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MEDICAID & FAMILY PLANNING 101

THE IMPORTANCE OF MEDICAID FOR REPRODUCTIVE WELL-BEING

All people regardless of who they are, where they live, and how much money they make need and deserve the ability to achieve reproductive well-being.[1] Reproductive well-being means that people have equitable access to the information, services, and support they need to make their own decisions related to sexuality and reproduction throughout their lives. Medicaid is a vital program that covers health care services, including sexual and reproductive health care, for millions of people in the United States. Seventy-five percent of all publicly funded family planning is covered by Medicaid. Medicaid plays a pivotal role in covering contraceptive care.

How Medicaid Increases Access to Contraceptive Care

No Out of Pocket Costs

90/10 Match

Free Choice of Provider

Eligibility

There are several pathways to eligibility, conventionally limited to people with low incomes.[2] States must cover certain populations in Medicaid, but they also have the option to provide a more limited set of benefits, such as family planning services, to those with incomes above traditional Medicaid eligibility levels. Under the Affordable Care Act (ACA), states are allowed to expand Medicaid to low-income adults who do not have children and are not disabled—a group that was not eligible under traditional Medicaid.

Benefits

States are required to provide Medicaid enrollees with a mandatory set of benefits. Since 1972, this has included family planning services for people of reproductive age.[3] Benefit packages vary slightly by state, and eligibility category, but generally include coverage for a broad range of prescription contraceptives.[4] Medicaid also removes barriers to contraceptive access by prohibiting cost-sharing for family planning services and supplies, ensuring enrollees can see the Medicaid provider of their choice^ and having the federal government reimburse states for a higher percentage (90%) of costs for these services.

Financing

Medicaid is jointly financed by states and the federal government, with the federal government typically covering a larger share, known as the federal medical assistance percentage (FMAP). The FMAP has a statutory minimum of 50% and maximum of 83%, with some exceptions, including for certain populations and services.[5] For example, the FMAP is 90% for family planning services and ACA Medicaid expansion enrollees. Nine states (AZ, AR, IL, IN, MT, NH, NC, UT, and VA) have laws that will trigger the end of their ACA Medicaid expansion coverage if the FMAP drops below a certain threshold. Three other states (ID, IA, and NM) have laws that trigger a review process that could lead to a reduction or elimination of Medicaid expansion coverage.[6]

Where Medicaid Coverage Stands Today

Today, approximately 72 million people in the United States have comprehensive Medicaid coverage through traditional Medicaid (available in all states) or the ACA Medicaid expansion (available in 40 states and DC). Roughly two-thirds (64%) of adult women with Medicaid coverage are in their reproductive years (19 to 49).[7] In addition to the ACA Medicaid expansion that provides full health coverage to eligible adults, 29 states have Medicaid Family Planning expansions that solely cover family planning care for those not otherwise eligible.[8] Two states (Kansas and Tennessee) have neither an ACA Medicaid expansion nor a family planning expansion. Nearly all states have implemented a 12-month extension of postpartum coverage for enrollees who qualified for Medicaid due to being pregnant—an essential time to have health coverage.[9]

Current State Adoption of Medicaid Expansion Options

ACA Childless Adult Eligibility
40 States and DC

Family Planning Eligibility
29 States and DC

12-month Postpartum Expansion
48 States and DC

What's on the Horizon and How it Could Impact Medicaid

Unfortunately, Medicaid has been a favorite target of budget cut proposals over the years. The Trump-Vance administration and current members of Congress have expressed interest in cutting mandatory spending programs, including Medicaid. Proposals to reduce federal Medicaid spending may take shape in a variety of ways. Regardless, most proposals (e.g., block-granted funding, per-capita caps, and reducing the FMAP) only shift more of the cost from the federal government to states. Ultimately, this will reduce enrollment in Medicaid, reduce access to services for enrollees, or both.

Some policymakers are keen to add restrictions such as work requirements, though they have been shown to be ineffective and fiscally wasteful in states that have instituted them.[10] Most adults on Medicaid are already working; those who aren't are either disabled or are parents of dependent children.[11] A proposal to impose work requirements at the federal level could jeopardize Medicaid coverage for 21 million people.[12]

The bottom line is that any cuts or restrictions to Medicaid will reduce coverage and access for enrollees and undermine contraceptive care and reproductive well-being.

What Can Policymakers Do?

Speak out about the importance of Medicaid for your constituents and oppose any cuts to the program, including reductions to FMAPs.

What Can Constituents Do?

Contact your members of Congress to share why Medicaid is important to you, your family, or your community—and ask your members to support the program with their voices and their votes.

^ Several states have been in violation of this provision. On April 2, 2025, the US Supreme Court heard oral arguments in a case asking whether the Medicaid Free Choice of Provider provision confers an unequivocal right upon beneficiaries to choose a specific provider. For more information see National Health Law Program. 2025. Case Explainer: *Medina v. Planned Parenthood of South Atlantic* — Certiorari Granted. Retrieved on March 11, 2025, from https://healthlaw.org/resource/case-explainer-medina-v-planned-parenthood-of-south-atlantic-certiorari-granted/

Endnotes

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