



Insured but still uncovered: A review of private insurance coverage of abortion care

INTRODUCTION

Insurance coverage of abortion care can increase access to services by reducing out-of-pocket costs, time, and financial stressors related to accessing care. However, access to abortion care has been steadily eroded by a growing number of restrictions on insurance coverage, starting with the Hyde Amendment, which bans the use of federal Medicaid funds from covering abortion services in most cases. As of January 2019, 35 states and Washington, DC, ban the use of Medicaid funds to cover abortion in most circumstances.^{1–5} Restrictions on private insurance coverage have also increased in recent years, with 11 states to date banning all private insurance coverage of abortion, up from five in 2009. With the passage of the Affordable Care Act in 2010, 26 states passed laws banning the coverage of abortion services through insurance plans on the Health Insurance Marketplaces.^{1,3}

Research shows that many who have private insurance cannot or do not use it to cover abortion services; in a 2014 national survey of abortion clients, though 31% of abortion clients had private insurance, only 15% of abortion clients used it to cover some or all of the procedure.^{6–8} Most research on insurance coverage of abortion has focused on the impact of public insurance bans on abortion coverage and demonstrated that these bans place significant burdens on people seeking care.^{9–15} Research finds that some women report being delayed in accessing care as they search for funds to pay for the service out-of-pocket, a number describe longer-lasting impacts on household finances, and still others note being delayed or even prevented from accessing abortion care altogether.^{6,16} However, little is known about 1) people's experiences accessing abortion care using private insurance, 2) challenges or facilitators to clinics' acceptance of private insurance, or 3) how restrictions to private insurance coverage may impact low- and middle-income people's access to abortion services.

In this brief, we describe existing literature on the use of private health insurance for abortion coverage in the United States, and identify relevant research gaps regarding the use of private insurance for abortion coverage. To identify existing literature on private health insurance, we searched PubMed and Google Scholar using the search terms *abortion*, *private insurance*, *insurance*, *women*, and *United States*. We also conducted a Google search using the terms *Kaiser Family Foundation*, *Guttmacher*, *abortion*, and *private insurance* to ensure we were capturing recent policy briefs and commentaries published by leading organizations that track insurance coverage of abortion. We included articles that were published from 2000 onwards and discussed the use of private insurance to cover abortion in the United States. After reviewing for relevant content and excluding duplicates, we ended our search with 16 relevant documents which included research articles, briefs, and policy memos.

RESULTS: EXISTING LITERATURE ON THE USE OF PRIVATE HEALTH INSURANCE FOR ABORTION COVERAGE

Most documents we identified highlighted the frequency of use of private insurance among people seeking abortion care and reviewed existing insurance bans on abortion (many of which are cited here in the introduction). Other articles focused on experiences of barriers to using insurance coverage, including one article from providers' perspectives and six articles that described patients' experiences. In general, state restrictions, lack of coverage by insurance companies, bureaucratic processes that inhibited timely coverage and care, and concerns about confidentiality among abortion clients were key impediments to insurance use.

The providers' perspective: Barriers to accepting private insurance

While state-level restrictions can prevent providers from accepting insurance to cover abortion procedures, in most states private insurance companies can also decide whether or not to cover abortion.² A 2016 study found that in six states that allowed for coverage of abortion care, none of the insurance companies that offered insurance through the Health Insurance Marketplaces covered abortion services.² Even though research shows that most gynecologists and family physicians support abortion coverage, challenges also abound for providers when accepting private insurance.^{17,18} In one qualitative study that interviewed providers about their experiences with private insurance, interviewees reported encountering bureaucracy and contradictory policies among insurance companies when attempting to get reimbursed.¹⁹ Additionally, because the costs sometimes fell within patients' deductibles, clinics identified nonpayment as a risk. These challenges, and the time it took to determine whether the abortion would be covered and be reimbursed, placed significant burdens on human and financial resources and resulted in several clinics no longer accepting private insurance for abortion care.

The patients' perspective: Barriers to using private insurance

Policy and structural barriers contribute greatly to preventing people from using their insurance to cover abortion; state restrictions on private insurance coverage of abortion, plans that do not cover abortion, and the inability of some clinics to accept private insurance have been cited by women in studies about barriers to insurance coverage of abortion services.^{7,20,21} In addition to these structural and institutional barriers, in our review of the literature we found two key themes that prevented individuals with private insurance from being able to use it: 1) lack of knowledge or information about insurance processes, and 2) concerns with bureaucratic processes.

