ican! Medicaid Family Planning Programs: A Proactive Strategy to Protect Covered Lives

Amidst federal threats, Medicaid family planning programs (MFPPs) provide a proactive and fiscally prudent strategy to protect preventative healthcare, including reproductive care.

✓ **MFPPs can cover preventative care for broad populations:**

- Family planning Medicaid programs generally have the most generous income eligibility limit for non-pregnant adults. Covered services may include: contraception, STI testing/treatment, and preventative services routinely provided during family planning visits, like some cancer screenings and vaccines.

✓ **MFPPs prevent people from becoming truly uninsured amidst attacks on Medicaid:**

- While full coverage is the gold standard and beneficiaries should be supported in keeping full benefits, those losing full coverage may retain access to sexual and reproductive health care with MFPP coverage, which is not subject to work requirements and 6 month redeterminations.

✓ **MFPPs provide cost savings to states:**

- For every $1 invested in family planning, a state saves $7.09 of public money that would otherwise have gone to Medicaid-covered maternity, infant, child, and miscarriage care, as well as STI, infertility, and cancer treatment.

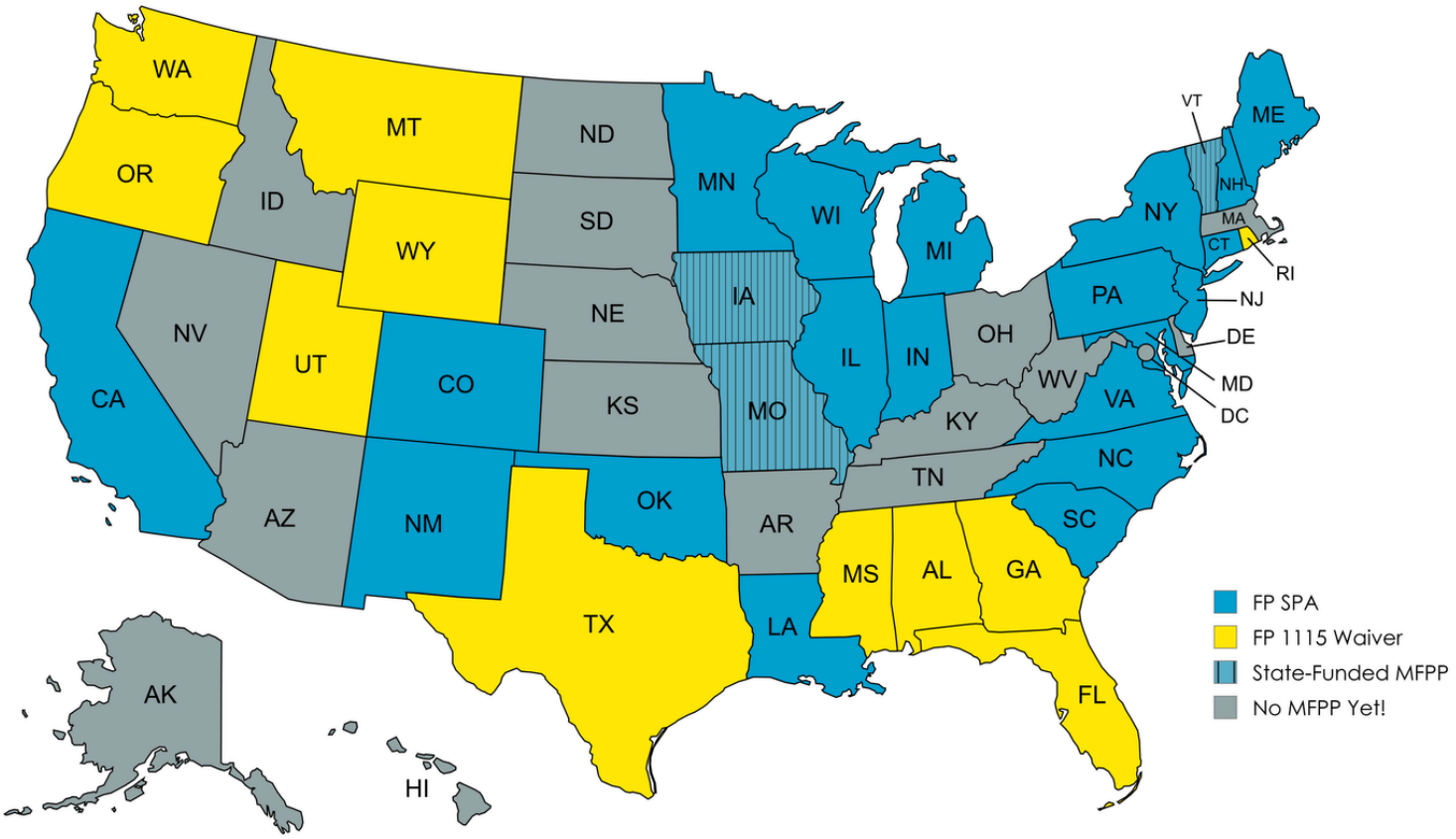
✓ **MFPPs preserve state Medicaid dollars:**

