

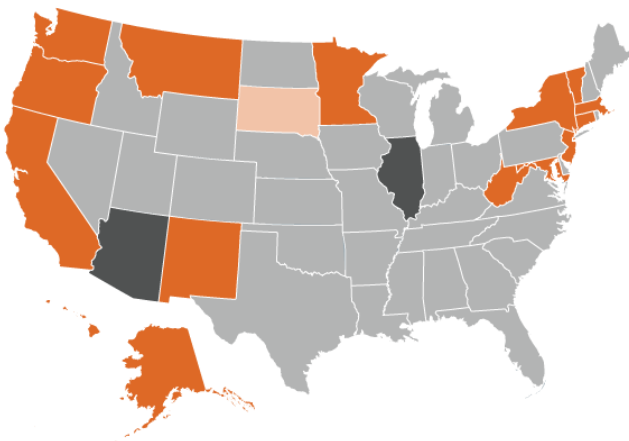


Policy brief: What policymakers can do to ensure Medicaid meets women's abortion care needs

ABORTION COVERAGE UNDER THE HYDE AMENDMENT

Medicaid is a joint federal-state program designed to ensure low-income Americans can access affordable health care. However, the program does not cover all health care services. The Hyde Amendment, passed in 1976 and renewed every year since then, restricts the use of federal funding for Medicaid coverage of abortion except when a woman is pregnant as a result of rape or incest, or when her pregnancy endangers her life. States have the option to use their own funds to cover abortion but most states follow the federal example and restrict the use of state funds for Medicaid coverage of abortion to the limited cases allowed under the Hyde Amendment.¹

Medicaid Coverage of Abortion



- 32 states and the District of Columbia follow the federal example and restrict the use of state funds for Medicaid coverage of abortion (AL, AR, CO, DC, DE, FL, GA, IA, ID, IN, KS, KY, LA, ME, MI, MO, MS, NC, ND, NE, NH, NV, OH, OK, PA, RI, SC, TN, TX, UT, VA, WI, WY).
- 15 states use their own funds to provide Medicaid coverage of abortion in all or most cases (AK, CA, CT, HI, MA, MD, MN, MT, NJ, NM, NY, OR, VT, WA, WV).
- Two states say they provide state funds for Medicaid coverage of abortion in all or most cases, but usually fail to do so (AZ, IL).
- One state, in violation of federal law, limits funds for Medicaid coverage of abortion to cases of life endangerment (SD).

THE IMPACT OF RESTRICTIONS ON ABORTION COVERAGE

Restrictions on abortion coverage have numerous negative effects on women. Such restrictions:

- Create confusion about when abortion is covered by Medicaid and how to obtain abortion coverage;²
- Interfere with women's personal medical decisions by putting care that should be covered by their health insurance out of financial reach;³
- Force women to delay obtaining abortion care, while they search for the financial resources to pay for an abortion out-of-pocket;⁴
- Make women endure financial hardships to afford care, such as taking out payday loans, delaying bill payments, pawning jewelry, and forgoing schooling;³
- Put women's health and wellbeing at risk when they go without food, shelter, or other necessities to put money towards an abortion;³
- Increase trauma for women who have experienced rape or incest and have to prove they have been sexually assaulted to qualify for Medicaid coverage;^{3,5}
- Risk the health and lives of women who are denied abortion coverage when carrying pregnancies that threaten their lives;^{3,6} and
- Force women who cannot afford abortion care to continue unwanted pregnancies, which are associated with poorer maternal and fetal health outcomes compared to planned pregnancies.^{4,7}

The brunt of these challenges is experienced by poor women, who are more likely than their higher-income peers to have health problems, and who are disproportionately women of color.

TAKE ACTION

Policymakers can help prevent unnecessary harm to women's health and lives.

1. Support the repeal of the Hyde Amendment and restore Medicaid coverage of abortion for all women.

2. Improve the Medicaid enrollment process for pregnant women.

- Work with Medicaid to simplify complicated eligibility and enrollment forms.
- Call for fewer required proof-of-eligibility documents for pregnant women enrolling in Medicaid.
- Campaign for states to implement presumptive eligibility and rapid enrollment of pregnant women.
- Ensure that Medicaid provides accurate information about enrollment for pregnant women.

3. Eliminate challenges women experience when seeking Medicaid coverage of abortion.

- Encourage Medicaid to make information about abortion coverage benefits clear and accessible.
- Push for the removal of reporting and documentation requirements that can impede or delay abortion access, such as the submission of a police report in the case of rape, or the submission of medical records in cases of life endangerment.
- Support campaigns to increase the availability of county funding for abortion care.
- Support resolutions that raise awareness about the harmful impact of restrictions on abortion coverage.
- Identify incremental opportunities to expand coverage of abortion while the Hyde Amendment stands; for example, advocate for coverage of abortions necessary to protect a woman's physical or mental health.

4. Remove barriers abortion providers face when providing care.

- Support efforts to ensure Medicaid pays claims at appropriate reimbursement levels and raises reimbursement rates when necessary to reflect increases in the cost of providing care.
- Advocate for Medicaid to pay late fees if abortion claims are not reimbursed in a timely manner.
- Ensure Medicaid provides clear rejection forms that explain abortion claim denials.

5. Improve Medicaid's responsiveness to challenges experienced when trying to secure coverage.

- Ensure that states are held accountable for providing abortion coverage in all qualifying circumstances.
- Support efforts to educate Medicaid administrators and staff about coverage of abortion to prevent the spread of misinformation to women and health care providers.
- Establish a designated staff person or department within each state Medicaid program that is experienced and adept at addressing eligibility and billing questions for abortion coverage.
- Support a letter to Medicaid about its obligations to provide abortion coverage in qualifying cases.
- Work closely with women's health researchers, advocates, and legal groups to develop effective responses to emergent challenges with Medicaid coverage of abortion.



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