

Expanding and Improving Access to Affordable Abortion Services

The Need for Action

Every woman, regardless of her financial circumstances, should have the freedom to decide whether to continue a pregnancy and the ability to carry out those decisions. Yet, low-income women often are subject to discriminatory policies that restrict access to abortion services. For example, the Medicaid program, which provides federal and state funds for medical care for low-income individuals, covers necessary health care related to pregnancy.⁹⁸ However, a provision of federal law known as the Hyde Amendment prohibits federal Medicaid funds from paying for most abortions, even for women with serious health problems.⁹⁹ In its current form, the Hyde Amendment bans federal funding for abortions except in cases of rape, incest or in some cases of life endangerment.¹⁰⁰ To rectify this inequity, states may choose to fund abortions for low-income women with their own state revenues, and some states have done so. Currently, 16 states fund most or all abortions for Medicaid-eligible women, while the remaining 34 states severely restrict funding for abortion.¹⁰¹

The proactive policy option in this section focuses on expanding access to abortion serv-

ices under state medical assistance programs. The three primary goals of this policy are:

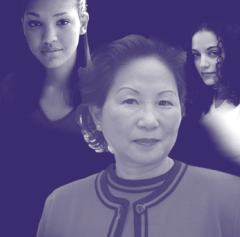
- (1) to remove the financial barriers low-income women face in obtaining abortion services;
- (2) to ensure the availability of abortion services; and
- (3) to highlight that abortion is a vital component of comprehensive reproductive health care.

ABORTION ACCESS IS SEVERELY RESTRICTED FOR NATIVE AMERICAN WOMEN

Indian Health Service (IHS) is the primary health care provider for all members of federally recognized Native American tribes. While Medicaid allows individual states to fund abortion services, IHS is solely funded by the federal government and must adhere to the Hyde Amendment's restrictions on abortion funding. Since 1981, only 25 abortions have been performed or funded by IHS.¹⁰²

C.A.R.E. 2000

The Campaign for Access and Reproductive Equity (C.A.R.E. 2000), a two-year initiative, brought together over 150 local, state and national groups to advocate for equal access to abortion care. On February 20, 2002, C.A.R.E. 2000 sponsored a congressional health briefing entitled "Voices on the Hill" to introduce a campaign to urge Congress to repeal the Hyde Amendment. Go to <http://www.care2000.org> to find out more about this important coalition effort.



Developing Your Plan of Action

Before embarking on a policy campaign to expand and improve access to abortion services, you should gather information on what services are presently available to low-income women in your state. Questions to ask include:

- What state medical assistance programs, in addition to Medicaid, are available to low-income women? Do these programs provide comprehensive coverage for maternity care, including abortion?

*If not, consider **Option 1**.*

THE TRUTH ABOUT HYDE

The Hyde Amendment harms women's health. This discriminatory funding ban endangers the health of poor women by forcing some women to carry unintended pregnancies to term, delaying abortions until later in pregnancy when the medical risks are higher and compelling some women to resort to illegal abortions.¹⁰³

The Hyde Amendment also jeopardizes the economic stability of families. According to studies, in 58 percent of cases where Medicaid-eligible women paid for abortion, the woman and her family faced serious consequences, including having to spend money normally spent on food and other necessities to pay for the procedure.¹⁰⁴ Ironically, it was this very situation — poor women forced to choose between needed medical care and other bare necessities — that led to Medicaid's enactment in the first place.

GATHERING FACTS

The following organizations and resources can assist you in gathering information on whether low-income women in your state can obtain public funding for abortions:

- The Alan Guttmacher Institute's STATE POLICIES IN BRIEF, <http://www.agi-usa.org/pubs/spib.html>;
- The Kaiser Family Foundation's STATE HEALTH FACTS ONLINE, <http://www.statehealthfacts.kff.org/cgi-bin/healthfacts.cgi>;
- The National Governor's Association: State Coverage Initiatives, STATE COVERAGE MATRIX, <http://www.statecoverage.net/matrix.htm>; and
- NARAL Pro-Choice America/NARAL Pro-Choice America Foundation's WHO DECIDES? A STATE-BY-STATE REVIEW OF ABORTION AND REPRODUCTIVE RIGHTS, <http://www.prochoiceamerica.org/mediaresources/publications.html#try>.

Proactive Policy Option

OPTION 1

INCLUDE ABORTION SERVICES IN STATE MEDICAL ASSISTANCE PROGRAMS

BACKGROUND

Public funding for abortion is critical to ensuring women's access to comprehensive reproductive health care. However, as a result of the Hyde Amendment and restrictive state policies, low-income women's access to abortion is severely limited. This policy option directly addresses the discrimination faced by low-income women when abortion is singled out for exclusion from state medical assistance programs that cover other maternity care services. It not only ensures that abortion is funded by the state, but also that it is available as part of comprehensive reproductive health care.¹⁰⁵

States may subsidize health care for low-income citizens through several different vehicles. For example, over nine million women of reproductive age are enrolled in Medicaid,¹⁰⁶ and the program serves a disproportionate number of women of color.¹⁰⁷ Under the Medicaid program, states may choose to fund additional health care services with their own state revenues. Currently, 16 states fund most or all abortions for Medicaid-eligible women.¹⁰⁸

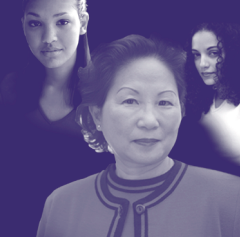
States also may offer subsidized health plans to low-income individuals who do not qualify for Medicaid.¹⁰⁹ In Pennsylvania, for example, Adult Basic Coverage provides subsidized health insurance for individuals between the ages of 19 and 64 who make less than 200 percent of the federal poverty level and do not qualify for Medicaid.¹¹⁰

The policy initiative in this section ensures that low-income women receive equitable coverage for abortion services in *all* state-subsidized health plans.

