Ibis Reproductive Health

State-Level Research Brief

Public Funding for Abortion in Arizona

Background

The Hyde Amendment, first approved by Congress in 1976, limits women's access to comprehensive reproductive health care by prohibiting federal Medicaid funding for 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 cover abortion care using state funds in broader circumstances, but only 17 (including Arizona) have policies indicating they do. Arizona is under court order to provide state funds to cover all or most medically necessary abortions. However, abortion providers and women's health advocates in the state have reported that obtaining reimbursement for abortion from the state Medicaid program known as the Arizona Health Care Cost Containment System (AHCCCS) is extremely difficult. Therefore, many consider Arizona a state that does not support coverage of abortion at all, or one that only covers cases that meet the Hyde Amendment criteria, not the more expansive criteria of medically necessary abortions.[1] According to the most recent reports from the Guttmacher Institute, public funds were used to cover only seven abortions in Arizona in 2006,[2] the highest number of publicly funded abortions ever recorded in the state.[3-8]

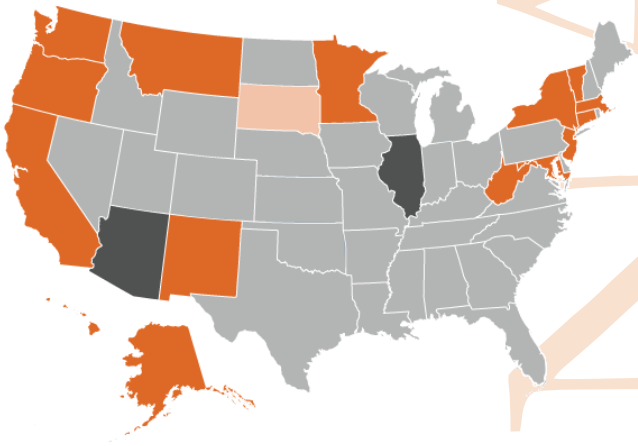
Study Description

Ibis Reproductive Health has conducted a number of studies about public funding for abortion, two of which investigate in-depth what is happening on the ground in Arizona.

First, from 2007 to 2010, we conducted in-depth telephone interviews with abortion providers at 70 facilities in 15 states (Arizona, Florida, Idaho, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, New York, Oregon, Pennsylvania, Rhode Island, Wisconsin, and Wyoming) and asked providers about their experiences seeking Medicaid reimbursement for abortion care in cases of rape, incest, and life endangerment.[9-11] Because all of the Medicaid programs in the 15 states represented in the study indicate that they cover abortion in circumstances of rape, incest, and life endangerment, focusing on these cases allows for comparisons of Medicaid functioning across states.

In Arizona, we conducted four interviews with abortion providers who reported providing 25% of the annual abortions in the state.[12] Interviewees worked in facilities that provided an average of 1,241 abortions annually. Participants had an average of 17 years of experience in the field; three providers worked in abortion clinics and one worked in a non-specialized health care facility. Two participants were physicians and the other two participants held multiple roles.

Medicaid Coverage of Abortion



32 states and the District of Columbia ban state Medicaid coverage of abortion. They are legally required to provide coverage in the cases of rape, incest, and life endangerment, but usually fail to do so (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 provide state Medicaid coverage of abortion for low-income women in most cases (AK, CA, CT, HI, MA, MD, MN, MT, NJ, NM, NY, OR, VT, WA, WV).

Two states say they provide state Medicaid coverage of abortion for low-income women in most cases, but usually fail to do so (AZ, IL).

One state limits Medicaid coverage to cases of life endangerment (SD).

Next, we interviewed low-income women about their experiences obtaining and paying for their abortions. Between 2010 and 2011, we conducted over 70 in-depth telephone interviews with women in four states (Arizona, Florida, New York, and Oregon).[13]

We conducted 16 interviews with low-income women who had obtained an abortion in Arizona. Participants were on average 30 years of age, most were single, and most were women of color. Women had an average of one child and had between one and three abortions, almost all of which were surgical procedures obtained during the first trimester.

