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Coverage for Abortion Services in Medicaid, Marketplace Plans and Private Plans

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State and federal efforts to address insurance and Medicaid coverage of abortion services began soon after the 1973 Supreme Court's *Roe v Wade* decision legalizing abortion and have continued to the present day. Starting in 1977, the Hyde Amendment banned the use of any federal funds for abortion, allowing only exceptions for pregnancies that endanger the life of the woman, or that result from rape or incest. The issue of abortion coverage was at the heart of many debates in the run up to the passage of the ACA and subsequently led to renewed legislative efforts at the state level to limit coverage of abortions, this time in private insurance plans. For women in the US, the extent of their abortion coverage is largely dependent on the state in which they reside, as state policies can place restrictions on both Medicaid and private insurance.

This brief reviews current federal and state policies on Medicaid and insurance coverage of abortion services, and presents national and state estimates on the availability of abortion coverage for women enrolled in private plans, Marketplace plans and Medicaid.

Federal and State Laws Regarding Coverage or Payment For Abortion

More than one million women in the U.S. have an abortion every year.[1] Federal and state laws shape the extent to which women can have coverage for abortion services under publicly funded programs and many private plans. Women who seek an abortion but do not have coverage for the service shoulder the out-of-pocket costs of the services. The cost of an abortion varies depending on factors such as location, facility, timing, and type of procedure. A clinic-based abortion at 10 weeks' gestation is estimated to cost between $400 and $550, whereas an abortion at 20-21 weeks' gestation is estimated to cost $1,100-$1,650 or more.[2] Though the vast majority (~90%) of abortions are performed in the first trimester of pregnancy, the costs could be economically challenging for many low-income women.[3] Approximately 5% of abortions are performed at 16 weeks or later in the pregnancy.[4] For women with medically-complicated health situations or who need a second-trimester abortion, the costs could be prohibitive. In some cases, women may have to delay their abortion while they have time to raise funds,[5] or women may first learn of a fetal anomaly in the second trimester when the costs are considerably higher.[6]

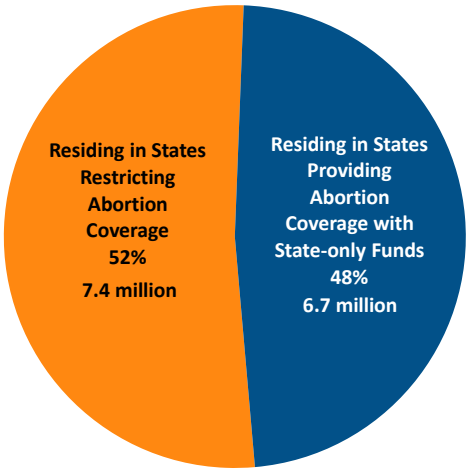
Since 1977, federal law has banned the use of any federal funds for abortion, unless the pregnancy is a result of rape, incest, or if it is determined to endanger the woman's life. This rule, also known as the Hyde Amendment, is not a permanent law; rather it has been attached annually to Congressional appropriations bills, and has been approved every year by the Congress. The Hyde Amendment initially affected only funding for abortions under Medicaid, but over the years, its reach broadened to limit federal funds for abortion for

federal employees and women in the Indian Health Service. From 1981 to 2013, the military health insurance program limited coverage for abortion to circumstances when the woman's life was endangered. In early 2013, an amendment to the National Defense Authorization Act expanded insurance coverage for servicewomen and military dependents to include abortions of pregnancies resulting from rape or incest, as permitted in other federal programs.[7] Federal funds cannot be used to pay for abortions in other circumstances, and abortions can only be performed at military medical facilities in cases of life endangerment, rape or incest. State level policies also have a large impact on how insurance and Medicaid cover abortions, particularly since states are responsible for the operation of Medicaid programs and insurance regulation.

Medicaid: The Medicaid program serves millions of low-income women and is a major funder of reproductive health services nationally. Approximately two-thirds of adult women enrolled in Medicaid are in their reproductive years.[8] As discussed earlier, the federal Hyde Amendment restricts state Medicaid programs from using federal funds to cover abortions beyond the cases of life endangerment, rape, or incest. However, if a state chooses to, it can use its own funds to cover abortions in other circumstances. Currently, 17 states use state-only funds to pay for abortions for women on Medicaid in circumstances different than those federal limitations set in the Hyde Amendment.[9] In 33 states[10] and the District of Columbia, Medicaid programs do not pay for any abortions beyond the Hyde exceptions (**Appendix Table 1**). Currently, nearly half of women with Medicaid coverage live in states that use their own funds to pay for abortion services beyond the federal Hyde limitations (**Figure 1 and Appendix Table 2**).

Figure 1

Distribution of Women on Medicaid, Ages 15-49, by Abortion Coverage



Total Number of Women Enrolled in Medicaid = 14.1 million

NOTES: 17 states use their own funds to pay for all or most medically necessary abortions for Medicaid enrollees in the state. 32 states and DC provide abortions in cases of life endangerment, rape, and incest. South Dakota provides abortions only in cases of life endangerment.
SOURCE: Kaiser Family Foundation analysis of 2015 Current Population Survey, U.S. Census Bureau.

