



Agency Recommendation Summary

The Department of Health (DOH) requests funds to preserve public health by covering reproductive care related services and travel for people who are unable to afford them. Since Roe v. Wade was overturned, approximately 26 states have active abortion bans and DOH anticipates a sharp increase in people seeking abortions from outside the state. This funding will provide safe, legal abortion procedures for clients who can't afford them. It will also provide training to increase the number of providers to meet the anticipated increase in need for these procedures and an awareness campaign for providers about this program.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	3.2	3.2	3.2	3.2	3.2	3.2
Operating Expenditures						
Fund 001 - 1	\$13,082	\$14,986	\$28,068	\$14,986	\$14,986	\$29,972
Total Expenditures	\$13,082	\$14,986	\$28,068	\$14,986	\$14,986	\$29,972

Decision Package Description

In Washington State, of patients aged 15-44, approximately 16,865 abortions were performed annually (average of years 2016-2020). Washington State will see an increase in people seeking abortions because of abortion bans in the patient's home state. Providers in Washington State are anecdotally reporting that they are already experiencing an increase in out-of-state patients seeking care. While there is no standard for recording abortion occurrence data at a national level, according to data provided by Guttmacher Institute, based on a 5-year average, a total of 5,121 individual clients could potentially seek abortion services in Washington which would represent a 28% increase in abortion services in Washington State. In order for Washington State to fulfill this need, DOH needs funding to cover abortion services for Washington residents and for those people outside of our state seeking care in the state, including travel costs.

Provide coverage for abortion services and travel expenses for individuals from out of state to receive healthcare services in Washington State.

This funding will provide safe, legal abortion procedures for clients who otherwise would not be able to afford them through reimbursement to providers who perform these procedures.

Funding will be dispersed to the provider network of the department's Sexual and Reproductive Health Program, which contracts with [87 clinics](#) that offer [direct clinical services](#) (note: only a portion of those clinics offer abortion care). The clinics we support offer discounts based on family size and income. They serve all who want and need sexual and reproductive health services, with a focus on providing services to people who have low-incomes and people who are uninsured or underinsured.

For people from out of state, travel costs will be required. These funds will be used to cover those travel costs as appropriate to reduce barriers to those seeking these services. Abortion bans have increased fear and desperation. Taking care of these costs could ensure health and safety of people traveling to our state to prevent unsafe methods of abortion or travel.

This funding request would enable our clinic network that provides abortion care to serve people from out-of-state to receive care as well as travel reimbursement for those who need it. This additional level of reimbursement would be coordinated at the clinic level by patient navigators or by a state-wide non-profit currently providing travel reimbursement to patients who are low-income and experiencing barriers to care. The department would fund seven positions, to be hired as employees by the relevant clinic site or at a state-wide non-profit, to coordinate reimbursement of travels costs with patients directly. Clinics do not have administrative capacity to provide this service to out-of-state patients accessing abortion care, therefore these additional staff will be needed to provide support across the network so that patients can receive timely reimbursement necessary to access care.

Training and technical assistance to increase the number of providers in Washington State in order to meet the anticipated increase in demand for these services.

There is already a shortage of abortion providers in Washington State, especially in our more rural areas. There were 51 facilities providing abortion in Washington in 2017, and 40 of those were clinics. In 2017, some 59% of Washington counties had no clinics that provided abortions, highlighting access issues for people living in rural areas, in particular. Nationally, 95% of abortions are provided by clinic facilities, with 4% of abortions being provided in hospitals. In Washington, the department contracts with our provider network that includes clinics that provide abortions. Anecdotally, providers report to the department that they are having trouble recruiting and retaining medical support staff and have heard reports of providers being fearful of the increased hostility of picketers. Funding for increased training and technical assistance could be utilized to help provide support for potential providers in partnership with schools and universities, which would increase the number of

providers available within Washington State. According to a survey published in 2005 in the American Journal of Obstetrics and Gynecology, less than half of medical schools offer students hands-on clinical experience with abortion. Additionally, a 2018 survey found that only 64 percent of OB-GYN residencies include routine abortion education, despite the fact that they are required to do so in order to be accredited by the American Council for Graduate Medical Education (ACGME). A lack of provider education on abortion care is reflected in the generational shift of abortion care being relegated to clinics with a focus on sexual and reproductive health, despite the relative prevalence of this medical procedure in the general population. According to national data, approximately 1 out of 4 women will have an abortion by age 45 in the United States, according to Guttmacher Institute.

