From Policy to Practice: Protecting Contraceptive Access for Every Patient

WEDNESDAY, DECEMBER 3rd 12:00-1:00pm CT

Learning Objectives

Understand policies protective of contraceptive equity in Illinois and barriers and facilitators to patient access.

Align organizational policies and your care practice with Illinois policy.

Anticipate changes to policies and coverage programs taking effect in 2026.

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Illinois Contraceptive Equity Policy Landscape

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Strong Medicaid Coverage

- Medicaid is a form of health insurance that is jointly-run by states and the federal government.
- Originally provided coverage to people with disabilities, pregnant people, kids, and parents/caregivers with low-incomes.
- Today, many states have opted to expand Medicaid to cover adults without kids with qualifying incomes, 12-months of postpartum coverage, and family planning and related services for people with qualifying incomes.

Strong Medicaid Coverage

ACA for Adults (Expansion)

- Since 2014.
- Open to qualified IL residents with household incomes ≤138% FPL.
- Full-scope coverage including coverage for birth control, including EC, abortion care, and PrEP/PEP.

12-Month Postpartum Extension

- Since 2022.
- Post-pregnancy (Moms & Babies) coverage extended from 60 days postpartum to 12-months postpartum.
- Open to all IL residents with household incomes ≤213% FPL.
- Full-scope coverage including coverage for birth control, including EC, abortion care, and PrEP/PEP.

Strong Medicaid Coverage

HFS Family Planning Program

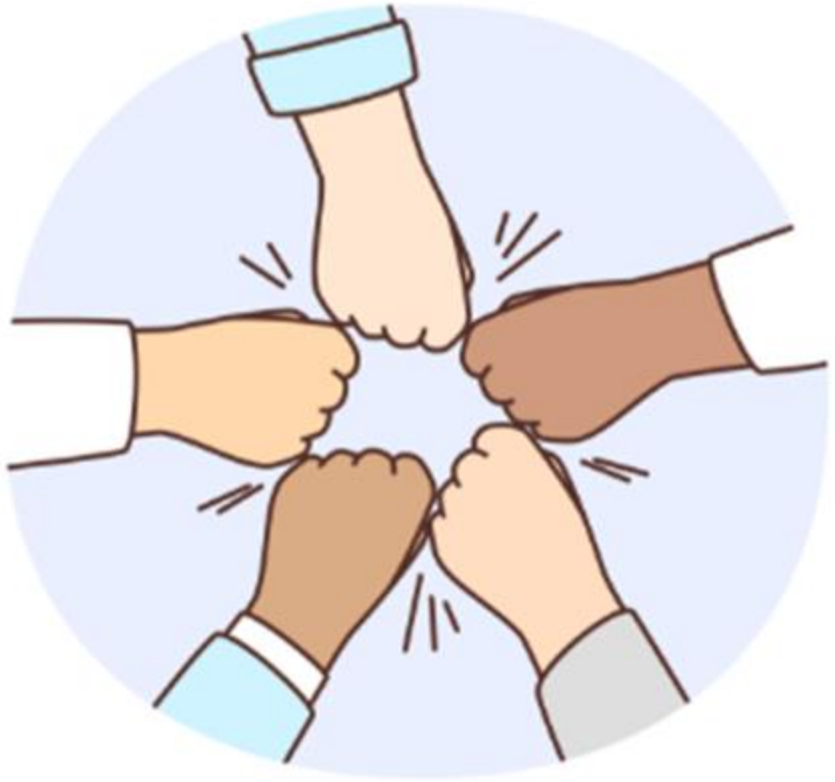
- Since 2022.
- Open to non-pregnant IL residents making individual incomes ≤$3,754/month.
- Partial benefits program that includes sexual and reproductive well-being care including birth control, including EC, and PrEP/PEP.

Medicaid and Family Planning Presumptive Eligibility (MPE & FPPE)

- Immediate, temporary coverage for prenatal care (MPE) or family planning and related care (FPPE), including birth control, EC, abortion care, and PrEP/PEP.
- No questions about citizenship/immigration status for FPPE applicants; MPE open to people of all immigration statuses!

