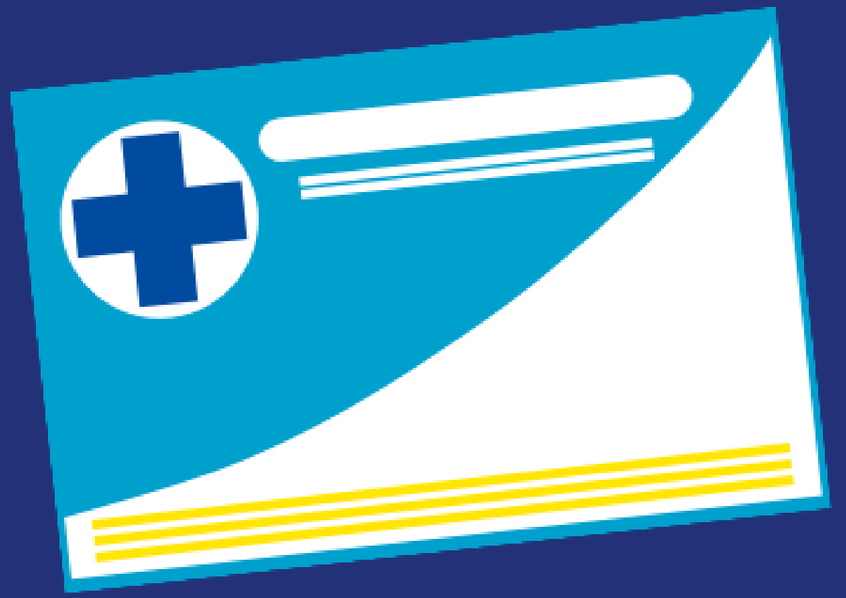
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Spotlight: Medicaid Family Planning Programs

About ican!

Our team of policy analysts, attorneys, health care providers, public health professionals, and data analysts provides expert guidance to advance your state's Medicaid Family Planning Program.

This work is a critical piece of **our mission** to transform how sexual and reproductive health care is delivered, accessed, and paid for.

OUR SERVICES & OFFERINGS



Policy analysis and behind-the-scenes technical assistance to state agencies.



Training and support to safety net providers to improve billing and enrollment procedures.



Resources to drive patient awareness of Medicaid Family Planning Program benefits.

What are Medicaid Family Planning Programs?



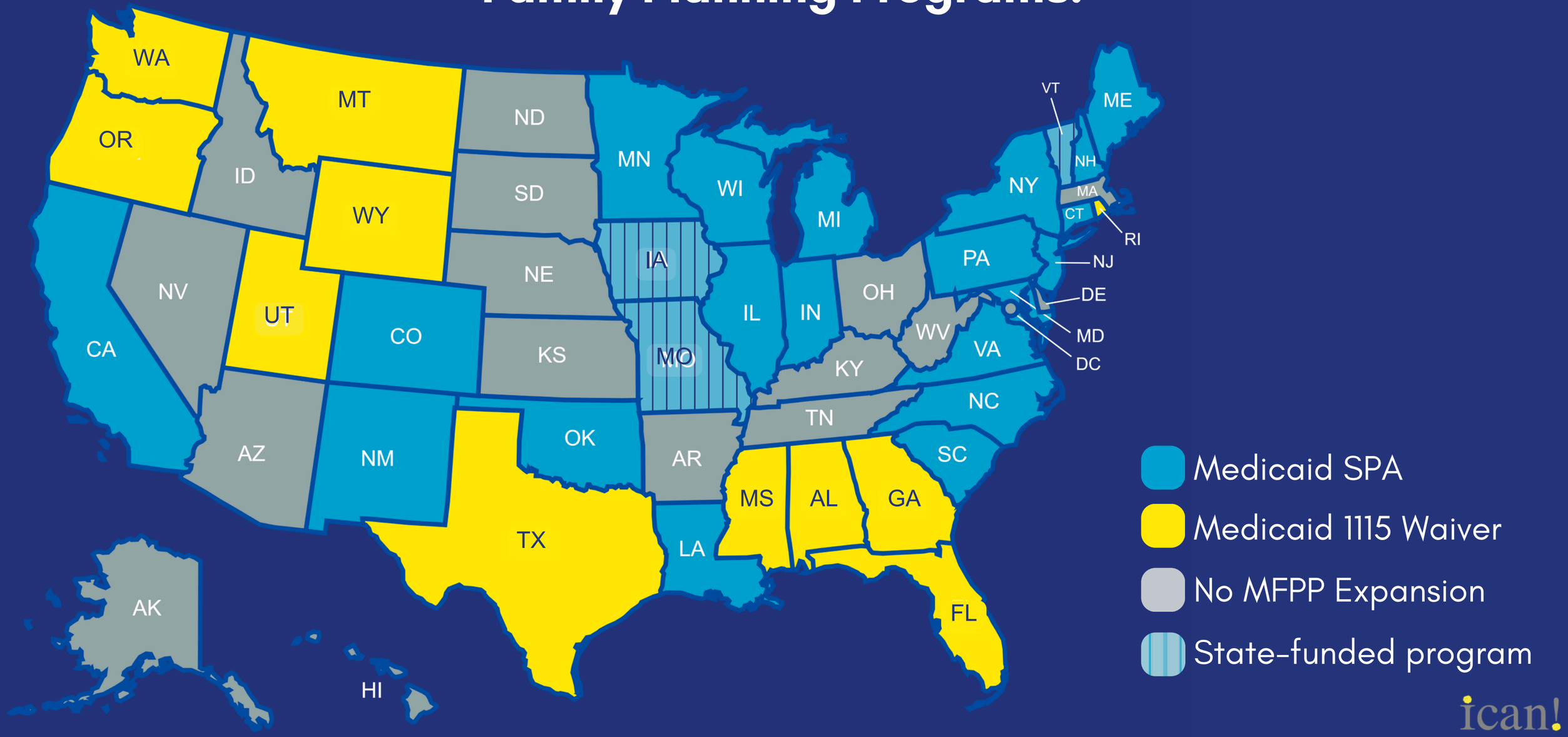
- **Medicaid Family Planning Programs (MFPPs)** allow people who are ineligible for full Medicaid coverage to access benefits for specified family planning and related services.

