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—contributing to their reproductive well-being. 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 also 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. To date, 40 states have these so-called ACA Medicaid expansions.

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 and non-prescription contraceptives.[4] Medicaid also removes barriers to contraceptive access. It does this by prohibiting cost-sharing for family planning services and supplies, having the federal government reimburse states for a higher percentage (90%) of costs for these services, and ensuring enrollees can see the Medicaid provider of their choice. However, in 2025, the US Supreme Court issued a decision in a case challenging this "free choice of provider" provision. The Court's ruling effectively allows state Medicaid programs to prohibit participation by abortion providers. This has already begun to undermine access to sexual and reproductive health for millions.^

Financing

Medicaid is jointly financed by states and the federal government, with the federal government generally paying a larger portion than states. The federal government's portion of expenditures is referred to as the federal medical assistance percentage, or FMAP.

^ 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/

There is a statutory minimum of 50% and maximum of 83%, with some exceptions, including certain populations and services.[5] For example, the FMAP is 90% for family planning services (as noted above) as well as for individuals covered by the ACA Medicaid expansion. Notably, 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 or the ACA Medicaid expansion. 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, 26 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] However, the passage of HR 1 in July 2025 and the impending implementation of burdensome work reporting requirements in January 2027 will cause millions to lose insurance coverage, as explained in more detail in the next section.

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

The Impact of H.R. 1

On July 4, 2025, President Trump signed H.R. 1 into law. The legislation, also known as the One Big Beautiful Bill Act (OBBBA), is a far-reaching law that significantly alters Medicaid policy and will have drastic impacts on coverage and access.[10] Eight million women of reproductive age are now at risk of losing Medicaid and coverage for sexual and reproductive health services and contraception along with it.[11] This is due to two big policy changes that states must implement for adult Medicaid expansion enrollees by January 2027—work reporting requirements and more frequent eligibility redeterminations.

Work reporting requirements: Most adults (64 percent) on Medicaid are already working. Nearly three in 10 adult enrollees who aren't working are either caregivers, have an illness or disability, or were attending school.[12] In addition, implementing work requirements is expensive as experience from states has shown. For example, the state of Georgia spent twice as much on administrative costs as it did on health care from 2021 to 2025.[13] Despite this, H.R. 1 requires most adult Medicaid expansion enrollees, with exemptions for certain populations, to report to the state that they are meeting what the legislation calls "community engagement requirements." Instead of increasing workforce participation, experience from states such as Arkansas and New Hampshire shows thousands of adults were disenrolled due to burdensome paperwork requirements.[14]

More frequent eligibility redeterminations: Currently, states are required to conduct eligibility redeterminations once annually for Medicaid enrollees. Under H.R. 1, states will be required to do so at least once every six months for their adult Medicaid expansion group. This will cause more churn, which is when enrollees are disenrolled and reenrolled in less than a year, often losing coverage when they should be eligible and ultimately leading to less care.[15]

In addition, H.R. 1 includes a one-year "defund" of Planned Parenthood and a few other abortion providers.

The provision prohibits clinics from being able to receive Medicaid reimbursements if they meet the following four criteria of a "prohibited entity": 1) received more than $800,000 in Medicaid reimbursements in fiscal year 2023, 2) is an essential community provider that primarily provides sexual and reproductive health services 3) is a tax-exempt organization, and 4) provides abortions beyond the narrow instances allowed under the Hyde amendment.[16] The provision has mostly impacted Planned Parenthoods, but also Maine Family Planning. As a result, at least twenty Planned Parenthood clinics have closed, mostly in underserved areas—and there has been a decline in visits for contraceptive services.[17] Maine Family Planning has also had to cease providing primary care.[18]

What Can Policymakers do?

Speak out about the importance of Medicaid for your constituents and the harm H.R. 1 is causing them. See the National Health Law Program's list of ways that states can use existing state resources to protect access to sexual and reproductive health services.[19]

What Can Constituents do?

Contact your members of Congress to share why Medicaid is important to you, your family, or your community. Ask your members to advocate for the program with their voices and their votes, including supporting the Restoring Essential Healthcare Act (S 2524).

Endnotes

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