

Medicaid Family Planning Expansion Programs: *Essential Coverage Post-ACA Implementation*

Medicaid family planning expansion programs remain a cost-effective means of providing essential health services and will be important to states' efforts to implement the Affordable Care Act (ACA). The health reform experience of Massachusetts shows that even with "universal" coverage, there will be significant coverage gaps for millions in need of family planning. Many of these patients will turn to safety-net settings, such as publicly funded family planning centers, for care. Medicaid family planning expansion programs help to ensure that women and men can access the services they need where and when they need them.

As states work toward implementing the key provisions of the ACA – the expansion of Medicaid and the creation of health insurance exchanges – some states are examining the possibility of eliminating their current limited-benefit Medicaid programs, including their expansions of eligibility for family planning through state plan amendments (SPAs) and Section 1115 demonstration waivers. Ending Medicaid family planning expansion programs would serve only to limit access to care and limit states' ability to meet the requirements of the ACA.

Thirty million people will not have health insurance even with full implementation of the ACA.

The ACA will expand insurance coverage to millions of currently uninsured individuals but millions of low-income people will remain without coverage. The Supreme Court's decision to allow states to choose whether or not to expand their Medicaid programs further exacerbates this problem.

- The Medicaid family planning expansions now in place in more than half the states will continue to have an important role to play. In some states, these programs may be the only coverage for which some low-income people will be eligible.
- An estimated 30 million people were left out of the ACA's coverage provisions,ⁱ many of whom are poor or low-income and who will continue to need and seek publicly funded health services.

- Following health reform in Massachusetts, visits to safety-net health centers, such as public hospitals and community health centers, grew by 31%.ⁱⁱ Some of the individuals seeking care were uninsured, while others with insurance reported preferring the health care they received in safety-net settings.

There will still be significant coverage gaps following full implementation of the ACA.

Although many people will have a pathway to coverage under the ACA, there is a sizable group of individuals for whom regular insurance processes fail. Medicaid family planning expansion programs would provide a stop-gap measure to help ensure continued access to family planning for millions of low-income individuals, including for the following reasons:

- ***Churning:*** The process known as “churning,” in which individuals cycle on and off insurance coverage or between different types of insurance, is a real concern. Changing life circumstances – including but not limited to changes in income, employment status, and marriage status – can alter a person’s insurance status. Data from the Massachusetts experience shows that these gaps are especially common among the groups of women at especially high risk of unintended pregnancy – young and low-income women.ⁱⁱⁱ Medicaid family planning programs act as a safety net for women and men who frequently find themselves without a payer source for their health care.
- ***Confidentiality:*** Individuals with insurance seeking confidential or sensitive services may present as uninsured because they would be at risk should a spouse, parent, partner, or guardian discover that they were seeking family planning services. According to the Guttmacher Institute, 3 in 10 clients who sought care at family planning centers in Massachusetts in 2011 “either had no insurance coverage or had coverage they could not use for their care.”^{iv} Medicaid family planning expansions help to ensure care for individuals concerned about confidentially accessing family planning services.
- ***Income:*** Eligibility for full-benefit Medicaid, as well as for subsidies to purchase commercial insurance under the ACA, is based on family income. Medicaid family planning expansions, however, often allow individuals to qualify for services based on their own, individual income, as opposed to that of their family. This means that individuals who may not be able to access full-benefit Medicaid or commercial insurance coverage because their family income is too high may still be able to qualify for and receive services through a Medicaid family planning expansion program based on their individual income level.

Women may not have access to the contraceptive methods and services most effective for them even with the new women's preventive services benefit.

The ACA requires new commercial insurance plans to cover a range of women's preventive health services, including all FDA-approved contraceptive methods, counseling, and an annual well-woman visit. However, current rules regarding this benefit allow insurance plans to use various utilization-control measures that may reduce a woman's ability to choose and access the most effective contraceptive method for her.

- Currently, insurance plans may be allowed to tier services (i.e. the patient can only access generics, or certain brands and/or supply types) and may not include all FDA-approved methods in their insurance plans, such as intrauterine devices (IUDs) and other long-acting contraceptive methods.
- Medicaid family planning expansion programs provide a broad range of contraceptive method options, helping to ensure that women can choose and access the method that is most effective for them to avoid pregnancy – saving taxpayer dollars that might otherwise be spent on unintended pregnancy.

