

MEMO

TO: Interested parties
FROM: AGI Public Policy Division
DATE: March 1, 2005
SUBJECT: Critical Role of Medicaid in Financing Family
Planning Services—State-Level Data

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Between 2001 and 2003, there was a 14% increase in the number of women of reproductive age (15–44) covered by Medicaid, and a 10% increase in the number of women that age who are uninsured. Today, more than one in 10 women of reproductive age rely on Medicaid for her health care, while another one in five have no health insurance at all.

Meanwhile, spending on Title X and other programs dedicated to family planning has decreased or leveled off, and the burden of meeting women's needs has shifted to Medicaid. Medicaid funding for contraceptive services has tripled since 1980, and the program now accounts for almost two-thirds of all federal and state family planning funding nationwide.

The attached table highlights the critical role of Medicaid in providing family planning services and supplies for low-income women, nationwide and in each state. It shows:

- the amount spent for contraceptive services and supplies under the Medicaid program in FY 2001;
- the percent of total public spending on contraceptive services attributable to Medicaid;
- the percent of women of reproductive age who are covered by Medicaid; and
- the percent of women of reproductive age who are uninsured.

The Critical Role of Medicaid in Financing Family Planning Services-				
	Medicaid expenditures on family planning services, 2001 (in 000s of dollars)	% of total public family planning expenditures attributable to Medicaid, 2001	% of women of reproductive age (2002/2003) who were:	
			covered by Medicaid	uninsured
U.S. total	\$769,627	61.0	11.5*	20.5*
Alabama	15,258	57.4	10.5	18.3
Alaska	153	3.6	12.3	21.1
Arizona	12,717	76.2	12.6	22.7
Arkansas	12,769	78.2	11.7	24.9
California	260,636	80.9	12.4	23.1
Colorado	4,606	52.5	6.3	19.9
Connecticut	13,777	81.2	10.2	13.6
Delaware	2,532	61.5	12.5	12.6
Dist. of Columbia	113	8.8	20.1	15.1
Florida	18,865	40.9	8.6	24.7
Georgia	11,584	27.9	6.9	22.1
Hawaii	178	13.3	9.8	13.4
Idaho	972	31.3	10.6	23.2
Illinois	14,948	56.3	9.5	17.8
Indiana	17,169	72.3	7.4	16.8
Iowa	2,409	34.7	8.7	14.0
Kansas	1,047	33.5	7.4	15.0
Kentucky	4,389	33.7	12.7	17.9
Louisiana	8,836	42.7	13.2	28.7
Maine	4,079	58.5	20.3	13.0
Maryland	11,920	56.5	6.0	15.8
Massachusetts	21,430	72.5	13.5	11.5
Michigan	11,936	43.1	12.5	15.6
Minnesota	2,919	25.5	11.3	10.4
Mississippi	4,492	43.3	17.1	21.3
Missouri	21,811	70.6	11.2	14.5
Montana	1,513	53.5	10.9	23.1
Nebraska	1,809	58.9	9.1	13.5
Nevada	2,541	52.7	5.8	25.0
New Hampshire	722	25.5	5.3	14.7
New Jersey	14,200	53.1	8.1	16.7
New Mexico	3,861	57.9	14.2	31.7
New York	57,925	60.3	15.4	19.2
North Carolina	11,909	43.7	10.4	22.5
North Dakota	733	46.4	11.6	11.3
Ohio	12,973	56.3	11.2	15.1
Oklahoma	12,162	50.5	8.8	25.9
Oregon	19,211	83.6	11.7	21.7
Pennsylvania	30,183	59.5	10.5	15.4
Rhode Island	2,034	76.0	17.6	13.6
South Carolina	26,607	60.9	15.7	19.1
South Dakota	417	24.2	10.5	15.1
Tennessee	23,622	74.4	18.0	14.2
Texas	31,144	47.4	8.6	33.4
Utah	1,484	37.8	8.8	15.1
Vermont	3,384	82.7	19.8	12.8
Virginia	13,671	44.9	5.5	17.2
Washington	8,986	52.2	13.8	18.8
West Virginia	1,089	16.5	15.1	23.0
Wisconsin	5,193	35.8	13.5	10.8
Wyoming	712	51.6	8.1	23.4

* Data for 2003 only. Sources: Sonfield A and Gold RB, *Public Funding for Contraceptive, Sterilization and Abortion Services, FY 1980–2001*, New York: The Alan Guttmacher Institute (AGI), 2005, <www.guttmacher.org/pubs/fpfunding/index.html>; and AGI, special tabulations of data from the Current Population Survey, 2003–2004.