



**CALIFORNIA REPRODUCTIVE HEALTH EQUITY PROGRAM
ANNUAL EVALUATION
JUNE 2024**



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“A healthier California where all receive equitable, affordable, and quality health care”

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Background

On June 24, 2022, the Supreme Court overturned *Roe vs. Wade*, allowing states to ban or severely limit access to abortion. California, as a Reproductive Freedom state, took immediate steps to protect abortion rights and access. AB 2134 (Weber) established the California Reproductive Health Equity Program (now referred to as the Uncompensated Care grant program) within the Department of Health Care Access and Information (HCAI), and the legislature appropriated \$40 million to ensure abortion and contraception services are affordable for and accessible to all patients seeking these essential health services across the state. [California Health and Safety Code Sections 127630 – 127639](#) established by AB 2134 outlines the requirements for the program and requires HCAI to conduct an annual evaluation of the program and report findings to the legislature on an annual basis beginning in July 2024. HCAI has partnered with Essential Access Health (Essential Access) to serve as the Program Administrator for the Uncompensated Care Grant program to distribute program funding and ensure compliance with statutory requirements.

As of May 2024, 22 states have bans or severe restrictions on abortion.¹ In April 2024, Arizona briefly passed a law prohibiting abortion with no exceptions for rape or incest, only allowing an abortion if it jeopardizes a pregnant person's life. Though this most extreme law was repealed, the ban is expected to take effect for at least three months; Arizona still bans abortion at 15 weeks and the state does not cover the cost of abortion care for patients enrolled in Medicaid.^{1,2} Florida recently passed a law banning abortion at 6 weeks, effectively banning all abortions in the state and severely limiting access across the Southeast, forcing patients to travel across many state lines, sometimes across the country, to obtain basic reproductive healthcare.¹

Uncompensated Care Program Overview

Purpose

The Uncompensated Care Grant program provides funding to health care providers who deliver abortion and contraceptive care to individuals with income below 400% of the federal poverty line (FPL) who do not have coverage for such services and are not eligible for coverage under the Medi-Cal or Family PACT programs.

Eligibility

Per statute, to be eligible for the funds applicants must be Medi-Cal enrolled medical providers who offer abortion and contraceptive care to patients with low incomes. These

¹ Guttmacher Institute State Policies Map, May 1, 2024: <https://states.guttmacher.org/policies/>

² Arizona Attorney General, Key Issues, Arizona Reproductive Rights, Arizona Abortion Laws, May 2024: <https://www.azag.gov/issues/reproductive-rights/laws#:~:text=The%20Arizona%20Supreme%20Court%20recently,in%20response%20to%20that%20decision.>

grant funds are designated for clients whose self-reported household income is at or below 400% of the federal poverty level (FPL) and who are uninsured or whose health insurance coverage does not include abortion and contraception services AND they are not eligible for coverage for either the Medi-Cal or Family PACT programs.

Request for Proposals + Funding History To-Date

Informed by a Stakeholder Workgroup including members from the California Department of Health Care Services, Office of Family Planning, Department of Insurance, Attorney General's Office, Planned Parenthood Affiliates of California, Abortion Care Network, Reproductive Freedom for All, and provider groups including the California Primary Care Association, Family Planning Associates, and Women's Health Specialists, the first Request For Proposals (RFP) was released on April 19, 2023. Applicants were invited to apply for funding for retroactive and/or projected costs associated with providing uncompensated abortion and contraceptive care to patients who met the eligibility criteria described above. Retroactive funds were to cover costs associated with provision of uncompensated care to eligible individuals from July 1, 2022 – June 30, 2023. Projected funds were released to cover an agency's projected costs associated with provision of uncompensated care to eligible individuals from July 1, 2023 – June 30, 2024.

In June 2023, more than \$20 million in grant funds were awarded to 12 health care organizations across the state to provide low and no-cost abortion and contraceptive care to all income eligible patients who are unable to use health insurance for care, regardless of where they live. Of these 12 agencies, seven received both Retroactive and Projected Uncompensated Care Grant program funding.