The ACA reinforces the current Hyde Amendment restrictions, continuing to limit federal funds to pay for pregnancy terminations that endanger the life of the woman or that are a result of rape or incest. State Medicaid programs continue to have the option to cover abortions in other circumstances using only state funds and no federal funds. President Obama issued an executive order as part of health reform that restated the federal limits specifically for Medicaid coverage of abortion.[11] The law also explicitly does not preempt other current state policies regarding abortion, such as parental consent or notification, waiting period laws or any of the abortion limits or coverage requirements that states have enacted.

Private Insurance: States have the responsibility to regulate fully-insured individual, small and large group plans issued in their state, whereas self-insured plans are regulated by the federal government under the Employee Retirement Income Security Act (ERISA). States can choose to regulate whether abortion coverage is included or excluded in private plans that are not self-insured. In the private insurance sector, 10 states impose restrictions on the circumstances under which insurance will cover abortions (**Appendix Table 1**). Some

states follow the same restrictions as the federal Hyde Amendment for their private plans, while some are more restrictive. Idaho has exceptions for cases of rape, incest, or to save the woman's life for plans sold on the Marketplace, but limits abortion coverage to cases of life endangerment to the woman for all other private plans issued in the state. Utah has exceptions to save the life of the mother or avert serious risk of loss of a major bodily function, if the fetus has a defect as documented by a physician that is uniformly diagnosable and lethal, and in cases of rape or incest. However, six states (Kansas, Kentucky, Missouri, Nebraska, North Dakota, and Oklahoma) have an exception only to save the woman's life for all private plans. Michigan allows abortion coverage in cases of life endangerment to a woman and when the abortion increases the probability of a live birth or preserves the life or health of the child after live birth, such as in cases involving a reduction, or multi-fetal pregnancy.[12] Five states had these laws on the books prior to the ACA, and five more states have passed new laws restricting private plan coverage post-ACA. While nine of these states allow insurers to sell riders for abortion coverage on the private market, there is little evidence about their availability and no documentation of their cost or impact on access. Utah does not allow riders to be sold for abortion coverage.

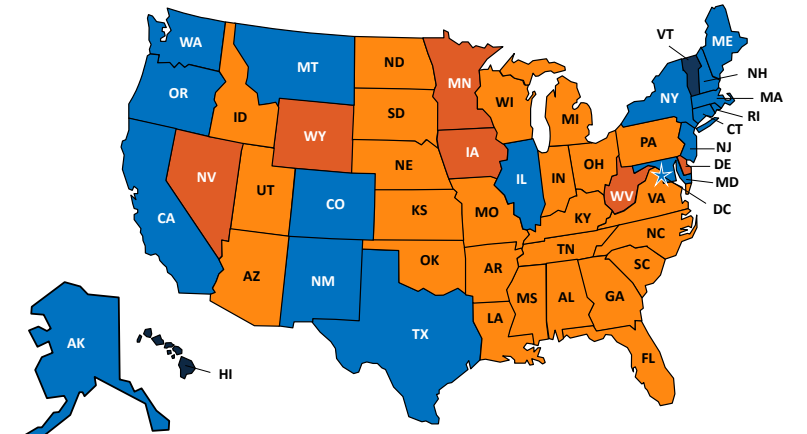
There is no recent data on the number of private plans that include abortion coverage. Only one state, California, requires all plans, including individual and employer plans to treat abortion coverage and maternity coverage neutrally. As all plans are required to include maternity coverage, all plans must also include abortion coverage.[13] Every year since 2012, Washington State has introduced, but failed to pass, similar legislation to require private plans that have maternity coverage to include abortion coverage.[14]

ACA Marketplace Plans:

All plans offered on the ACA Marketplaces must provide coverage for 10 Essential Health Benefits (EHB). Abortion services, however, are explicitly excluded from the list of EHBs that all plans are required to offer. Under federal law, no plan is required to cover abortion. Federal regulations[15] stipulate that at least one Multi-State Plan that excludes abortion coverage must be available in each Marketplace. However, there is a transitional period to implement this policy (ending in 2017). In 2016, 32 States and DC have a Multi-State Plan. States can also enact laws that bar all plans participating in the state Marketplace from covering abortions, which 25 states have done since the ACA was signed into law in 2010 **(Figure 2).** Most state laws include narrow exceptions for women whose pregnancies endanger their life or are the result of rape or incest, but two states (Louisiana and Tennessee) do not provide for any exceptions.[16] The ACA prohibits plans in the state Marketplaces from discriminating against any provider because of "unwillingness" to provide abortions.

Figure 2

Availability of Abortion Coverage through Marketplace Plans, 2016



NOTE: *11 states allows exceptions in circumstances similar to the Hyde Amendment; 12 states allows exceptions in circumstances more narrow than the Hyde Amendment; 2 states allow no exceptions regardless of the circumstance (Louisiana and Tennessee).
SOURCE: Kaiser Family Foundation, 2016.

