

Objectives

Family planning services are critical for reducing unplanned pregnancies, preventing certain cancers and the acquisition of infectious diseases, and improving downstream health outcomes in women who eventually become pregnant. As a basis for understanding the impact of Medicaid on family planning related health outcomes, this study characterized the full- or limited-benefit Medicaid programs that fund family planning services, across states from 2008 through 2023.

Methods

We combined information on state Medicaid section 1115 family planning waivers, family planning state plan amendments (SPAs), and full-benefit Medicaid eligibility criteria from 2008 through 2023. Data from the American Community Survey was used to estimate the proportion of women aged 19-44 who were eligible for family planning services through either full- or limited-benefit Medicaid programs and to identify the key determinants of changes in eligibility, by state and year. Locally estimated scatterplot smoothing (LOESS) curves were then estimated to illustrate average trends across states over time.

Results

Income eligibility thresholds for family planning through Medicaid generally increased (became less restrictive) following the implementation of the Affordable Care Act, most often due to states adopting family planning SPAs and expanding full-benefit Medicaid. However, the proportion of women aged 19-44 eligible has paradoxically decreased since 2012 largely because of concurrent decreases in poverty and increases in private insurance. Trends varied considerably across states and by parenthood status

Conclusion

Changes in the size and makeup of populations eligible for Medicaid family planning may impact how women access reproductive healthcare. We identified key drivers of eligibility changes that may have important implications for analyses of means-tested public programs.

Eligibility thresholds for family planning through Medicaid have generally increased over time, but the proportion of women aged 19-44 eligible has decreased since 2012, largely due to decreases in poverty and increases in private insurance.