Young People and Access to Confidential Care and Coverage

- **Young people 12+ can access confidential care for sexual and reproductive health care, without parental consent.**
- **Young people of any age can access confidential abortion care and pregnancy care.**
- **FPPE is confidential coverage for people of any age!**
- **Minors can apply for FPPE and only need to report their own income. Young people can qualify even if they're on their parent's insurance.**



Freedom of choice

- Illinois Medicaid recipients can receive **coverage for birth control and family planning services/supplies even at out-of-network providers**, without a referral.
  - Helps patients access care despite religious refusals to offer contraception for pregnancy prevention.
  - Allows patients to access their method of choice at no-cost, even if their primary care provider does not offer a method (i.e. no providers trained to insert LARCs).

- The Illinois Contraceptive Coverage Act **requires insurance plans to cover all FDA approved contraception, including permanent methods, without cost sharing**.

Putting Policies Into Practice

Maximizing Medicaid coverage

- Become a registered Presumptive Eligibility provider and/or know where your closest PE provider is located to refer clients/patients.
- Screen *all uninsured patients* for eligibility for Medicaid Programs (ACA for Adults, 12 months Moms and Babies, HFS Family Planning Program, Presumptive Eligibility) before offering the SFDS.

  Use a whole health center approach – include frontline workers

  Expand HFS FPP/FPPE beyond "women's health" patients
- Proactively anticipate patients/clients who may be losing full Medicaid coverage (past 12 months postpartum, aging out of AllKids, work requirements, etc) and screen them for HFS FPP/FPPE coverage eligibility.

Barriers and Facilitators: Maximizing Medicaid Coverage

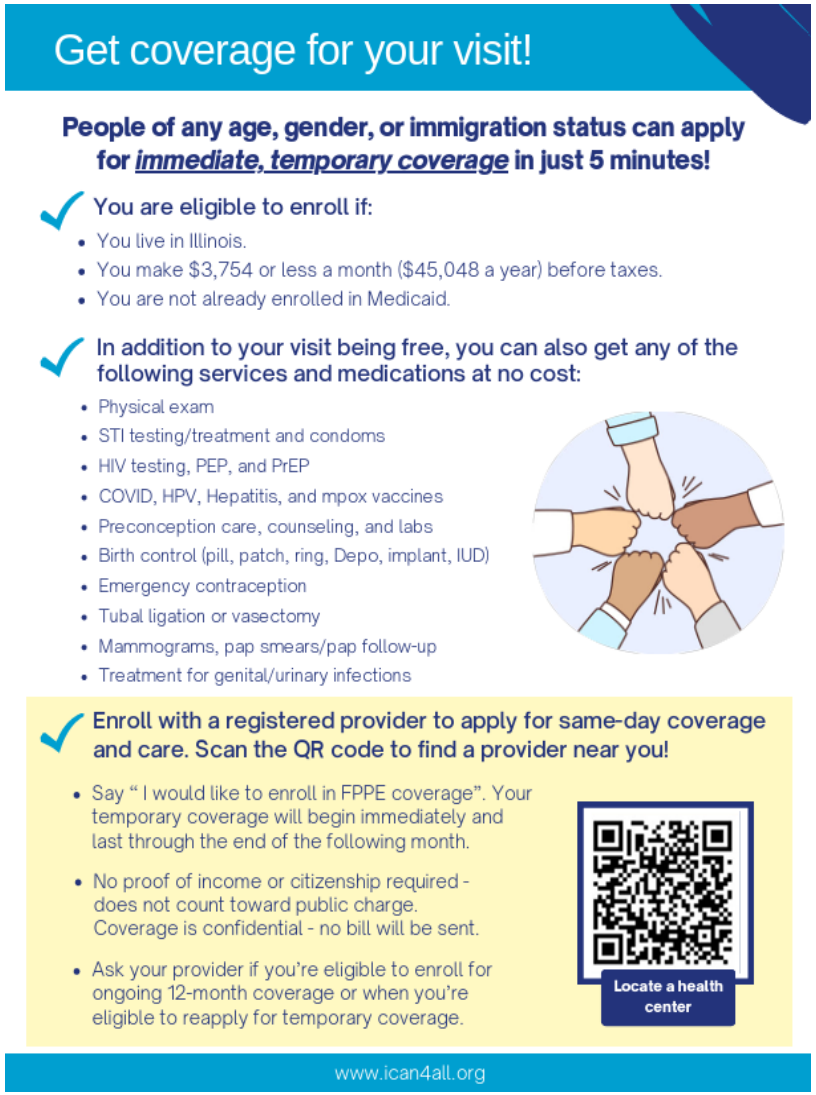
"There is only sliding fee for a visit if you are uninsured. I'm not aware of any public program on Medicaid to help cover birth control."

