

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								9/30/11
Arkansas			200%				X*		1/31/12
California			200%	X		X			10/31/10
Delaware		2 years							9/30/10
Florida		2 years							9/30/10
Illinois		†	200%		X				3/31/12
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%						9/30/11
Missouri			185%		X				9/30/10
New Mexico			185%		X‡				8/31/10
New York	†		200%	X			X		9/30/11
North Carolina			185%	X	X		X		9/30/10
Oklahoma			185%	X	X			X	8/31/10
Oregon			185%	X		X ^Ω	X	X	10/31/12
Pennsylvania			185%		X ^ψ	X ^Ω	X		6/1/12
Rhode Island	2 years								9/30/11
South Carolina			185%				X*		12/31/10
Texas			185%		X ^ψ		X*		12/31/11
Virginia	†		133%	X			X		10/30/10
Washington			200%	X			X	X	8/31/10
Wisconsin			200%			X ^Ω	X		12/31/10
Wyoming	Unlimited				X				8/31/13
TOTAL	4	2	21	8	11	6	15	4	

* 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](#).

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