

Evaluating the impact of restricting Medicaid coverage of abortion

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No disclosures

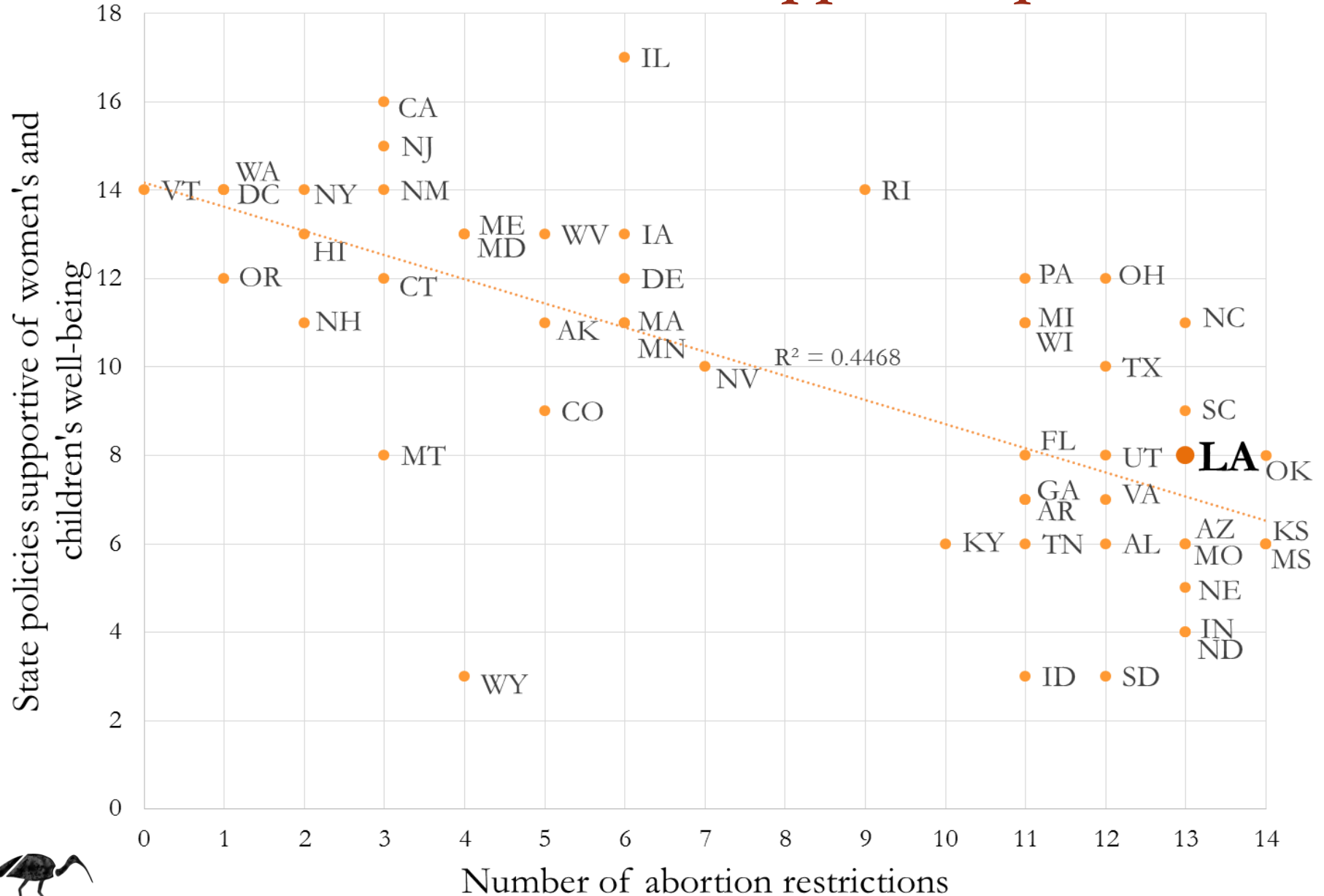


Overview

- Place Medicaid restrictions in context
- Describe Medicaid restrictions
- Outline impact of Medicaid restrictions:
 - Low-income women
 - Health care providers
- Detail efforts to respond to Medicaid restrictions



