

# The impact of state Medicaid coverage of abortion on people seeking care, prices, and procedures: Implications for post-Roe era

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## Background

In the post-Roe era, the abortion landscape has become fragmented and uncertain. While many states are enacting abortion restrictions that make it difficult to get care, other states are protecting abortion rights, access, and funding.

**Objective:** Learn what happens to prices, patients, and procedures in states permitting or discontinuing the use of state Medicaid funds for abortion care.

## Methods

We gathered data from abortion providers and stakeholders in three states: two authorized and one discontinued state Medicaid coverage of abortion care. Data included:

**Patient-level data from clinics.** We used interrupted time series (ITS) analysis to estimate the change in level of and trend in procedure volume, type, price, and out-of-pocket payments; and differences by patient characteristics.

**Interviews.** We asked 31 clinic and fund staff about impacts of the Medicaid policy shifts on clinic operations, patient out-of-pocket costs and financial need, and reimbursement.

## Results and Discussion

Study findings showed:

- **Initial increase in access** in both states that implemented coverage (States 1 and 2). Increase continued in State 1:
  - Driven by increase in access for people of color and people with financial need (Figures. 4, 5).
- **Decrease in procedure volume** in the state discontinuing Medicaid coverage (State 3).
- **Changes in patient out-of-pocket costs** commensurate with direction of the policy shift (Figures. 1, 2, 3).
- **Increase in medication abortions** in all three states: a historical trend, not affected by either policy shift.
- Effect of implementing Medicaid on patient access by gestational age is hard to discern due to COVID-19.

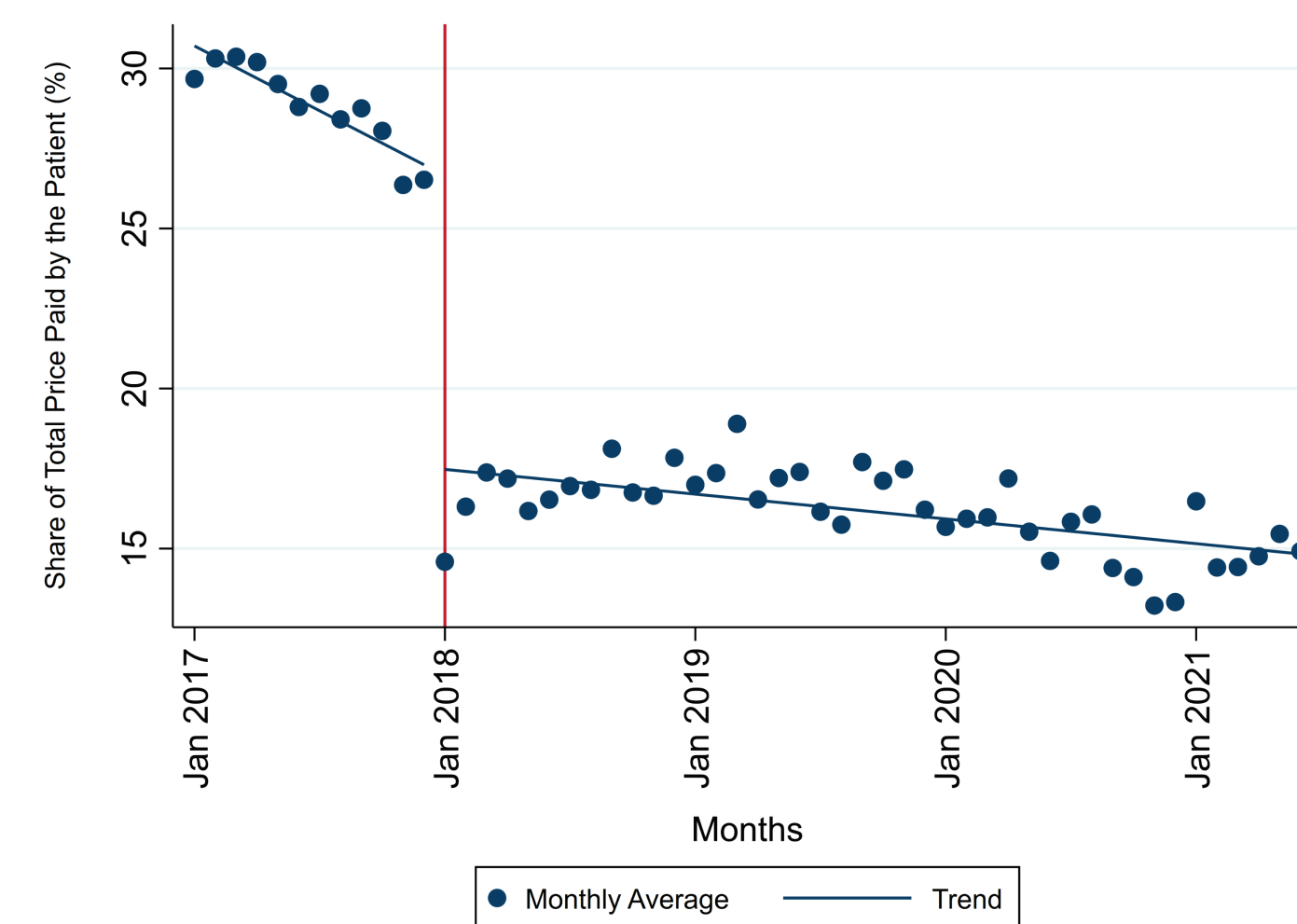
States considering a change to allow state Medicaid funds to pay for abortion care can mitigate potential administrative and workflow challenges. **Transition was easiest when:**

