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

Increased access to abortion care in Illinois

<table>
<thead>
<tr>
<th>Monthly procedures/100,000 Medicaid abortion care*</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing $41 out-of-pocket costs</td>
<td>$249</td>
<td>$421</td>
</tr>
<tr>
<td>More patients were able to access abortion care</td>
<td>897</td>
<td>1,008</td>
</tr>
</tbody>
</table>

- The policy shift helped increase access but it identified that there was an access gap for people of color.
- The policy shift to cover abortion care is associated with narrowing of the access gap based on financial need.

Narrowing of the access gap based on financial need in Illinois

| People who do not need financial assistance | Monthly procedures/100,000 Medicaid abortion care* | 883 |
| People who need financial assistance | Monthly procedures/100,000 Medicaid abortion care* | 748 |

Reduction of out-of-pocket costs in Illinois

<table>
<thead>
<tr>
<th>Average paid by patient</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roughly two thirds (64%) of adult women with Medicaid coverage as of their reproductive years (90 to 44)</td>
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<tr>
<td>Medicaid covers a wide range of reproductive health care services—ensuring family planning and pregnancy-related care, prenatal services, childbirth, and postpartum care—without co-payments.</td>
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<tr>
<td>Medicaid coverage of abortion services, however, is very limited under federal law and in most states.</td>
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</tr>
</tbody>
</table>

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

- More patients were able to access abortion care.
- Use of telehealth increased in response to COVID-19.
- Use of medication abortion increased in response to COVID-19.
- Surgical abortion decreased in response to COVID-19.

What additional factors influenced abortion care during the study?

- Benefits
- Medicaid Coverage for Women, KKF, February 2022.
- Studies from Maine, Illinois, and West Virginia. The team used interrupted time series analysis to estimate the change in the level of and 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 and patient outcomes.

Implications for Post-Roe Era

- Permitting, expanding, or protecting Medicaid funds to pay for abortion care
- Health care policy responses to the COVID-19 Emergency

In Illinois and Maine

- Increased access and coverage for people in need of abortion care
- Medicaid-covered services encompassing family planning and pregnancy-related care, prenatal services, childbirth, and postpartum care—without co-payments. Medicaid coverage of abortion services, however, is very limited under federal law and in most states.

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 refused to use Medicaid financial assistance
- Some initial negative effects on clinic’s financial feasibility due to fewer patients paying out-of-pocket. This financial impact was reversed 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 2007 and 2019, Illinois and Maine authorized, and West Virginia discontinued, the use of state Medicaid funds to pay for abortion care and to provide less services for patients considering the use of state funds to pay for abortion care.

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 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 and patient outcomes.

Sources:

- Medicaid Coverage for Women, KKF, February 2022.
- *Monthly procedures represent all procedures including medication abortion.
- Monthly procedures after Medicaid abortion care coverage*
- Monthly procedures before Medicaid abortion care coverage*
- Medicaid funds to pay for abortion care–Implications for post-Roe era
- What happened in states that implemented policies to allow state Medicaid funds to pay for abortion care in Illinois and Maine?
- Data from Maine, Illinois, and West Virginia. The team used interrupted time series analysis to estimate the change in the level of and 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 and patient outcomes.

For more information on this study:

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