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Provider and community stakeholder perspectives of expanding Medicaid coverage of abortion in Illinois

Introduction

Many people seeking abortion encounter financial difficulties that delay or prevent them from accessing care. Although some patients qualify for Medicaid, a public program that can help cover health care costs, laws in some states restrict the use of Medicaid for abortion care. In 2017, Illinois passed House Bill 40 (HB-40), which allowed patients with Medicaid to receive coverage for their abortion care. However, research on the affordability of abortion care where Medicaid has expanded is limited. Published in the journal BMC Health Services, researchers from Ci3 at the University of Chicago, Ibis Reproductive Health, and the University of Cincinnati conducted a study aimed to understand how HB-40 has affected the affordability of abortion care from the perspectives of individuals who work directly or indirectly with patients receiving abortion care or facilities providing it. Interviews were conducted with clinicians and administrators from these facilities; staff from organizations that provide resources to abortion providers or patients; and individuals at organizations involved in the passage and/or implementation of HB-40.

Findings

- Participants reflected that HB-40 seemed to remove a significant financial barrier for Medicaid recipients and improve the experience for patients seeking abortion care.
- Participants also described how the law led to a shift in resource allocation, allowing financial support to be directed towards uninsured patients.
- Some participants thought HB-40 might contribute to a reduction in abortion stigma.
- Despite the perceived positive impacts of the law, participants noted a lack of public knowledge about HB40, as well as confusing or cumbersome insurance-related processes, could diminish the law's impact.
- Participants also highlighted persisting barriers to abortion utilization for minors, recent and undocumented immigrants, and people residing in rural areas, even after the implementation of HB-40.

Implications

Our research suggests that policymakers should consider how insurance coverage can be disrupted by other legal barriers for historically excluded populations, and ensure that clear information on Medicaid enrollment and abortion coverage is widely disseminated.

Contact

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