In states that do not restrict coverage of abortions on plans available through the Marketplace, insurers may offer a plan that covers abortions beyond the federal limitations, but this coverage must be paid for using private, not federal, dollars. Plans must notify consumers of the abortion coverage as part of the Summary of Benefits and Coverage explanation at the time of enrollment. The ACA outlines a methodology for states to follow to ensure that no federal funds are used towards coverage for abortions beyond the Hyde limitations. Any plan that covers abortions beyond Hyde limitations must estimate the actuarial value of such coverage by taking into account the cost of the abortion benefit (valued at least $1 per enrollee per month). This estimate cannot take into account any savings that might be achieved as a result of the abortions (such as prenatal care or delivery).[17]

Furthermore, the federal rules stipulate that plans that offer abortion coverage and receive federal subsidies (it is believed that all plans in the state Marketplace receive at least some federal subsidies) need to collect two premium payments, so that the funds go into separate accounts. One payment is for the value of the abortion benefit and the other payment is for the value of all other services. The plan issuer must deposit the funds in separate allocation accounts, overseen for compliance by state health insurance commissioners. If a state has Multi- State Plans on the marketplace, then at least one of those plans must limit abortion coverage to the Hyde Amendment restrictions.[18] In 2016, of the 261 Multi-State Plans, four offer coverage of abortion beyond the Hyde restrictions. Premera Blue Cross Blue Shield of Alaska offers two Multi-State Plans with abortion coverage and CO-OP Connecticut offers two Multi-State Plans with abortion coverage.

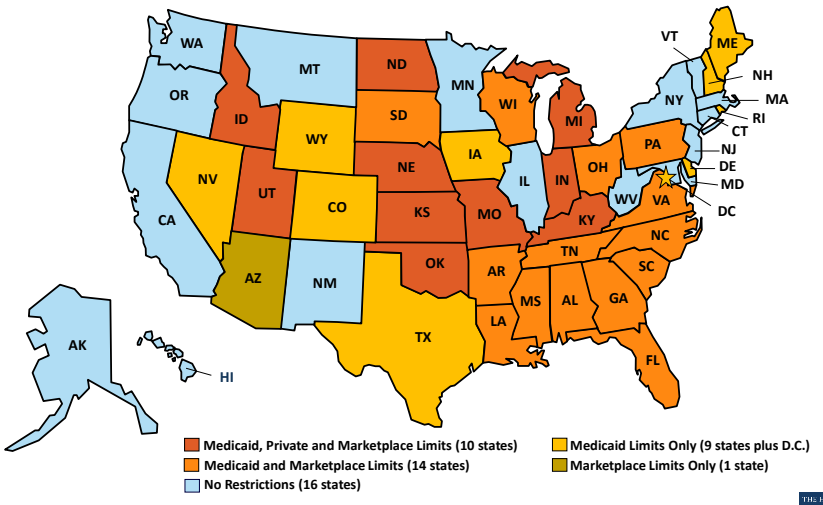
Both sides of the abortion debate are unsatisfied with these rules and are carefully watching the law's implementation. While it is clear that there is no abortion coverage available to women eligible for subsidies in the states that have barred it in the Marketplace, there has been a lot of attention about how difficult it is for consumers in the remaining states to determine whether plans include abortion coverage or not. This lack of transparency was the impetus for the Office of Personnel Management to require Multi-State Plans that offer abortion coverage beyond the Hyde restrictions to notify consumers about this coverage prior to enrollment.[19] Other plans may or may not include information specific to abortion coverage in their Summary of Benefits and Coverage, which consumers often receive after enrollment.

In a review of the 2016 Marketplace plans, six states (Delaware, Iowa, Minnesota, Nevada, West Virginia, and Wyoming) were found that do not have laws restricting abortion coverage, yet have no Marketplace plans that include abortion coverage. In two states (Hawaii and Vermont) all of the Marketplace plans include abortion coverage because there are no Multi-State Plans yet available. This means that consumers in those states who want to secure a plan without abortion coverage do not have that option. While the Office of Personnel Management requires every Multi-State Plan issuer to offer at least one Gold and one Silver plan that excludes abortion coverage in each Marketplace they offer coverage, states are not required to have Multi-State Plans available until 2017. As a combined result of the state laws and insurance company choices, women in 31 states currently do not have access to insurance coverage for abortions through a Marketplace plan – the only place where consumers can receive tax subsidies to help pay for the cost of health insurance premiums.

Women in the remaining 19 states and D.C. without limiting state laws may be able to choose a Marketplace plan which includes abortion coverage. The actual availability of coverage, however, will depend on whether there is a plan offered in their area that includes abortion services. For example, while Texas, Illinois, and Colorado each have at least one plan that includes abortion coverage, these plans are not available in all state counties.

Figure 3

State Policies on Abortion Coverage in Medicaid and Private Insurance, 2016



SOURCE: Kaiser Family Foundation, 2016. Guttmacher Institute, State Policies in Brief: Restricting Insurance Coverage of Abortion, January 2016.