Increased training needs are also due to recent expansion of provider types that can perform abortions; providers who have not traditionally provided abortions are now wanting to provide medical abortions; and providers from other states have expressing their intent to move to Washington State because they cannot provide these services in their state. These providers will need training and technical assistance in order to receive reimbursement for these services and the travel costs associated with these services.

Awareness Campaign to ensure that all providers are aware of this program, how to access it, who is eligible and what the process for reimbursement is.

As this will be a whole new body of work for the Sexual and Reproductive Health program, we will need to educate current providers as well as any providers who have not had a contractual relationship with the state on how to access these funds, the process for receiving reimbursement as well as on-going technical assistance around eligibility and reimbursement.

A statewide awareness campaign will ensure that this information reaches all of our providers as well as advocates to ensure there is awareness around this program.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

Historically, DOH has paid for abortion services not otherwise covered in two ways:

\$100,000 per year provided to cover abortions for Providence Health Plan clients

Current contractors had to take funding from their contraceptive services to cover abortion services.

Most contractors chose not to take funding from contraceptive services because they were needed for that purpose. The two contractors who chose to take money from contraceptive services chose not to take large amounts.

There is a need for the full amount of funds DOH receives for contraceptive services and current funding levels for abortion services will not cover the increased number of people predicted to come to our state. These people will not be eligible for Medicaid and may not have regular insurance.

By maintaining current levels of funding, DOH will not be able to serve people who come to our state to obtain abortions, jeopardizing the health and safety of the most marginalized populations. Additionally, the department has been allocated \$1m in emergency funds from the Governor's office to disperse to our provider network in the Sexual and Reproductive Health Program to address existing funding shortfalls for abortion providers. However, this emergency fund is in response to existing needs in the network and is not adequate to address current need for growth in network capacity.

In addition, travel costs were estimated by the number of people that may be traveling to our state. They include number of days pre-procedure and after the procedure that they may need lodging and cost of driving or airfare and indirect costs. Salaries for seven navigators to assist these clients are also included.

Detailed Assumptions and Calculations:

Service Reimbursement costs: SFY24 \$7,674,925/SFY25 and ongoing \$8,954,079

There are many unknowns when it comes to the full effect that the overturning of Roe v. Wade may have on service provision in the state of Washington. There are currently 26 states that have some type of abortion restrictions that will start to take effect throughout the country. There is no way to accurately predict how many of those states' residents will choose to travel to Washington to seek services and what methods of travel they will use. Additionally, in many of these same states there is legislation either in place or pending that would also reduce or eliminate preventative services for sexual and reproductive health. This reduction will lead to an increase in unplanned pregnancies, which will in turn increase the amount of people seeking abortion services from these states.

In order to best estimate and project the impact on abortion services in Washington State post-Roe v. Wade, we have used abortion occurrence data with the following assumptions:

We began with a landscape of the severity and type of restriction for each state. We utilized the Guttmacher Institutes scale and broke down each state into 5 types; Most restrictive, Very Restrictive, Restrictive, Some Restrictions and Protected. We then looked at the physical distance from Washington State to all other states and developed a scale with 6 ratings: 2500+ miles, 2000-2500 miles, 1500-2000 miles, 1000-1500 miles, 500-1000 miles. 0-500 miles. We then developed a sliding scale that took these two factors into account and assigned a percentage of historical abortions for each state that we anticipate will seek services in Washington State. The scale is as follows:

		Distance by miles					
		2500 +	2000 - 2500	1500 - 2000	1000 - 1500	500 - 1000	0 - 500
Restriction Level	Most	0%	0%	4%	25%	50%	75%
	Very	0%	0%	4%	8%	25%	50%
	Restrictive	0%	0%	0%	4%	8%	25%
	Some	0%	0%	0%	0%	4%	8%
	Protective	0%	0%	0%	0%	0%	0%

The 4% would be if every state with Protective status were to equally share those abortions from more restrictive state and we were to serve 50% in this program. The 8% is if we were to serve 100% of Washington's share of these individuals. Additionally, although Oregon and Alaska are not restrictive states, we have documented history of Oregon and Alaskan residents seeking abortion services in Washington because there is a very limited number of providers in these states. Therefore, we utilized a 5-year average of reported Oregon and Alaskan residents who received abortion services in Washington and included that in the overall number served.

There is no standard for recording abortion occurrence data at a national level. We chose to utilize the reporting by the Guttmacher Institute. Applying the above scale to a 5-year average of abortion occurrences we determined that a total of 5,121 individual clients could potentially seek abortion services in Washington which would represent a 28% increase in abortion services in Washington State.