Abortion restrictions and supportive policies



Restricting abortion access in Louisiana:

Providers in focus

- ✓ Only licensed physicians may perform abortions
- ✓ Ambulatory surgical center standards imposed on facilities providing abortion
- ✓ Hospital privileges or alternative arrangement required for abortion providers
- ✓ Refusal to provide abortion services allowed
- ✓ Restrictions on provision of medication abortion



Restricting abortion access in LA:

Women in focus

- ✓ Gestational age limit for abortion set by law
- ✓ Parental consent before a minor obtains an abortion
- ✓ Mandatory counseling prior to abortion
- ✓ Mandatory waiting periods between time of first appointment and abortion
- ✓ Requirement to have an ultrasound
- ✓ Restrictions on abortion coverage in private health insurance plans
- ✓ Restrictions on abortion coverage in Medicaid



Medicaid 101

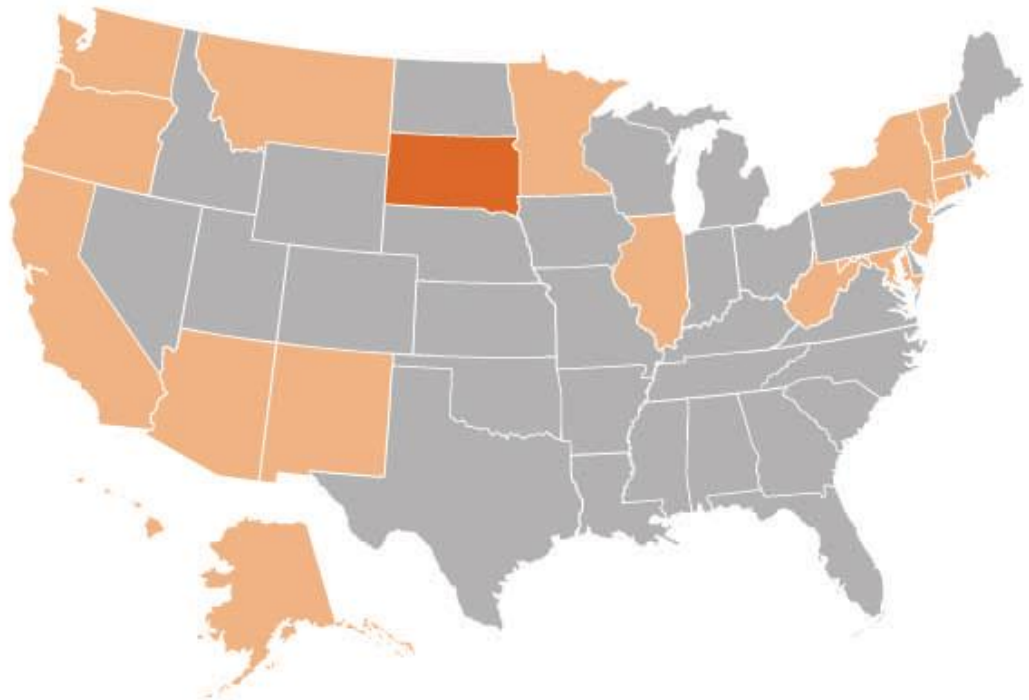
- Joint federal-state program for low-income populations
- Key health care payer for many health care providers
- Largest health insurance program in the US
- Important program for women and marginalized populations
- Leads to many positive outcomes
- Covers a wide range of health care services



Medicaid restrictions on abortion coverage

Hyde Amendment

- Passed in 1976, renewed annually
- Prohibits federal Medicaid funding for abortions except in cases of rape, incest, or life endangerment