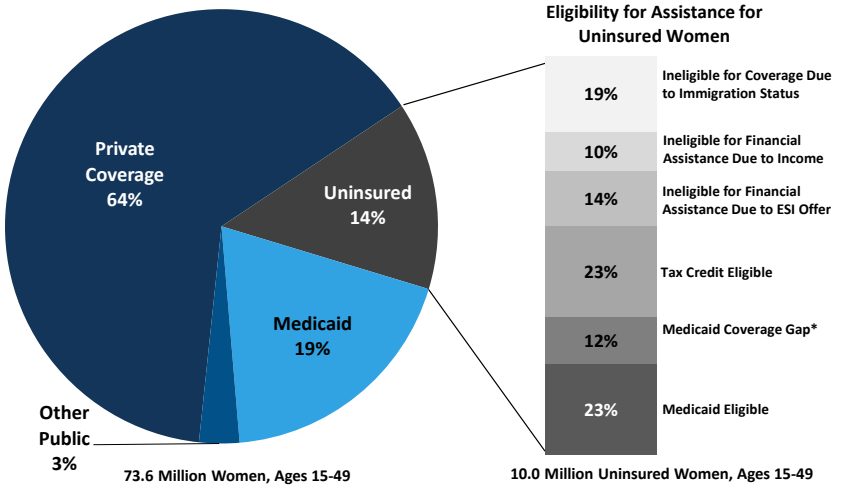
The combination of longstanding federal and state policies along with the new wave of state laws that restrict abortion coverage has made coverage options especially constrained in many states. In 10 states women enrolled in Medicaid, Marketplace Plans, or in other private plans have coverage that is extremely limited when it comes to abortion **(Figure 3).** In 23 additional states and DC, women who qualify for Medicaid or who seek to get coverage through their state Marketplace also lack abortion coverage. And while there are 16 states that do not have policies that limit abortion coverage, in 6 of these states, no 2016 Marketplace plans offer plans that include abortion coverage.

The Availability of Abortion Coverage to Women Newly Eligible Under the ACA

The ACA intended to increase affordability of health insurance and extend coverage to uninsured individuals through a number of changes to the insurance market, including expansion of Medicaid to include individuals with incomes up to 138% FPL, the creation of the state Marketplaces, and the availability of premium subsidies for low to moderate income individuals and families. However, due to a 2012 Supreme Court decision, Medicaid expansion is now optional for states; in 2015, 20 states had not implemented Medicaid expansion.[20] Women in these states who do not meet traditional

Figure 4

Health Insurance Coverage of Women and Eligibility for Coverage under ACA



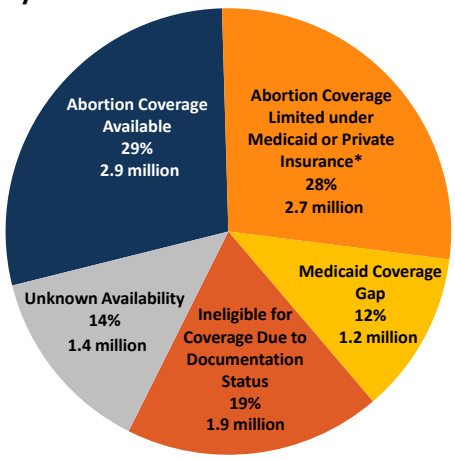
NOTE: Percentages may not add up to 100% due to rounding. "Other Public" includes those covered under the military or Veterans Administration as well as nonelderly Medicare enrollees. Tax Credit Eligible share includes women in MN and NY who are eligible for coverage through the Basic Health Plan.
*Incomes <100% FPL in state not expanding Medicaid.
SOURCE: Kaiser Family Foundation analysis of based on 2015 Medicaid eligibility levels and 2015 Current Population Survey, U.S. Census Bureau.

Medicaid eligibility requirements and whose incomes are below 100% FPL are not eligible for Medicaid, and do not qualify for subsidies on the Marketplace, effectively creating a coverage gap.[21]

In 2014, an estimated 10.0 million uninsured women of reproductive age (ages 15 to 49) resided in the United States (**Figure 4 and Appendix Table 3**). Using 2015 Medicaid eligibility levels, an estimated 2.3 million (23%) qualified for Medicaid or had been eligible, but had not previously enrolled in the program. About 2.3 million women (23%) had incomes between 100 – 400% of the Federal Poverty Level (FPL) and qualified for subsidies in the form of tax credits if they obtained coverage through their state Marketplace. About 1 million uninsured women were eligible to obtain coverage on the state Marketplace or through the individual market, but did not qualify for subsidies because their income was too high. Finally, an estimated 1.2 million uninsured women fell into the so-called "coverage gap" because they lived in one of the states that did not expand Medicaid and their income was below 100% FPL, leaving them ineligible for subsidies to purchase coverage on the Marketplace under the law.[22, 23, 24]

Figure 5

Availability of Abortion Coverage for Uninsured Women, by Type of Coverage Eligibility



Total Uninsured Women Ages 15-49 = 10.0 Million

NOTE: *Includes Medicaid eligible residing in Hyde states; subsidy eligible in states banning abortion in their Marketplace; in states without abortion bans, but offering no abortion plans; or are ineligible due to income. Those with income levels exceeding eligibility for tax credits may secure coverage that includes abortion outside of the Marketplace in states that do not restrict private insurance. "Unknown Availability" includes those with an offer of employer coverage.
SOURCE: Kaiser Family Foundation analysis of based on 2015 Medicaid eligibility levels and 2015 Current Population Survey, U.S. Census Bureau.