Missed opportunity to engage frontline worker in health center efforts to educate patients and connect them to coverage.

"The person who answered the phone immediately told me about FPPE. She went above and beyond, explaining all covered services and eligibility. She connected me to an enrollment team member to make sure I got coverage."

Frontline staff are information ambassadors and have a process in place to seamlessly connect patients to enrollment support.

Available resources: www.ican4all.org



JOB AID

ICAN! Family Planning Screening, Coding and Billing Job Aid

Best practices for routine screening and coding for contraceptive care for maximize HFS FPP/FPPE reimbursement.

View Resource

PDF

FPPE Enrollment Guide

Step-by-step process for enrolling a patient in FPPE along with tips, tricks, and responses to common questions.

View Resource

JOB AID

HFS Family Planning Program and FPPE Covered Services Guide

Complete list of all services covered under the HFS FPP and FPPE.

View Resource

FLYER

What happens after Moms & Babies coverage ends?

A flyer that explains the ABCs of The HFS Family Planning Program (HFS FPP).

View Resource

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Adolescent Access

- Train all staff on IL policies allowing people 12+ to access birth control/STI care on their own and accessing HFS FPP/FPPE coverage at any age.
- Integrate screening for contraceptive needs and desires as a standard of primary care for all primary care/SBHC visits starting at age 12.
- Help combat mis/disinformation by using a TRUER care approach: Trauma Informed, Respectful, Unconscious bias aware, Evidence based, Reproductive well-being centered.
- Educate teen patients on their right to access care in Illinois and help them connect to a trusted provider.

"For every one of my teen patients who is 12 years or older, I offer the opportunity to have their body checked and to talk to me separately. I think this is very important for their privacy and to learn how to talk to the doctor independently. Can I ask you to step out into the waiting area for a few minutes?"

Barries and Facilitators: Adolescent Access

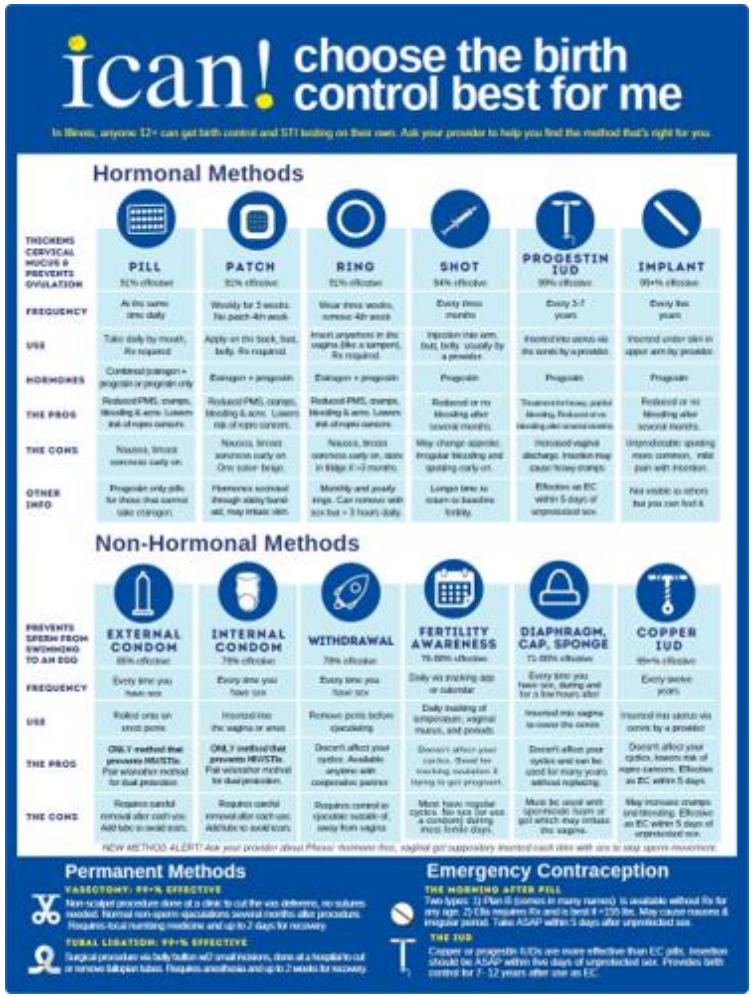
"Since you are underage, your parents will have to come with you to your first appointment."