- 32 states provide Medicaid coverage only in the cases of life endangerment, rape, and incest
- 1 state provides coverage only in cases of life endangerment
- 17 states provide state Medicaid coverage of abortion for low-income women in most cases



CHAPTER 5: PROFESSIONAL SERVICES

SECTION 5.1: COVERED SERVICES

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Abortion**Induced Abortion**

Medicaid payment for induced abortion is restricted to those that meet the following criteria:

- A physician has found, and so certifies in his/her own handwriting, that on the basis of his/her professional judgment, the life of the pregnant woman would be endangered if the fetus was carried to term.
- The certification statement, which must contain the name and address of the recipient, must be attached to the claim form. The diagnosis or medical condition which makes the pregnancy life endangering must be specified on the claim.

OR

- In the case of terminating a pregnancy due to rape or incest the following requirements must be met:
 - The Medicaid recipient shall report the act of rape or incest to a law enforcement official unless the treating physician certifies in writing that in the physician's professional opinion, the victim was too physically or psychologically incapacitated to report the rape or incest.
 - The report of the act of rape or incest to a law enforcement official or the treating physician's statement that the victim was too physically or psychologically incapacitated to report the rape or incest must be submitted to the Bureau of Health Services Financing along with the treating physician's claim for reimbursement for performing an abortion.
 - The Medicaid recipient shall certify that the pregnancy is the result of rape or incest and this certification shall be witnessed by the treating physician.
 - The "Office of Public Health Certification of Informed Consent-Abortion" form shall be witnessed by the treating physician.



Growing body of literature examining impact of restricting Medicaid coverage



June 2009

Restrictions on Medicaid Funding for Abortions: A Literature Review

Stanley K. Henshaw, Theodore J. Joyce, Amanda Dennis, Lawrence B. Finer and Kelly Blanchard

HIGHLIGHTS

- The Hyde Amendment bans the use of federal Medicaid funds for abortions except in cases of life endangerment, rape or incest. In addition, as of 2008, 32 states and the District of Columbia had prohibited the use of their state Medicaid funds for abortions except in the limited cases allowed under the Amendment.
- A literature search identified 38 studies of the impact of these laws on a range of outcomes.
- Approximately one-fourth of women who would have Medicaid-funded abortions instead give birth when this funding is unavailable.
- Medicaid restrictions lead to a reduction in the proportion of teenage pregnancies that end in abortion, but the long-term effect on the birthrate is less clear.
- Such restrictions appear to delay some women having abortions by 2–3 weeks and Medicaid-eligible women having first-trimester abortions by a few days on average; the net impact on second-trimester procedures is unclear.
- Studies have found little evidence that lack of Medicaid funding has resulted in illegal abortions, although one death was directly related to the restrictions and two were indirectly related.
- Studies of the impact of Medicaid restrictions on other outcomes—sexual behavior, prematurity, low birth weight, fatal injuries to children, late or no prenatal care, suicide and number of abortion providers—suffer from methodological limitations and are inconclusive, although there is some evidence of adverse effects on child health.
- The additional public cost of prenatal care, delivery services and welfare totals 4–5 times the amount saved by not paying for Medicaid abortions.
- Many studies were limited by the weakness of data sources and inability to control for unmeasured factors that influence trends in abortion rates and birthrates. Although short-term impacts of Medicaid restrictions have been demonstrated, the long-term impact is less clear and difficult to measure.

Original Ibis research:

- 1) Interviews with abortion providers
- 2) “Secret shopper” of Medicaid offices
- 3) Interviews with low-income abortion clients



What's the harm of Hyde?

1

It **creates confusion** about when abortion is covered by Medicaid and how to obtain coverage.

-32% of calls to Medicaid about answered incorrectly

-52% of calls discouraged seeking coverage



What's the harm of Hyde?

2

It leads to a **defacto ban on coverage** for any reason.

-36% of qualifying abortions covered

We have never been reimbursed by Medicaid for an abortion.... We have to do paperwork before it's all accepted.... And for abortion, we may try seven different things and then we give up.... It's just at some point—how damaged is your head from that brick wall?