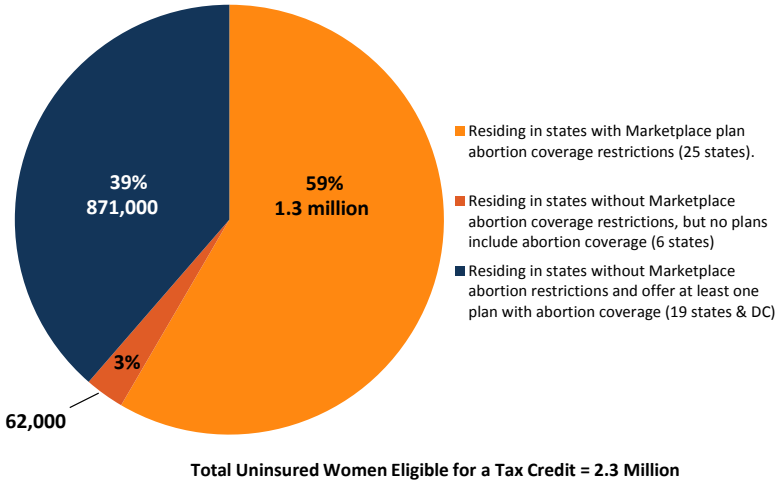
Because of the Hyde Amendment rules and the state laws that govern coverage of abortion services in private plans, the availability of abortion coverage varies across the states among the women who are eligible for Medicaid or private coverage. Among women who are uninsured, almost three-in-ten (29%) could enroll in a Medicaid plan or private insurance plan that does not limit the scope of coverage for abortion services if they wish (**Figure 5**). Another 28%, 2.7 million women, lived in a state where the availability of coverage for abortion services under Medicaid, Marketplace plans and/or private policies is limited. In most of these states, abortion is limited to pregnancies that result from rape or incest or are a medical threat to a woman's life as in the federal Hyde Amendment, but in some states, Marketplace plan coverage restrictions are ever narrower. About 1.2 million women (12%) were in the Medicaid coverage gap and did not have access to affordable coverage, either through Medicaid or subsidies, because their state did not expand Medicaid and their incomes were too low to qualify for tax credits under the law. Nineteen percent (1.9 million) of women of reproductive age are not expected to enroll in any coverage expansion under the ACA due to immigration status. All of the states which had not expanded Medicaid followed the Hyde Amendment. As a result, all of the women in the coverage gap states would have restricted availability of abortion coverage under Medicaid if their state were to broaden eligibility.

Impact of State Policies and Insurance Carrier Choices on Women's Access to ACA Coverage

Among the estimated 2.3 million uninsured women of reproductive age who are income eligible for tax credits, 39% (871,000) have the option to enroll in a Marketplace plan that offers abortion coverage. Six in ten women (62%), however, cannot select a plan with abortion coverage through their Marketplace – 59% (1.3 million) because they live in a state that has banned abortion coverage available through Marketplace health plans and 3% (62,000) live in a state without abortion coverage restrictions, but no plans offer cover abortion services (**Figure 6**).

Figure 6

Availability of Abortion Coverage for Tax Credit Eligible Uninsured Women



NOTES: Numbers and percentages may not add up due to rounding.
SOURCE: Kaiser Family Foundation analysis of based on 2015 Medicaid eligibility levels and 2015 Current Population Survey, U.S. Census Bureau.

While the reasons why plans in these states have opted to exclude abortion coverage are not known, it is possible that the complexity of the requirements specific only to abortion coverage could be a deterrent to the plans. This was raised as a possible outcome during the pre-ACA abortion coverage debate. The Nelson Amendment included in the final law, requires plans to segregate funds used for abortion coverage, effectively collecting an additional fee for this coverage, and adding a layer of administrative complexity.[25] Plans that choose to include abortion coverage are also subject to additional reporting standards and audit requirements. This might be the case in West Virginia, where the same insurance carrier that does not offer abortion coverage for individual policies is, however, including abortion coverage in the group policies sold to small firms through the small group marketplace plans, where the abortion-related accounting rules and reporting requirements do not apply.

Conclusion

Although the number women gaining access to health insurance coverage is rising, an increasing share of women are facing limitations in the scope of that coverage when it comes to abortion services. The impact of the abortion coverage restrictions disproportionately affects poor and low-income women who have limited ability to pay for abortion services with out-of-pocket funds. Today over half of women on Medicaid have abortion coverage that is limited to pregnancies resulting from rape, incest, or life endangerment. While millions of women have gained health insurance coverage as a result of the ACA insurance expansions, many are enrolled in plans that restrict the circumstances in which abortion services will be covered. Since the ACA was enacted, 25 states have enacted limitations on the circumstances in which Marketplace plans may cover abortion, and in an additional 6 states, no plans offer abortion coverage despite the absence of restricting legislation. As a result of these state actions and federal law limiting abortion coverage under Medicaid, nearly three in ten uninsured women are limited to enrollment that meets Hyde restrictions or, in some states, more

restrictive circumstances. In the coming years, laws enacted at the federal and state levels as well as the choices that are made by insurers, employers, and policy holders will ultimately determine the extent of abortion coverage that will be available to women across the nation.