- (1) clinics had experience billing Medicaid for other services;
- (2) supportive rate structures and scope of practice laws are in place (e.g., expansion of who can provide abortion care; Medicaid certified staff); and
- (3) funds and clinics anticipate changes in how patients will need and use assistance.

## Findings

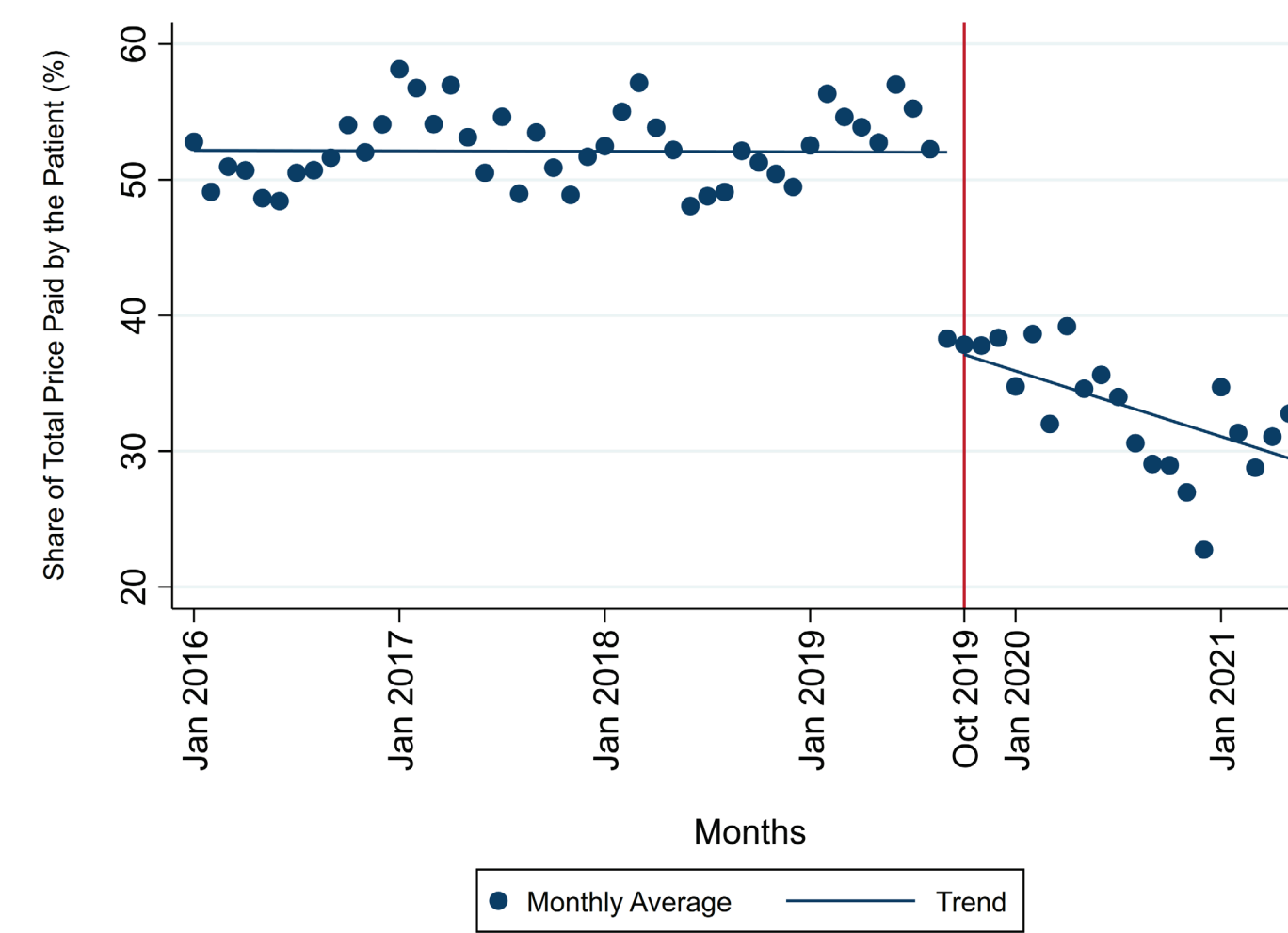
In states **implementing** state Medicaid abortion care coverage, there was an immediate decline in the share of total price paid by patients, which continued in the following months. Interviews showed a continued need for financial assistance for out-of-state patients, patients whose insurance did not cover abortion care, or insured patients with high deductibles.