FINDINGS

Overall, women and providers reported that Arizona Medicaid does not meet women's abortion care needs. Women reported that it is difficult to enroll in AHCCCS and that the program rarely covers abortion care in qualifying cases, let alone other reproductive health care services. Providers also said they receive little support from AHCCCS and that they face numerous administrative challenges working with the state program. As a result of these challenges, women reported making significant sacrifices to pay for abortion care and many providers said they gave up working with the Medicaid program.

Finding 1: Uninsured women struggle to enroll in AHCCCS

Only half of the women interviewed reported having insurance at the time of their abortion. Many women said they lacked insurance because it was difficult to enroll in AHCCCS. Indeed, women described the eligibility requirements as restrictive and confusing. Many recalled trying to enroll in the program only to be rejected either for unclear reasons or because they did not meet the income criteria even though women reported very limited incomes and minimum wage employment.

The few women who qualified for coverage reported that enrollment and verification procedures were often complex and time consuming. One woman said that annually she submits documents to AHCCCS to verify her continued eligibility and said, "When you redo the paperwork…it's not just instant. They have to look at it again, and you have to redo it. Sometimes they ask you for a couple more things that you've already given them…. You just have to be patient." Similarly, another woman described enrolling in AHCCCS as a process of jumping through hoops and went on to say, "They keep sending you paperwork and more paperwork that they need to have filled out…. [It's] too much to do."

Finding 2: Despite state policy, AHCCCS does not cover abortion care in practice

Although Arizona Medicaid is supposed to cover all medically necessary abortions, women reported being told by both AHCCCS staff and abortion providers that the program does not cover abortion care. Also, some women said they applied for abortion coverage from AHCCCS and were denied, even in cases permitted under the Hyde Amendment; this highlights that obtaining coverage in any circumstance rarely happens. In one situation, a woman had been advised by her doctor not to get pregnant because it would endanger her life; when faced with an unintended pregnancy she felt her only option was termination and sought AHCCCS coverage for the procedure. She explained, "I wasn't eligible to have this [abortion] covered…. It was some stupid thing about percentage of my heart that's dead is not enough…. When I went in for the abortion I had told them what the situation was…and they said, 'No, it's not covered…. It's not life threatening enough for them to cover it.'"

As a group, women reported considerable frustrations with the inaccessibility of public funding for abortion. As one woman reported, "When I needed to get an abortion and I needed some kind of help to get that, AHCCCS, they can't help you with that. It just seemed to me if you need a little bit of help that's one of the most important things a person who's in poverty might need."

Providers' reports about the inaccessibility of public coverage of abortion in Arizona were consistent with what women said; all of the abortion providers interviewed reported that in practice, obtaining coverage for the procedure rarely, if ever, happens. One provider said, "They don't pay for abortions. I mean, they will not pay." Providers who tried to work with AHCCCS for coverage of abortion often said the process only delayed women's abortion care and resulted in no or very low reimbursement for the abortion provider. Because of these challenges, few providers maintain contracts with the program, and many said they "would not know where to begin" to help a woman secure AHCCCS coverage for abortion.

Finding 3: Arizona women make significant sacrifices to pay for abortion care

Without coverage for abortion accessible, women were forced to generate money that they did not have to pay for their care out of pocket. Women reported it was difficult to quickly come up with the resources to pay for abortion care while they were juggling other necessary living expenses, which sometimes delayed their access to abortion care and pushed them farther into their pregnancies. The majority of women interviewed said they made significant sacrifices to pay for their procedures, including donating plasma, lying to family members about why they needed to borrow money, taking out loans, and selling personal belongings. One woman shared, "I had to put off *a lot.* I sacrificed so much just so I could come up with this money…. Like my *light,* I had to do payments 'cause they were about to shut it off…. And it was *embarrassing*…. I had to survive off food boxes too…. I had to sacrifice real quick." Another woman summarized the impact of restrictions on public funding for abortion this way, "Putting a financial strain between a woman and her needs to have an abortion…[is] just putting these women in more poverty, in financial crisis, in emotional crisis, and sometimes when they actually can't get the money, in physical crisis when they try to do it themselves. I really don't think there's any benefit in restricting the Medicaid funding for it."

