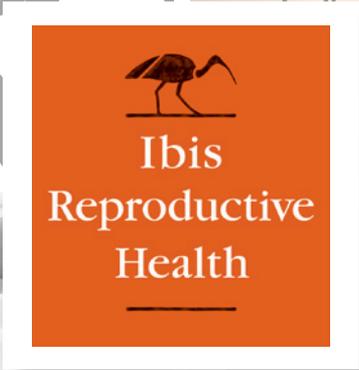


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What **ADVOCATES** can do
to expand access to
Medicaid coverage of abortion



How to Use this **Take Action** Guide!

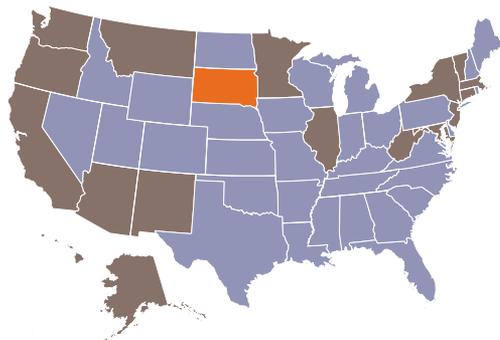
We created four **Take Action** guides aimed at providing women, abortion providers, advocates, and policymakers with a number of actions they can take to help expand access to Medicaid coverage of abortion.¹ We have generated action steps based on interviews with abortion providers representing 70 facilities in 15 states and interviews with 71 low-income women who have had abortions. We also draw lessons from the work of other advocates and researchers. Combining our own research with the work of others, we outline several evidence-based actions so that you can choose the ones that will work best in your community. For more information about any of the actions listed in this guide, please see our resource list.

The Hyde Amendment

The Hyde Amendment, passed in 1976, **prevents the use of federal Medicaid funding for abortion except when a woman is pregnant as a result of rape or incest, or when her pregnancy endangers her life.** States have the option of using their own funds to cover abortion care in broader circumstances, but only 17 currently do.

Restrictions on Medicaid coverage of abortion affect the poorest women in the

US, who are more likely to have health problems and be women of color. At an average of \$470, **a first-trimester abortion can cost more than half of what a family at the poverty level lives on in one month.** In the second trimester, costs increase significantly.



- 32 states ban state Medicaid coverage of abortion. They are legally required to provide coverage in the cases of rape, incest, and life endangerment, but usually fail to do so.
- 17 states provide state Medicaid coverage of abortion for low-income women in most cases.
- One state provides coverage only in cases of life endangerment.



At Ibis Reproductive Health, we have conducted a number of studies on how the Hyde Amendment affects women and abortion providers.²⁻⁴ Our research shows that most women who should qualify for Medicaid coverage of their abortion do not have the option to use Medicaid for abortion coverage because of three key challenges:

1. **Some uninsured women have difficulty enrolling in Medicaid** due to confusing eligibility requirements, complex and time-consuming enrollment procedures, difficulties gathering enrollment documents (such as birth certificates), and unanticipated and burdensome expenses associated with the Medicaid application (such as costs to call or fax enrollment documents to Medicaid).
2. **Even when insured, women face barriers in securing Medicaid coverage of abortion** due to trouble obtaining clear information about Medicaid coverage of abortion, fear of disclosing to Medicaid plans to have an abortion, lack of abortion coverage under some Medicaid managed care organizations (MCOs), challenges finding a convenient abortion provider that accepts their Medicaid plan, and problems establishing that an abortion qualifies for coverage, particularly when coverage is only available in limited cases such as rape, incest, and life endangerment.
3. **It can be difficult for abortion providers to offer Medicaid clients abortion care** due to problems securing and maintaining contracts with Medicaid, nonexistent or poor relationships with Medicaid staff, undue administrative burdens when filing billing claims, frequent, unclear rejections of qualifying claims, and low reimbursement rates for provided care.

These challenges force women to come up with money they do not have to pay for abortion care out-of-pocket, which can cause women to delay obtaining care while they look for financial resources, or force women to continue unwanted pregnancies.

At the same time that we documented the challenges to working with Medicaid, our research also points to many ways **advocates can help women access timely Medicaid coverage of abortion**. We highlight ways advocates can take action in the following pages. For more information about any of these actions, please see our resource list.



1 Actions you can take to make it easier for women to enroll in Medicaid

Educate stakeholders

- Develop and distribute educational materials for women about the Medicaid eligibility and application process, which outline what women can expect when they try to enroll and where they can go for support if they have trouble enrolling.⁵
- Share with Medicaid staff the challenges women face when enrolling in the program.⁶

Streamline the enrollment process

- Implement local solutions that will help eliminate financial barriers women may experience when applying for Medicaid (such as emailing an application form rather than having to fax it, or faxing from a location that provides free local phone or fax services).⁴
- Work with Medicaid to revise and pare down complicated eligibility and enrollment forms to make them easier for women to fill out.^{2-3, 6-8}
- Call for fewer required proof-of-eligibility documents for enrolling pregnant women in Medicaid.⁴
- Create multiple entry points where women can enroll in Medicaid, such as online, at family planning or mobile clinics, and at locations with extended operating hours.^{4, 9}