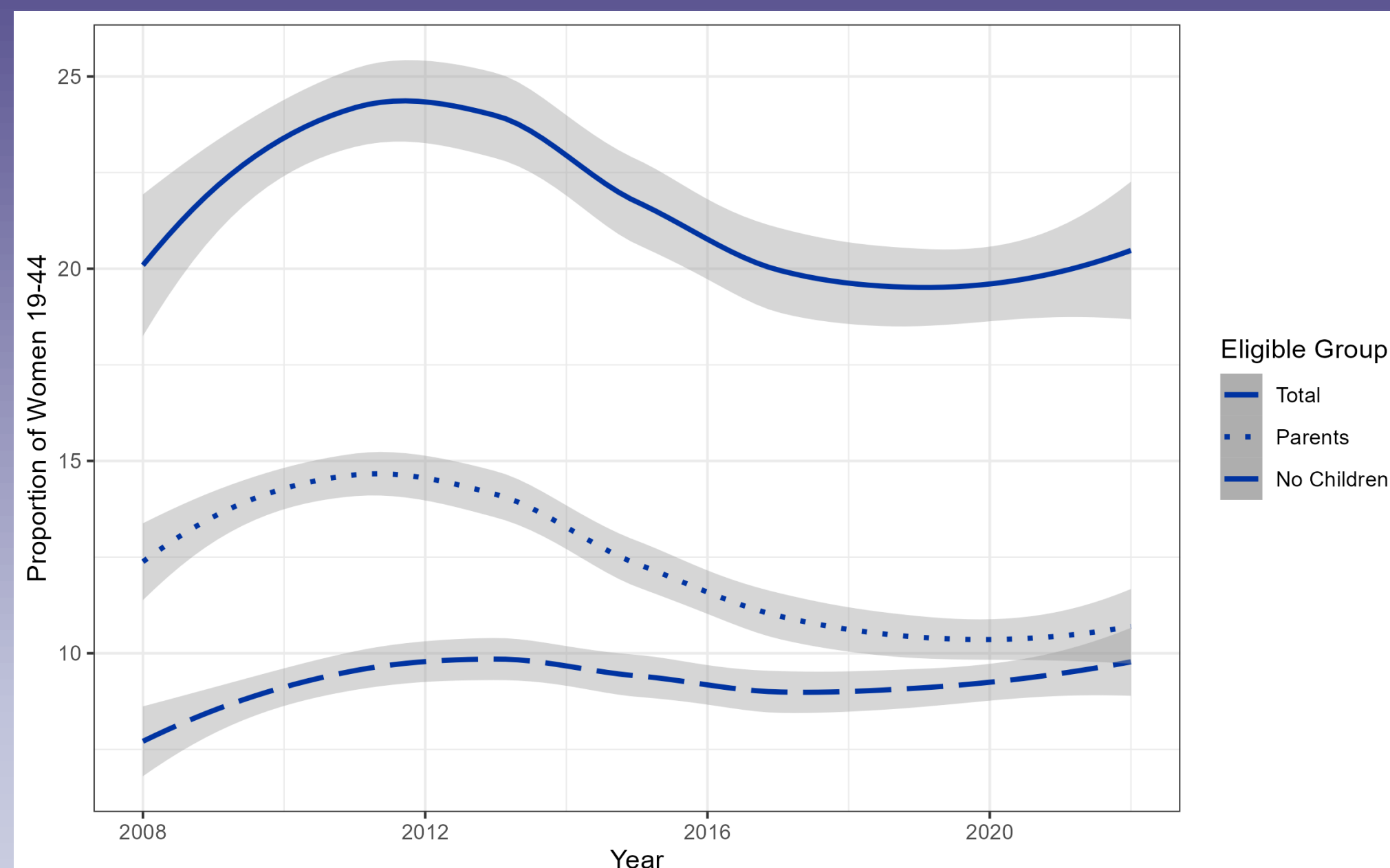


Figure 1: Estimated LOESS curve of the proportion of total women, women with no children, and parent women aged 19-44 eligible for Medicaid family planning services, 2008 – 2022.

State Variation

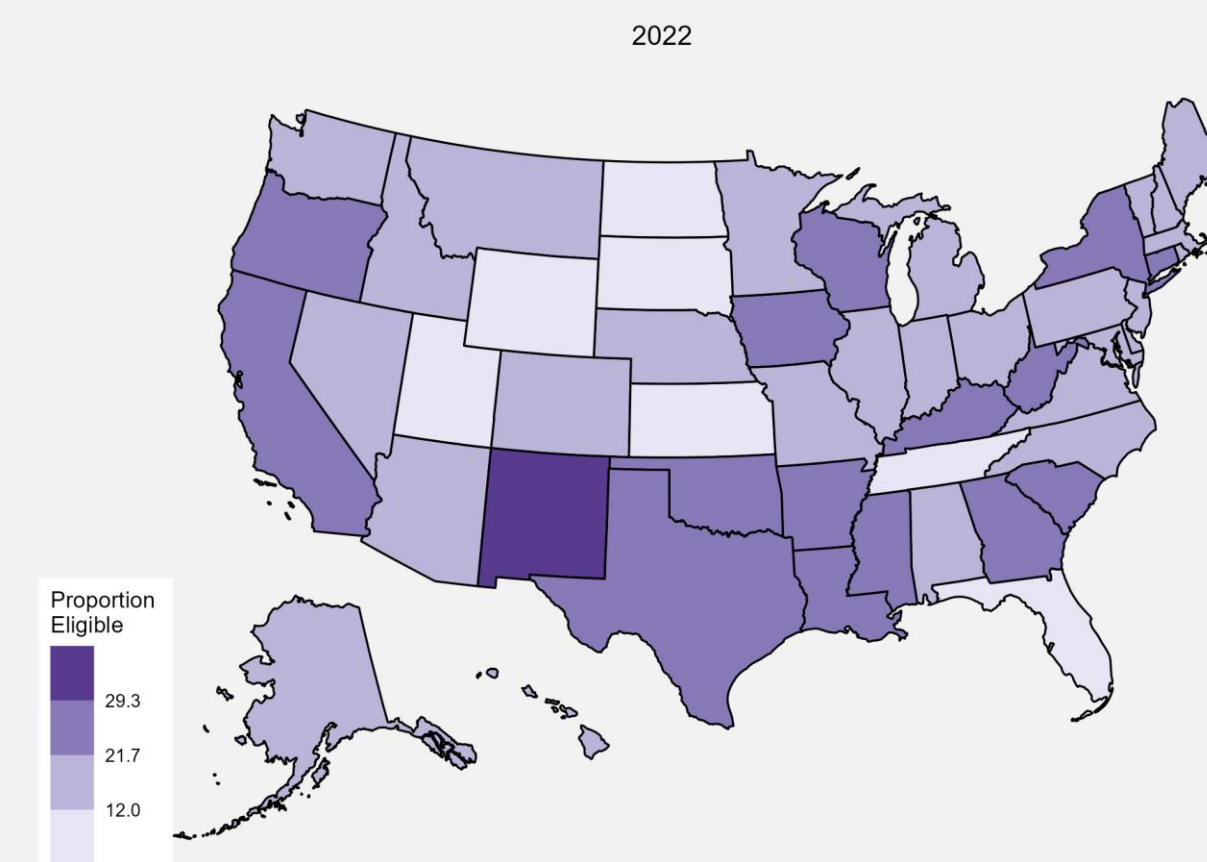


Figure 2: Estimated proportion of women aged 19-44 eligible for Medicaid family planning services, 2022

