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Guiding states to optimize and enhance Medicaid Family Planning Programs

ICANCOVERALL.ORG

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About ICAN!



ICAN guides and resources states to implement Medicaid Family Planning programs to increase access to reproductive care.



We serve as a **“systems orchestrator”** supporting Providers, Patients, Payers, and Policymakers to transform how contraceptive care is delivered, accessed, and paid for with a focus on equity and sustainability.



Policy analysis and implementation

We identify opportunities to strengthen on-the-books policies and to maximize on-the-ground impact.



Provider training and technical assistance

We support safety-net providers to deliver and connect patients with person-centered contraceptive care and coverage.



Patient Engagement

We empower patients to learn about their birth control options, find coverage, deliver feedback to providers, and to access timely and respectful care in their communities.

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Why Medicaid Family Planning

ICAN!'s goal is to eliminate the contraceptive coverage gap in the United States through guiding and resourcing state-based actors to implement model Family Planning State Plan Amendments (SPAS) and waivers.

- Equitable access to high quality contraceptive care remains out-of-reach for millions of people of color and people with low-incomes across the United States.

- Community health centers (CHCs) provide essential prenatal, birth, postpartum, and family planning care for the nation's most underserved communities, but they are struggling due to:
  - Closures of birthing hospitals, CHCs are absorbing more prenatal and postpartum patients.
  - Medicaid unwinding is expected to reduce CHC revenue by an estimated $2.8 billion as patients lose coverage.

Well-implemented Medicaid Family Planning Programs can help to address these challenges by:

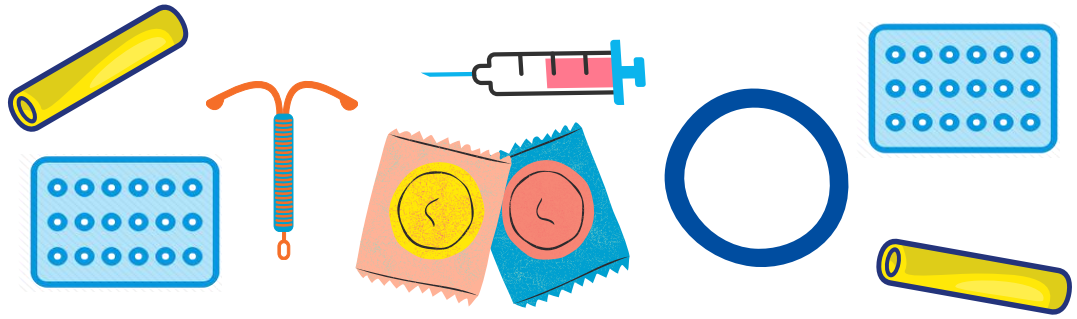
- Providing more robust and predictable funding for CHCs to deliver family planning and related preventive and primary care services.
- Ensuring access to sexual and reproductive healthcare services at a time when people need to know that they can access the birth control method of their choice.

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Georgia Reproductive Health Landscape Today

Despite low rates of women reporting experiencing postpartum depressive symptoms and higher than average rates of women receiving HIV or AIDS tests, Georgia ranks **#10** in the Southeast region and **#46** overall in women's health care.[1]

Therefore, challenges persist when it comes to reproductive, sexual, and maternal health access and outcomes.





STIs/HIV

Georgia ranks **34th** for the rate of infants born with congenital syphilis.[2]

More than half—55% of STD cases in 2022 were diagnosed among adolescents and young adults ages 15-24.[3]

MATERNAL HEALTH AND ACCESS



Georgia ranks **50th** for the percent of women 19-64 without health insurance coverage– nearly **1 in 4** women with a recent live birth lacked health insurance just a month before pregnancy.[4]

CONTRACEPTIVE CARE

There are **633,830** Georgia women in need who live in contraceptive deserts—more than **40,000** live in counties without access to a single health center that provides the full range of methods.[6]

Emergency contraception is difficult to access in Georgia. Only **57%** of pharmacies stock Plan B, and **less than 1%** have Ella in stock.[8]

This data highlights the need to normalize birth control as basic health care in community health centers where patients access primary care.

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Planning for Healthy Babies (P4HB) Program



- **Partial Medicaid benefit program** to provide family planning and related services to uninsured Georgia women ages 18–44 with household incomes ≤211%FPL who are not otherwise eligible for Medicaid or CHIP coverage.*

- **Covers certain primary and preventative care**, including FDA approved birth control, annual examinations and labs, STI testing and treatment, pap tests and colposcopies, multivitamins with folic acid, and Hep B and TdAP vaccines (for 19 & 20 y/o).

- Family planning services are **matched by the federal government at 90%**, leaving Georgia responsible for just 10% of the cost! Family planning-related services are matched at Georgia's FMAP rate (66.4%).

*Enrollees must be U.S. citizens.

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P4HB Enrollment

- ✓ Apply online or by fax or mail
- ✓ Apply for full Medicaid; applicants ineligible for full Medicaid but eligible for P4HB are enrolled
- ✓ Eligible women losing Medicaid postpartum coverage will be enrolled
- ✓ Annual redetermination

Mean annual enrollment rate
10.7%[1]

Mean annual % of enrollees with any family planning service
28%[1]

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A Robust P4HB Means...

- ↑ State dollars saved!
- ↑ Women are engaged in preventive healthcare, improving overall health.
- ↑ Predictable billable visits for vital community health centers to stay open.

- ↓ Unplanned/mistimed pregnancies.
- ↓ Maternal/infant mortality/morbidity.
- ↓ Uninsured rate.



Every $1 spent on family planning saves a state $7.09 in public dollars that would have otherwise gone to Medicaid-covered maternity, infant, child, and miscarriage care, as well as STI, infertility, and cancer treatment.

Opportunities to Strengthen P4HB



Legislative opportunities

- Transition to a Family Planning State Plan Amendment.
  - Expands eligibility to all genders and ages.
  - Makes the program permanent and reduces administrative reporting burdens.
- Identify expanding P4HB eligibility and covered services as a priority.



Administrative opportunities

- Amend the P4HB Waiver.
  - Expand eligibility to all genders and ages.
  - Establish presumptive eligibility.
  - Apply flexible household composition rules. Allow qualification based on individual, not household income.
  - Expand covered services.
- Capture more Georgians through a refresh of the program name and messaging.



Advocacy Opportunities

- Support omnichannel marketing campaign.
- Enhance consumer-facing landing page on Georgia Medicaid site.
- Facilitate trainings to health centers focused on routine screening for contraceptive needs and desires, P4HB covered services, eligibility, and enrollment.

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