Call for policy change

- Advocate for presumptive eligibility and rapid enrollment of pregnant women in Medicaid.⁴

I think they [Medicaid] need to make it...not be such an ordeal to get it.... It's just the waiting time to figure stuff out, see if you're even eligible. ~ Lori, age 20 *I don't think that providers should have to jump through hoops in order to get reimbursement. ~ Florida abortion provider*



2 Actions you can take to help women get Medicaid coverage of abortion

Educate stakeholders

- Develop and distribute resources (pamphlet, website, toll-free 24/7 helpline, etc.) to educate women and other stakeholders about federal and state Medicaid policies on abortion, the information women are required to tell Medicaid when seeking abortion coverage, which local MCOs cover abortion, the procedures for obtaining coverage from Medicaid, and the names of facilities that accept Medicaid and specific MCOs.^{4-7, 10-14}
- Educate Medicaid, Medicaid MCOs, and abortion providers about women's rights regarding Medicaid coverage of abortion. Consider writing a letter to Medicaid about insurers' obligations to offer coverage in circumstances outlined by state and federal policies or creating a brochure on Medicaid coverage of abortion for providers.^{6, 11}

Offer case management support

- Help women utilize available Medicaid-funded services, including transportation, lodging, meals, and an attendant if necessary.^{6-7, 15}

Influence internal Medicaid protocols that affect access to abortion coverage

- Advocate for Medicaid to make information about abortion coverage easily accessible on their website.⁹
- Work with Medicaid to simplify complicated forms women fill out verifying the circumstances of an abortion. Suggest the removal of requirements to prove an abortion qualifies for coverage, such as the submission of a police report in the case of rape, or the submission of medical records in the case of life endangerment.^{2-3, 6}

Call for policy change

- Explore using county funding to support public funding of abortion.^{3, 16}
- Use city council resolutions to oppose abortion funding bans and raise awareness about laws.¹⁶
- Write op-eds in local/regional newspapers to educate the public about the harmful impact of funding restrictions on low-income women.



Actions you can take to help reduce challenges abortion providers face when offering Medicaid clients abortion care

Educate stakeholders

- Educate abortion providers and Medicaid staff about cases that qualify for reimbursement.⁶
- Teach physicians within and outside of abortion clinics about what it means to sign Medicaid forms indicating a physician certifies that a woman is seeking an abortion due to rape, incest, or life endangerment.^{2,6}

Influence internal Medicaid protocols that affect reimbursement for abortion

- Encourage abortion providers to use electronic billing systems for filing Medicaid claims, when available, rather than paper-based systems, in order to reduce billing errors and time spent on billing.^{4,17}
- Advocate to have at least one specialized Medicaid staff person who assists with abortion cases.^{2-3,6}
- Work with Medicaid officials to simplify forms and administrative processes required to submit a Medicaid claim.⁶
- Research the current Medicaid reimbursement level for abortion care in your state and ensure that providers receive the current level of reimbursement.^{6,11}
- Urge Medicaid to improve reimbursement rates for abortion care.²⁻³
- Empower providers to resubmit claims by advocating for Medicaid to provide clearer rejection forms that explain claim denials.³

Offer support to abortion providers

- Create forums for providers to exchange information about successful strategies for working with Medicaid.¹¹
- Secure legal support for abortion providers working with Medicaid so that providers are aware of their rights and responsibilities.²⁻³
- Support providers in pursuing legal action against Medicaid for any qualifying claims that have been rejected.³

Call for policy change

- Advocate for a policy whereby Medicaid has to pay late fees if it does not reimburse abortion providers in a timely manner.⁴



Moving Forward

September 2011 was the 35th anniversary of the passage of the Hyde Amendment. Over the three-and-a-half decades the Hyde Amendment has been in effect, millions of women have been denied coverage of abortion, even in circumstances that should qualify under federal or state law. In the face of challenges and restrictions imposed by the Hyde Amendment, women, abortion providers, and advocates have developed a number of strategies for removing obstacles in women's paths to equitable abortion access.

When national health care reform takes effect in 2014, more individuals will become eligible for Medicaid under the Affordable Care Act, meaning more women will be affected by restrictions on Medicaid coverage of abortion. **The time is now to put into place strategies that ensure that women** currently on Medicaid, and women who will be enrolled in the program in the future, **can obtain timely and affordable abortion care.**

I think that people should be heard, cause if they don't talk, nothing happens.... If you don't speak up about it, then nothing's gonna be done.... Because the people who make the laws don't know what is going on. ~ Jazmine, age 47

We've gotten better at saying [to Medicaid] 'No, you have to approve this!' and 'Yes, you have to pay us!'...and 'No, it's not for you to question, because the law doesn't say you have to question it.' ~ Pennsylvania abortion clinic manager



1. This is part of a series of four Take Action guides aimed at expanding abortion access. Please see our website for other guides: <http://bit.ly/n8fkUu>.
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(617) 349-0040 • admin@ibisreproductivehealth.org

www.ibisreproductivehealth.org

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