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Though all of the women we interviewed were ultimately able to gather money for their abortion care, the same cannot be said for all Arizona women. In fact, two abortion providers reported "fairly often" seeing clients that end up carrying their pregnancies to term because they cannot afford the costs of an abortion. To prevent this from happening, providers said they often offer clinic discounts on abortion care or refer women to local abortion funds.

Finding 4: AHCCCS neglects women's broad reproductive health care needs

Women were extremely critical of Arizona's Medicaid system. They commonly reported struggling to receive reproductive health care services besides abortion, including emergency contraception, STI/STD testing, and other essential services. One woman stated, "Arizona doesn't cover any options for women. I mean, it doesn't wanna cover the costs of midwives…. It doesn't wanna cover the cost of birth control. It doesn't wanna cover the cost of abortion. It doesn't wanna cover the cost of a lot of prenatal things."

Many women said they found ways to get their reproductive health care needs met, with one woman traveling to another state where it was easier for her to access affordable reproductive health care services. Other women were forced to go without reproductive health care. One woman explained that she went to get her yearly pap and was told that even with her AHCCCS she would have to pay $114; without the financial resources, her only choice was to go without her routine exam. Another woman who was pregnant at the time of her interview reported that AHCCCS refused to cover the costs of her ultrasounds. She said, "I'm pregnant and choosing to keep the baby and they're *still* trying to prevent me from getting care…. I don't think anyone's needs are met. I don't know who the Medicaid system in Arizona is meant to cater [to]."

SUMMARY

These findings suggest that the current public funding system for abortion care does not meet the needs of women in Arizona. In the absence of AHCCCS coverage, women must raise money for abortions themselves or seek financial support from abortion funds or abortion providers. The process of trying to raise money is often burdensome, and leads some women to be delayed or denied in seeking care. Additionally, inefficiencies in the Medicaid abortion coverage system come at great cost to abortion providers, many of whom give up working with AHCCCS all together. These challenges also put considerable financial pressure on the already overtaxed local abortion funds.

It should be noted that because we interviewed only a sample of the 19 abortion providers working in Arizona,[12] the experiences of all providers may not be represented in these findings. Also, the results of our interviews with women likely do not represent the experiences of all low-income women seeking abortions in Arizona. However, our findings are a starting point for understanding the on-the-ground experiences of low-income women and abortion providers.

Next Steps

Evidence of the extreme challenges faced by Arizona women and abortion providers can be used to improve the state's funding system. Our results suggest five next steps to improve abortion access in Arizona:

1. Streamline the AHCCCS enrollment and application process
2. Educate women, abortion providers, and AHCCCS staff about when public coverage of abortion should be available and how to secure that coverage
3. Reduce the administrative burden of working with AHCCCS for providers
4. Increase the reimbursement rate for abortion care
5. Ensure AHCCCS complies with the court order to cover medically necessary abortions

Numerous strategies, such as those listed here and in our Take Action series,[14] have been implemented to improve the public funding system for abortion in other states. Efforts like these, though often uphill battles, have helped mitigate some of the challenges in accessing public funding for abortion care and providing abortion care to low-income women.[1] The current laws about public funding in Arizona may increase the chances of successfully improving low-income women's access to abortion. AHCCCS must be held accountable for funding abortion in the circumstances outlined by court order and federal law. Continued efforts to expand public funding for women are needed to ensure equitable and just access to abortion services for all women in the US.

Ibis Reproductive Health

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

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