

Why the Affordable Care Act Matters for Women: **Expanding Medicaid Family Planning Services**

March 2012

Publicly-funded family planning services provide essential health care that low-income women urgently need. Cost is a barrier to accessing contraceptive services for many women, creating disparities in contraceptive use that are reflected in rates of unintended pregnancy.

Four in 10 low-income women of reproductive age are uninsured.¹ An estimated 17.4 million women need subsidized services and supplies because they are unable to access or purchase contraceptive services and supplies on their own.² The recession has increased the unmet need for subsidized reproductive health services with more families determined to avoid unintended pregnancy but less able to afford prescription contraception. Family planning clinics are only able to meet about 40 percent of the unmet demand for contraception.³

Why the ACA Matters for Women Fact Sheets

- ▶ [Summary of Key Provisions \(pdf\)](#)
- ▶ [Expanding Access to Health Insurance \(pdf\)](#)
- ▶ [Affordability and Choice in the Insurance Marketplace \(pdf\)](#)
- ▶ [Improving Health Care for Older Women \(pdf\)](#)
- ▶ [Improving Health Coverage for Lower-Income Women \(pdf\)](#)
- ▶ [Better Care for Pregnant Women and Mothers \(pdf\)](#)
- ▶ [Expanding Medicaid Family Planning Services \(pdf\)](#)
- ▶ [Preserving Access to Women's Health Clinics \(pdf\)](#)
- ▶ [Coverage of Women's Preventive Services, Including Contraception \(pdf\)](#)
- ▶ [Comprehensive Sex Education for Teens \(pdf\)](#)
- ▶ [Restrictions on Abortion Coverage \(pdf\)](#)

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Affordable Family Planning through Expanded Medicaid Eligibility

By 2014, the health reform law will expand Medicaid eligibility to all Americans with family incomes below 133 percent of the federal poverty level.⁴

- ▶ This means that many more women will have access to comprehensive health care, including no-cost family planning services and supplies.

Effective immediately, the ACA allows states to expand Medicaid eligibility for family planning services up to the same income level they use to set eligibility for pregnant women, without having to go through the cumbersome federal waiver process previously required.

- ▶ Under the federal waiver system, it took an average of 20 months for a state to go through the process and the waiver had to be renewed after five years and then every three years after that. States can now use what is known as a state plan amendment, which is a faster and more streamlined process, and makes the expansion permanent.
- ▶ Most states provide coverage to pregnant women with incomes at or near 200 percent of poverty – levels considerably above eligibility for other populations. Using that same threshold to determine access to Medicaid family planning services means many more women will be eligible.
- ▶ Studies have found that increasing eligibility not only expanded access to care, but also improved the geographic availability of reproductive health services, expanded the diversity of providers, and reduced unintended pregnancy – in addition to generating significant savings to both the federal and state governments.⁵
- ▶ As of early 2012, 28 states⁶ had expanded eligibility for Medicaid family planning services to women who wouldn't otherwise qualify. Six states that previously had waivers have already received approval for state plan amendments to provide family planning services for low-income women who are not otherwise eligible for Medicaid. Additionally, Ohio has become the first state that was not offering expanded family planning services under a waiver to apply for a state plan amendment to do so. Ohio's expansion has been approved, but it is not yet in effect.

1 Gold RB et al., *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System*, New York: Guttmacher Institute, 2009.

2 Guttmacher Institute, *Facts on Publicly Funded Contraceptive Services in the United States*, In Brief, August 2011, available at http://www.guttmacher.org/pubs/fb_contraceptive_serv.html.

3 Finer LB, Zolna MR. Unintended pregnancy in the United States: incidence and disparities, 2006; *Contraception* (2011).

4 Prior to health care reform eligibility levels varied widely, with most states providing a relatively high eligibility level for children but with a broad range for adult parents, in some cases going as low as 25% of the poverty level or below, and generally no coverage for adults without minor children.

5 Frost JJ, Finer L and Tapales, "The Impact of Publicly Funded Family Planning Clinic Services on Unintended Pregnancies and Government Cost Savings", *Journal of Health Care for the Poor and Underserved*, 19 (2008): 778-796.

6 Alabama, Arizona, Arkansas, California, Delaware, Florida, Georgia, Illinois, Iowa, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Virginia, Washington, Wisconsin, Wyoming.