
Medicaid Drives Upward Trend in Public Funding for Family Planning Services

Continuing a 16-year upward trend, public funding for family planning services reached nearly \$2.4 billion in FY 2010, according to new Guttmacher Institute research.¹ In inflation-adjusted dollars, however, spending on these services—including the provision of contraceptive drugs and devices, client counseling and education, and related tests and treatment for issues such as sexually transmitted infections—was only 31% higher than it was over three decades ago, having only recently recovered from deep cuts to the Title X family planning program championed by President Reagan during the early 1980s (see chart, page 22).

Medicaid, at \$1.8 billion, now accounts for 75% of total public fund-

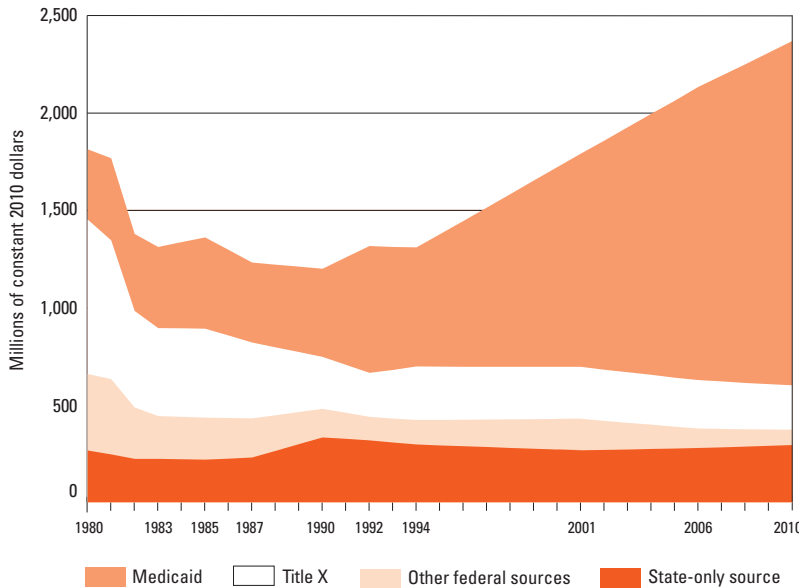
ing for family planning and has been responsible for almost all of the growth since the early 1990s. During the late 1990s and the early 2000s, most of this growth came in states that had received a “waiver” of Medicaid rules to substantially expand the program’s role in paying for contraceptive services.² These expansion programs typically extend eligibility for family planning services to women with incomes up to 185% or 200% of the federal poverty level—a level designed to ensure that any woman who would be eligible for Medicaid if she were to become pregnant is also eligible for the care she needs to help her avoid an unplanned pregnancy. These income eligibility levels are in most states far higher than those set for

Medicaid more broadly. A provision in the 2010 health reform legislation has made it easier for states to establish a Medicaid family planning expansion, and 24 states have one in place today.³

More recently, the growth in family planning expenditures through Medicaid has been more generalized, and mirrors broader growth in spending and in clients served throughout the program. Enrollment in Medicaid and its companion program, the Children’s Health Insurance Program, increased by nearly 75% between 2000 and 2010, from 28 million to 49 million, because of eligibility expansions to the programs and growth in enrollment during the decade’s recessions.⁴ Notably, expenditures for

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Public funding for family planning client services reached nearly \$2.4 billion in FY 2010, with all of the inflation-adjusted growth since the early 1990s coming through Medicaid.



Note: Inflation-adjusted data are reported in constant 2010 dollars using the Medical Care Consumer Price Index—All Urban Consumers, with \$1.00 in 2010 equal to \$5.19 in 1980. Source: Reference 1.

family planning under Medicaid in FY 2010 account for only one-half of one percent of the program's total spending of close to \$400 billion.⁵

Although Medicaid has become increasingly central in financing the national family planning effort, it cannot succeed on its own. The Title X program, state-only funding sources and several federal block grants have long played important financial roles and continue to do so in many states. State agencies and family planning providers value these other funding sources because of their flexibility. Unlike Medicaid, they are not usually tied to clinical services or to individual clients. Rather, they can also be used for outreach and education activities, community and group interventions, and building and maintaining clinic infrastructure. Moreover, family planning providers

need programs such as Title X to fill out the package of necessary services beyond what Medicaid will cover and to provide services to populations that Medicaid is unable to serve. In addition, the Title X program sets nationwide standards for publicly supported family planning services, ensuring that services are comprehensive, voluntary, confidential and affordable.

Notably, the most recent findings on levels of public funding for family planning, for FY 2010, predate a wave of ideologically and fiscally motivated attacks by conservative federal and state policymakers in 2011 on family planning programs and providers and on Medicaid more broadly.^{6,7} Those attacks have the potential to undermine the family planning safety net in specific states and nationwide. The consequences would be serious: Together, this safety net helps provide

family planning and related services to millions of low-income women and men each year. It enables women and couples to avoid about two million unplanned pregnancies annually, pregnancies that, whether resulting in an abortion or a birth, would have a real impact on individuals, families and society.⁸ —Adam Sonfield

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