

## State Medicaid Family Planning Eligibility Expansions

**BACKGROUND:** In recent years, several states have expanded eligibility for Medicaid coverage of family planning services by securing approval (officially known as a “waiver” of federal policy) from the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration). Some states have obtained approval to continue Medicaid coverage of family planning services for women who would otherwise lose Medicaid coverage postpartum. (All states are required to fund pregnancy-related care, including family planning services, for 60 days postpartum to women with incomes up to at least 133% of the federal poverty level—far above states’ regular Medicaid eligibility ceilings.) Other states have granted coverage solely on the basis of income to individuals not previously covered under Medicaid.

### HIGHLIGHTS:

- 27 states have obtained federal approval to extend Medicaid eligibility for family planning services to individuals who would otherwise not be eligible.
  - 4 states have extended eligibility for family planning services to women losing Medicaid postpartum; eligibility generally lasts for two years.
  - 2 states provide family planning benefits for women losing Medicaid for any reason.
  - 21 states provide family planning benefits to individuals based on income; most states set the income ceiling at or near 200% of poverty.
- 8 states provide family planning benefits to men and women.
- 8 states limit their programs to women who are at least 19 years of age; 3 states limit their programs to women who are at least 18 years of age.
- 6 states have adopted procedures allowing clients to apply and receive services at an initial family planning visit while assuring reimbursement to providers.
- 16 of the states with income-based waivers assist providers or clients with application costs.
  - 15 states access necessary documentation at no cost to the applicant.
  - 4 states reimburse providers for the cost of assisting with the application process.



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# STATE MEDICAID FAMILY PLANNING ELIGIBILITY EXPANSIONS

STATE	BASIS FOR ELIGIBILITY			ELIGIBLE CLIENTS INCLUDES		APPLICATION/ REIMBURSEMENT AT FIRST VISIT	ACCESS NECESSARY DOCUMENTS FOR CLIENTS	REIMBURSE PROVIDERS FOR APPLICATION ASSISTANCE	WAIVER EXPIRATION DATE
	Losing Coverage Postpartum	Losing Coverage for Any Reason	Based Solely on Income	Men	Limited to Those 19 and Older				
Alabama			133%		X		X*		9/30/11
Arizona	2 years								10/25/09
Arkansas			200%				X*		5/31/09
California			200%	X		X			9/30/09
Delaware		2 years							12/21/09
Florida		2 years							11/30/09
Illinois		†	200%		X				8/31/09
Iowa	†		200%			X	X*		1/31/11
Louisiana			200%		X		X*	X	7/1/11
Maryland	5 years								6/30/11
Michigan			185%		X		X*		3/1/11
Minnesota			200%	X		X	X		6/30/11
Mississippi			185%						9/30/08
Missouri			185%		X				9/30/10
New Mexico			185%		X‡				9/30/09
New York	†		200%	X			X		9/30/11
North Carolina			185%	X	X		X		9/30/10
Oklahoma			185%	X	X			X	3/31/10
Oregon			185%	X		X <sup>Ω</sup>	X	X	10/31/09
Pennsylvania			185%		X <sup>ψ</sup>	X <sup>Ω</sup>	X		6/1/12
Rhode Island	2 years								9/30/11
South Carolina			185%				X*		12/31/10
Texas			185%		X <sup>ψ</sup>		X*		12/31/11
Virginia	†		133%	X			X		10/30/10
Washington			200%	X			X	X	6/30/09
Wisconsin			200%			X <sup>Ω</sup>	X		12/31/10
Wyoming	Unlimited				X				8/31/13
<b>TOTAL</b>	<b>4</b>	<b>2</b>	<b>21</b>	<b>8</b>	<b>11</b>	<b>6</b>	<b>15</b>	<b>4</b>	

\* Only for clients born in state.

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

‡ Applies to women ages 18–50.

Ω Use state funds to reimburse for some or all initial visits.

ψ Expansion includes women who are at least 18 years of age.

## FOR MORE INFORMATION:

For information on state legislative and policy activity click on Guttmacher's [Monthly State Update](#) and for state level information and data on reproductive health issues, click on Guttmacher's [State Center](#).

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 and Richards CL, [Medicaid's Role in Family Planning](#), Menlo Park, CA: Henry J. Kaiser Family Foundation, 2007.

Gold RB, [Stronger together: Medicaid, Title X bring different strengths to family planning effort](#), *Guttmacher Policy Review*, 2007, 10(2): 13–18.

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

Sonfield A, [One million new women in need of publicly funded contraception](#), *Guttmacher Policy Review*, 2006, 9(3): 20.

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.

Sonfield A and Gold RB, [Conservatives' agenda threatens public funding for family planning](#), *The Guttmacher Report on Public Policy*, 2005, 8(1):4–7.

Frost JJ, Frohwirth L and Purcell A, [The availability and use of publicly funded family planning clinics: U.S. trends, 1994–2001](#). *Perspectives on Sexual and Reproductive Health*, 2004, 36(5):206–215.

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.

Gold RB, [Medicaid family planning expansions hit stride](#), *The Guttmacher Report on Public Policy*, 2003, 6(4):11–14.

Gold RB, [Administration softens stance on Medicaid family planning waivers](#), *The Guttmacher Report on Public Policy*, 2001, 4(5):13.

Gold RB, [Administration's new Medicaid rules could limit family planning](#), *The Guttmacher Report on Public Policy*, 2001, 4(4):12–13.

Gold RB, [California program shows benefits of expanding family planning eligibility](#), *The Guttmacher Report on Public Policy*, 2000, 3(5):1–2 & 11.

Gold RB, [State efforts to expand Medicaid-funded family planning show promise](#), *The Guttmacher Report on Public Policy*, 1999, 2(2):8–11.