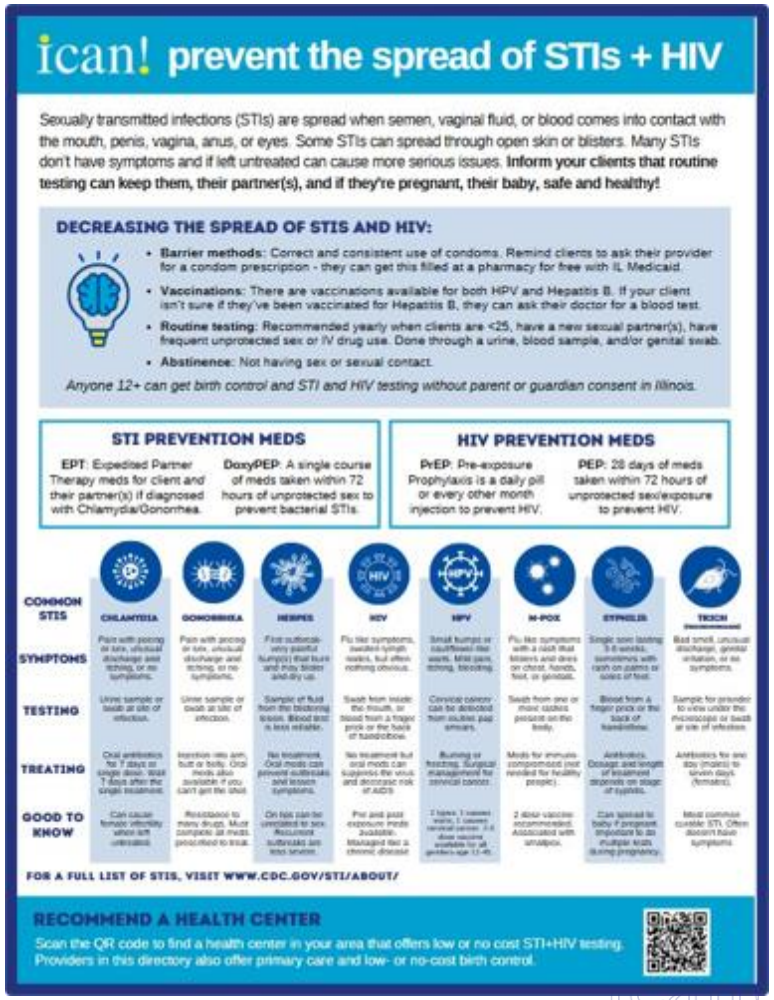
Patient is not empowered to take next steps for care on their own.

"They were so friendly, helpful, and thorough! They offered me several same-day appointment options. I asked if I could be seen without my parents and they said yes, your entire visit will be confidential and we are always here for you."

Patient is supported and given clear information on how to access care confidentially.

Available resources





Promoting Freedom of Choice

- Inform patients/clients enrolled in Medicaid that they have the right to choose any Medicaid provider to access birth control at no cost. Help connect clients/patients to their method of choice on site or via referral. Be sure you have vetted providers in your area before you are referring for care.
- Offer an advance prescription of emergency contraception pills and internal/external condoms that patients can get at no-cost under Medicaid.
- Ensure staff have been trained on birth control and EC basics, including best practices for scheduling timely appointments (2 weeks for BC, 72 hours for EC, PEP, and DoxyPEP).

Barries and Facilitators: Freedom of Choice

" When I asked about EC pill the person said "What?!? You need an abortion pill." She told me they aren't seeing new patients in the next few weeks and I should go to the community Women's Resource Center."

Patient may be feeling judged and unheard. The referral was not to a real EC (or abortion) provider and there was a missed opportunity to potentially help a new patient establish care through an urgent service.

