Ibis Reproductive Health

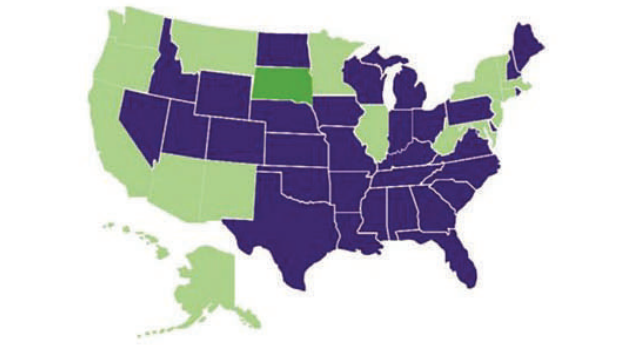
Research Brief

Abortion Access for Women Enrolled in Medicaid

The Hyde Amendment

After abortion was legalized in the United States in 1973, Medicaid covered abortion services for women facing financial hardships without any restrictions. In 1976, Congress passed the Hyde Amendment, and it has been reapproved every year since. In its current form, the Hyde Amendment prohibits the use of federal Medicaid funding for abortion except when a woman is pregnant as a result of rape or incest, or when the pregnancy endangers her life. Currently, efforts in Congress are underway to further expand and codify federal funding restrictions on abortion. Such restrictions on abortion funding disproportionately affect the poorest women in the US: a first-trimester abortion can cost more than half of what a family at the poverty level lives on in one month.

Medicaid Coverage of Abortion



32 states ban state Medicaid for abortion. They are legally required to provide coverage in the cases of life endangerment, rape, and incest, but usually fail to do so.

1 state provides coverage only in cases of life endangerment.

17 states provide state Medicaid coverage of abortion for poor women in most cases.

Graphic Courtesy of the National Network of Abortion Funds

Every state operates its own Medicaid system, using both federal and state funds. Each state can opt to use state Medicaid funds to cover abortion under a broader range of circumstances than those permitted by the Hyde Amendment, though few do. Currently, 32 state Medicaid programs fund abortion only in the cases outlined by the Hyde Amendment. South Dakota, in direct defiance of the federal law, only covers abortion in cases of life endangerment.

Our Research

Providers' experiences working under the Hyde Amendment

Ibis Reproductive Health investigated abortion providers' experiences working with Medicaid to obtain coverage for abortion in the limited exceptions outlined by the Hyde Amendment in order to examine the impact of restrictive coverage polices on low-income women and the providers who serve them. From 2007 to 2010, Ibis interviewed close to 70 abortion providers in 15 states, all but five of which have laws that limit Medicaid funding for abortion (see Table 1). In three of the states where Medicaid funding is ostensibly available in most cases (Arizona, Illinois, and Maryland) advocates have noted that the law is implemented poorly and that in practice, Medicaid funding is rarely available.

Study states in which federal funding for abortion is restricted	Study states in which by law state funding for abortion is available
Florida	Arizona
Iowa	Illinois
Idaho	Maryland
Kansas	New York
Kentucky	Oregon
Maine	
Pennsylvania	
Rhode Island	
Wisconsin	
Wyoming	

Table 1. Funding restrictions on abortion in study states

Findings

Most women are unable to obtain Medicaid coverage for their abortions, even in cases of rape, incest, or life endangerment

According to the providers we interviewed, unjust, bureaucratic Medicaid policies and procedures get in the way of providing timely and consistent coverage to women who are legally entitled to it. In most states with restrictions on Medicaid funding, and in three without restrictions, very few of the abortions which the providers thought should be eligible were funded by Medicaid. Most providers had largely given up on working with Medicaid due to the excessive staff time

spent trying to get reimbursement, bureaucratic claims procedures, and ill-informed Medicaid staff who hampered their efforts to seek coverage for this care.

Bureaucratic Medicaid policies and procedures led to delays for women in obtaining abortions and accessing treatment for life-threatening conditions, and prevented some women from obtaining needed abortions

Many women who were raped or whose lives were threatened by their pregnancies were delayed in obtaining an abortion by time spent trying to figure out if Medicaid would cover the abortion or searching for other funding for the procedure. These delays pushed some women into obtaining riskier and more expensive second-trimester abortions and forced others to continue their pregnancies.

> ***"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."***

Women and their families, providers, and abortion funds are assuming financial responsibility for abortion procedures that by law the federal government should pay for

Women unable to obtain abortion coverage through Medicaid have had to borrow money from family and friends, delay the payment of critical bills or rent, pawn items of value, sell drugs, or take out small loans. Providers said they absorbed the partial or full cost of some procedures to compensate for Medicaid's failure to reimburse for abortions in these cases. Many providers described abortion funds—grassroots and often volunteer-led organizations that raise money to directly help women cover the cost of abortions—as "life-savers" for women in need.

Recommendations

The Hyde Amendment must be repealed, and further restrictions defeated, to ensure that women enrolled in Medicaid have equal and timely access to abortion services

In the interim, we must hold Medicaid accountable for providing coverage of abortion for women who meet the current criteria for federal coverage: pregnancies that result from rape or incest or that threaten women's lives.

The health care reform debate put a national spotlight on the issue of federal insurance coverage for abortion in the US, and the new Congress has launched an all-out assault on women's health and rights. Under the Affordable Care Act as it currently stands, even more women will be affected by the federal ban on abortion coverage, including women who become newly eligible for Medicaid under health care reform and those who receive federal subsidies for their insurance. Newly proposed legislation, including the No Taxpayer Funding for Abortion Act (HR 3) and the Protect Life Act (HR 358), would add new restrictions to abortion coverage in federally subsidized insurance plans and deny tax credits to employers and individuals with insurance plans covering abortion, altogether making harmful US abortion policies even worse. Work to repeal the Hyde Amendment and other restrictions that limit low-income and other women's access to abortion must continue in order to preserve women's and families' health and well-being and to protect women's human rights.

Ibis Reproductive Health

Ibis Reproductive Health aims to improve women's reproductive autonomy, choices, and health worldwide.

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For more information about Ibis's research on the Hyde Amendment, please contact Amanda Dennis (adennis@ibisreproductivehealth.org) or see the following publications:

Dennis A, Blanchard K and Córdova D, Strategies for securing funding for abortion under the Hyde Amendment: A multi-state study of abortion providers' experiences managing Medicaid, *Am J Public Health,* 2011 (forthcoming).

Ibis Reproductive Health, State level research brief, Public funding for abortion: Florida, Ibis Reproductive Health, September 2010, <http://bit.ly/nKDx26>.

Ibis Reproductive Health, State level research brief, Public funding for abortion: Illinois, Ibis Reproductive Health, May 2010, <http://bit.ly/nKDx26>.

Ibis Reproductive Health, State level research brief, Public funding for abortion: Pennsylvania, Ibis Reproductive Health, September 2010, <http://bit.ly/goLhBz>.

Kacanek D, Dennis A, Miller K and Blanchard K, Medicaid funding for abortion: Providers' experiences with cases involving rape, incest and life endangerment, *Perspect Sex Reprod Health*, 2010, 42(2): 79-86.