

the field works

By Jennifer Drake

Unplanned pregnancy has major costs and consequences for families, public agencies and taxpayers alike. In 2006, 17.5 million women needed publicly funded contraceptive services, according to the Guttmacher Institute. However, only four in 10 of these women actually received services from a publicly funded family planning provider.

Medicaid's Important Role in Pregnancy Prevention and Planning

Medicaid is now the largest public funding source for family planning, accounting for \$1.3 billion, or 71 percent, of all state and federal dollars spent on these services in 2006. Other public funding sources for family planning services for low-income and uninsured women and men include the Maternal and Child Health Block Grant, Temporary Assistance for Needy Families, and Title X—the only federal program dedicated solely to providing family planning services to low-income individuals.

At present, fully half of all pregnancies in the United States are unplanned. In response to this challenge, 26 states have implemented Medicaid Family Planning Waivers to expand coverage for family planning services to individuals who are otherwise ineligible for Medicaid and unable to gain access to reproductive health care. The majority of states with waivers expand access on the basis of income—some states covering individuals up to 200 percent of the federal poverty level. In Alabama, for example, family planning services through the state's waiver program, Plan First, are available to any woman with an income up to 133 percent of the federal poverty level. A 2003 evaluation funded by the U.S. Department of Health and Human Services found that in a single year, Alabama's waiver program averted more than 3,000 unplanned pregnancies,

saved federal and state governments more than \$19 million, and expanded the geographic availability of family planning services. "Not only does Plan First save us program dollars, it also allows women to better space their pregnancies, or not get pregnant at all, thus positively impacting our infant mortality rate," says Carol Steckel, commissioner

of the Alabama Medicaid Agency.

As state governments nationwide face tough decisions in light of budget shortfalls, studies continue to show that family planning and contraceptive services are not only cost neutral (as the waiver requires), but they produce substantial cost-savings for state and federal budgets.

California's waiver program, Family PACT (Planning, Access, Care and Treatment), expands family planning services to any adult or adolescent who is at or below 200 percent of the federal poverty level. An evaluation of Family PACT found that the program averted an estimated 205,000 unintended pregnancies in 2002 and resulted in more than \$1.1 billion in total public sector cost-savings for health care and other social services up to two years after birth and \$2.2 billion five years after birth. Unfortunately, the state is currently battling with the federal agency that administers Medicaid about the terms for continuation of its highly effective waiver. "By all measures, California's program has been highly effective and saved the federal government hundreds of millions of dollars," said Stan Rosenstein, director of California's Medicaid program, Medi-Cal. "Every woman on the program... would be on Medicaid if they became pregnant and the federal government would pay

coverage of the delivery and care of the infant."

Given the demonstrated success of family planning waivers across the country, there is a strong argument to be made that it is time to move beyond the burdensome waiver process. Allowing states to expand family planning services as an optional plan amendment is one solution. Several bills introduced in the 110th Congress would allow states to expand Medicaid eligibility for family planning services to match the state's eligibility for pregnancy-related care, including a provision in one version of the reauthorization of the State Children's Health Insurance Program. The Congressional Budget Office has recognized the savings associated with Medicaid family planning services. In "scoring" the provision in SCHIP reauthorization, CBO found that if all states expanded Medicaid eligibility for family planning services to their levels of pregnancy-related care, this would result in savings of \$200 million over five years and \$400 million over ten years.

In Washington, D.C., and across the country, discussions about health care coverage and affordability present an important opportunity to improve pregnancy prevention and planning, which not only has major health implications for women and their families but also fiscal implications that extend to employers and taxpayers. According to Diane Rowland, executive vice president at the Henry J. Kaiser Family Foundation and board member at The National Campaign to Prevent Teen and Unplanned Pregnancy, safety net programs like Medicaid are sure to play an important role in ensuring that these services are widely accessible, especially for low-income women. "Expanding public coverage by building on Medicaid can provide a critical link in helping to broaden coverage for the low-income uninsured, including the 24 million non-elderly adults who lack coverage and are at risk of unplanned pregnancy." ■

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