

# SB74: Family Planning Services Amendments

## COVERAGE GAP

Recent changes in Medicaid will benefit thousands of Utahns; there are still close to **80,000 Utahns in need of contraceptive care.**<sup>1</sup>

Expanding family planning coverage has been demonstrated to help families and save states millions of dollars.

### WHAT DOES SB74 DO?

SB74 directs the state to apply for an automatic, pre-approved federal Medicaid waiver to provide family planning services to women who do not qualify for traditional Medicaid and who have household incomes below 250% of the Federal Poverty Level. This is widely considered to be the level at which individuals and families are in need of publicly funded family planning services.

### WHAT SERVICES DOES IT COVER?

This waiver maximizes state flexibility and offers a 90:10 match for all reversible methods of contraception, including birth control pills, rings, and injections and intrauterine devices (IUDs), and implants through any Medicaid provider. This funding would not cover abortions.

### CALCULATIONS OF SAVINGS:

+ \$**12,320,000** maternal & birth-related costs saved  
+ \$**466,260** miscarriage & ectopic pregnancy cost saved  
- \$ 700,000 a year (\$3,500,000 over 5 years) fiscal note\*

**\$9,286,260** Net Savings\*

\* Calculations based on 10,000 individuals covered in Utah from the fiscal note;  
Calculated by Frost 2019 Methodological Appendix

### SB74 IS ESTIMATED TO PREVENT:

- **2,140** unintended pregnancies
- **730** abortions
- **410** miscarriages following unintended pregnancies
- **740** unplanned births after short (<18 months) interpregnancy intervals
- **380** preterm/low-birth weight<sup>2</sup>

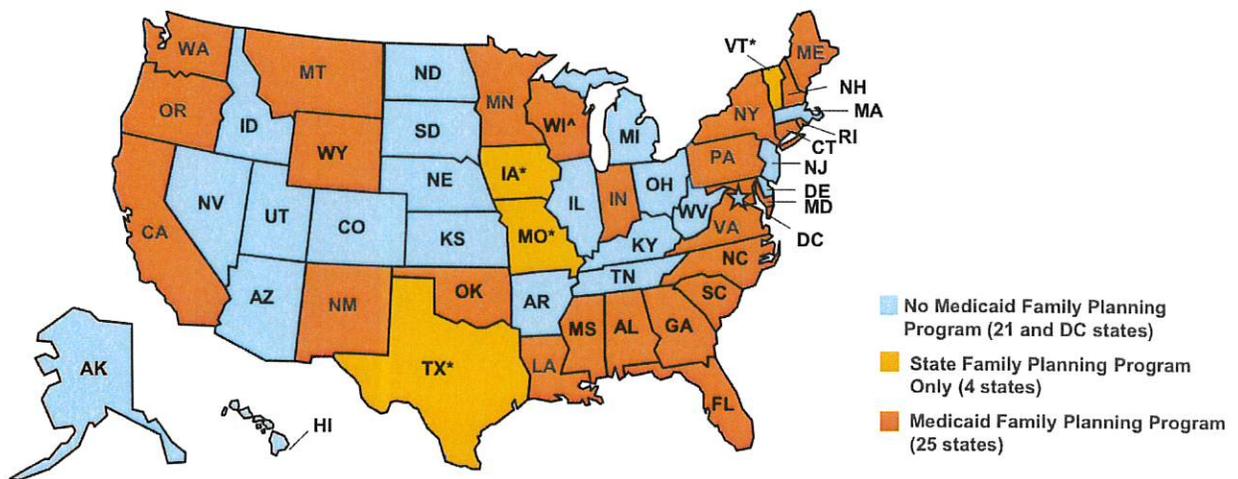
### WHY IS SB74 NECESSARY?

- **Taxpayers save** \$7.09 for every dollar the government spends on family planning<sup>3</sup>
- This is currently even more critical as there are no Title X grantees in the state of Utah and there are **no publicly-funded family planning programs.**
- Savings come from fewer people who would need Medicaid services later
- Family planning services reduce the risk of unplanned pregnancy and **improve maternal and child health.**
- Existing programs have proven to be budget neutral and cost averting.<sup>4</sup>

- **24** states have implemented plans at or near 200% of FPL
- **26** states have federal approval to extend Medicaid eligibility for family planning services to individuals who would otherwise not be eligible.
- **21** states provide family planning benefits to men and women.
- **17** states operate their programs through a State Plan Amendment (SPA); **9** states operate their programs under a waiver from the federal government.
- **6** states (Connecticut, Iowa, Oregon, New Mexico, Washington, and Wisconsin) have implemented plans at or above 250% of FPL
- Existing programs have **all** proven to be budget neutral and cost saving <sup>4</sup>

## About Half of States Extend Coverage for Family Planning Services to Uninsured Women <sup>5</sup>

Medicaid-Funded Family Planning Programs, August 2019



NOTES: The federal poverty level (FPL) for 2019 is \$21,330 for a family of three. Expansion has been adopted but not implemented in ID, NE, & UT. \*IA, MO, TX, & VT operate an entirely state-funded programs to provide family planning services ^WI did not adopt Medicaid expansion under the ACA, but extends coverage to adults up to 100% FPL.  
SOURCE: Guttmacher Institute, [State Policies in Brief, Medicaid Family Planning Eligibility Expansions](#), As of May 1, 2019.



### IMPACT ON FAMILIES

Access to family planning services leads to:

- Increased postsecondary education & employment
- Increased earnings
- More enduring marriages <sup>6</sup>

### UTAH PRINCIPLES

How SB74 aligns with Utah's guiding principles:

- 1) Supports private markets
- 2) Maximizes state flexibility in administering federal programs
- 3) Serve the best interests of the Utah taxpayer

### REFERENCES

1. Urban Institute (2019), Insurance Coverage among Women of Reproductive Age in Utah, <https://www.urban.org/sites/default/files/factsheet-uninsured-women-ut.pdf>
2. Frost JJ, et al. Publicly Funded Contraceptive Services at U.S. Clinics, 2015, New York: Guttmacher Institute, 2017 <https://data.guttmacher.org/calculator>
3. 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.
4. Kaiser Family Foundation, (2019) States That Have Expanded Eligibility for Coverage of Family Planning Services Under Medicaid <https://www.kff.org/medicaid/state-indicator/family-planning-services-waivers/>
5. Kaiser Family Foundation (2019) Financing Family Planning Services for Low Income Women: The Role of Public Programs <https://www.kff.org/wp-content/uploads/2019/10/Issue-Brief-Financing-Family-Planning-Services-for-Low-income-Women-1.pdf>
6. Sonfield A, et al., (2013) The Social and Economic Benefits of Women's Ability To Determine Whether and When to Have Children <https://www.guttmacher.org/report/social-and-economic-benefits-womens-ability-determine-whether-and-when-have-children>