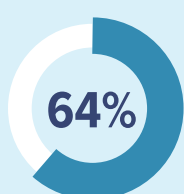


Medicaid Coverage: What we learned from states that expanded Medicaid funds to pay for abortion care—Implications for post-Roe era

Medicaid provides millions of women with low-income across the nation with health care coverage



Roughly two thirds (64%) of adult women with Medicaid coverage are in their reproductive years (19 to 49).



Medicaid covers a wide range of reproductive health care services encompassing family planning and pregnancy-related care—including prenatal services, childbirth, and postpartum care—without cost-sharing.



Medicaid coverage of abortion services, however, is very limited under federal law and in most states.

Source: Medicaid Coverage for Women, KKF, February 2022. <https://www.kff.org/womens-health-policy/issue-brief/medicaid-coverage-for-women/>

What happened in states that implemented policies to allow state Medicaid funds to pay for abortion care in Illinois and Maine?

Increased access to abortion care in Illinois



More patients were able to access abortion care.



*Monthly procedures represent all procedures including medication abortion.

The increase was driven by an increase in access for people of color and people with financial need.

The policy shift helped increase access but it identified that there was an access gap for people of color.

Narrowing of the access gap based on financial need in Illinois

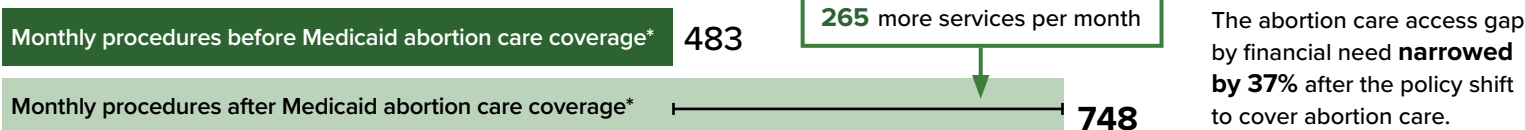


The policy shift to cover abortion care is associated with narrowing of the access gap based on financial need.

People who do not need financial assistance



People who need financial assistance



*Monthly procedures represent all procedures including medication abortion.

Reduction of out-of-pocket costs in Illinois



Before, average paid by patient was: \$421 → After, average paid by patient was: \$249

A reduction, on average, of \$172 out-of-pocket

Maine and limitations of some of the quantitative findings: The COVID-19 pandemic, its effects on health care access restrictions broadly, and expansion of telehealth and other policies implemented to preserve access to care during the pandemic were initiated within a few months of Maine's decision to allow state Medicaid funds to pay for abortion care. Given the close sequencing of these events, subgroup analyses for Maine were interpreted cautiously and not always reported. The policy shift to allow Medicaid coverage for abortion care in Illinois happened 2 years before the onset of the COVID-19 pandemic.

What additional factors influenced abortion care during the study?

Providers

Health care policy responses to the COVID-19 Emergency in Illinois and Maine



A Maine House Bill (LD1261) was passed, at the time of the study, that authorized advanced practice clinicians to provide abortion care



Use of telehealth increased in response to COVID-19**



Use of medication abortion increased in response to COVID-19



Surgical abortions decreased in response to COVID-19

Implications for Post-Roe Era

Permitting, expanding, or protecting Medicaid funds to pay for abortion care

Benefits in Illinois and Maine

- Increased access and coverage for people in need of abortion care
- Medicaid coverage removed financial barriers that often cause patients to delay appointments to raise funds***
- Telehealth and medication abortion increased access and decentralized care**
 - Reduced the need or frequency of traveling to clinics for some patients
- Reduced burden on clinics and patients:
 - Less time needed to screen patients for financial assistance
 - Streamlined scheduling
 - Reduced number of contacts
 - Decreased the time between first contact and procedure***
- Increased ability by local funds to provide practical and logistical support

** In response to the COVID-19 emergency, the Food and Drug Administration removed the in-person dispensing requirement for medication abortion, allowing providers to prescribe the medication by telehealth and dispense the medication by mail. In December 2021, changes were made permanent, and the in-person dispensing requirement was removed where states allow telehealth and medication by mail.

*** Based on interview findings.

Challenges in Illinois and Maine

- Ensuring clinicians met necessary requirements to bill to Medicaid
- Delays in applying for and obtaining Medicaid coverage in time for procedure
- Some patients continued to need financial assistance
- Some initial negative effects on clinics' finances due to fewer patients paying out-of-pocket. This financial impact was resolved with increases in reimbursement rates in both states and increase in procedures provided to out-of-state patients in Illinois

Background: Medicaid Funding for Abortion Care

Between 2017 and 2019, Illinois and Maine authorized, and West Virginia discontinued, the use of state Medicaid funds to pay for abortions.

Study objective: To learn what happens to patients, procedures, and prices in states that permitted or banned the use of state Medicaid funds to pay for abortions and to provide lessons learned for states considering the use of state Medicaid funds to pay for abortions.

Methods: The research team collected procedure and patient data from abortion providers in Illinois, Maine, and West Virginia. The team used interrupted time series analysis to estimate the change in the level of and the trend in procedure volume, procedure price, out-of-pocket payments, type of procedure, and patient characteristics because of the policy shift. The team also conducted interviews with clinic staff and local abortion funds to understand how they perceived the impact of the policy shift on administrative operations, including clinic operations and cost, patient experience, clinic staffing, and administering and receiving payments.

For more information on this study:

