

Improving the Health of Utah Families

Expanding Family Planning Coverage with Medicaid

Background:

Currently, thousands of adults (many without dependents) are falling through the coverage gap. There are ~212,250 Utah women in need of publicly funded family planning services. Expanding family planning coverage would maximize the federal 90:10 match and support the health of Utah families.

The Solution:

- Family planning services reduce the risk of unplanned pregnancy and improve maternal and child health.
- A Medicaid State Plan Amendment (SPA) allows family planning coverage for individuals that do not qualify for full Medicaid benefits.
- 28 States allow for family planning coverage for individuals that do not qualify for full Medicaid benefits (map on back).
- Existing programs have proven to be **budget neutral and cost saving**³
- Iowa's 7-year family planning evaluation demonstrated net Medicaid savings over **\$96 million**⁵
- Colorado Family Planning Initiative (5-year) resulted in **\$49-\$111 million birth-related cost averted**⁶

Expanding coverage to 8,000* Utahns could prevent:⁴

- 2,000 unintended pregnancies
- 990 unplanned births
- 680 abortions
- 330 miscarriages from unintended pregnancies
- 130 unplanned preterm/low-birth weight

\$10,211,120 maternal & birth costs saved
 +\$327,050 miscarriage and ectopic cost saved
 -\$935,500 family planning SPA cost*
\$9,602,670 Net Savings

***estimated coverage & cost <100% FPL proposed with building block**

Families Win

- Increased postsecondary education and employment
- Increased earning
- More enduring marriages⁷

State/Taxpayers Win

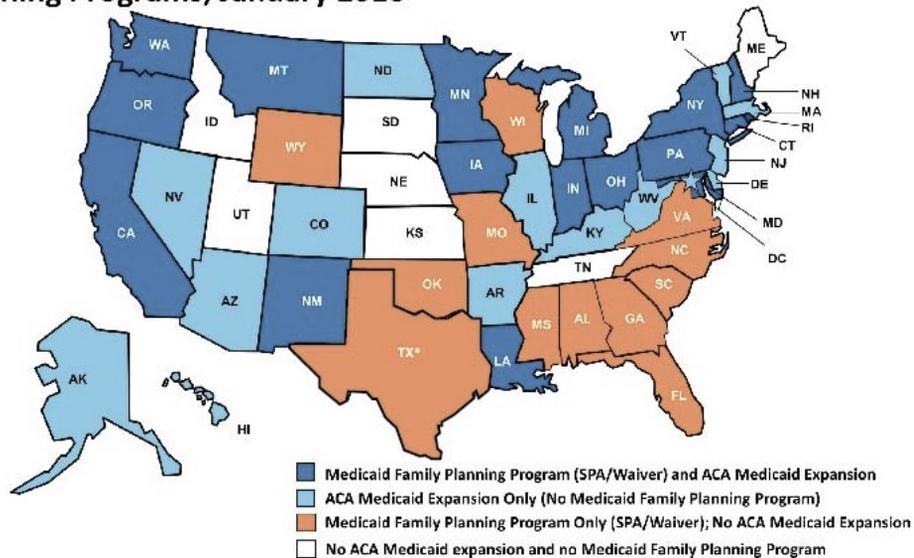
- \$7.09 saved for every public \$1 spent on family planning services⁸
- Utah can expect to save \$822,400 per-year in State General Funds⁹

It's a Win-Win for Utah

Highlights on States with Existing Medicaid Family Planning Programs:

- 27 states have federal approval to extend Medicaid eligibility for family planning services to individuals who would otherwise not be eligible.
 - Texas operates a similar, but entirely state-funded, program that provides family planning services to women at least 18 years of age with incomes up to 185% of the federal poverty line.
- 24 states provide family planning benefits to individuals based on income; most states set the income ceiling at or near 200% of poverty.
- 20 states provide family planning benefits to men and women.
- 21 states include individuals who are younger than 19 years of age
- 12 states operate their programs under a waiver from the federal government; 15 states operate their programs through a State Plan Amendment.¹⁰
- Existing programs have all proven to be **budget neutral and cost saving**³

State Decisions on ACA Medicaid Expansion and Medicaid Family Planning Programs, January 2016



How this aligns with Utah's guiding principles:¹

- 1) individual responsibility
- 2) support private markets
- 3) maximize state flexibility in administering federal programs
- 4) serve the best interests of the Utah taxpayer

References:

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4. <http://www.guttmacher.org/broader-benefits/index.html> Estimates are based on user inputs and formulas from Frost JJ et al. Return on investment: A fuller assessment of the benefits and cost savings of the US publicly funded family planning programs. Net Savings=gross cost savings
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7. Sonfield A, Hasstead K, Kavanaugh ML, Anderson R. Social and Economic Benefits of Women's Ability to Determine whether and when to have children. Guttmacher Institute. March 2013.
8. Frost JJ et al., Return on investment: A fuller assessment of the benefits and cost saving of the US funded family planning program. The Milbank Quarterly, Published electronically October 14, 2014; doi:10.1111/1468-0009.1280.
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10. Guttmacher Institute. State Policies in Brief as of February 1, 2017. Medicaid Family Planning Eligibility Expansions. http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf