

ILLINOIS CONTRACEPTIVE EQUITY BLUEPRINT

This Blueprint outlines policy recommendations to help Illinois build upon existing policy and move towards more efficient, effective, and equitable reproductive health options.

KEY



POLICY ADOPTED



PENDING FURTHER ACTION



RECOMMENDED POLICY

FUNDING FOR FAMILY PLANNING

ADOPT A MEDICAID FAMILY PLANNING PROGRAM:



EXPAND HFS FPP COVERAGE TO ALL IMMIGRATION STATUSES:



BRAID FAMILY PLANNING FUNDS (MEDICAID, TITLE X, STATE GRF):



The HFS Family Planning Program (HFS FPP), established in 2022 through a Medicaid State Plan Amendment, expanded Medicaid coverage for family planning and related services to Illinoisans with individual incomes up 213% FPL for a household of 2.

Bills to expand HFS FPP coverage to people of all immigration statuses have been introduced in the Illinois legislature for two consecutive years. Expanding HFS FPP to all would improve Illinois health outcomes and ensure equitable access to reproductive care and coverage for all. This policy is also fiscally prudent considering Illinois already covers maternal health and abortion care for Illinoisans of all immigration statuses and states save \$4–\$7 public dollars for every \$1 invested in family planning.

This enables patients to complete a single Medicaid application for coverage and state Medicaid can identify the most appropriate and cost-effective source of funds to cover the patient's care. This increases patient access points, minimizes health center burdens, and ensures a no-wrong-door path to preventative care. A single-entry point through the state's HFS Family Planning Presumptive Eligibility (FPPE) application ensures Illinois is maximizing the 90/10 match for family planning.

Additional Policies to Maximize Impact



ALLOW FLEXIBLE FPPE DETERMINATIONS:

Allow FPPE assessments by phone or video call, consistent with telehealth rules; and allow non-health center based, certified application counselors to make FPPE determinations.



AUTO-ENROLL PEOPLE INTO HFS FPP COVERAGE:

Auto-enrolling eligible individuals losing eligibility for full-scope Medicaid coverage (i.e. Expansion, Moms & Babies) ensures continuity of preventative care. Illinois HFS is working toward this, but implementation before people lose coverage due to HR1 is critical.

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EXPAND CONTRACEPTIVE ACCESS POINTS

**ALLOW PHARMACISTS TO ISSUE,
ORDER, AND DISPENSE
CONTRACEPTION AND PREP
WITHOUT A PRESCRIPTION:**

Since January 2022, Illinois has authorized trained pharmacists to issue, order, and dispense a 12-month supply of self-administered contraception (pill, patch, ring, shot, EC) without a prescription from a physician. In 2025, the state authorized pharmacists to do the same for HIV prevention medications, or PrEP. These measures expand patient access to care close to their homes.



**REQUIRE INSURANCE TO
COVER CONTRACEPTION
ISSUED, ORDERED, AND
DISPENSED BY PHARMACISTS:**

Illinois requires both Medicaid and private insurance to cover contraception issued, ordered, and dispensed by pharmacists. This helps remove cost as a barrier to receiving contraception at the pharmacy.



**INCENTIVIZE PHARMACISTS TO
ISSUE, ORDER, AND DISPENSE
HORMONAL CONTRACEPTION:**

Though Illinois has adopted a law permitting pharmacists to issue, order, and dispense contraception, few Medicaid claims have been processed for the service, forcing even insured patients to pay out-of-pocket. To overcome this barrier, Illinois should provide pharmacists who practice in medically underserved areas new access point dollars to help with implementation costs.



Additional Policies to Maximize Impact



EXPAND ACCESS TO EMERGENCY CONTRACEPTION AND HIV PROPHYLAXIS IN EMERGENCY ROOMS:

Require all emergency rooms to provide no-cost emergency contraception pills and HIV prevention to any person requesting a single dose, regardless of the reason they presented to the emergency room for care ensures people can receive timely emergency sexual and reproductive health care.



REQUIRE COVERAGE OF AN EXTENDED SUPPLY OF CONTRACEPTION:

To support ease of continuation of one's chosen contraceptive method, Illinois should require that Medicaid cover a 12-month supply of contraceptives (pill, patch, ring) in a single pharmacy-pick up. This extended supply should be available both to patients who receive a prescription for a contraceptive method, and those who have it issued, ordered, and dispensed by a pharmacist. Illinois already requires that private insurance cover an extended, 12-month supply.



ANNUALLY REVIEW COMMUNITY HEALTH CENTER REIMBURSEMENT RATES:

Regular review of reimbursement rates for FQHCs and RHCs ensures that health centers are adequately reimbursed for the care they currently provide and incentivized to broaden their scope of practice. Regular rate review allows health centers to invest in new services, like vasectomy care, with confidence, knowing those investments will be reflected in future rate adjustments.

TRANSPARENCY AND PATIENT-CENTERED CARE

ESTABLISH CORE QUALITY MEASURES THAT ASSESS CONTRACEPTIVE ACCESS AND QUALITY:



Illinois has adopted the CCW (Contraceptive Care for Women) performance measure for Managed Care Organizations (MCOs). This measure identifies the rate of women ages 15–44 at risk of unintended pregnancy who were provided a most or moderately effective contraceptive method or a long-acting reversible method (LARC). Illinois should add additional core quality measures that capture patient experience data to understand the provision of person-centered contraceptive care, and establish quality measures for contraceptive method mixes at the health center level, and the percentage of people of reproductive age screened for contraceptive needs and desires. This data would provide a fuller picture of contraceptive utilization among all Illinois Medicaid members (i.e. FFS members).

REQUIRE PATIENT-CENTERED SEXUAL AND REPRODUCTIVE HEALTH SCREENING FOR PRIMARY CARE AND PERINATAL PROVIDERS:



Illinois should require patient-centered screening for sexual and reproductive health needs, including contraceptive needs and desires, alongside STI and HIV prevention and education in all state certifications for primary care providers. Screening should be required for all grantees of maternal, sexual, and reproductive health grant programs (Title X, Ryan White, MIECHV, etc.) Further, this counseling/screening should be required in all Illinois certifications for doulas, community health workers, and other new workforces in the perinatal space to help postpartum people understand their contraceptive options.

Additional Policies to Maximize Impact



REQUIRE PROVIDERS TO INDICATE THE METHODS OF CONTRACEPTION FOR PREGNANCY PREVENTION THEY OFFER:

Require all providers/health care systems to identify in their IMPACT registration what contraceptive methods, if any, they offer for the purposes of pregnancy prevention. This allows Illinois to understand the scope-of-care provided and improve patient access.



DESIGNATE “FAMILY PLANNING” AS A PROVIDER TYPE FOR ALL MEDICAID MCO PLANS:

Illinois should designate “family planning” as a provider type for all Medicaid MCO plans, make it searchable by a provider directory, and include family planning performance indicators in quality assurance audits by external quality review organizations (EQRO).

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