workers and anecdotal evidence from callers show two ways in which

a) Reproductive Fast Act, <http://bit.ly/1Jjmy8C>; California Healthy Youth Act, <http://bit.ly/1R7Zesg>; AB 302, <http://bit.ly/2ci9wj4>

administrator misconceptions act as barriers to enrollment in this program. First, women eligible for Restricted Medi-Cal for Pregnancy were told that they need to submit a pregnancy verification form, when in reality they can self-declare their pregnancy status. Second, eligibility workers have incorrectly told minors they must bring in ID and citizenship documents as verification when this is not necessary for enrollment in Medi-Cal's restricted pregnancy or minor consent programs.<sup>12</sup> These misunderstandings are particularly concerning in the context of research that shows uninsured people are more likely to delay or forgo needed care which can lead to hospitalizations for avoidable health conditions and poorer health outcomes.<sup>13</sup>

**Difficulty finding a provider.** Finally, people who have health insurance through Medi-Cal may not have access to a provider where they live. Data from the Guttmacher Institute showed that in 2011, 45% of the counties in California do not have an abortion provider.<sup>14</sup> As of 2015, approximately, half a million (508,000) women aged 15-49 lived in a county 50 miles or more from a first-trimester abortion provider (data not published). ACCESS Women's Health Justice has also documented how access to abortion care is geographically limited, reporting that many urban centers have abortion providers who accept Medi-Cal, but that providers are increasingly hard to find outside metropolitan areas and as gestational age increases.<sup>12</sup> The combination of a limited number of providers in rural areas and a smaller pool of providers who accept Medi-Cal results in reduced access for women with Medi-Cal.

Research need: To ensure there is equitable and timely access to Medi-Cal, and to identify strategies to improve access to abortion care for people who receive their insurance through Medi-Cal, research is needed to better understand the potential impact of misinformation around Medi-Cal and restricted pregnancy Medi-Cal coverage, factors associated with misinformation, and challenges faced by those living outside of the urban centers in accessing abortion care. As potential interventions are identified, innovative pilot approaches and rigorous evaluations—similar to key work on the role of advanced practice clinicians in abortion care in the state<sup>15</sup>—can inform the development and implementation of policies to overcome challenges in accessing high-quality abortion care in California.

## CONCLUSION

While Medi-Cal goes further than many state insurance programs in covering abortion services, barriers remain. Confusion surrounding Medi-Cal enrollment and difficulty finding providers that accept Medi-Cal limit access to abortion care for those living below the federal poverty level and outside of the urban centers, potentially delaying or preventing access to care and compromising a person's health and rights. Research is needed to document the ways people insured through Medi-Cal seeking abortion care are being affected by these misperceptions and reimbursement changes and to identify policy solutions to support access to abortion services.

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