- Under this policy, if a state contracts with a medical plan that does not provide abortion services on the same basis and to the same extent as other maternity services, the state must ensure that “substantially equivalent” services are otherwise available to women who qualify for state medical assistance programs.
- Remember that the definition for maternity care, pregnancy-related care or reproductive health care may differ from state to state, and may be defined by statute, regulation or medical assistance program guidelines.¹¹¹ The key point is that abortion services, broadly defined, are part of any comprehensive reproductive health care package.

AMERICAN MEDICAL WOMEN'S ASSOCIATION (AMWA) SPEAKS

“Access to abortion and family planning has been shown to have a dramatic positive impact on women's health. . . . As an organization dedicated to the advancement of women's health, AMWA supports access to safe and legal abortion as part of comprehensive reproductive health care for all women.”



ACTION

Require the state to provide coverage for abortion services as part of comprehensive reproductive health care.

RELIGIOUS REFUSALS: DANGEROUS FOR WOMEN'S HEALTH

One reason that a health care plan may not provide abortion services is that the plan opposes such services on moral or religious grounds. Keep in mind, however, that if your state contracts with health plans that refuse to provide abortion services, the policy option in this section requires the state to make alternate arrangements to ensure that women participating in the plan receive comprehensive reproductive health care that includes abortion services. For more information on religious refusals, refer to **Section 4** of this kit.

program guideline — to determine what policy changes are necessary and to target an appropriate decision-maker.

- **IF YOUR STATE DOES NOT PROVIDE ABORTION COVERAGE AS PART OF COMPREHENSIVE REPRODUCTIVE HEALTH CARE,** develop an effective policy campaign to expand and improve access to abortion services.

> *To identify the key elements of a proactive policy campaign, refer to **Section 1** of this kit.*

> *Use the **Model Legislation** in this section as a guide for your policy campaign.*

> *In many states, this legislation is likely to be met with significant opposition. However, in addition to the benefits of any proactive policy campaign, promoting public funding for abortion demonstrates the fundamental pro-choice principle that the right to choose abortion is meaningless without the ability to carry out that decision.*

STRATEGY GUIDE

- **FIRST**, determine whether your state medical assistance programs cover abortion services.

> *To gather this information, use the resources listed in the **Gathering Facts** box in this section as a starting point and contact your state Medicaid director for more information. See the **Appendix** for contact information for the National Association of State Medicaid Directors.*

> *Identify the source of the current policy — for example, statute, regulation or*



This policy option will require additional state funds, which may be unrealistic if your state is facing a budget deficit. Nevertheless, even in a difficult fiscal environment, your policy advocacy can educate the public that abortion is part of comprehensive reproductive health care.

ENSURING MEANINGFUL ACCESS TO ABORTION SERVICES

Although federal law requires Medicaid coverage for abortion in cases of rape, incest or some cases of life endangerment, women still have difficulty obtaining abortions, even in these tragic circumstances. In certain states, the Medicaid reimbursement process can be unwieldy, making it difficult for doctors to obtain approval and reimbursement for an abortion procedure.¹¹² In addition, often women and doctors do not know that Medicaid funding for abortion is available in these limited circumstances.¹¹³ To ensure that Medicaid-eligible women in your state have access to abortion in cases of rape, incest and life endangerment, consider developing a campaign to educate women and their doctors about Medicaid funding for abortion and to simplify the Medicaid reimbursement process.

For example, in Pennsylvania, three organizations — CHOICE, the Women’s Law Project and the Greater Philadelphia Women’s Medical fund — collaborated on a campaign to remove the obstacles women face when seeking access to Medicaid abortions. Their advocacy included:

- Revising the Medicaid approval form and working with state officials to streamline the Medicaid reimbursement process; and
- Developing a brochure for distribution to rape crisis centers and health care providers to explain a woman’s right to Medicaid-funded abortion and the Medicaid approval process.

For more information on this campaign, see NARAL/NY Foundation Institute for Reproductive Health Access and National Health Law Program’s recently released report, *PROTECTING REPRODUCTIVE HEALTH CARE FOR LOW-INCOME WOMEN: AN ORGANIZING GUIDE FOR REPRODUCTIVE HEALTH CARE ADVOCATES AND LEGAL SERVICES ORGANIZATIONS*, available at <http://www.heathlaw.org>.

MODEL LEGISLATION

ENSURE COMPREHENSIVE REPRODUCTIVE HEALTH CARE

If the state provides, directly or by contract, [maternity care] [pregnancy-related] [reproductive health] benefits, services or informa-

tion to women through any program administered or funded in whole or in part by the state, the state shall also provide women otherwise eligible for any such program with substantially equivalent benefits, services or information to permit them to voluntarily terminate their pregnancies.



