

BEYOND THE BELTWAY



Key State Policies at a Glance As of August 1, 2019

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-four states](#) (including Washington D.C.) have expanded Medicaid coverage to childless adults with income up to 138% of the Federal Poverty Level (FPL), as the Affordable Care Act (ACA) allows and encourages.^{2,3} Three more states (Idaho, Nebraska, and Utah) are still working out the details of their state plan for expansion. 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-five 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, Texas, and Missouri operate similar programs that are entirely state-funded. 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](#)).⁵

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.⁶ 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

Since 2016, 11 states (California, Colorado, Hawaii, Maryland, New Hampshire, New Mexico, Oregon, Tennessee, Utah, Washington D.C., and West Virginia) have enacted legislation or regulations that allows pharmacists to prescribe and dispense self-administered hormonal

contraceptives. The specifics of these laws vary by state, but the goal is to provide another way for women to access some forms of contraception.⁷

Extended Supply of Prescription Contraceptives

Since 2016, 19 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.⁸ 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.⁹

Codifying and Strengthening the Affordable Care Act's Contraceptive Coverage Provision

Fifteen 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 [18 distinct method categories](#) 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.¹⁰

¹ U.S. Food and Drug Administration. Birth Control Guide. Retrieved June 1, 2017 from www.fda.gov/downloads/ForConsumers/ByAudience/ForWomen/FreePublications/UCM517406.pdf.

² Kaiser Family Foundation. (2019). *Current Status of State Medicaid Expansion Decisions*. Retrieved July 30, 2019 from <http://kff.org/health-reform/slide/current-status-of-the-medicaid-expansion-decision/>.

³ States that expanded Medicaid are able to 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. (2019). *Medicaid Family Planning Eligibility Expansions*. Retrieved July 1, 2019 from www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions.

⁵ 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 June 1, 2017 from <http://kff.org/womens-health-policy/issue-brief/medicaid-and-family-planning-background-and-implications-of-the-aca/>.

⁶ American Congress of Obstetricians and Gynecologists. (2019). *Medicaid Reimbursement for Postpartum LARC by State*. Retrieved July 30, 2019 from www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception/Immediate-Postpartum-LARC-Medicaid-Reimbursement.

⁷ Power to Decide. (2019). *Briefly: State Policies to Increase Information About and Access to Contraception*. Retrieved from <https://powertodecide.org/what-we-do/information/resource-library/briefly-state-policies>.

⁸ Power to Decide. (2018). *Extended Supply of Contraception*. Retrieved from <https://powertodecide.org/what-we-do/information/resource-library/extended-supply-contraception>.

⁹ 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>.

¹⁰ Power to Decide. (2019). *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>.