The authors would like to thank Anthony Damico, an independent consultant to the Kaiser Family Foundation, for assistance with data analysis.

Appendix Table 1: Scope of Abortion Coverage in Medicaid and in Private Plans, by State as of January 2016				
State	States with No Medicaid Expansion and Restricting Abortion Coverage to Hyde Rules	States with Medicaid Expansion and Restricting Abortion Coverage to Hyde Rules	State Law Restricting Abortion Coverage to Limited Circumstances in Marketplace Plans	State Law Limiting Abortion in Private Insurance Issued in the State
Grand Total	19	15	25	10
Alabama	X		X	
Alaska				
Arizona			X	
Arkansas		X	X	
California				
Colorado		X		
Connecticut				
Delaware		X		
DC		X		
Florida	X		X	
Georgia	X		X	
Hawaii				
Idaho	X		X	X
Illinois				
Indiana		X	X	X
Iowa		X		
Kansas	X		X	X
Kentucky		X	X	X
Louisiana*		X	X	
Maine	X			
Maryland				
Massachusetts				
Michigan		X	X	X
Minnesota				
Mississippi	X		X	
Missouri	X		X	X
Montana				
Nebraska	X		X	X
Nevada		X		
New Hampshire		X		
New Jersey				
New Mexico				
New York				
North Carolina	X		X	
North Dakota		X	X	X
Ohio		X	X	
Oklahoma	X		X	X
Oregon				
Pennsylvania		X	X	
Rhode Island		X		
South Carolina	X		X	
South Dakota**	X		X	
Tennessee	X		X	
Texas	X			
Utah	X		X	X
Vermont				
Virginia	X		X	
Washington				
West Virginia				
Wisconsin	X		X	
Wyoming	X			

NOTES: * Louisiana Medicaid expansion begins on 7/1/2016.
**South Dakota pays for abortion only in cases of life endangerment.
SOURCES: Kaiser Family Foundation State Health Facts; Guttmacher Institute State Policies in Brief, Overview of Abortion Laws January 1, 2016

Appendix Table 2: Health Insurance Coverage of Women, Ages 15-49					
State	Total	Private Coverage	Medicaid	Other Public	Uninsured
U.S. Total	**73,587,000**	**47,426,000**	**14,114,000**	**2,076,000**	**9,972,000**
Alabama	1,096,000	720,000	187,000	27,000	162,000
Alaska	162,000	94,000	35,000	11,000	23,000
Arizona	1,525,000	852,000	419,000	N/A	243,000
Arkansas	654,000	408,000	128,000	21,000	98,000
California	9,332,000	5,613,000	2,323,000	242,000	1,154,000
Colorado	1,266,000	766,000	261,000	65,000	174,000
Connecticut	808,000	594,000	132,000	13,000	68,000
Delaware	211,000	148,000	43,000	N/A	12,000
DC	201,000	142,000	46,000	N/A	11,000
Florida	4,452,000	2,631,000	867,000	140,000	813,000
Georgia	2,448,000	1,512,000	310,000	75,000	551,000
Hawaii	306,000	201,000	59,000	28,000	19,000
Idaho	386,000	267,000	54,000	11,000	53,000
Illinois	2,920,000	1,988,000	568,000	47,000	316,000
Indiana	1,475,000	943,000	259,000	45,000	228,000
Iowa	674,000	502,000	103,000	16,000	54,000
Kansas	644,000	453,000	85,000	N/A	82,000
Kentucky	984,000	621,000	248,000	39,000	75,000
Louisiana	1,099,000	663,000	208,000	35,000	194,000
Maine	276,000	175,000	64,000	N/A	32,000
Maryland	1,372,000	1,028,000	214,000	49,000	81,000
Massachusetts	1,571,000	1,043,000	434,000	N/A	80,000
Michigan	2,228,000	1,511,000	472,000	47,000	199,000
Minnesota	1,233,000	891,000	217,000	21,000	104,000
Mississippi	691,000	375,000	154,000	31,000	131,000
Missouri	1,375,000	960,000	207,000	N/A	171,000
Montana	215,000	156,000	19,000	5,000	35,000
Nebraska	419,000	292,000	51,000	17,000	60,000
Nevada	671,000	400,000	126,000	38,000	107,000
New Hampshire	292,000	226,000	37,000	N/A	23,000
New Jersey	2,049,000	1,409,000	294,000	52,000	295,000
New Mexico	448,000	221,000	140,000	18,000	69,000
New York	4,721,000	3,050,000	1,203,000	58,000	411,000
North Carolina	2,355,000	1,464,000	375,000	115,000	402,000
North Dakota	164,000	122,000	16,000	5,000	21,000
Ohio	2,583,000	1,701,000	593,000	66,000	224,000
Oklahoma	858,000	530,000	133,000	25,000	170,000
Oregon	888,000	603,000	186,000	N/A	87,000
Pennsylvania	2,811,000	1,928,000	500,000	54,000	329,000
Rhode Island	249,000	181,000	46,000	N/A	15,000
South Carolina	1,085,000	648,000	215,000	27,000	196,000
South Dakota**	181,000	132,000	20,000	6,000	22,000
Tennessee	1,447,000	969,000	236,000	N/A	166,000
Texas	6,514,000	3,996,000	852,000	169,000	1,497,000
Utah	713,000	526,000	72,000	N/A	101,000
Vermont	133,000	92,000	30,000	N/A	6,000
Virginia	1,958,000	1,359,000	136,000	173,000	290,000