Lack of information and uncertainty about insurance coverage were reasons women reported for not using private insurance to pay for abortion services.^{7,20–22} Though in some cases patients were certain their insurance did not cover their procedure, in others

patients were unsure or assumed their insurance plan did not cover abortion, and this prevented them from contacting their insurance companies to obtain information or from discussing payment through insurance coverage with abortion providers.^{7,20,23}

Concerns with the way in which private insurance companies approved, processed, and billed claims were other barriers identified in the literature. Abortion clients reported being worried about their privacy and confidentiality during the insurance claims process, fearing that their abortion may be disclosed to someone they do not want to disclose it to, such as their insurance company, employer, parent, or spouse.^{7,14,20–22} Other concerns regarded the timeliness of the procedure. In one study, some women reported that they preferred to access the procedure quickly without exploring health insurance coverage options, rather than spending time seeking information regarding their insurance coverage, which might not be easily available or might take too long to acquire.²¹ In several studies, these challenges with coverage through private insurance have been shown to lead to higher out-of-pocket costs and delays to care.^{16,23}

DISCUSSION ➤

Little data exist about experiences accessing abortion care using private insurance, its impact on those seeking care, and how to successfully advocate for improved coverage. In addition to state restrictions on private insurance coverage for abortion care, the current literature suggests that bureaucratic challenges to insurance coverage create burdens on clinics and people seeking services. These obstacles include lack of plan coverage; lack of information about the plan; concerns over confidentiality; and the substantive time and effort it takes to get reimbursed.

In the more robust literature on Medicaid, similar challenges have been reported. Long processing times and misinformation among Medicaid staff were found to hinder the Medicaid reimbursement process, and clinics reported that the required time for staff to process these claims constituted a financial and human resources burden.^{10,11,13,20} Abortion clients with

Medicaid also reported delays in care due to processing and approval times and choosing not to use their insurance for concerns over a potential delay. Others have also reported concerns with confidentiality.²⁴

While patients with both private and public health insurance report a lack of information and confusion regarding state laws, one study on Medicaid experiences found that despite women reporting little concrete knowledge about abortion coverage, their impressions about whether insurance would cover abortion were accurate, which could be the same in the case of private insurance.¹⁴ Among providers, knowledge about abortion laws and regulations tends to be high.²⁵ Though some misinformation may be affecting experiences, focusing on improving coverage and streamlining processes could facilitate patients' access to care and improve their experiences.

Efforts to expand care and change some of the structures that hinder clients from using their insurance are crucial to advancing coverage. Advocates and providers in several states have been able to successfully improve confidentiality regulations, establish stronger relationships with Medicaid staff to improve the reimbursement process, and increase Medicaid reimbursement rates through coordinated advocacy.^{11, 26} Due to the nature of private insurance and the autonomy of each company, advocacy techniques may have to differ by plan, company, and state; however, lessons could be learned from experiences with Medicaid.

While some states are facing additional restrictions on private insurance, a few states have recently passed laws making it mandatory to cover abortion services in public and private insurance.^{27–30} This could guarantee coverage for many people seeking abortion care, and serve as a learning opportunity for other states that may want to create similar legislation.

RESEARCH NEEDS ➤

As the insurance landscape continues to shift with both increased restrictions and proactive policies in select states, more research is needed to determine the best way to identify and strengthen advocacy strategies that will improve insurance coverage of abortion. The following research topics are crucial to understanding the private insurance landscape and opportunities to improve coverage:

- **Understanding the availability and level of private health insurance coverage.** This includes understanding which and how many insurance companies offer abortion coverage, their levels of coverage, the reimbursement rates clinics receive, and how many providers can currently accept private insurance.
- **Assessing providers' experiences with private insurance,** including reasons for choosing not to accept insurance, and techniques they have used to overcome barriers to claims processing.
- **Documenting abortion clients' experiences accessing services when covered by private insurance** in states that both restrict and allow insurance coverage. Topics of exploration could include how they receive information about insurance coverage, if they contacted their insurance companies to attempt to receive coverage, and how privacy and confidentiality concerns might be addressed.
- **Assessing clinics' and patients' experiences in states that mandate private insurance coverage of abortion** could provide valuable information about experiences with these new laws, their implementation, the reimbursement and claims processes under these new laws, and how to learn from these experiences to expand coverage in other states.

Learning directly from providers and people who have accessed and/or attempted to access abortion services while insured will provide a deeper understanding of this topic and how to improve access and care. Understanding existing barriers and potential facilitators to coverage could contribute to state-based strategies to continue improving the insurance experience, ensuring that people who are insured can use their insurance for abortion coverage and clinics are able to accept insurance without encountering bureaucratic and financial burdens.

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