

State Medicaid Coverage of Abortion Care: Impact on clinics and local abortion funds

Policy Study on the Impact of State Medicaid Coverage of Abortion

For more information visit: <http://air.org/state-policy-study>

For local abortion funds, state Medicaid coverage of abortion care was associated with:

A decreased need to provide abortion procedure funding for in-state patients with Medicaid coverage in Maine*



The number of financial contributions (grants) distributed to callers seeking financial assistance **decreased by half** after the policy shift.**



The share of procedure price paid by local funds was **nearly 2 percentage points lower** after the policy shift.

* Only Maine findings are reported due to inconsistent tracking of local fund contributions to procedure cost in data received from Illinois clinics.

** Based on interview findings with a local fund in Maine.

An increased ability to support previously unmet needs in Illinois and Maine



Illinois—Funding assistance need was so high before the policy shift that a local fund could provide financial aid to only about 30% of callers. After the policy shift, **the fund was able to assist 100% of callers.**



Maine—After the policy shift, **a local fund expanded to provide practical, logistical, and emotional support.**

A shift in who most needed financial assistance for abortion procedures in Illinois and Maine



Local funds saw an increased need for financial assistance among people who **did not qualify for Medicaid, had insurance that did not cover abortion care, had insurance with high deductibles, or had no insurance.**

Changes in funding limits and local fund administration procedures in Maine



Prior to the policy shift, one fund provided a standard grant of \$160 per patient. **After the policy shift, the fund was able to provide funding based on patient need.** The fund streamlined the process by distributing a set amount (block grant) monthly to clinics. Clinics then allocated resources as needed, with approval required only when a patient's funding exceeded \$500.

For clinics in Illinois and Maine, state Medicaid coverage of abortion care was associated with:



Fewer barriers to receiving timely abortion care

Patients didn't have to delay care. Staff did not have to delay scheduling procedures while patients raised funds to cover the cost.



A need to increase capacity to serve more patients

↑ **Increase in patient volume** and completed procedures

↓ **Decrease in no-shows**[†]

⊕ **Additional staff** to meet demand



Some clinics hired advanced practice clinicians, enrollment specialists, and scheduling staff.

† With the exception of some perceived increases in no-shows during the pandemic. Based on interview findings with clinic staff.

Other factors that facilitated clinic capacity to serve more patients include:



- ↑ **Increased use of medication abortion**, part of a national trend
- ↑ **Increased use of telehealth**, part of the health care response to the COVID-19 public health emergency
- ↑ **Increased use of advanced practice clinicians** to provide abortion care^{††}

For more information on this study:



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