

BEYOND THE BELTWAY



Key State Policies at a Glance As of September 1, 2020

The policies below help expand access to and information about contraception, but none of them alone is a panacea. Taken together these policies can serve to ensure that all women have access to [all methods](#) of contraception, giving women the power to decide if, when, and under what circumstances to become pregnant and have a child.¹ The ability to plan pregnancies is directly linked to a wide array of benefits to women, men, children, and society—including fewer unplanned pregnancies, more educational and economic opportunities for young women and men, improved maternal and infant health, greater family wellbeing, and increased public savings.

Medicaid Expansion

Thirty-six states (including Washington D.C.) have expanded and implemented Medicaid coverage for childless adults with income up to 138% of the Federal Poverty Level (FPL), as the Affordable Care Act (ACA) allows and encourages.^{2,3} In three additional states—Missouri, Nebraska, and Oklahoma—voters approved ballot measures to expand Medicaid and implementation is pending. Expanding access to health insurance coverage can help more women access the most effective methods of contraception by removing cost barriers. However, a number of states are seeking changes to their programs through [1115 Medicaid Demonstration Waivers](#), including work requirements, with complex documentation and administrative processes that could result in some eligible people [losing coverage](#).

Medicaid Family Planning Expansion Waiver or State Plan Amendment

[Twenty-six states](#) have federal approval either through a waiver or state plan amendment to expand Medicaid coverage only for family planning services and family planning related services, to individuals who would otherwise not be eligible for Medicaid coverage.⁴ Iowa, Vermont, and Missouri operate similar programs that are entirely state-funded. However, [Missouri is seeking a federal waiver](#) to receive federal funds for its state program.⁵ Income eligibility tends to be more generous for family planning expansions than for full scope Medicaid, whether under traditional Medicaid or the Medicaid expansion allowed under ACA (see eligibility levels for [parents and childless adults](#)).⁶

Medicaid Reimbursement for Postpartum Long-Acting Reversible Contraception (LARC)

[The majority of states](#) (including Washington, D.C.) have issued guidance to make it possible for Medicaid to reimburse for LARC devices (IUDs and the Implant), their insertion, or both--separate from the reimbursement for labor and delivery.⁷ Traditionally, fee-for-service Medicaid has issued global payments for labor and delivery, meaning that providers are not reimbursed for insertion of the devices and/or the devices themselves. This is a disincentive to providers and has been a barrier for women who want to receive immediate postpartum LARC.

Pharmacist Prescribing of Contraception

[Seventeen states](#) (including Washington, D.C.) allow pharmacists to prescribe and dispense self-administered hormonal contraceptives. States have had different experiences with implementation, but those that have done well implementing this policy show the potential it has to increase access to some forms of contraception for some women. New research from Oregon, California, Colorado, and Hawaii suggests this model is helping to fill a gap, as women receiving contraception from a pharmacist were more likely to be younger, uninsured, and have less education than those receiving contraception from a clinician.⁸

Extended Supply of Prescription Contraceptives

Since 2016, [21 states](#) (including Washington, D.C.) have enacted legislation requiring insurers to increase the number of months for which they cover prescription contraceptives at one time.⁹ Most of these states have mandated 12 months of coverage for prescription contraceptives at one time in contrast to the 30- to 90-day supplies that insurance plans traditionally covered, in order to increase timely access to contraception and reduce gaps in contraceptive use.

Educating College Students About Unplanned Pregnancy

Arkansas, Mississippi, and Louisiana have enacted legislation to educate college students about preventing unplanned pregnancy. These bi-partisan laws direct state higher education entities to work with public universities and community colleges to develop action plans to address the issue, in order to reduce high teen birth rates among 18- and 19-year-olds and to improve college completion. In 2017, Texas and Tennessee introduced similar bills.¹⁰

Codifying and Strengthening the ACA's Contraceptive Coverage Provision

[Sixteen states](#) (including Washington, DC) have passed laws [to codify or expand upon](#) the contraceptive coverage provision of the ACA, which requires all non-grandfathered plans to cover all [FDA-approved methods](#) without out-of-pocket (OOP) costs and reduce administrative barriers for patients. Many of these states (Connecticut, Delaware, Illinois, Maryland, Massachusetts, New Mexico, New York, Oregon, Vermont, Washington, and Washington, D.C.) have expanded upon the contraceptive coverage protections in the ACA by requiring additional coverage protections without OOP costs.¹¹

¹ U.S. Food and Drug Administration. Birth Control Guide. Retrieved from www.fda.gov/consumers/free-publications-women/birth-control-chart.

² Kaiser Family Foundation. (August 17, 2020). *Status of State Medicaid Expansion Decisions: Interactive Map*. Retrieved from www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/

³ States that expanded Medicaid can receive an increased federal matching rate for services provided to “newly eligible” individuals. The federal matching rate is 93% for 2019 and 90% in 2020 and thereafter.

⁴ Guttmacher Institute. (September 1, 2020). *Medicaid Family Planning Eligibility Expansions*. Retrieved from www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions

⁵ Missouri's state-funded program excludes family planning providers who also provide abortion from participating in the program. It is now following Texas' lead by seeking federal funding for it. CMS approved Texas' waiver, despite the state's continued efforts to block access to quality providers for low-income women. See Power to Decide's statement on the Texas waiver at <https://powertodecide.org/about-us/newsroom/federal-government-allows-texas-block-low-income-womens-access-quality-family>

⁶ States receive an enhanced federal match of 90% for family planning services and supplies provided to Medicaid beneficiaries enrolled in traditional full-scope Medicaid or a Medicaid family planning expansion program. For more background, see Ranji, U., Bair Y., and Salganicoff A. (2016). *Medicaid and Family Planning: Background and Implications of the ACA*. Kaiser Family Foundation. Retrieved from <http://kff.org/womens-health-policy/issue-brief/medicaid-and-family-planning-background-and-implications-of-the-aca/>.

⁷ American Congress of Obstetricians and Gynecologists. (2020). *Medicaid Reimbursement for Postpartum LARC by State*. Retrieved from www.acog.org/programs/long-acting-reversible-contraception-larc/activities-initiatives/medicaid-reimbursement-for-postpartum-larc.

⁸ Power to Decide. (2020). *Pharmacist Prescribing of Hormonal Birth Control*. Retrieved from <https://powertodecide.org/what-we-do/information/resource-library/pharmacist-prescribing-hormonal-birth-control>

⁹ Power to Decide. (2020). *Extended Supply of Contraception*. Retrieved from <https://powertodecide.org/what-we-do/information/resource-library/extended-supply-contraception>.

¹⁰ Power to Decide. (2018). *State Policies to Educate College Students About Unplanned Pregnancy*. Retrieved from <https://powertodecide.org/what-we-do/information/resource-library/state-policies-to-educate-college-students>.

¹¹ Power to Decide. (2020). *States Codifying and Expanding Upon the ACA's Contraceptive Coverage Provisions*. Retrieved from <https://powertodecide.org/what-we-do/information/resource-library/state-actions-protect-and-enhance-acas-contraceptive>.