

Medicaid

Family Planning Expansion Programs

Since the 1990s, many states have broadened eligibility for their Medicaid programs to provide family planning services and supplies to individuals who are not otherwise eligible for Medicaid. Originally these expansions were authorized through a Medicaid demonstration waiver authorized by §1115 of the Social Security Act, an important tool that continues to allow states to test out innovative ideas in the administration of their Medicaid programs. Recognizing the effectiveness of these programs, Congress included in the Affordable Care Act (ACA) a provision giving states the option to amend their state Medicaid plans to expand eligibility for family planning services and supplies to individuals who are not pregnant and who have an income that does not exceed the income-eligibility level set by the state for coverage for pregnancy-related care.

Recognizing the cost-effectiveness of helping women avoid unintended pregnancies, today 29 states operate a Medicaid family planning expansion program. Twenty-six of these expansions are income-based, meaning that eligibility is provided to individuals based only on a person's income.

Eleven states operate their expansions through a state plan amendment (SPA), as authorized by the ACA.ⁱ Eighteen states operate their expansions through a §1115 demonstration waiver.ⁱⁱ Fifteen of these waivers expand eligibility for family planning services on the basis of income while three states have more limited family planning expansions, which extend eligibility to individuals losing Medicaid coverage.ⁱⁱⁱ

Medicaid Family Planning Expansions Provide Essential Family Planning Services and Supplies

- Medicaid family planning expansion programs provide a broad range of family planning services and supplies, including the full range of contraceptive methods, pap tests, and other associated examinations and laboratory tests. Due to the value and cost-effectiveness of these services, the federal government pays 90% of the cost of family planning services and supplies.
- Many Medicaid family planning expansion programs also provide some family planning-related services, which includes services “provided in a family planning setting as part of or as follow-up to a family planning visit.”^{iv} These services are reimbursable at the state’s regular federal medical assistance percentage (FMAP).
- In states that have not expanded Medicaid eligibility under the ACA, eligibility varies greatly and is generally limited to “working parents”-non-disabled, childless adults have not been categorically eligible for Medicaid. Medicaid family planning expansions provide essential family planning health care to millions who would not otherwise be eligible for Medicaid.
- Sixty-seven percent of women of reproductive age in the United States live in one of the twenty-six states that have an income-based Medicaid family planning expansion.^v

Medicaid Family Planning Expansions Provide Cost-Effective Care that Improves Public Health

- In 2010, publicly funded family planning services helped women avoid 2.2 million unintended pregnancies, which

would likely have resulted in 1.1 million unintended births and 760,000 abortions.^{vi}

- Health centers in states with Medicaid family planning expansions are more likely than health centers in other states to provide individuals with a broad range of contraceptive options and to have extended service hours.^{vii}
- Every \$1.00 spent on publicly funded family planning saves \$5.68 in Medicaid expenditures that would otherwise be spent on costs related to unintended pregnancies.^{viii}
- Medicaid family planning expansions are extremely cost-effective, saving almost \$6 for every \$1 spent.^{ix}

Medicaid Family Planning Expansions Continue to Play an Important Role

- The importance of Medicaid family planning expansions continues even as the ACA expands insurance coverage to millions, helping to ensure access to high-quality family planning services for those in need.^x
- An estimated 30 million people were left out of the ACA's coverage provisions, many of whom are poor or low income and who will continue to need and seek publicly funded health services.^{xi} In some states, Medicaid family planning expansion programs may be the only coverage for which some low-income people will be eligible.
- 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. "Churning," confidentiality, and other issues will all play a role in keeping some individuals uninsured, underinsured, or unable to use the coverage they have for the full range of their family planning needs.
- Furthermore, the US Supreme Court's June 2014 decision in *Burwell v. Hobby Lobby Stores, Inc.*, means that even those patients with insurance may not have coverage of the contraceptive services they need to stay healthy and plan for strong families.
- Medicaid family planning expansion programs help ensure continuity of family planning care for millions of low-income individuals without consistent coverage of the full range of FDA-approved contraceptive methods.

Endnotes

ⁱ California, Connecticut, Indiana, New Hampshire, New Mexico, New York, Ohio, Oklahoma, South Carolina, Virginia, and Wisconsin. North Carolina's SPA is scheduled to go into effect September 2014.

ⁱⁱ Alabama, Florida, Georgia, Illinois, Iowa, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, North Carolina, Oregon, Pennsylvania, Rhode Island, Washington, and Wyoming.

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, <http://www.guttmacher.org/pubs/gpr/15/4/gpr150413.html>.

^{iv} Centers for Medicare & Medicaid Services, US Department of Health and Human Services, letter to State Health Officials, "RE: Family Planning Services Option and New Benefit Rules for Benchmark Plans," July 2, 2010, available at <http://www.nationalfamilyplanning.org/document.doc?id=283> (Appendix B).

^v Guttmacher Institute, "Facts on Publicly Funded Contraceptive Services in the United States," March 2014, accessed July 9, 2014, http://www.guttmacher.org/pubs/fb_contraceptive_serv.html.

^{vi} Jennifer Frost, Mia Zolna, and Lori Frohwirth, *Contraceptive Needs and Services*, 2010, Guttmacher Institute, July 2013, accessed August 5, 2013, <http://www.guttmacher.org/pubs/win/contraceptive-needs-2010.pdf>.

^{vii} Jennifer Frost et al., *Variation in Service Delivery Practices Among Clinics Providing Publicly Funded Family Planning Services* in 2010, Guttmacher Institute, May 2012, accessed August 5, 2013, <http://www.guttmacher.org/pubs/clinic-survey-2010.pdf>.

^{viii} Jennifer Frost, Mia Zolna, and Lori Frohwirth, *Contraceptive Needs and Services*, 2010.

^{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>.

^x For more on the continuing importance of Medicaid family planning expansion programs, see "Medicaid Family Planning Expansion Programs: Essential Coverage Post-ACA Implementation," available on NFPRA's website at <http://www.nationalfamilyplanning.org/document.doc?id=782>.

^{xi} 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>.