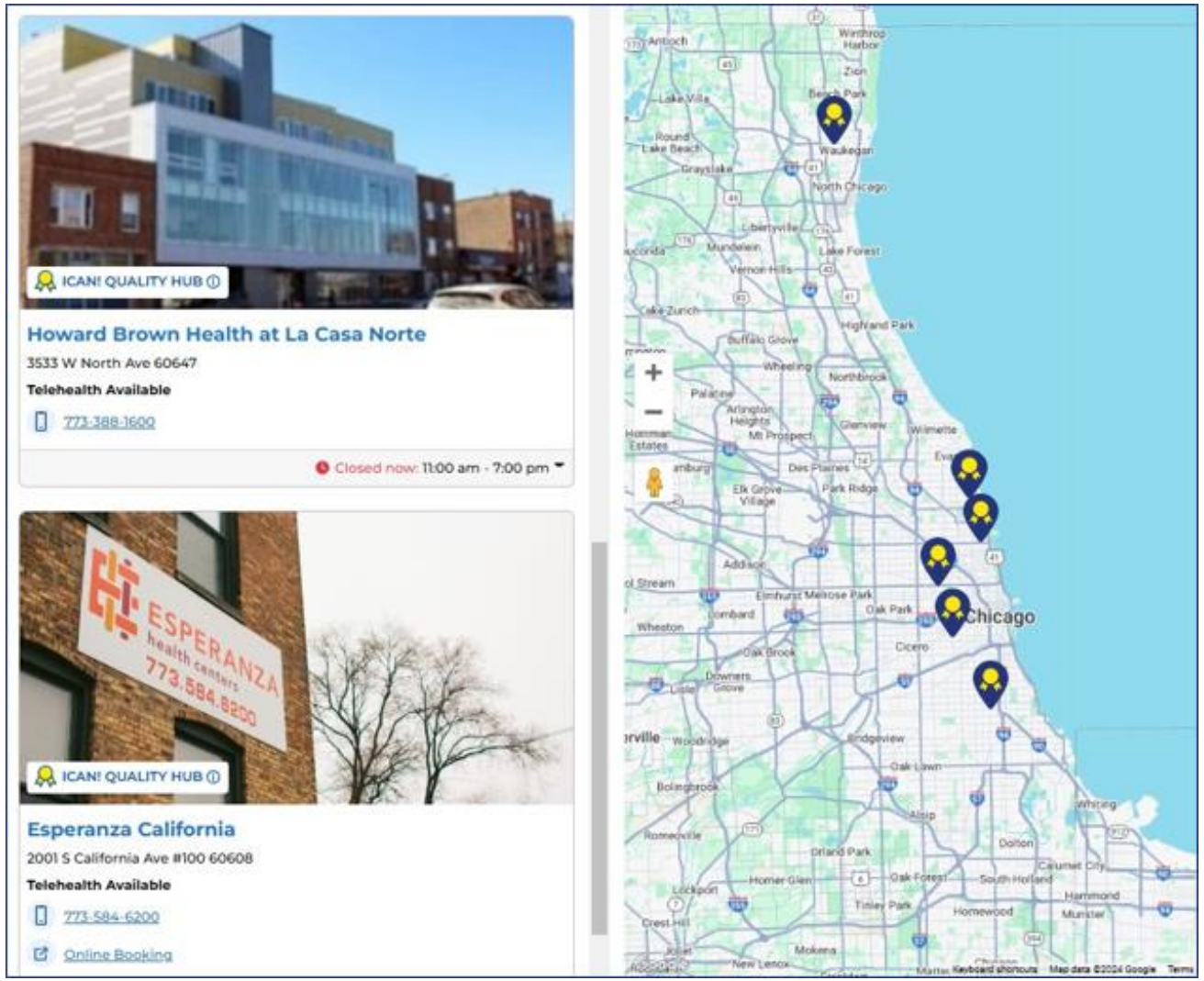
"They said they could connect me to no cost Plan B pills and guaranteed no cost for the visit. They were super kind and patient."

Staff was reassuring and helped ensure this caller could get needed care and coverage affordably and within the needed time frame.

Spotlight: Crisis Pregnancy Centers (CPCs)

- CPCs are unregulated, nonmedical facilities that represent as legitimate clinics offering reproductive care and all-options counseling.
- Intended to discourage people from seeking abortion and often other reproductive healthcare by providing biased, non-medical information.
- Often use deceptive means to spread disinformation and prevent or delay pregnant people from accessing needed care.

Connecting to a trusted provider



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What’s coming in 2026

H.R.1 impact on Medicaid/HFS FPP: **Work Requirements**

Traditional Medicaid	ACA Adults (Expansion)	HFS FPP
• No work requirements.	• Yes work requirements. • At least 80 hours per month of work/volunteer/education. • HHS to release guidance on implementation by 6/1/2026. • States must implement by 12/31/2026.	• No work requirements. • Consider people losing Medicaid Expansion coverage for HFS FPP/FPPE enrollment.

