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Medicaid Family Planning SPAs: A Proactive Strategy to Protect Covered Lives

Amid threats to Medicaid and its financing structure, family planning state plan amendments (FP SPAs) provide a proactive and fiscally prudent strategy to protect preventative healthcare, including reproductive care.

FP SPAs can cover preventative care for broad populations:

- Family planning is the most generous Medicaid eligibility category for non-pregnant adults. Income thresholds can be set as high as the threshold for pregnant women. Covered services may include: contraception, STI testing/treatment, and preventative services routinely provided during family planning visits, like some cancer screenings and vaccines.

FP SPAs prevent people from becoming truly uninsured if Medicaid Expansion is dismantled:

- Because the income threshold for FP SPAs is higher than the Expansion group, anyone who was enrolled in Expansion can enroll in FP coverage if Expansion ends.
- Some states have trigger laws that end their Expansion programs if the Expansion FMAP is reduced. FP SPAs can cover the 2.7 million people in states like AZ, AR, IL, IN, MT, NH, NC, UT, and VA who will immediately lose coverage if the FMAP is reduced.

FP SPAs provide cost savings to states:

- For every $1 invested in family planning, a state saves $7.09 of public money that would otherwise have gone to Medicaid-covered maternity, infant, child, and miscarriage care, as well as STI, infertility, and cancer treatment.

FP SPAs are a fiscally prudent option if Congress reduces FMAP rates:

- FP SPAs provide states another means to cover individuals' family planning care at a 90% match rate If Congress reduces the FMAP rate for Expansion.
- If both the Expansion *and* family planning FMAP rates are reduced, every dollar invested in family planning and matched at the regular FMAP rate still results in significant cost savings of public money that would otherwise have gone to Medicaid-covered care matched at the same reduced FMAP rate.

FP SPAs increase federal Medicaid dollars paid to states if per capita caps are instituted:

- Under per capita caps, federal dollars for Medicaid are allotted based on enrollment. FP SPA enrollees would count toward a state's enrollment numbers and therefore increase a state's federal Medicaid assistance amount.
- FP SPA enrollees are only eligible for limited services, so are likely to bring in more money to the state Medicaid budget than states will likely spend on their care.

FP SPs preserve Medicaid dollars if block grants or aggregate caps are instituted:

- FP SPAs ensure that Medicaid dollars limited by block grants or aggregate caps are spent in the most efficient and cost effective way—on prevention—rather than on more costly treatment. For example,FP SPAs ensure that limited Medicaid dollars are not drawn down to cover prenatal, labor, delivery, and postpartum care for a covered person who would have chosen to avoid pregnancy if they had access to coverage through a FP SPA.

FP SPAs safeguard against religious refusals of contraceptive coverage:

- If the Trump administration allows more types of employers to refuse to cover contraceptives on religious grounds, many individuals will need alternative coverage for birth control through FP SPAs.

FP SPAs must be a Medicaid priority because the coverage they provide is critical for this moment when women's health is under threat:

- Post-election demand for contraceptive care has skyrocketed. Some reports indicated a 760% increase in IUD appointments and a 460% increase in the sale of emergency contraception. FP SPAs ensure people have coverage for the reproductive healthcare they need at a time when that care is increasingly threatened.

FP SPAs are dependable coverage programs amid unpredicatable federal changes:

- SPAs must be approved by CMS. Once a SPA application is submitted, CMS has 90 days to either approve, deny, or request additional information. If CMS takes no action, the SPA is established. Once a state has a SPA, the federal government, including CMS, cannot unilaterally terminate or vacate the SPA.
- Federal requirements for SPAs are generally apolitical, making it difficult for CMS to deny SPA applications or withhold funding on ideological grounds.

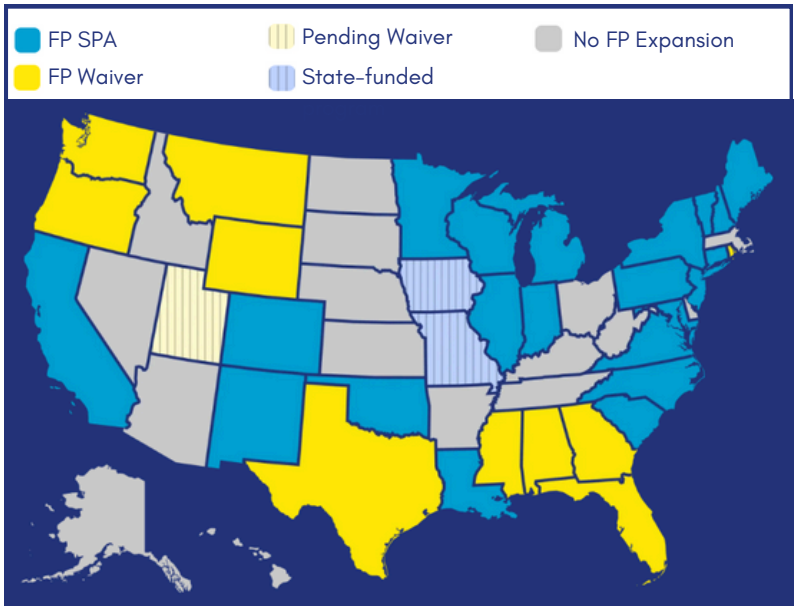
TAKE ACTION

States with existing FP SPAs should:

- Establish auto-enrollment so that individuals who may lose Expansion coverage remain covered.
- Fully expand coverage and eligibility to protect coverage for people of all ages and all genders.
- Expand covered services to provide enrollees with a vast array of preventative care that improves their health outcomes.
- Focus on increasing enrollment to maximize the number of enrollees counted if per capita caps are established.

States with existing FP waivers should:

- Transition to FP SPA to stabilize family planning coverage. Waivers are vulnerable to being terminated by CMS if CMS determines they no longer align with federal administration priorities.



States without any FP Medicaid program should:

- Apply for a FP SPA as soon as possible! The budget reconciliation process that may affect Medicaid is underway, and it is important to protect access to care now.

Connect with us!
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