Appendix Table 2: Health Insurance Coverage of Women, Ages 15-49					
State	Total	Private Coverage	Medicaid	Other Public	Uninsured
Washington	1,618,000	1,079,000	330,000	34,000	176,000
West Virginia	399,000	223,000	133,000	11,000	32,000
Wisconsin	1,299,000	924,000	262,000	N/A	93,000
Wyoming	127,000	95,000	13,000	N/A	15,000

NOTES: Numbers may not add up due to rounding. "Other Public" includes those covered under the military or Veterans Administration as well as non-elderly Medicare enrollees.
"N/A" indicates point estimate does not meet the minimum standards for statistical reliability.
* Louisiana Medicaid expansion begins on 7/1/2016.
** South Dakota pays for abortion only in cases of life endangerment.
Dark blue shading indicates states with limitations on abortion coverage in private plans.
Orange shading indicates states restricting Medicaid abortion coverage to Hyde Amendment rules.
SOURCE: Kaiser Family Foundation analysis based on the 2015 Current Population Survey, U.S. Census Bureau.

Appendix Table 3: Eligibility for Assistance for Uninsured Women, Ages 15-49					
	Uninsured Total	Medicaid Eligible	Income Eligible for Federal Tax Credit	Medicaid Coverage Gap	Ineligible for Federal Financial Assistance due to Income, ESI Offer, or Immigration Status
US Total	**9,972,000**	**2,320,000**	**2,261,000**	**1,160,000**	**4,230,000**
Alabama	162,000	26,000	46,000	53,000	36,000
Alaska	23,000	11,000	N/A	--	8,000
Arizona	243,000	92,000	31,000	--	121,000
Arkansas	98,000	49,000	N/A	--	32,000
California	1,154,000	409,000	177,000	--	567,000
Colorado	174,000	58,000	N/A	--	90,000
Connecticut	68,000	N/A	N/A	--	30,000
Delaware	12,000	N/A	N/A	--	6,000
DC	11,000	4,000	N/A	--	6,000
Florida	813,000	67,000	262,000	182,000	303,000
Georgia	551,000	56,000	148,000	122,000	225,000
Hawaii	19,000	9,000	N/A	--	8,000
Idaho	53,000	N/A	14,000	9,000	25,000
Illinois	316,000	97,000	50,000	--	169,000
Indiana	228,000	96,000	N/A	--	92,000
Iowa	54,000	25,000	N/A	--	22,000
Kansas	82,000	N/A	25,000	N/A	33,000
Kentucky	75,000	32,000	N/A	--	31,000
Louisiana*	194,000	23,000	56,000	69,000	45,000
Maine	32,000	N/A	N/A	N/A	N/A
Maryland	81,000	N/A	N/A	--	50,000
Massachusetts	80,000	N/A	N/A	--	51,000
Michigan	199,000	96,000	48,000	--	54,000
Minnesota ^	104,000	32,000	N/A	--	56,000
Mississippi	131,000	23,000	29,000	44,000	36,000
Missouri	171,000	N/A	52,000	55,000	58,000
Montana	35,000	20,000	7,000	--	9,000
Nebraska	60,000	N/A	18,000	N/A	28,000
Nevada	107,000	41,000	20,000	--	46,000
New Hampshire	23,000	12,000	N/A	--	8,000
New Jersey	295,000	88,000	48,000	--	159,000
New Mexico	69,000	30,000	N/A	--	30,000
New York ^	411,000	141,000	98,000	--	172,000
North Carolina	402,000	44,000	110,000	100,000	147,000
North Dakota	21,000	4,000	N/A	--	12,000
Ohio	224,000	117,000	45,000	--	62,000
Oklahoma	170,000	N/A	44,000	28,000	74,000
Oregon	87,000	38,000	N/A	--	42,000
Pennsylvania	329,000	150,000	66,000	--	113,000
Rhode Island	15,000	7,000	N/A	--	N/A
South Carolina	196,000	32,000	65,000	44,000	54,000
South Dakota**	22,000	N/A	8,000	N/A	8,000

Appendix Table 3: Eligibility for Assistance for Uninsured Women, Ages 15-49					
	Uninsured Total	Medicaid Eligible	Income Eligible for Federal Tax Credit	Medicaid Coverage Gap	Ineligible for Federal Financial Assistance due to Income, ESI Offer, or Immigration Status
Tennessee	166,000	N/A	34,000	N/A	69,000
Texas	1,497,000	99,000	352,000	309,000	737,000
Utah	101,000	10,000	31,000	N/A	49,000
Vermont	6,000	N/A	N/A	--	N/A
Virginia	290,000	N/A	101,000	62,000	108,000
Washington	176,000	63,000	N/A	--	77,000
West Virginia	32,000	15,000	N/A	--	N/A
Wisconsin †	93,000	30,000	21,000	--	42,000
Wyoming	15,000	N/A	7,000	N/A	6,000