Uncompensated Care Mid-Year Reports

The data reported below is based on the initial reports covering the first four months of the Projected Uncompensated Care Grant program contract period. Thus, these data are a starting point. Grantees will submit final reports, reflecting the entire first year of funding, by the end of July 2024. Based on initial data, the funding had a rapid and meaningful impact on access, indicating an ongoing need for funding in the current landscape and post-Roe environment.

Uncompensated Care Grant Program Impact At-a-Glance

- **\$6.35 million in Retroactive Uncompensated Care funds** were disbursed to **seven grantees** in July 2023, covering costs associated with providing uncompensated care to eligible clients from July 1, 2022 – June 30, 2023.
- Based on information reported by grantees, retroactive funding reimbursed providers for uncompensated care provided to nearly **30,000 eligible patients (29,086)**.

The following data is based on mid-year reports submitted by health care providers that received **Projected Uncompensated Care grant program** funding.

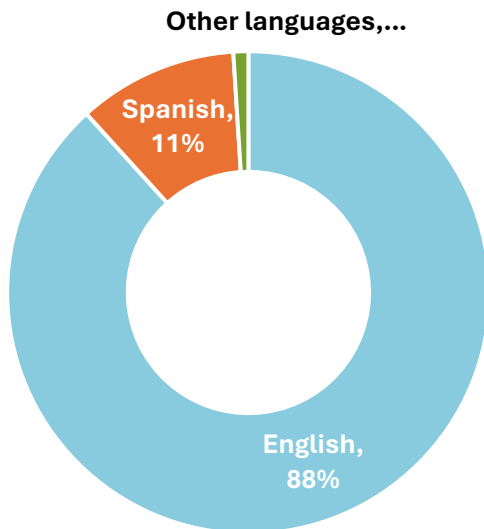
- An additional **43,263 eligible patients** were served with **Projected Uncompensated Care grant funds** during the first four months of the Projected Uncompensated Care contract period.
- Between telehealth and in-person services, the Uncompensated Care Grantee Network serves all **58 California counties**.



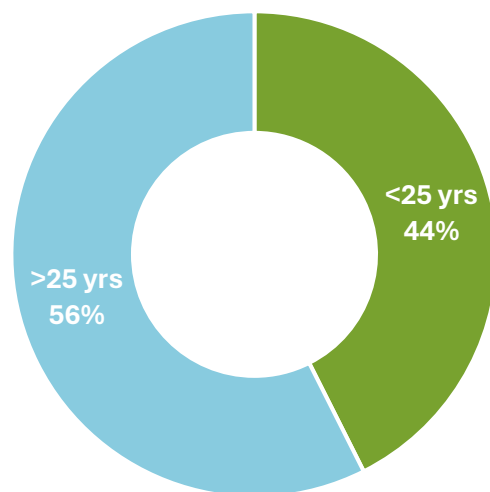
Over 72,000 clients have been served with **Retroactive and Projected Uncompensated Care Grant funds**

Aggregate client demographics describing individuals served with these funds are included below.

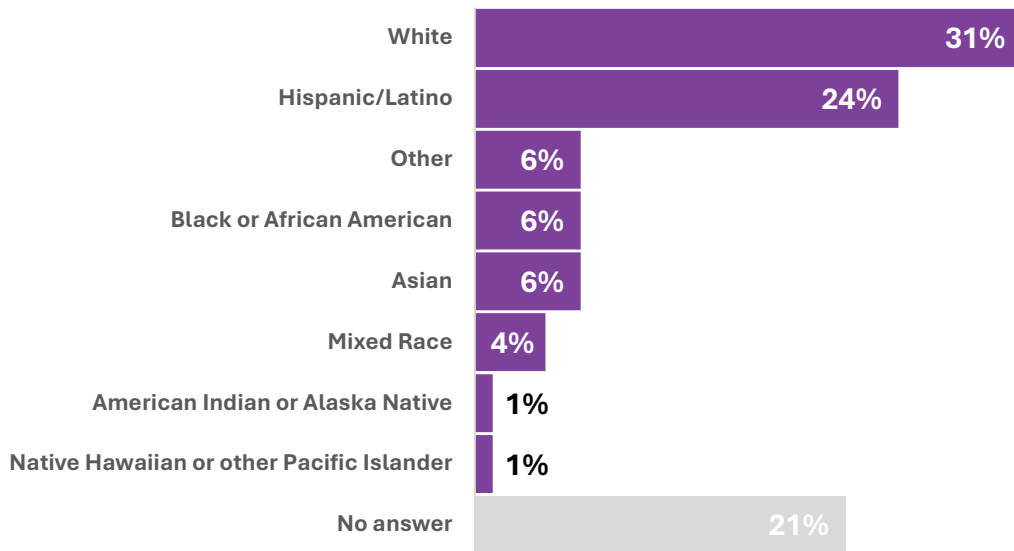
Client Primary Language



Client Age



Client Race/Ethnicity



Bigger Picture

- **Did funding from the Uncompensated Care Grant (UCG) program enable grantees to expand access to reproductive health services?**

Based on information submitted in mid-year reports, UCG program funds enabled grantees to expand the accessibility of their reproductive health services, both directly and indirectly. Directly, grantees expanded their in-person and telehealth medication abortion (teleMAB), procedural abortion, and contraception services and increased patient assistance to provide care at no-cost, alleviating financial burdens and barriers to care. Indirectly, UCG funds allowed grantees who already had patient assistance programs to focus other discretionary monies on increased outreach efforts, staff training and retention, and provision of additional services that fall within the spectrum of comprehensive reproductive health care including post-partum services, gender affirming care, increased STI screening and prophylaxis (PrEP and PEP), and more. The following quotes submitted in grantee mid-year reports illustrate the impact on expansion of reproductive health service delivery. Additional stories can be found in Appendix A: Select Grantee Stories.

“The very first patient who received grant funding at [our agency] was an [out-of-state] teenager. She traveled from her abortion-restricted home state with borrowed money from a few sources (friends and family). She expected to pay out-of-pocket for her medication abortion, and she had no additional money for birth control. When we offered her support using the Uncompensated Care

Grant, she immediately burst into tears. She had already spent so much money getting to California and she expected to be over-budget for her medication abortion. Receiving the support lifted the weight of the world off her shoulders. She could return some money that she had borrowed and get an IUD at her follow-up visit (which she had not planned for). She was all hugs and smiles after the initial flood of tears, and during her follow-up visit, she thanked us for making sure this was her first and last time traveling for abortion care. We will never forget her. She alone made every effort obtaining this grant worth it.” – Uncompensated Care Grantee

“Thanks to this grant, [we have] been able to focus our fundraising revenue on other much needed patient access initiatives like staff retention and training, expanding services, launching new services, and more...launching behavioral health services and a new postpartum home visitation program, increasing telehealth appointments, expanding gender affirming hormone therapy to patients ages 16-17...increasing STI screening and testing practices, launching new evidence-based sex education programs, increasing the number of abortion providers, and more.” – Uncompensated Care Grantee

- **How did the UCG program funds expand the grantees services to new geographic areas and communities?**

Several grantees noted in their mid-year reports that these funds allowed them to expand their capacity through community outreach, increased telehealth medication abortion services, internal capacity-building and provision of other whole-spectrum sexual and reproductive health (SRH) services. Some grantees also noted that funding allowed them to serve patients that live outside of their community and traditional service region as illustrated in the following quote included in a grantee’s mid-year report. Additional impact stories can be found in Appendix A: Select Grantee Stories.

