ISSUE BRIEF, AUGUST 2017

Distance traveled for abortion and source of care after abortion in California's Medicaid Program

Key Points:

- The California Medicaid program covers abortion services, yet many women using Medicaid travel long distances to obtain abortion care. Rural women, women seeking abortions at hospitals, and women seeking abortions in the 2nd trimester or later are most likely to travel far.
- When women have to travel long distances for abortion care they are more likely to seek follow-up care at an emergency department and less likely to return to the original abortion provider.
- Costs are consistently higher when women seek follow-up care at emergency departments rather than their original abortion provider.
- Increasing the number and distribution of rural Medicaid abortion providers and reimbursing providers for telemedicine and other alternatives to in-person follow-up could reduce costs to the health care system.

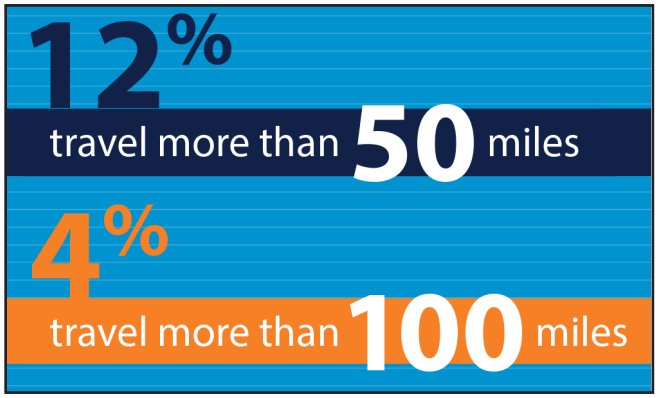
Background

Many factors affect abortion access in the United States, including the availability of abortion providers and how far women have to travel to reach them. Nationally, women travel an average distance of 30 miles for abortion and 17% travel more than 50 miles for abortion care.[1] Long distances are a burden on patients both when they initially seek abortion as well as if they want or need additional care. As with any medical procedure, some women want subsequent care after abortion – either routine follow-up to confirm the abortion is complete or because they are concerned about symptoms.[2] When women do seek follow-up care after their abortion, they may return to the original abortion provider or they may go to an emergency department (ED) depending on the urgency of their concerns, cost, and, potentially, distance.

California's state Medicaid program, Medi-Cal, is one of 17 state Medicaid programs that cover abortion. It covers 49% of abortions in California and 8% of abortions in the country.[3,4] Using 2011-2012 data from 39,747 abortions covered by Medi-Cal and any additional care in the 6 weeks following, researchers at ANSIRH sought to describe the distance California women traveled for Medicaid-covered abortion, factors associated with traveling greater distance, and how distance affected where women sought care after abortion.[5,6]

Findings

Certain groups of women in California travel disproportionately long distances to obtain abortion care



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- Overall, 12% of CA women traveled 50 miles or more and 4% traveled 100 miles or more for Medi-Cal covered abortion.
- Some groups of women were more likely to travel long distances: 51% of rural woman, 20% of women obtaining abortions at hospitals, and 22% of women obtaining second trimester or later abortions traveled 50 miles or more.
- Despite the concentration of Medi-Cal abortion providers in urban areas, there was no significant difference in abortion rates between urban and rural counties, meaning that demand for abortion is similar in urban and rural counties.

Distance to abortion is related to whether and where a patient seeks follow-up care

- Women travelling longer distances for an abortion were more likely to seek abortion-related follow-up care at an ED and were less likely to return to their abortion provider.
- Follow-up rates at the abortion provider differed by abortion type - 77% of medication abortion patients (largely for routine follow-up), 4% of 1st trimester patients, and 3% of 2nd trimester or later patients returned to their abortion provider.
- Women also sought abortion-related care at EDs - 4% of medication abortion patients, 3% of 1st trimester patients, and 2% of 2nd trimester or later patients sought abortion-related care at EDs after an abortion.
- The cost of follow-up care at EDs (median $961) was significantly higher than follow-up care at the abortion provider (median $536).

Women who traveled 100 miles or more for their abortion were over

2x as likely

to seek follow-up care at a local ED and

1/2 as likely

to return to their original provider, compared to women traveling 25 miles or less.

Conclusions

Abortion care can be difficult to obtain even in states that seem to have good abortion access when some women must travel long distances to reach a Medicaid provider. Long distances for initial care also impacts subsequent care-seeking. There is a need to increase the number of rural Medicaid abortion providers. This can be achieved by increasing reimbursement rates, increasing the types of providers (like nurse practitioners) who can offer abortion, and reimbursing providers for telemedicine and alternatives to in-person routine follow-up. Together these efforts would likely reduce travel burdens on patients, improve continuity of care, and reduce state costs by shifting the location of follow-up from EDs back to abortion providers.

References

1. Jones RK, Jerman J. How far did US women travel for abortion services in 2008? Journal of Women's Health 2013;22:706-13.
2. Grossman D, Ellertson C, Grimes DA, Walker D. Routine follow-up visits after first-trimester induced abortion. Obstet Gynecol 2004;103:738-45.
3. California Department of Health Care Services. Medi-Cal Funded Induced Abortions, 2010. Sacramento, CA: California Department of Health Care Services; 2011.
4. Jones RK, Jerman J. Abortion Incidence and Service Availability In the United States, 2011. Perspect Sex Reprod Health 2014;46:3-14.
5. Johns NE, Foster DG, Upadhyay UD. Distance traveled for Medicaid-covered abortion care in California. BMC Health Services Research 2017;17:287.
6. Upadhyay UD, Johns NE, Meckstroth KR, Kerns JL. Distance Traveled for an Abortion and Source of Care After Abortion. Obstet Gynecol 2017;130.