Illinois patient experiences with public and private insurance coverage for abortion following policy change

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BACKGROUND

In 2018 and 2019 Illinois began requiring Medicaid and private insurance coverage for abortion. Early research found challenges with Medicaid implementation and that cost often proves to be a significant barrier to access.^{1,2}

AIMS

Explore experiences of patients using Medicaid and private insurance when seeking early abortion.

METHODS

Conducted 50 interviews with Illinois residents who sought abortion in clinics around the state before 11 weeks' gestation between July 2021 and February 2022. Interviews were coded in Dedoose; code summaries synthesized themes.

LIMITATIONS

Non-generalizable, recall biases, passive recruitment methods.

CONCLUSIONS

Medicaid coverage, including presumptive eligibility enrollment, is successfully covering abortion costs for patients in IL. Patients with private insurance have varying success in getting abortion care covered and many pay out-of-pocket; more research and enforcement needed.

REFERENCES

1. Hasselbacher L, Zuniga C, Bommaraju A, Thompson TA, Stulberg D. Lessons learned: Illinois providers' perspectives on implementation of Medicaid coverage for abortion. Contraception. 2021 Jun;103(6):414-419. 2. Zuniga, Carmela, Terri-Ann Thompson, and Kelly Blanchard. "Abortion as a catastrophic health expenditure in the United States." Women's Health Issues 30.6 (2020): 416-425.

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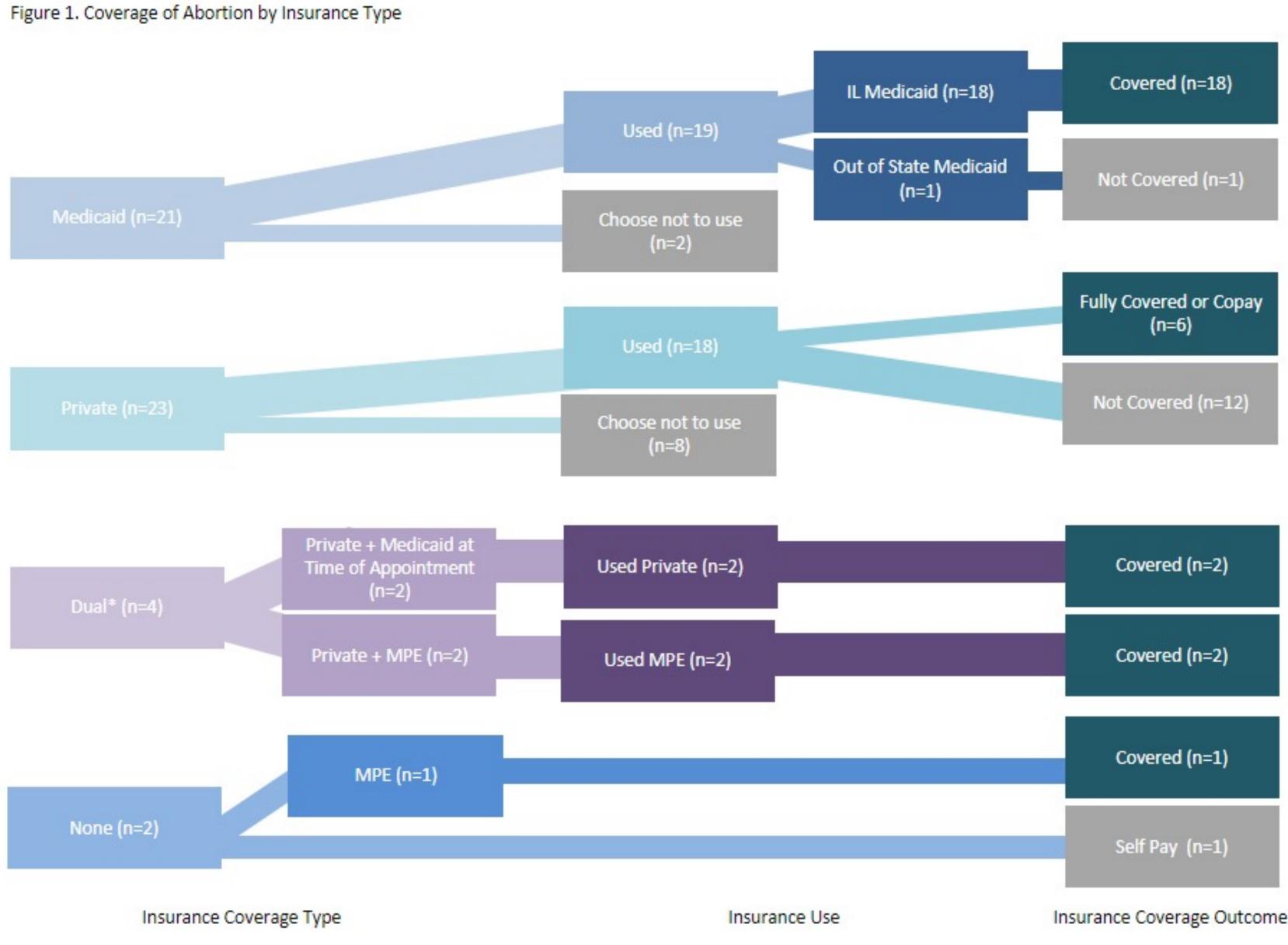
ample Characteristics n=50	n (%)
ge	
18-25	16 (32)
26-35	22 (44)
36-45	12 (24)
Mean (sd)	30.24 (6.56)
pe of Procedure	
Medication	25 (50)
In-clinic Procedure	25 (50)
surance Type	
Medicaid	21 (42)
Private	23 (46)
Dual Private/Medicaid	4 (8)
No Insurance	2 (4)
ace/Ethnicity	
Black	25 (50)
White	16 (32)
Hispanic	9 (18)
Biracial	2 (4)
eography	
Chicago	24 (48)
Cook County	10 (20)
Outside Cook County	16 (32)

RESULTS

Most of those eligible for or enrolled in Medicaid had their abortion care completely covered, without copays.

Less than half who used private insurance had their procedure either fully or partially covered; patients reported difficulty understanding and navigating coverage or not using it for privacy reasons.

Some patients only learned of coverage or denial at time of appointment.



*Dual refers to private and Medicaid insurance coverage

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Medicaid experiences

Coverage meant patient freedom to make choices about abortion method and sedation

Clear communication from clinics on coverage

Clinics effectively enrolled patients using Medicaid presumptive eligibility (MPE)

Relief when learning costs would be covered; ability to schedule appointment sooner

"I was very relieved that it was covered because I've been off of work for a month or two[...] it was a big relief [Medicaid covered] not only the procedure, the pills, I guess, but the pain medication and everything else. I was surprised."

Private insurance experiences

Policies were difficult to understand; obstacles with referrals, networks, high deductibles and coverage for only "medically necessary" abortion

Unclear which plans were subject to IL laws

More concern around privacy of abortion care if using coverage

Lack of coverage restricted patient choices around abortion care and led to higher out-of-pocket costs

"If I could have afforded it or if my insurance would've covered it, I would've definitely chosen the surgical one"