We also wanted to account for individuals who may be covered by their own personal insurance or some other method of covering costs. There is not a good way to estimate this as there are multiple factors that are impossible to account for, including:

- Insurance plans that do not cover abortion services due to religious exemptions
- Individuals who do not wish to use their personal insurance for fear of reprisal when they return to their home state
- Victims of domestic violence or rape who may be covered by their partner's insurance and do not wish to have that cover this procedure
- Individuals who are 18-25 and covered by their parent's insurance but do not wish to use that coverage for fear of retaliation.
- The number of uninsured individuals coming from non-Medicaid expansion states

Considering all of these unknowns we are assuming that 60% of potential individuals will need access to this program in the first year (SFY24) and 70% will need access in the second year and on-going. The increase is based on the assumption that as this program becomes more established and the legal challenges in various states are resolved we will see an increase in need. So for SFY24 our base number of people accessing this service will be 3,072 and for SFY25 and ongoing it will be 3,585.

The estimated cost of the increase of abortions in Washington was determined using CDC abortion surveillance data to understand the prevalence of abortions performed by type and procedure rates. Additionally, the cost of long-acting reversible contraception (LARC) was included for an estimated 60% of those patients accessing an abortion for a total of \$2,465,983 in SFY24 and \$2,876,980 in SFY25. The estimated cost of abortion care is \$5,213,517 in SFY24 and \$6,082,437 in SFY25. DOH utilized these costs and percentages and applied to the increased numbers and found that for SFY24 the cost for services would \$7,679,500 and for SFY24 and on-going it would be \$8,959,416 for SFY25.

The key limitations to understand about the above estimation are:

- do not have a good estimate of the insurance or socioeconomic status of the individuals who would account for the increase in abortions of the state
- do not have a good estimate of individuals coming from states that do not border Washington and have not appeared among out of state abortions in previous years
- assuming that method behaviors will remain the same under the changing circumstances
- Assuming 60% of each abortion procedure will be done followed by LARC insertion. While this may not be chosen by each patient, it is best practice to offer one to each patient at the time they are seeking abortion care. In some cases, there may be opportunities for reimbursement from other funding sources for LARC provision. However, out of state providers may not be in network for traveling patients, and some patients may be uninsured or underinsured. Furthermore, Medicaid is limited to only reimbursing for sexual and reproductive health services for state residents, which may complicate care for those patients' seeking services from out-of-state. Currently, funding levels do not support our provider network in offering the recommended levels of LARCs to existing patients. This is largely due to funding for contraceptives largely being supported by federal Title X funding, which has been inadequate to cover the full range of services to low income uninsured/underinsured individuals for decades.

Travel Reimbursement: SFY24 \$4,205,612 / SFY25 and ongoing \$4,906,548

For travel costs associated with these procedures, DOH used the same breakdown of percentages for each service from the CDC data and then applied GSA standard costs to determine lodging, meals and incidentals and actual transportation costs. This methodology resulted in overall travel costs of \$4,205,612 for SFY24 and \$4,906,548 for SFY25 and ongoing (See attachment A for details).

Provider Training and Technical Assistance: SFY24 \$250,000 / SFY25 and ongoing \$250,000

We are assuming that we will partner with University of Washington to help train new abortion providers and provide technical assistance for the amount of \$250,000/year

Patient Navigation: SFY24 \$504,875 / SFY25 and ongoing \$504,875

In order to assist clients in accessing this program and navigate the reimbursement for travel costs our partners will need to have patient navigators. These individuals will assist clients in navigating services and travel arrangements as well as ensure that they have all the support that they may need. We anticipate needing to fund 7 navigators in our provider network to support this program. The average annual salary for these navigators is \$53,000/year with benefits at \$19,125 for a total annual cost \$504,875 (\$72,125 x 7).

One navigator placed in each of the five agencies providing abortions in the state, as well as two additional with a state-wide non-profit providing travel cost reimbursement for people seeking abortions. These navigators would be employees of their respective placement sites and not employees of the department.

Awareness Campaign: SFY24 \$100,000 / SFY25 and ongoing \$25,000

We will work with our internal communications department to develop an awareness campaign for this program including social media, develop training materials and other communication methods for \$100,000 for the first year and \$25,000 ongoing.

To support the proposal, DOH requests the following on-going staff:

-1.0 FTE Nursing Consultant, Public Health \$147,000 annually– In charge of main program coordination including planning with input from SRHP team and SRHP Program Manager approval, contract management, administration, and communication with agencies that provide abortion. This would be a new position at the department.