- MFPPs provide coverage so people can access **no-cost care** including FDA approved contraception, STI testing and treatment, and annual exams.

- These are Medicaid programs, often referred to as partial, limited, or alternative benefit programs.

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As of July 2026, 30+ states have Medicaid Family Planning Programs!

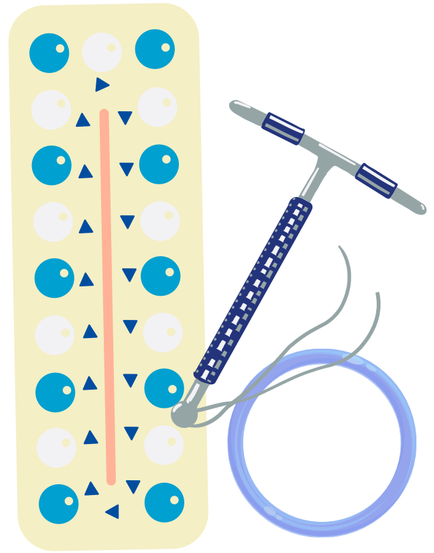


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What do MFPPs cover?

FAMILY PLANNING SERVICES

Family planning services and supplies are those intended to “prevent or delay pregnancy and may include education and counseling in the method of contraception desired or currently in use by the individual, a medical visit to change the method of contraception, and (at the state’s option) infertility treatment.”





FAMILY PLANNING-RELATED SERVICES

Family-planning related services “are medical, diagnostic, and treatment services provided pursuant to a family planning visit that address an individual’s medical condition” and may include treatment for urinary tract infections or sexually transmitted infections, HPV vaccines, and preventative services routinely provided during family planning visits.

What do MFPPs cover?



Covered services may include:

- Annual check-up
- Repro cancer screenings including pap test and follow up for abnormal pap smears
- FDA-approved birth control (Pill, patch, ring, depo, IUD, implant, emergency contraceptive pill) and permanent methods like tubal ligation and vasectomy (21+)
- STI testing and treatment, including PrEP, nPEP, doxyPEP
- HPV and other repro vaccines
- Preconception care
- And more!

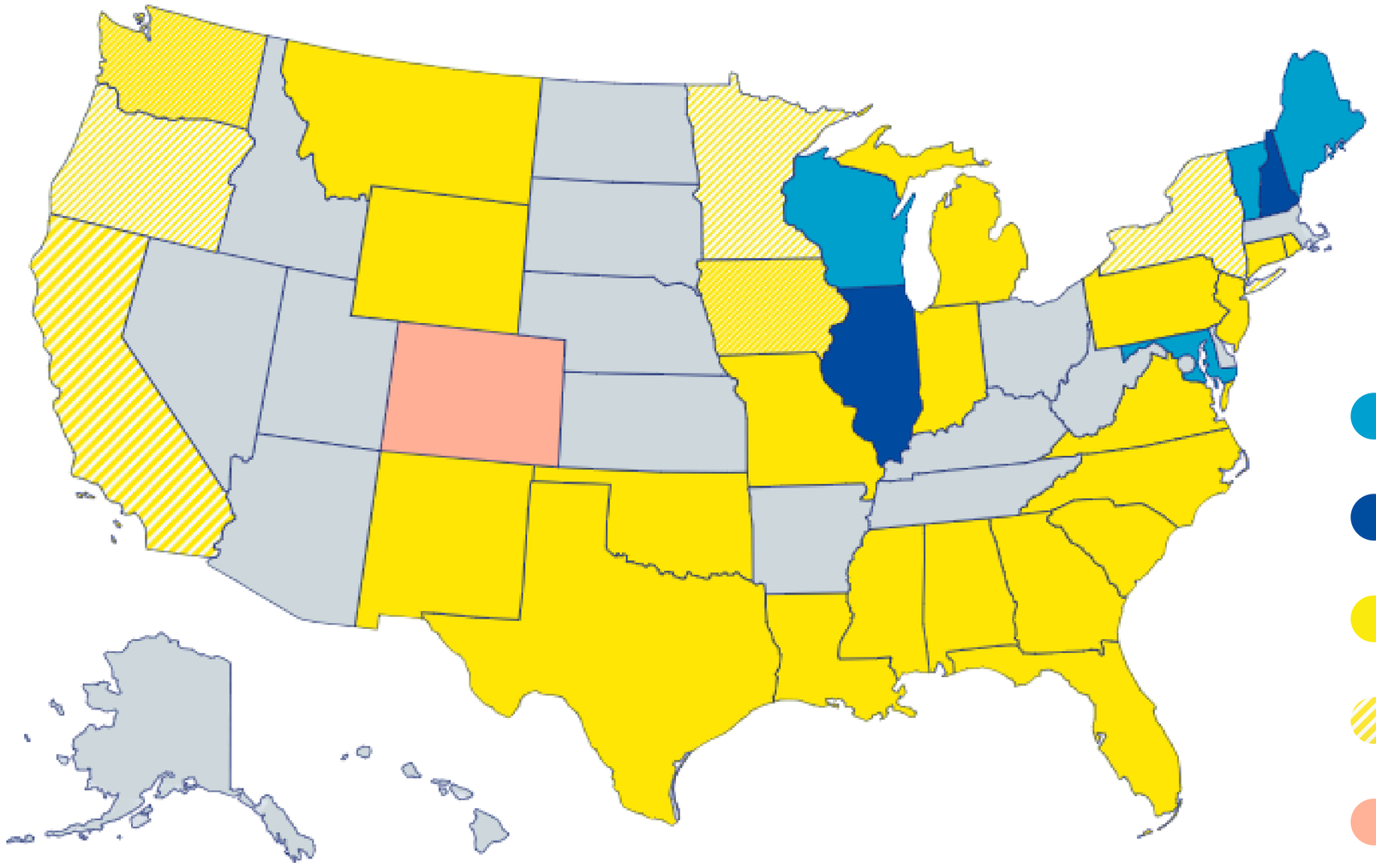
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Eligibility



- All genders
- All ages
- Not pregnant
- Not enrolled in/Eligible for full Medicaid coverage
- U.S. citizen/qualified immigrant (unless state funded)
- FPL limit set by state (usually parity with Medicaid for pregnant people)

*eligibility may vary for waivers



States have flexibility in determining household size and whose income to consider when setting MFPP eligibility requirements.