- MFPPs ensure that Medicaid dollars are spent in the most efficient and cost effective way—on prevention—rather than on more costly treatment. MFPPs ensure limited Medicaid dollars are not drawn down to cover prenatal, labor, delivery, and postpartum care for a person who would have chosen to avoid pregnancy if they had access to coverage through a FP SPA.

✓ **MFPPs must be a Medicaid priority because the coverage they provide is critical for this moment when women's health is under threat:**

- Demand for contraceptive care has skyrocketed. Some reports indicated a 760% increase in IUD appointments and a 460% increase in emergency contraception sales after the 2024 election. FP SPAs ensure people have coverage for the reproductive healthcare they need at a time that care is increasingly threatened.

TAKE ACTION



States with MFPPs, (SPAs or Waivers) should:

- Automatically consider a person's eligibility for FP SPA coverage at initial application and renewal if they're ineligible for full benefits.
- Expand covered services to provide enrollees with a vast array of preventative care that improves their health outcomes.
- Maximize the availability of presumptive eligibility.
- Focus on increasing enrollment to fill coverage gaps.
- Waiver states should consider whether to transition their program o a family planning SPA (State Plan Amendment) to make family planning coverage a permanent part of the state's Medicaid plan.

States without any FP Medicaid program should:

- Apply for a MFPP to maximize care and coverage!

Connect with us!

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Medicaid Family Planning SPAs: A Proactive Strategy to Protect Covered Lives

Amidst cuts to Medicaid, family planning state plan amendments (FP SPAs) provide a proactive and fiscally prudent strategy to protect preventative healthcare, including reproductive care.

✓ **FP SPAs can cover preventative care for broad populations:**

- Family planning Medicaid programs generally have the most generous income eligibility limit for non-pregnant adults-- income thresholds can be set as high as the threshold for pregnant women. Covered services may include: contraception, STI testing/treatment, and preventative services routinely provided during family planning visits, like some cancer screenings and vaccines.

✓ **FP SPAs prevent people from becoming truly uninsured amidst attacks on Medicaid:**

- While full coverage is the gold standard and beneficiaries should be supported in keeping full benefits, those losing full coverage may retain access to sexual and reproductive health care with FP SPA coverage, which is not subject to work requirements and 6 month redeterminations.

✓ **FP SPAs provide cost savings to states:**

- For every $1 invested in family planning, a state saves $7.09 of public money that would otherwise have gone to Medicaid-covered maternity, infant, child, and miscarriage care, as well as STI, infertility, and cancer treatment.

✓ **FP SPAs preserve state Medicaid dollars:**

- FP SPAs ensure that Medicaid dollars are spent in the most efficient and cost effective way—on prevention—rather than on more costly treatment. FP SPAs ensure limited Medicaid dollars are not drawn down to cover prenatal, labor, delivery, and postpartum care for a person who would have chosen to avoid pregnancy if they had access to coverage through a FP SPA.