Fig 1. Share of Total Price Paid by the Patient – State 1



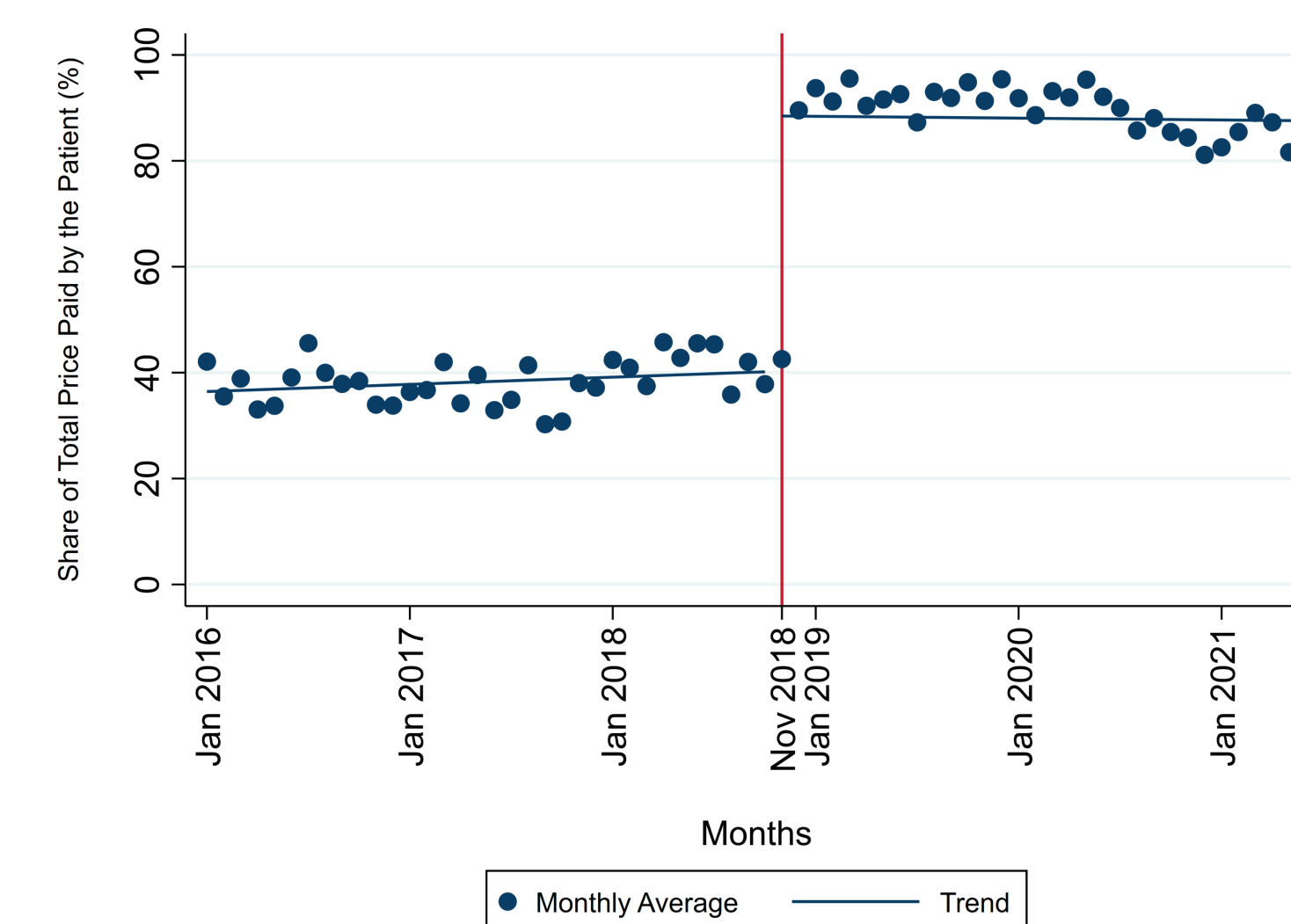
Note. The vertical red line (January 2018) indicates the start of the policy shift.

Fig 2. Share of Total Price Paid by the Patient – State 2



Note. The vertical red line (October 2019) indicates the start of the policy shift.

Fig 3. Share of Total Price Paid by the Patient – State 3



Note. The vertical red line (November 2018) indicates the start of the policy shift.

The state **discontinuing** state Medicaid abortion care coverage experienced an immediate and sustained increase in the share of total price paid by patients. Interviews showed an increase in financial assistance among all patients.