- HOUSEHOLD ALWAYS 1, APPLICANT'S INCOME ONLY
- HOUSEHOLD ALWAYS 2 APPLICANT'S INCOME ONLY
- FULL HOUSEHOLD SIZE, ALL HOUSEHOLD INCOME
- FULL HOUSEHOLD SIZE, ALL HOUSEHOLD INCOME; PARENTAL INCOME DISREGARDED FOR TEENS OR YOUNG ADULTS
- FULL HOUSEHOLD SIZE PLUS 1, ALL HOUSEHOLD INCOME

Establishing a MFPP

MFPPs are established through State Plan Amendments (SPAs), or temporary demonstration projects known as 1115 waivers. Both require approval from CMS (Centers for Medicare and Medicaid Services).

SPA

- Permanent change to the state's Medicaid plan that creates a new eligibility group
- Coverage must be open to non-pregnant people of reproductive age of any gender with incomes that do not exceed a limit set by the state
- 90-day clock for approval

1115 Waiver

- Temporary program intended for states to test new ideas and policies
- Coverage varies. The state, with approval from CMS, can determine eligibility criteria, including income limits, age, and gender
- No set approval timeline

H.R. 1 and MFPPs

Here's what to know about how H.R. 1/OBBBA affects MFPPs:

- **No** 6-month eligibility redeterminations.
- **No** work requirements.
- 2 months of retroactive coverage starting 12/31/2026.
- Restrictions on immigrant eligibility apply to MFPPs starting 10/1/2026.

*Note, states may apply for/have waivers that change these default rules for the MFPP in their state.



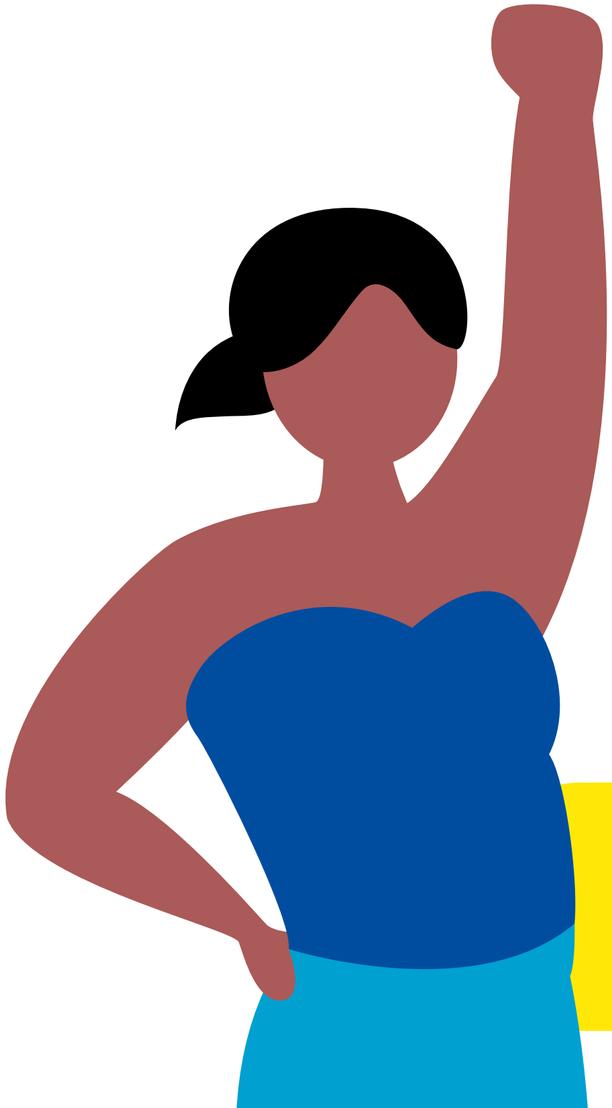
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Why focus on MFPPs now?

- **Protect access** to range of preventative and primary care services threatened by changes to Medicaid Expansion and federal funding cuts-- especially critical sexual and reproductive health services that are under attack.
- **Preserve limited grant dollars** by billing the state's Medicaid program instead of drawing down on grants or writing off patient balances. 90/10 match for family planning services.
- **No work requirement verifications or 6-month redeterminations** for people covered by Medicaid Family Planning Programs.



Make a Difference in Your State



Learn about your state's MFPP to better understand eligibility, covered services, and enrollment processes.

Identify ways to improve your state's MFPP on ICAN!'s MFPP policy map at icancoverall.org.

Advocate in your state to adopt a MFPP if your state does not have one, or to expand scope of coverage, eligibility, and services under existing programs.

Connect with ICAN! for tailored training and resources on your state's program!

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