“An out-of-state patient traveled to [our clinic] for care from a state that has a total abortion ban. She is a monolingual Spanish speaker with three children and no income independent of her husband, whom she did not want to know about this pregnancy. After an options counseling appointment, the patient requested birth control in addition to abortion...she had been reluctant to approach her local physician for contraception because of concerns that it would have repercussions in her personal life. We provided her with both services at no charge.” - Uncompensated Care Grantee

- **Were the grantees able to provide services to patients that they otherwise had to turn away?**

Most UCG program grantees are committed to providing care, regardless of a client's ability to pay, employing a number of strategies to reduce financial burdens to patients including income based sliding fee scales, payment plans, donor supported patient-assistance funds, and referral relationships with abortion funds. However, program funding helped alleviate financial burdens for patients and providers, and reduced barriers to accessing essential abortion and contraceptive care. All grantees reported that program funding enabled them to provide services to patients at low to no-cost, and without the availability of these grant funds, would have faced significant financial responsibility for obtaining care they wanted, when they needed it. Grantees are able to provide care to patients, regardless of ability to pay from out-of-state, and in their local communities as illustrated below. Additional impact stories can be found below in Appendix A: Impact Stories.

"...a monolingual Spanish-speaking patient recently presented to [our clinic] with fetal demise at 22 weeks gestational age. She was turned away from the local Catholic hospital, which is the only hospital in the region. [We were] the only place where she could obtain the care she needed..." – Uncompensated Care Grantee

- **What was the impact of the UCG program funds to grantees financial viability?**

UCG program funds have made it possible for grantees to provide low or no-cost abortion and contraception services to eligible clients, without incurring losses to the grantee, which are either absorbed by other discretionary funds, donation-based patient support funds, or limit the number of clients and grantees can serve. Furthermore, grantees have noted how these funds have permitted them to focus fundraising revenue and patient assistance programs on other programs and services, including gender affirming care, behavioral health services, outreach efforts. On average, Projected Uncompensated Care Grant funds represented 4.1% of grantees' total client care budget.

- **Did the UCG program support all the grantees' patients who met the UCG eligibility criteria or were there any patients who met the eligibility criteria but were turned away?**

Grantees determine patient eligibility for UCG program funds in line with their institution's financial and patient eligibility workflows to verify patient income and insurance status. Grantees received UCG funds based on projections of patients who meet the eligibility requirements. Patients who are below the 400% FPL, but did not qualify for the UCG program, may have received coverage through their private health insurance or Medi-Cal. Additionally, grantees may have used other funds to support patients who may have otherwise not qualified through the UCG program or exceeded their UCG projections. As we continue to collect and refine additional data from grantees, future evaluations will identify if the UCG funding

provided sufficient support to grantees to ensure all eligible patients received access to abortion and contraception services.

Looking Ahead

This grant program served as an essential investment making California's commitment to being a reproductive freedom state a reality; both ensuring access to care to income eligible patients across California and those forced to travel here, and making it possible for grantees to provide no-cost care to clients without shouldering institutional financial deficits as a result. The data reported here is just the starting point. We are looking forward to collecting and interpreting a full year's worth of data at the end of July 2024. As additional RFP cycles are released, we anticipate the emergence of salient information that provides a full picture of the impact of the Uncompensated Care grant program. We will continue to refine the data we request from grantees as we hone in on key evaluation questions and work to define effectiveness in the context of the UCG program. Until then, we know based on information already provided and collected through consistent communication with the UCG program grantee network, that the Uncompensated Care funds are expanding options and providing a pathway to life-changing, and life-saving care to those who want and need it.

Appendix A: Select Grantee Stories

“I’ll never forget brave Miss N who traveled by herself in the morning from [out of state] to obtain a D+E for an anomalous fetus. She told me that the fetus was diagnosed with a chromosomal abnormality and that her doctor told her that they couldn’t take care of her in [her home state]. She has five children at home and didn’t have any money to travel but found help from a friend and booked a flight. She was concerned about the time the cervical preparation would take because she had left her children with a neighbor and was anxious to fly back to them that night. She had left her husband earlier in the year because of domestic violence. She begged me to help her not get pregnant ever again because she knew she couldn’t care for another child. She elected to use a Mirena and her procedure was finished in time for her to leave in an Uber to make her flight home.”

