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3 **Title:** Insurance Coverage of Abortion
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5 **Introduced by:** Halley Crissman, MD, for the Michigan Section of the American College of
6 Obstetricians and Gynecologists
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8 **Original Author:** Halley Crissman, MD
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10 **Referred To:** Reference Committee A
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12 **House Action:** **APPROVED**
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15 Whereas, abortion is healthcare, and

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17 Whereas, abortion care should be considered essential health care by public and private
18 insurance and should not be singled out for exclusion or additional administrative or financial
19 burdens, and

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21 Whereas, the inclusion of the federal Hyde amendment in annual federal budgets has
22 restricted the use of federal Medicaid funds for abortion care, but states have the jurisdiction to use
23 state Medicaid funds to cover abortion care, and

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25 Whereas, insurance coverage restrictions related to abortion care, constitute a substantial
26 barrier to abortion access and increase reproductive health inequities, and

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28 Whereas, bans on Medicaid coverage of abortion care disproportionately impact people
29 who face systemic barriers to health care, including Black and Indigenous people, rural residents,
30 people with disabilities, and people who are working to make ends meet, and

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32 Whereas, communities most affected by the lack of Medicaid coverage of abortion care
33 include those who are most likely impacted by unacceptably higher maternal death rates -
34 particularly Black women who are 2-3 times more likely to die in pregnancy compared to white
35 women, and

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37 Whereas, maternal death rates are higher in states with abortion restrictions, and

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39 Whereas, evidence suggests that people who do not have access to public or private
40 insurance coverage are delayed in their ability to obtain abortion care due to raising money for
41 abortion care, and

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43 Whereas, a major study comparing people who have been turned away from abortion care
44 to those who were able to receive abortion, found that years after abortion denial, those turned
45 away were less likely to have enough money to cover basic living expenses and were more likely to
46 remain in contact with violent partners, and

47 Whereas, decisions about abortion care are complex and include factors related to health,
48 relationships, finances, safety, and life planning - coverage for abortion care should not be
49 predicated on a physician’s judgment of necessity, and
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51 Whereas, denying someone abortion care just because they are enrolled in a public
52 insurance program denies them the freedom to make the decision best for their circumstances;
53 therefore be it
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55 RESOLVED: That MSMS replace existing policies, “Medicaid Funding” and “Insurance
56 Coverage,” with a single policy to read as follows:

57 MSMS recognizes that abortion is healthcare, and as such, that public and private health
58 insurance should include abortion care as a covered benefit.
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61 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000-\$2,000

Relevant MSMS Policy

Medicaid Funding

The state of Michigan should fund abortions for Medicaid patients deemed necessary by a physician.

Insurance Coverage

Medical insurance companies should make provision for adequate coverage of abortions.

Automatic and Affordable Health Insurance Coverage for All

MSMS supports affordable health insurance coverage for Americans.

Opposition to Government Regulations Limiting Scope of Women’s Health Coverage

MSMS supports maintaining the privacy and confidentiality of anyone who purchases additional coverage riders for any benefits including abortion and opposes any limitations on the scope of health care coverage that private insurance companies can offer in a comprehensive health plan.

Relevant AMA Policy

Expanding Support for Access to Abortion Care D-5.996

1. Our AMA will advocate for: (a) broad and equitable access to abortion services, public and private coverage of abortion services, and funding of abortion services in public programs; (b) explicit codification of legal protections to ensure broad, equitable access to abortion services; and (c) equitable participation by physicians who provide abortion care in insurance plans and public programs. 2. Our AMA opposes the use of false or inaccurate terminology and disinformation in policymaking to impose restrictions and bans on evidence-based health care, including reproductive health care.

Preserving Access to Reproductive Health Services D-5.999

Our AMA: (1) recognizes that healthcare, including reproductive health services like contraception and abortion, is a human right; (2) opposes limitations on access to evidence-based reproductive health services, including fertility treatments, contraception, and abortion; (3) will work with interested state medical societies and medical specialty societies to vigorously advocate for broad,

equitable access to reproductive health services, including fertility treatments, fertility preservation, contraception, and abortion; (4) supports shared decision-making between patients and their physicians regarding reproductive healthcare; (5) opposes any effort to undermine the basic medical principle that clinical assessments, such as viability of the pregnancy and safety of the pregnant person, are determinations to be made only by healthcare professionals with their patients; (6) opposes the imposition of criminal and civil penalties or other retaliatory efforts, including adverse medical licensing actions and the termination of medical liability coverage or clinical privileges against patients, patient advocates, physicians, other healthcare workers, and health systems for receiving, assisting in, referring patients to, or providing reproductive health services; (7) will advocate for legal protections for patients who cross state lines to receive reproductive health services, including contraception and abortion, or who receive medications for contraception and abortion from across state lines, and legal protections for those that provide, support, or refer patients to these services; and (8) will advocate for legal protections for medical students and physicians who cross state lines to receive education in or deliver reproductive health services, including contraception and abortion.

Public Funding of Abortion Services H-5.998

The AMA reaffirms its opposition to legislative proposals that utilize federal or state health care funding mechanisms to deny established and accepted medical care to any segment of the population.

Sources:

1. <https://www.guttmacher.org/state-policy/explore/state-funding-abortion-under-medicaid>
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3. Natalia Vega Varela, Nancy L. Cohen, Neisha Opper, Myriam Shiran, and Clare Weber, "The State of Reproductive Health in the United States: The End of Roe and the Perilous Road Ahead for Women in the Dobbs Era," Gender Equity Policy Institute, January 19, 2023. <https://doi.org/10.5281/zenodo.7548698>
4. Roberts SCM, Gould H, Kimport K, Weitz TA, Foster DG. Out-of-pocket costs and insurance coverage for abortion in the United States. March 2014. *Women's Health Issues*, 24(2):e211-e218.
5. Roberts SCM, Biggs MA, Chibber KS, Gould H, Rocca CH, Foster DG. Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion. September 2014. *BMC Medicine*, 12:144