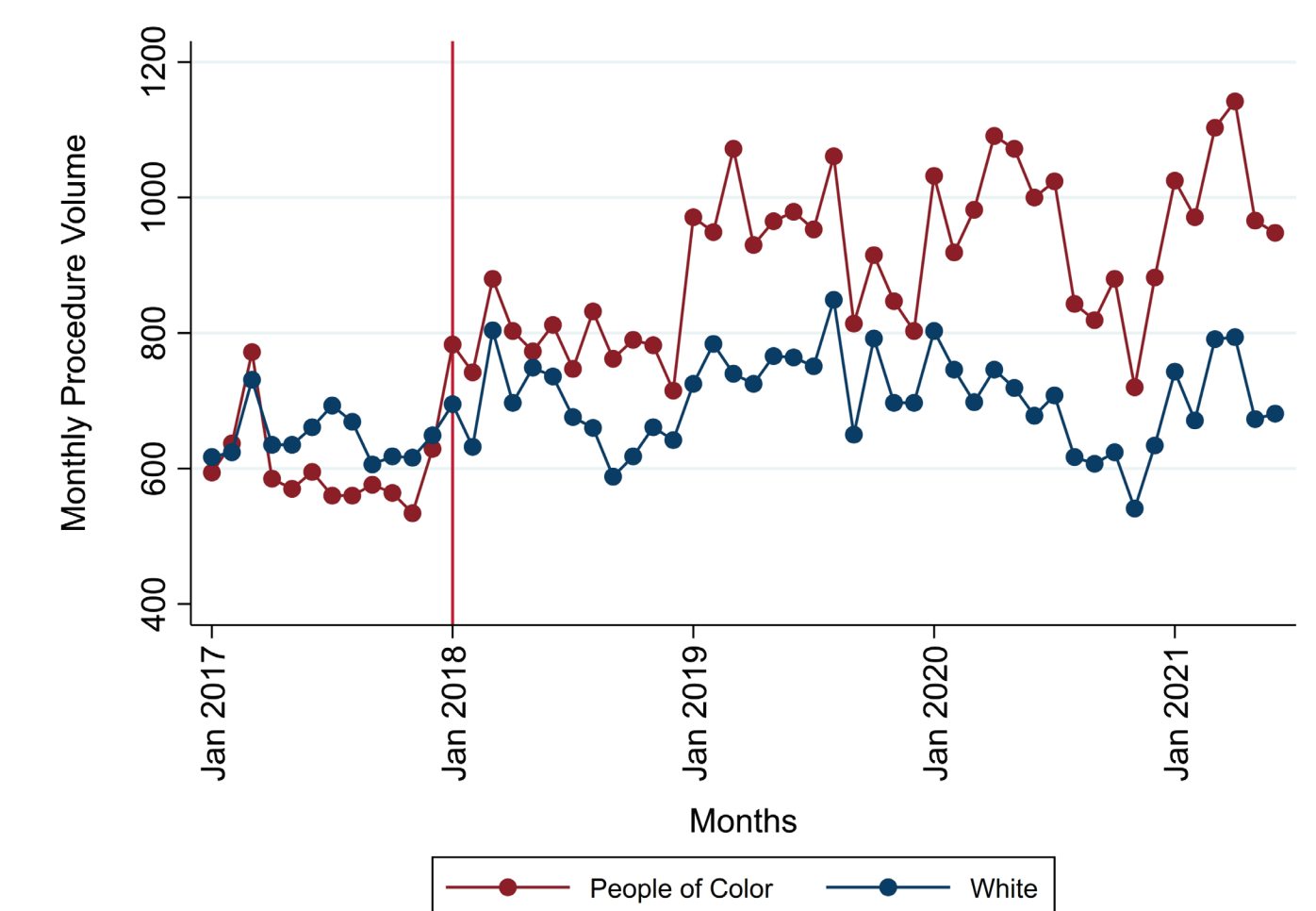
## Supporting Information

Table 1. Monthly Procedure Volume: Pre- and Post-Policy Shift

State	Monthly Procedure Volume		Difference
	Mean Before Policy	Mean After Policy	
<i>Initiated Medicaid coverage of abortion care</i>			
State 1	1,379.8	1,756.2	376.4***
State 2	156.7	167.7	11.0*
<i>Discontinued Medicaid coverage of abortion care</i>			
State 3	116.5	87.9	-29.1***

