



Lessons learned: Illinois providers' perspectives on implementation of Medicaid coverage for abortion

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INTRODUCTION

On January 1, 2018, Illinois passed Public Act 100-0538 (known as HB40) and became the first Midwestern state to voluntarily cover abortion care for Medicaid enrollees. Despite previous research on the impact of expanded Medicaid coverage of abortion and reduced financial barriers for patients, little is known about how shifting to Medicaid payment could impact abortion providers' capacity to offer care.

Published in the journal *Contraception*, the study documented abortion providers' perspectives on the implementation of Medicaid coverage for abortion in Illinois. Researchers conducted in-depth interviews with clinicians and administrators from 15 Illinois clinics, including clinics that provided other services and those primarily providing abortion. Interviews were held between April and October 2019.

FINDINGS

- All interviewees supported the law requiring Medicaid coverage of abortion and expected benefits to patients.
- Many providers struggled to implement the policy because of difficulties obtaining certification to bill the state Medicaid program, confusing and cumbersome paperwork requirements, reimbursement delays, confusing claim denials, and uncertain protocols for Medicaid patients covered under the exceptions defined by the Hyde Amendment.
- Nearly all participants expressed concern that low reimbursement rates were insufficient to cover costs. Implementation was easier for multiservice clinics and those nested in larger institutions.
- Several clinics closed during implementation; one clinic opened. Clinics leveraged internal resources, external funding, and technical assistance to ensure that Medicaid enrollees could receive care without cost.

IMPLICATIONS

Our research suggests that implementing Medicaid coverage for abortion requires proactive and responsive state institutions, improvements to reimbursement processes, and adequate reimbursement rates. In Illinois, successful implementation depended on clinic adaptability, external support, and advocacy for improved policies beyond the initial legislation expanding coverage.

Read the full article, [here](#).

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Clinics leveraged internal resources, external funding, and technical assistance to ensure that Medicaid enrollees could receive abortion care without costs during a confusing initial implementation period.