

Quick Sheet: **Medicaid and Reproductive Health Care**



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Medicaid is a critical source of reproductive health care funding for low-income women. Medicaid covers over one-third of births in America today and is the nation's largest source of public funding for family planning care. Nearly two-thirds of adult women on Medicaid are in their reproductive years, and depend on Medicaid for family planning services and STD testing and treatment. Without a strong Medicaid program, recent progress in lowering our nation's high unintended pregnancy rate, combating STD's, and improving access to preventive care, like breast and cervical cancer screening, will be eroded.

Today, federal Medicaid law requires states to cover family planning care. In order for states to receive federal Medicaid dollars, they must provide coverage for family planning care. Recognizing the importance of providing access to birth control services, the federal government provides 90 cents of every Medicaid family planning dollar to help states meet women's needs.

Medicaid covers a wide-range of family planning services. The federal government establishes general guidelines, giving states latitude to determine which family planning services they will cover. Most states cover all major prescription birth control methods. However, states can restrict Medicaid coverage of family planning services. For example, even though emergency contraception was approved for over-the-counter access in August of 2006, most state Medicaid programs still require women to obtain a prescription. Currently, only 8 states cover EC over-the-counter.

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Medicaid pays for limited abortion care. Since 1977, the Hyde Amendment has denied the use of federal Medicaid funds for abortion, except in cases of rape, incest, or when the woman's life is in danger. While states are required to cover abortion in these circumstances, in some states women encounter obstacles preventing them from obtaining this federally-mandated coverage. Seventeen states use state-only Medicaid funds to provide abortion coverage beyond the federal restrictions.

When states invest in family planning, women's health is improved and states save money. By preventing unintended pregnancy, treating sexually transmitted disease early, and maintaining women's reproductive health, investments in family planning save money. For every dollar spent on family planning services for low-income women, states avoid spending three dollars for pregnancy-related and newborn care. According to the Guttmacher Institute expansion of Medicaid programs would prevent between 375,000 and 723,000 unintended pregnancies—reducing the national incidence of unintended pregnancy by between 12% and 23% from levels in 2001.

States have opted to expand access to family planning services for low-income women. To meet women's health needs and save money, 26 states have programs providing coverage for family planning care for low-income women who are not otherwise eligible for Medicaid. These family planning “Medicaid waivers” (Medicaid expansion programs that require the federal government to waive federal law and approve state expansion plans) extend family planning services for new mothers, expand eligibility for family planning beyond Medicaid income eligibility levels, or provide family planning to women who have recently lost Medicaid coverage.



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