Workforce Assumptions:

Workforce Assumptions					
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
1.0	Nursing Consultant, Public Health	\$99,000.00	\$36,000.00	\$4,000.00	\$8,000.00
1.6	FISCAL ANALYST 2	\$84,000.00	\$40,000.00	\$0.00	\$0.00
0.4	HEALTH SERVICES CONSULTANT 3	\$20,000.00	\$9,000.00	\$0.00	\$0.00
3.0		\$203,000.00	\$85,000.00	\$4,000.00	\$8,000.00

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

Strategic and Performance Outcomes

Strategic Framework:

This aligns with the [Governor’s Results Washington](#) Core Values **People Matter?**– We foster an inclusive culture that sees diversity as integral to success along with humility and respect for each other. We recognize the importance of the lived human experience of our partners, their clients and customers, and our team.
 and
Goal 4: Health and safe communities: Fostering the health of Washingtonians from a healthy start to safe and supported future
 It aligns with DOH’s strategic plan in:
 Increasing and aligning with public health priorities set through proactive, transparent, and inclusive processes
 And
 Ensuring equitable access to services.

[This proposal supports the departments Transformational Plan objectives:](#)
[I. Health and Wellness – so that people can receive reproductive services so they can attain their full health and wellbeing potential.](#)
[II. Health Systems and Workforce Transformation – to ensure people are served by a healthcare system that provides timely services which promotes transparency, equity and trust.](#)

Performance Outcomes:

This proposal will provide safe travel and abortion procedures to an estimated increase of 5,121 people coming to our state due to abortion bans in their states.

Equity Impacts

Community outreach and engagement:

DOH meets with representatives from the clinics funded through this program, the state agencies we work most closely with, and other stakeholders, at least twice a year to share successes and problem-solve to overcome challenges. Our Network meetings help ensure best practices in sexual and reproductive health are disseminated statewide.

Disproportional Impact Considerations:

Sexual and reproductive health services increase equity and decrease health disparities. This funding will help improve access to services, however, existing inequities in what communities have accessible care is a key driver of this proposal. The department will continue to work to address other issues as identified with our provider network and other stakeholders.

Target Populations or Communities:

This funding increases equity by making these services available to everyone who needs them rather than just those who can afford to get them and to travel.

The Department of Health's Sexual and Reproductive Health Program collaborates with other organizations and state agencies to increase access and decrease barriers to sexual and reproductive health information and services. The clinics who participate in providing abortion care offer care based on family size and income. They serve all who want and need sexual and reproductive health services, with a focus on providing services to people who have low-incomes and people who are uninsured or underinsured.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

Health Care Authority funding for abortions are currently specific to Washington State residents. The costs for out of state residents will fall on the Department of Health.

Abortion is always a sensitive topic and support, or opposition will be variable.

Local Health organizations that contract with the Department of Health for contraceptive services and other local health or tribal health organizations will need somewhere to refer clients that present to their clinics seeking abortion.

Stakeholder Response:

This funding will go to four Planned Parenthoods agencies and one Cedar River Clinics agency in our state. Other abortion providers may be considered if needed.

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

In 2022, the Supreme Court overturned Roe v. Wade and for the first time in 60 years allowed for individual states to ban abortion services. This decision, in combination with existing trigger laws, will mean that at least 26 states throughout the country will have restrictions or outright bans on abortion services.

Washington State's Reproductive Privacy Act, chapter 9.02 Revised Code of Washington (RCW), ensures that every individual has the fundamental right of privacy regarding reproductive decisions. Specifically, RCW 9.02.100 states:

Every individual has the fundamental right to choose or refuse birth control.

Every woman has the fundamental right to choose or refuse to have an abortion, except as specifically limited.

The state shall not deny or interfere with a woman's fundamental right to choose or refuse to have an abortion, except as specifically permitted.

The state shall not discriminate against the exercise of these rights in the regulation or provision of benefits, facilities, services, or information.

Additionally, while federal Title X dollars fund a majority of sexual and reproductive health program services in the state, Title X does not fund abortion care. It is important to note that as it pertains to abortion care, the department separates FTE dedicated to abortion services from sexual and reproductive health care funded by Title X services with distinct MI codes. This has been approved by HHS for decades, historically.

Reference Documents

[Attachment A - Reproductive Services Assumption Detail 9.19.2022.xlsx](#)

[Reproductive Services - DP 9.19.2022.docx](#)

[Reproductive Services - FnCal 9.19.2022.xlsm](#)

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$218	\$216	\$434	\$216	\$216	\$432
Obj. B	\$93	\$93	\$186	\$93	\$93	\$186
Obj. C	\$12,635	\$14,616	\$27,251	\$14,616	\$14,616	\$29,232
Obj. E	\$128	\$53	\$181	\$53	\$53	\$106
Obj. T	\$8	\$8	\$16	\$8	\$8	\$16

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