— Abortion clinic administrator



What's the harm of Hyde?

3

It forces women and their families to endure financial hardships and delays care.

“It was hard. It took me three weeks.... I don't have a strong family support where I could borrow money from.... The payday loan wiped out my entire account.... I got a three-day notice on my apartment door, and things started to spiral out of control. And then when I became evicted, I lived in a shelter.”

—Abortion client



What's the harm of Hyde?

4

It puts desired abortion care out of reach.

-25% of low-income women are unable to access care because they cannot afford an abortion

“It's not enough just to make it legal to have an abortion. If it's not cost available, then it's practically the same thing as keeping it illegal because...if you can't afford something that you need, it might as well be illegal to you.”

— Abortion client



What's the harm of Hyde?

5

It drains providers' resources

“

We are just eating the costs.

– Abortion clinic administrator

”



But, what's the benefit of coverage?

It prevents harms to women and their families,
and to providers.

“It was pretty **easy** [to get coverage].

All I had to do was just show my card and they ran everything through the computer.

I just signed a paper for them to process it through Medicaid and that was it. I never ever saw a bill.”

—Abortion clients



Conclusions

- Restricting Medicaid coverage of abortion harms women, their families, and abortion providers
- Providing Medicaid coverage of abortion eliminates those harms
- Available evidence suggests that repealing federal and state coverage bans on abortion care is necessary to protect the health and lives of women and their families, and to ensure health care providers can offer high-quality care



Calls to action!

Take action.
Protect abortion.



We #protectabortion by expanding Medicaid coverage & outlining strategies 4 advocates <http://t.co/acHBpafD> How do you #protectabortion?

• IbisRH, [+] Wed 04 Apr 11:28 via Seismic



Thanks, @IbisRH, for this great Take Action Guide on Medicaid coverage of #abortion

• lilithfund, [+] Wed 04 Apr 12:11 via TweetDeck

TAKE ACTION TAKE



ACT LEARN STATE & LOCAL ABOUT



Join Us.

Email Address

GO

TELL CONGRESS TO
LIFT THE BANS ON
ABORTION FUNDING



All
ABOVE
ALL

It's time to lift the ban on abortion coverage. #AllAboveAll

@msfoundation

Why do so many women have to beg friends & family for money for an abortion? #abortionaccess is about human dignity.

@latoancliff



BOLD. UNITED.

EVALUATING PRIORITIES

Measuring Women's and Children's Health and Well-being against Abortion Restrictions in the States

Does the concern that anti-choice advocates and legislators say they have for women and children translate into the passage of state policies known to improve the health and well-being of women and children, or into improved state-level health outcomes for women and children in Louisiana?

Please join the Center for Reproductive Rights and Ibis Reproductive Health for a presentation of new research findings followed by a roundtable discussion on using this research in Louisiana.

Hosted in collaboration with *Tulane Law Students for Reproductive Justice*, *Tulane Medical Students for Choice*, *Tulane Students United for Reproductive Justice*, and the *Louisiana Coalition for Reproductive Freedom*.

Date: Wednesday, November 19th

Time: 5:00-7:00 pm

Location: Tulane Law School, New Orleans 70118

RSVP to Tulane Law Students for Reproductive Justice at TulaneLSRJ@gmail.com

This is an invitation-only event for state women and children's health advocates. Additional location details will be provided upon registration.

Light snacks and beverages will be provided.

CENTER
FOR
REPRODUCTIVE
RIGHTS



Join us!

When:

Wednesday,
November 19th
5-7 PM

Where:

Tulane Law
School

Questions:

Amanda Dennis,
Fran Linkin

Acknowledgments

- Providers and women who participated in interviews
- Staff at Ibis Reproductive Health: Kelly Blanchard, Liza Fuentes, Ruth Manski, Britt Wahlin
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Thank You!



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Email me:

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Visit our website:

<http://bit.ly/1Eb7QIg>