It will take several years to fully implement the ACA coverage expansions, and it only takes one day without access to family planning to become pregnant.

It is estimated that the participation rate for the ACA's Medicaid expansion will be 57%,^v meaning that roughly 43% of those eligible for full-benefit coverage under Medicaid will not be enrolled.

- Medicaid family planning expansion programs help to ensure continuity of care, including access to the contraceptive services and supplies necessary to prevent unintended pregnancy as people are being enrolled into coverage under the ACA.
- Eliminating Medicaid family planning SPAs and waivers now will mean fewer people getting needed family planning services, which will lead to more unintended pregnancies and in turn cost the states and federal government significant money.

Medicaid family planning expansion programs save states millions of dollars while improving public health.

Medicaid family planning expansion programs are proven to increase women's contraceptive use and expand the use of more effective contraceptive methods—essential factors in reducing high rates of unintended pregnancy among low-income women.^{vi} Furthermore, family planning health centers in states with Medicaid family planning expansions serve one-third more women in need for care, compared to health centers in other states. In 2006, family planning health centers in states with income-based Medicaid family planning expansions served 48% of women in need, compared to 36% of women in need in other states.^{vii}

- Every \$1.00 spent on publicly funded family planning saves \$3.74 in Medicaid expenditures that otherwise be needed to be spent related to unintended pregnancies.^{viii}
- Every \$1.00 spent on Medicaid family planning expansions saves nearly \$6 to taxpayers.^{ix}
- Since Medicaid is a payer of last resort, Medicaid family planning SPAs and waivers only pay for services not otherwise paid for, and save states money while doing it.

ⁱ Congressional Budget Office, *Payments of Penalties for Being Uninsured Under the Affordable Care Act*, September 2012, accessed March 7, 2013, <http://www.cbo.gov/publication/43628>.

ⁱⁱ Leighton Ku, et al., "Safety-Net Providers After Health Care Reform: Lessons From Massachusetts," *Archives of Internal Medicine*, August 8, 2011, Vol 171, No. 15, accessed March 7, 2013, <http://archinte.jamanetwork.com/article.aspx?articleid=1105879>.

ⁱⁱⁱ Rachel Benson Gold, "Back to Center Stage: ACA Decision Gives New Significance to Medicaid Family Planning Expansions," *Guttmacher Policy Review*, Fall 2012, Volume 15, Number 4, accessed March 5, 2013, <http://www.guttmacher.org/pubs/gpr/15/4/gpr150413.html>.

^{iv} *Ibid.*

^v John Holahan and Irene Headen, *Medicaid Coverage and Spending in Health Reform: National and State-by-State Results for Adults at or Below 133% FPL*, Kaiser Commission on Medicaid and the Uninsured, May 2010, accessed March 6, 2013, <http://www.kff.org/healthreform/upload/medicaid-coverage-and-spending-in-health-reform-national-and-state-by-state-results-for-adults-at-or-below-133-fpl.pdf>.

^{vi} Adam Sonfield and Rachel Benson Gold, *Medicaid Family Planning Expansions: Lessons Learned and Implications for the Future*, Guttmacher Institute, December 2011, accessed February 24, 2013, <http://www.guttmacher.org/pubs/Medicaid-Expansions.pdf>.

^{vii} Rachel Benson Gold et al., *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System*, Guttmacher Institute, 2009, accessed March 7, 2013, <http://www.guttmacher.org/pubs/NextSteps.pdf>.

^{viii} Guttmacher Institute, "Facts on Publicly Funded Contraceptive Services in the United States," May 2012, accessed March 7, 2013, http://www.guttmacher.org/pubs/fb_contraceptive_serv.html#1.

^{ix} Adam Thomas, *Policy Solutions for Preventing Unplanned Pregnancy*, Brookings Institution, March 2012, accessed March 7, 2013, <http://www.brookings.edu/research/reports/2012/03/unplanned-pregnancy-thomas>.