“A patient visited [our clinic] for abortion care after she had been turned away in three different states. Due to the delays caused by abortion bans across the South, it took this patient more than ten weeks to access care. The patient has an infant at home and, as soon as she realized she was pregnant, knew that she did not want to have another child right now. She phoned a local abortion provider and was told that she was just days beyond her home state’s six-week gestational limit. The patient reached out to a provider in a nearby state, where she would need to wait at least three weeks before their next available appointment. She scheduled that appointment, drove almost four hours for care, and on the night before her procedure received a call from the clinic. That state’s abortion ban had just gone into effect and they’d be unable to provide her with care the next day. After returning home, the patient called a provider in a third state. Their first available appointment was nearly a month later. She again drove hours across state lines for care, only to learn during the ultrasound that she was a few days beyond their gestational limit. Panicked, she called [us] and was connected with one of our patient navigators. The navigator scheduled the patient for an options counseling appointment less than one week later and informed her that there would be no charge for her care. The navigator also connected the patient with our partner abortion fund for travel and lodging assistance. This patient asked that we share with the staff how grateful she was for her care, particularly for the kind, expert, and reassuring demeanor of the clinicians and physician. She described the experience as the most professional medical care she’d ever received –even more so than when she gave birth in a hospital.”

“Despite Telehealth parity laws, we have a couple insurance payers who will pay for medication abortion in-person but refuse to pay for it via Telehealth. These patients historically either had to come in (which could jeopardize their jobs, safety, etc.) or pay out-of-pocket for Tele-Abortion care. Now with the grant, these patients are considered underinsured and therefore eligible for the grant if they qualify by income. This has dramatically expanded access to Telehealth abortion in the last couple months. We are

so grateful to be able to provide patients with the care that they want, the way that they want it. We hope that insurance payers will catch up with the reality that Telehealth is here to stay, but in the meantime, we are grateful to support patients with this grant.”

“As a safety-net provider of sexual and reproductive health care services, and the only procedural abortion provider in our three-county region, most of [our agency’s] patients face significant barriers to care. For example, one of our recent abortion patients had been kidnapped by her partner and suffered severe intimate partner violence. As a result of this sexual abuse, she became pregnant and traveled to [us] to seek an abortion as her only way to freedom. Thanks to this grant, the patient was able to receive abortion care and flee to [another country] with her parents where she had the best chance of staying safe from her abuser.”

“Thanks to this Uncompensated Care funding, patients frequently report experiencing reduction in stress and the sense of being alone as they seek abortion care. The Patient Navigator reported, ‘It gives patients a sense of security, knowing that they have a partner to help them figure out the cost.’ When patients are informed about the grant funding administered by UCG, patients have regularly shared appreciation, including, ‘Wow, that is amazing – this takes a lot of weight off my shoulders.’ Grace (pseudonym), a patient who came to us for care during this grant period, has several children and is the head of her household, while navigating returning to school. As a result of her educational goals, she had to reduce her work hours and, in her words, ‘Money was very tight.’ UCG grant funds directly paid for the cost of her abortion service. If she had had to pay out of pocket for sexual reproductive health care, this would have disrupted her education. She shared that it was an incredible relief to have financial assistance for a procedure that supported the long-term financial stability for her family.”

“[I saw a] young non-binary patient assigned female at birth, who had severe dysphoria with their menstruation leading to suicidal thoughts and a lot of emotional distress. They were crying in my office. Through a combination of hormonal contraception methods and gender affirmation care, we were able to stop their menstrual cycle, eliminating their suicidal thoughts and significantly reducing their distress.”

“We received a mailed letter from a patient who had struggled to find abortion care in a state closer to home. She wrote, ‘This clinic stands out and sets the bar on an emotional and physical level of care that I have never experienced before as a patient.’ The patient recounted how on top of the other barriers that she faced in accessing abortion, she also had experienced a great deal of judgment and negative support. After the abortion was over and she was back home, she stated ‘I went to bed feeling like I had made the right decision because of my experience at this clinic.’”