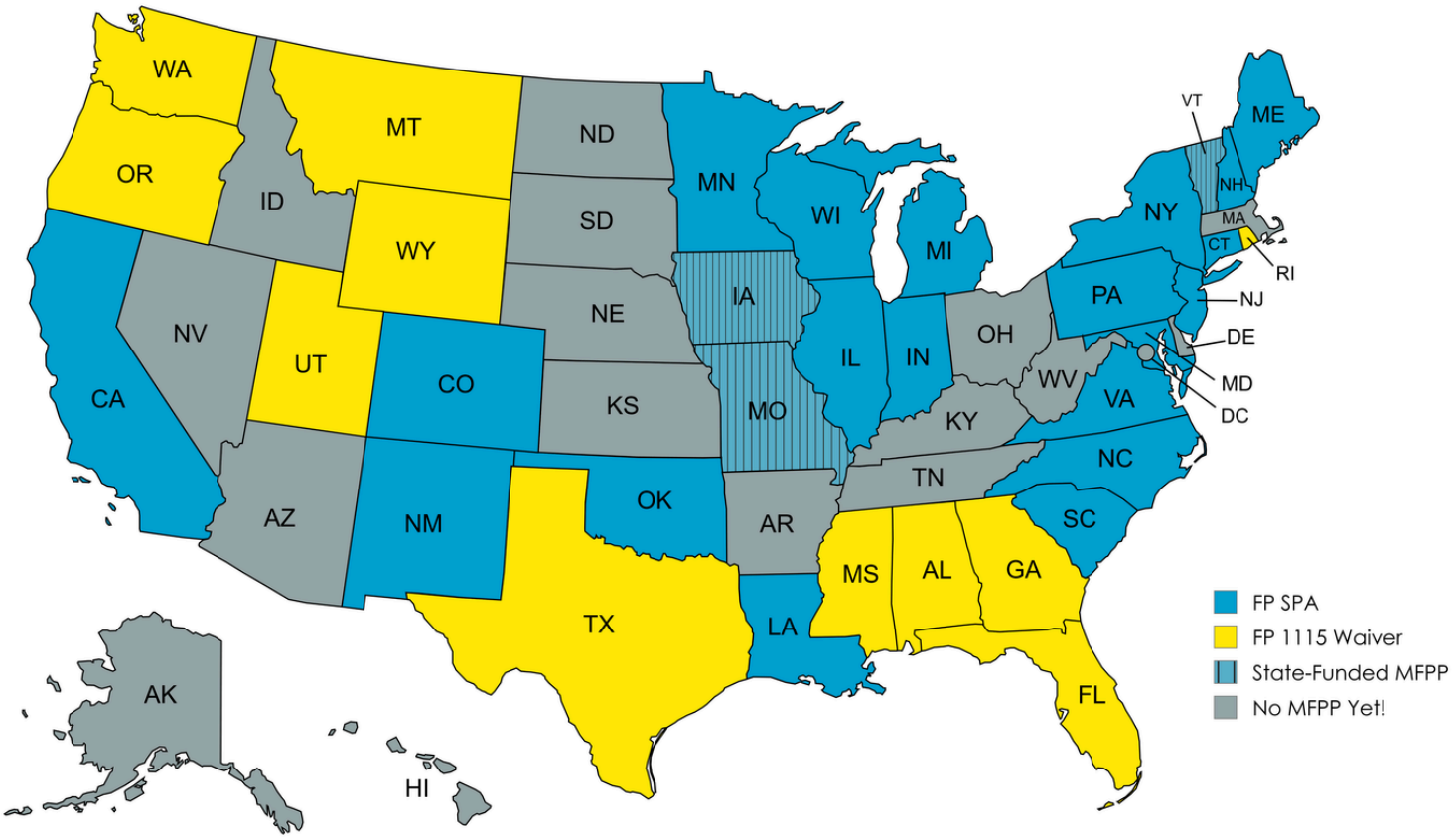
✓ **FP SPAs must be a Medicaid priority because the coverage they provide is critical for this moment when women's health is under threat:**

- Demand for contraceptive care has skyrocketed. Some reports indicated a 760% increase in IUD appointments and a 460% increase in emergency contraception sales after the 2024 election. FP SPAs ensure people have coverage for the reproductive healthcare they need at a time that care is increasingly threatened.

✓ **FP SPAs are dependable coverage programs amid unpredictable federal changes:**

- CMS has 90 days to either approve, deny, or request additional information about SPA applications. They may only request additional information and restart the 90 day clock once. If CMS takes no action, the SPA is established. Once a state has a SPA, the federal government cannot unilaterally terminate or vacate it. Denied SPAs can be appealed to a Court of Appeals.
- Federal requirements for SPAs are generally apolitical, making it difficult for CMS to deny SPA applications or withhold funding on ideological grounds. In fact, 20 other states, including Republican-led states like IN, OK, and SC already have FP SPAs!

TAKE ACTION



States with existing FP SPAs should:

- Automatically consider a person's eligibility for FP SPA coverage at initial application and renewal if they're ineligible for full benefits.
- Expand covered services to provide enrollees with a vast array of preventative care that improves their health outcomes.
- Maximize the availability of presumptive eligibility.
- Focus on increasing enrollment to fill coverage gaps.

States with existing FP waivers should:

- Transition to FP SPA to stabilize family planning coverage. Waivers are vulnerable to being terminated by CMS if CMS determines they no longer align with federal administration priorities.

States without any FP Medicaid program should:

- Apply for a FP SPA to maximize care and coverage!

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