
Contraception in Medicaid: Improving Maternal and Infant Health
Questions and Answers

June 19, 2015

1. **Question:** What are family planning services and supplies?

Answer: Family planning services and supplies (described at [section 1905\(a\)\(4\)\(C\) of the Social Security Act](#)) are a mandatory Medicaid benefit for men and women. Per [section 1903\(a\)\(5\) of the Social Security Act](#), an enhanced match rate of 90 percent is available for family planning services and supplies. See [section 4270 of the State Medicaid Manual](#) for additional information regarding this benefit.

- State Medicaid Director Letter: Family Planning and Family Planning Related Services Clarifications - [April 16, 2014 SMDL 14-003](#)

2. **Question:** How is contraception covered in the Medicaid program?

Answer: There are several ways for states to make contraception available to beneficiaries under the Medicaid program:

- a. [Traditional Coverage under the Medicaid State Plan](#) – Family planning services and supplies are a mandatory benefit under the traditional coverage offered under each state’s Medicaid state plan. This benefit includes contraception for women and men, and beneficiaries must be free to choose the method of family planning services.
- b. [Alternative Benefit Plan \(ABP\) Coverage under the Medicaid State Plan](#) – States may (and for the new adult population must) offer an ABP to certain populations. The ABP must offer Essential Health Benefits, including preventive services, which have been defined to include contraception for women of child-bearing age. Such services would also be subject to the requirements that beneficiaries must be free to choose the method of family planning services.
- c. [Targeted Family Planning State Plan Eligibility Option](#) – Since the passage of the Affordable Care Act on March 23, 2010, states have the ability to create, via a state plan amendment (SPA), a new eligibility category that allows the eligible population (both men and women) to receive a targeted benefit package consisting of family planning services and supplies.
 - State Health Official Letter: Family Planning Services Option and New Benefit Rules for Benchmark Plans - [July 2, 2010 SMDL 10-013](#)
- d. [Section 1115 Family Planning Demonstration](#) – States can use section 1115 demonstrations to expand the provision of family planning services and supplies to

populations not otherwise eligible under the approved state plan. States may elect to expand coverage via a section 1115 demonstration rather than the family planning state plan option in order to target eligibility (some states limit eligibility to women and/or individuals of a specified age range), target the benefit package, or to waive certain requirements under the Medicaid state plan, such as non-emergency medical transportation.

These options present states with the ability to tailor both eligibility and covered services, within the parameters of the specified authority. As of September 1, 2014, 19 states operate section 1115 family planning demonstrations and 12 states have approved family planning state plan option SPAs.

3. **Question:** What are the cost-sharing requirements regarding contraception under the Medicaid program?

Answer: Congress has exempted family planning services from cost-sharing (see [section 1916\(a\)\(2\)\(D\) of the Social Security Act](#)). This means that individuals have access to all contraceptive methods available under a state's approved Medicaid state plan, section 1115 family planning demonstration, or family planning state plan option without any cost-sharing burden.

4. **Question:** What does long-acting reversible contraception (LARC) usage in Medicaid look like?

Answer: According to the American College of Obstetricians and Gynecologists (ACOG)¹ LARCs are the most effective category of reversible contraception, with less than 1 percent of women experiencing an unintended pregnancy during the first year of typical use. Given this high level of efficacy, there is significant interest in the field of reproductive health regarding the use of LARCs. Data from the National Survey of Family Growth shows that, among contraception users in Medicaid, the use of LARC (intrauterine devices (IUDs) and implants) increased from 4.6 percent in 2007 to 11.5 percent in 2009, which is higher than the national rate of 8.5 percent in 2009.²

¹ Long-acting reversible contraception: implants and intrauterine devices. Practice Bulletin No. 121. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2011;118:184-96.

² Finer LB, Jerman J, Kavanaugh ML. (2012). Changes in use of long-acting contraceptive methods in the United States, 2007-2009. *Fertility and Sterility* 98(4), 893-897.