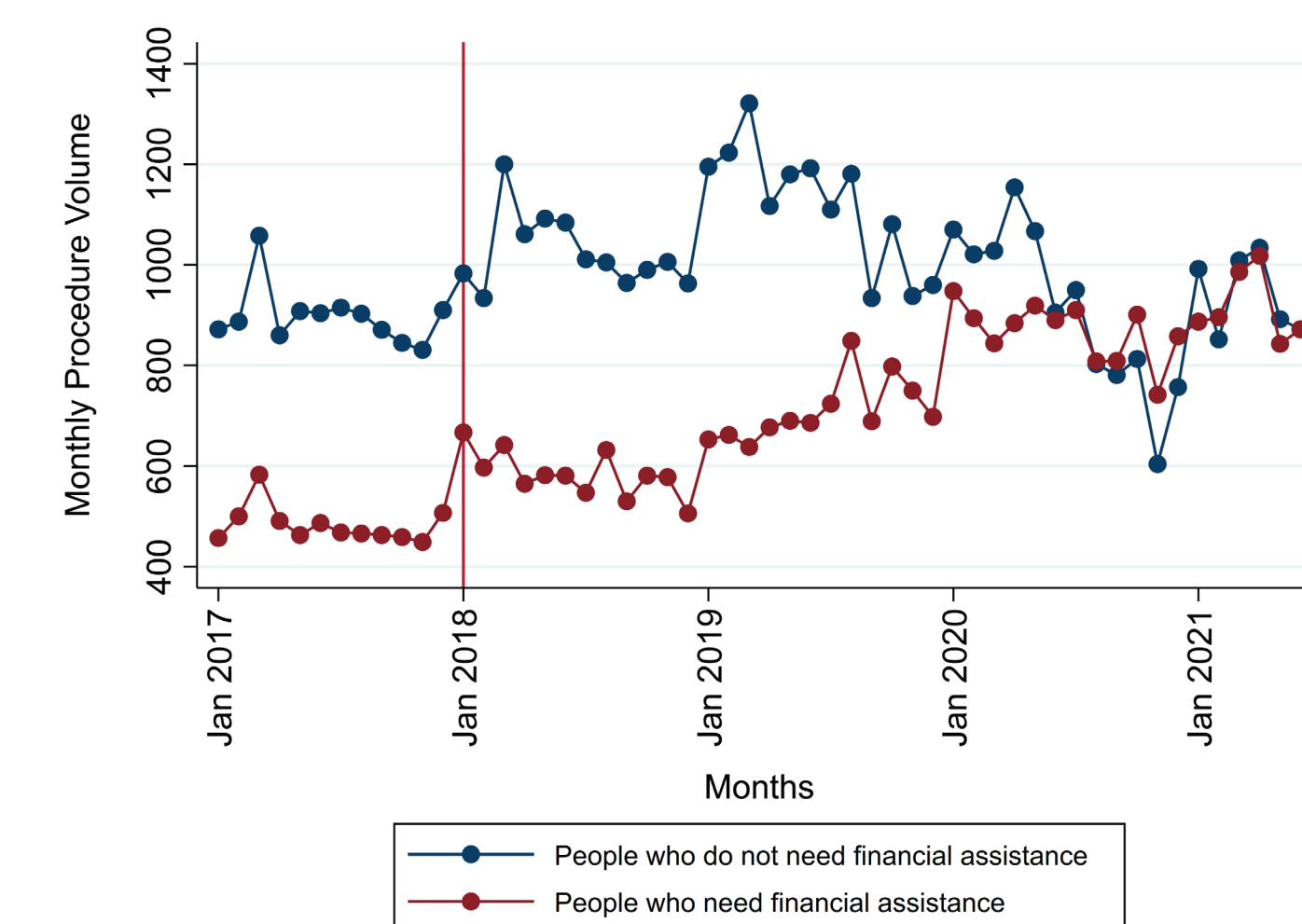
Note. \*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ . Procedures include surgical and medication abortion

Fig 4. Monthly Procedure Volume by Race – State 1



Notes. The vertical red line (January 2018) indicates the start of the policy shift. People of color identified as Black, Asian/Pacific Islander, or other or multiple races.

Fig 5. Monthly Procedure Volume by Financial Need – State 1



Note. The vertical red line (January 2018) indicates the start of the policy shift. People with financial need were defined as those receiving financial assistance or on Medicaid.