

## Medicaid Family Planning Eligibility Expansions

**BACKGROUND:** In recent years, several states have expanded eligibility for Medicaid coverage of family planning services. Historically, states have expanded their programs by securing approval of a “waiver” of federal policy from the Centers for Medicare and Medicaid Services. Most of the expansion states grant coverage for family planning solely on the basis of income to individuals not previously covered under Medicaid. A handful of states have received federal approval for more limited expansions that continue coverage for family planning for individuals who are leaving the Medicaid program. The passage of health care reform gave states a new and more expeditious option for expanding eligibility for family planning. Under this law, states may expand their programs by amending their state Medicaid plan. Unlike a waiver, which is time-limited, a State Plan Amendment is a permanent change to the state’s Medicaid program. However, in June 2012, the U.S. Supreme Court ruled that the federal government could not force states to accept a major element of the health care reform law—its large-scale expansion to the Medicaid program. This decision adds a major new piece of uncertainty to the law’s implementation and coverage for millions of the poorest Americans could be jeopardized if states decide to opt out of that expansion.

### HIGHLIGHTS:

- 31 states have obtained federal approval to extend Medicaid eligibility for family planning services to individuals who would otherwise not be eligible. (Texas operates a similar, but entirely state-funded, program that provides family planning services to women at least 18 years of age with incomes up to 185% of the federal poverty line)
  - 26 states provide family planning benefits to individuals based on income; most states set the income ceiling at or near 200% of poverty.
  - 2 states provide family planning benefits for women losing Medicaid for any reason.
  - 3 states have extended eligibility for family planning services to women losing Medicaid postpartum.
- 15 states provide family planning benefits to men and women.
- 22 states include individuals who are younger than 19 years of age; 3 additional states include 18 year olds but not younger individuals.
- 21 states operate their programs under a waiver from the federal government; 10 states operate their programs through a State Plan Amendment.



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# MEDICAID FAMILY PLANNING ELIGIBILITY EXPANSIONS

STATE	BASIS FOR ELIGIBILITY			ELIGIBLE POPULATION INCLUDES		ORGANIZED AS A:		WAIVER EXPIRATION DATE
	Based Solely on Income	Losing Coverage for Any Reason	Losing Coverage Postpartum	Men	Individuals <19	State Plan Amendment	Waiver	
Alabama	133%						X	12/31/13
Arizona			2 years		X		X	9/30/16
Arkansas	200%				X		X	12/31/13
California	200%			X	X	X		N/A
Connecticut	250%			X	X	X		N/A
Delaware		2 years			X		X	12/31/13
Florida		2 years			X		X	12/31/13
Georgia	200%		*		†		X	12/31/13
Illinois	200%	*					X	5/31/13
Indiana	133%			X	X	X		N/A
Iowa	300%		*	X	X		X	12/31/13
Louisiana	200%						X	6/30/13
Maryland	200%		*		X		X	12/31/13
Michigan	185%						X	6/30/13
Minnesota	200%			X	X		X	12/31/13
Mississippi	185%				X		X	4/30/13
Missouri	185%						X	12/31/13
Montana	200%		*				X	12/31/13
New Mexico	185%			X	X	X		N/A
New York	200%		*	X	X		X	12/31/13
North Carolina	185%			X	X	X		N/A
Ohio	200%			X	X	X		N/A
Oklahoma	250%		*	X	X	X		N/A
Oregon	250%			X	X		X	4/30/13
Pennsylvania	185%				†		X	6/30/13
Rhode Island			2 years		X		X	12/31/13
South Carolina	185%			X	X	X		N/A
Texas <sup>‡</sup>								
Virginia	200%		*	X	X	X		N/A
Washington	200%			X	X		X	12/31/13
Wisconsin	300%			X	X	X		N/A
Wyoming			Unlimited				X	8/31/13
<b>TOTAL</b>	<b>26</b>	<b>2</b>	<b>3</b>	<b>15</b>	<b>22</b>	<b>10</b>	<b>21</b>	

\* State also extends Medicaid eligibility for family planning services to these individuals.

† Includes 18 year olds but not younger individuals.

‡ Texas operates an entirely state-funded program that provides family planning services to women at least 18 years of age with incomes up to 185% of the federal poverty line.

For state-specific Medicaid family planning fact sheets, including the Medicaid expansions, see [State Facts About Medicaid and Family Planning](#)

## FOR MORE INFORMATION:

For information on state legislative and policy activity, click on Guttmacher's [Monthly State Update](#), for state-level policy information see Guttmacher's [State Policies in Brief](#) series, and for information and data on reproductive health issues, go to Guttmacher's [State Center](#). To see state-specific reproductive health information go to Guttmacher's [Data Center](#), and for abortion specific information click on [State Facts About Abortion](#). To keep up with new state relevant data and analysis sign up for the [State News Quarterly Listserv](#).

Gold RB., [Back to center stage: ACA decision gives new significance to Medicaid family planning expansions](#), Guttmacher Policy Review, 2012. 15(4):13–17.

Sonfield A., [Affordable Care Act survives Supreme Court test, but Medicaid expansion placed in peril](#), Guttmacher Policy Review, 2012, 15(3):2–7.

Sonfield A., [The current role of Medicaid in the nation's family planning effort](#), Guttmacher Policy Review, 2012, 15(2):7–12.

Sonfield A., [Medicaid remains crucial for reproductive-age women—and also a target for budget cuts](#), Guttmacher Policy Review, 2011, 14 (4): 27-28.

Sonfield A and Gold RB, [Medicaid Family Planning Expansions: Lessons Learned and Implications for the Future](#), New York: Guttmacher Institute, 2011.

Gold RB, [Medicaid family planning expansions approved in Ohio, Maryland](#), Guttmacher Policy Review, 2011, 14(4):26–27.

Gold RB, [Wise investment: reducing the steep cost to Medicaid of unintended pregnancy in the United States](#), Guttmacher Policy Review, 2011, 14(3):6–10.

Sonfield A, Frost JJ and Gold RB, [Estimating the Impact of Expanding Medicaid Eligibility for Family Planning Services: 2011 Update](#), New York: Guttmacher Institute, 2011.

Gold RB et al., [CMS Guidance on Family Planning State Plan Amendments](#), New York, Guttmacher Institute, 2010.

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.

Gold RB, [Breaking new ground: ingenuity and innovation in Medicaid family planning expansions](#), Guttmacher Policy Review, 2008, 11(2):7–12.

Sonfield A, Alrich C and Gold RB, [State Government Innovation in the Design and Implementation of Medicaid Family Planning Expansions](#), New York: Guttmacher Institute, 2008.

Gold RB, [Rekindling efforts to prevent unplanned pregnancy: a matter of 'equity and common sense'](#), Guttmacher Policy Review, 2006, 9(3):2–7.

Frost JJ, Sonfield A and Gold RB, [Estimating the Impact of Expanding Medicaid Eligibility for Family Planning Services](#), *Occasional Report*, New York: Guttmacher Institute, 2006, No. 28.

Gold RB, [Doing more for less: study says state Medicaid family planning expansions are cost-effective](#), *The Guttmacher Report on Public Policy*, 2004, 7(1):1–2 & 14.