NOTES: Some estimates are "N/A" because point estimates do not meet minimum standards for statistical reliability.
^Tax credit-eligible population in Minnesota and New York include uninsured adults who are eligible for coverage through the Basic Health Plan.
"--" indicates state does not have a Medicaid coverage gap.
† Wisconsin covers adults up to 100% FPL in Medicaid under a waiver but did not adopt the ACA expansion.
*Louisiana Medicaid expansion begins on 7/1/2016.
** South Dakota provides abortions only in cases of life endangerment.
Orange shading indicates states restricting Medicaid abortion coverage to Hyde Amendment rules.
Yellow shading indicates states with limitations on abortion coverage in Marketplace plans.
Light yellow shading indicates states without any Marketplace limitations, but no Marketplace plans include any plans with coverage.
Dark blue shading indicates states with limitations on abortion coverage in private plans.
SOURCE: Kaiser Family Foundation analysis based on 2015 Medicaid eligibility levels and 2015 Current Population Survey, U.S. Census Bureau.

ENDNOTES

[1] Guttmacher Institute, Facts on Induced Abortion in the United States, July 2014.

[2] Jones, R and Kooistra, K. (2011). Abortion Incidence and Access to Services in the United States, 2008. Perspectives on Sexual and Reproductive Health; 43(1), 41-50.

[3] Guttmacher Institute. State Policies in Brief, Overview of Abortion Laws, January 2016.

[4] Guttmacher Institute, Facts on Induced Abortion in the United States, July 2014.

[5] Ibid.

[6] National Journal, "Should Mothers Be Forced to Bear Disabled Children Against Their Will?", October 2013.

[7] Senator Shaheen, "Shaheen Amendment Signed into Law" January 3, 2013.

[8] Kaiser Family Foundation, Medicaid's Role for Women Across the Lifespan, December 2012.

[9] Guttmacher Institute. State Policies in Brief, Overview of Abortion Laws, January 2016.

[10] South Dakota does not have a rape or incest exception, limiting coverage to cases of life endangerment for the woman.

[11] The White House Office of the Press Secretary, Executive Order – Patient Protection and Affordable Care Act's Consistency with Longstanding Restrictions of the Use of Federal Funds for Abortion, March 24, 2010.

[12] Michigan, Act 182: Abortion Insurance Opt Out Act.

[13] Michelle Rouillard, Director of Department of Managed Health Care letter to Mark Morgan, California President of Anthem Blue Cross, RE: Limitations or Exclusions of Abortion Services. August 22, 2014. Available: https://www.dmhc.ca.gov/Portals/0/082214letters/abc082214.pdf.

[14] Washington State Legislature. HB1647, 2015 -16. Concerning health plan coverage of reproductive care. http://app.leg.wa.gov/billinfo/summary.aspx?bill=1647&year=2015.

[15] 45 CFR § 800.602: Consumer choice with respect to certain services.

[16] Health Reform and Abortion Coverage in the Insurance Exchanges. National Health Conference of State Legislature. April 2014. http://www.ncsl.org/research/health/health-reform-and-abortion-coverage.aspx.

[17] The Patient Protection and Affordable Care Act, Section 1303 Special Rules.

[18] 45 CFR § 800.602: Consumer choice with respect to certain services.

[19] Ibid.

[20] On January 12, 2016, Louisiana's Governor Edwards signed an Executive Order to adopt the Medicaid expansion, but coverage under the expansion is not yet in effect. http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/.

[21] Wisconsin has not formally expanded Medicaid under the ACA, but extends coverage to adults up to 100% of FPL. Wisconsin does not have a coverage gap.

[22] Ibid.

[23] Louisiana has announced plans to expand Medicaid in July 2016, broadening access to Medicaid to an estimated 69,000 women ages 15 to 49.

[24] For a discussion of the methods used to derive the estimates of women in the coverage gap and eligible for tax credits see: KFF, The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid – An Update, October 2015. The estimates of the availability of abortion coverage were derived using a two-step process. 1) Using state level estimates we classified the number of uninsured women of reproductive age (15 to 49) residing in the United States in 2014 into six groups: those who were eligible for Medicaid, tax credits, had incomes below poverty and resided in a state that was not expanding Medicaid (coverage gap), had incomes too high for financial assistance, were ineligible due to citizenship status, or had an offer of coverage from an employer. 2) Based on their state of residence these calculations were then used to estimate the number of women with differing levels of abortion coverage based on whether or not their state permitted the use of state only funds to pay for abortions beyond the Federal Hyde limitations; enacted laws that banned coverage on the plans available through the state Marketplace beyond limited circumstances; had no laws that restricted coverage on plans available through the marketplace but did not offer any plans with abortion coverage; and those enacting similar legislation affecting private plans available in the state. The number of women with limitations in the scope of abortion coverage or who were in the insurance coverage gap was summed and divided by the number of uninsured women residing the state.

[25] The Patient Protection and Affordable Care Act, Section 1303 Special Rules.