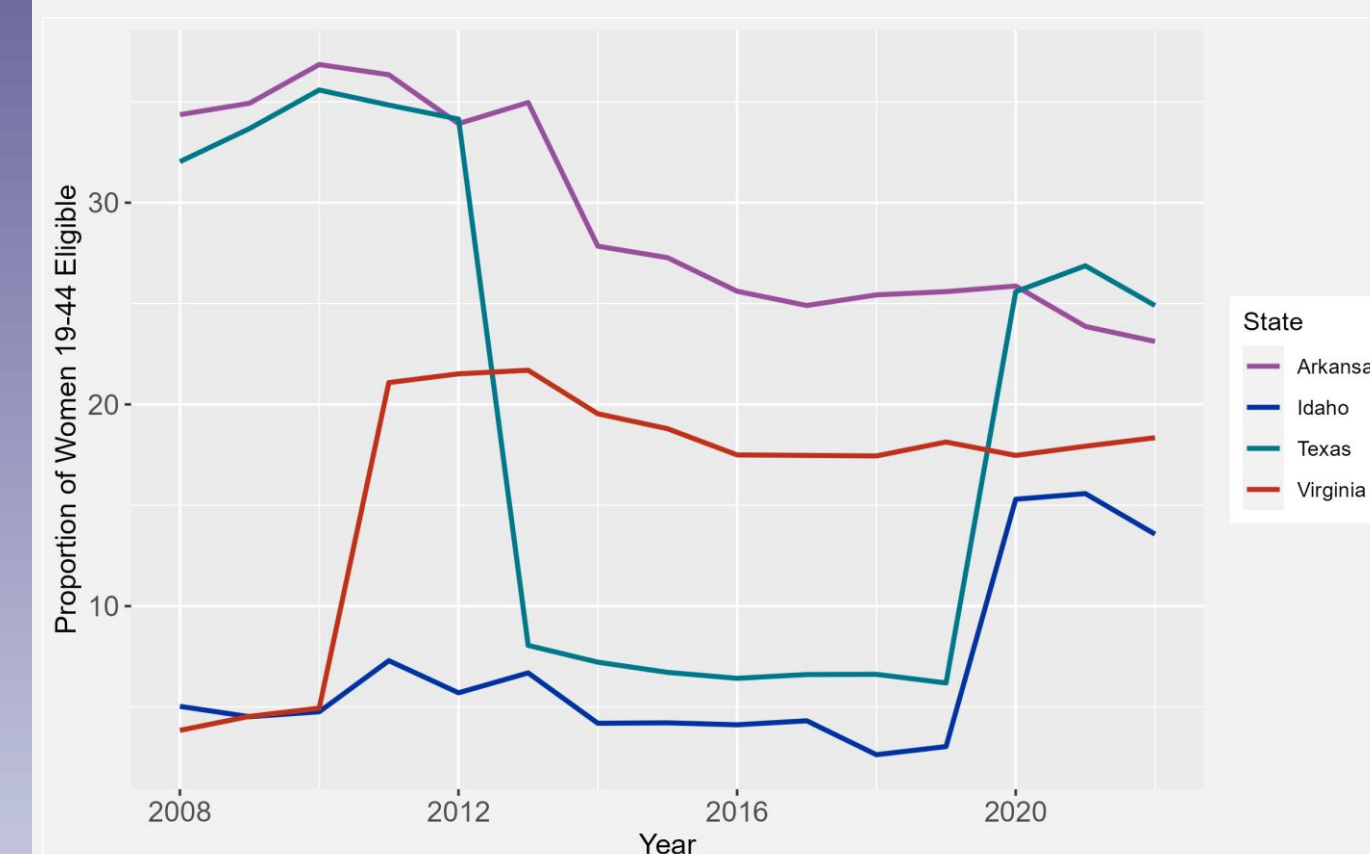


Figure 3: Changes in the proportion of women aged 19-44 eligible for Medicaid family planning services, 2008 – 2022, Arkansas, Idaho, Texas, and Virginia

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