

TITLE: The impact of Medicaid expansion on utilization of Medicaid-financed abortion services among Oregon women of reproductive age

AUTHOR(S): S. Marie Harvey, Susannah E. Gibbs, and Lisa P. Oakley

PRESENTER(S): Susannah E. Gibbs

STUDENT SUBMISSION: No

TOPIC/TARGET AUDIENCE: Policy makers, researchers

ABSTRACT: Background. ACA Medicaid expansion may increase access to abortion services by enhancing use of primary care prior to pregnancy. We explored how Medicaid-financed abortion rates were affected by expansion and whether expansion increased receipt of medication abortion (MA) relative to surgical abortion in Oregon. Methods. Using Medicaid claims and eligibility data we identified women ages 19-43 (n=30,367) who had abortions before (2008-2013) and after expansion (2014-2016). We estimated the annual number of Oregon women aged 19-43 < 185% of the Federal Poverty Level who would be eligible for a Medicaid-financed abortion using American Community Survey data and conducted interrupted time series analyses using negative binomial and logistic regression models. Results. Incidence of Medicaid-financed abortion increased from 13.4/1,000 women in 2008 to 16.3 in 2016. MA receipt increased from 11.5% of abortions in 2008 to 31.7% in 2016. For both outcomes we identified an increasing time trend after Medicaid expansion, followed by a subsequent leveling-off of the trend. Implications. Increased receipt of Medicaid-financed abortion may have reduced out-of-pocket payment among low-income women. Additionally, increased receipt of MA may indicate that expansion enhanced earlier access to services, possibly as a result of increased pre-pregnancy Medicaid enrollment, which may increase reproductive autonomy and safety.

OBJECTIVE(S): Describe the impact of Medicaid expansion on utilization of Medicaid-financed abortion services among Oregon women of reproductive age. Describe the impact of Medicaid expansion on increased receipt of medication abortion (MA) relative to surgical abortion among Oregon women of reproductive age. Discuss the implications of these findings for health policies and practices to improve the health of women and children.