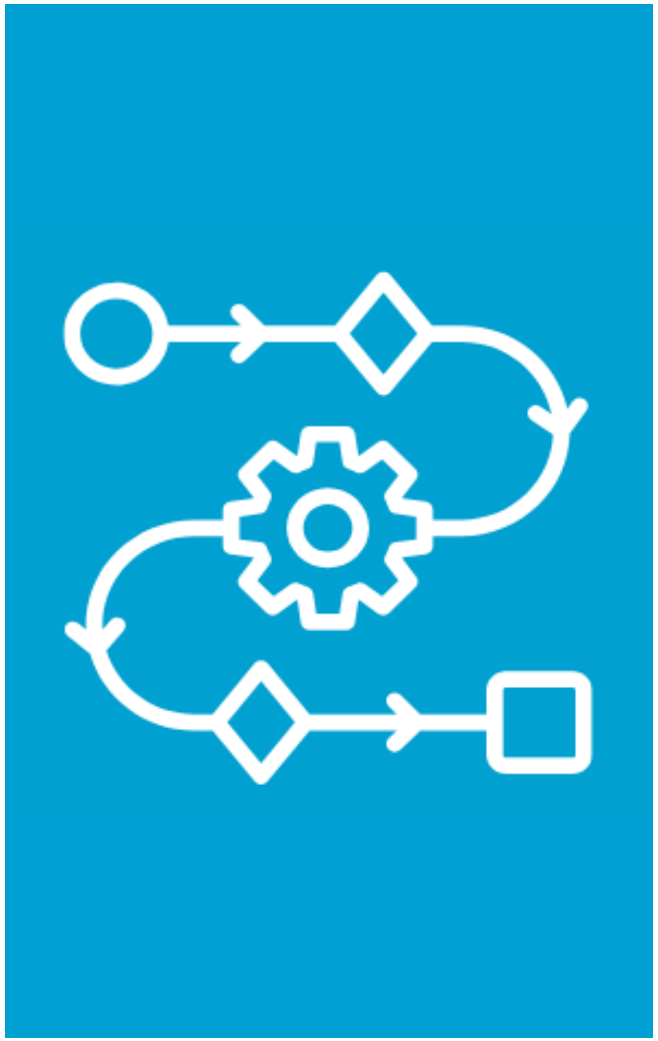
H.R.1 impact on Medicaid/HFS FPP: **Retroactive Coverage**

Traditional Medicaid	ACA Adults (Expansion)	HFS FPP
• Reduces from 3 months to 2 months retroactive coverage. • Effective 12/31/2026	• Reduces from 3 months to 1 month retroactive coverage. • Effective 12/31/2026	• Reduces from 3 months to 2 months retroactive coverage. • Effective 12/31/2026

H.R.1 impact on Medicaid/HFS FPP: **Redeterminations**

Traditional Medicaid	ACA Adults (Expansion)	HFS FPP
• No change- 12-month redeterminations.	• 6-month redeterminations • Effective for renewals scheduled on or after 12/31/2026.	• No change- 12- month redeterminations.

Autoenrollment into HFS FPP



- HFS planning to implement in 2026!
- People losing full-scope coverage at redetermination will be automatically enrolled in HFS FPP coverage, instead of having all coverage terminated.
- Allows people to keep coverage for certain primary and preventative care, including birth control, STI testing and treatment, HIV prevention, and certain cancer screenings.
- In the interim-- be diligent in getting people enrolled and make sure staff are familiar with HFS FPP covered services so they can share with patients/clients about their coverage if autoenrolled!

H.R.1 impact on Medicaid/HFS FPP:
Qualifying Immigration Statuses

Generally, all the following immigration statuses are considered "qualified immigrants" and are eligible for Medicaid coverage. Beginning 10/1/2026, only the bolded categories are eligible for Medicaid programs, including HFS FPP.

- **Lawful Permanent Residents (LPR)/Green Card Holders***
- **Cuban/Haitian entrants**
- **COFA migrants**
- Asylees
- Refugees
- Paroled into U.S. for 1+ year*
- Conditional entrant granted before 1980*
- Battered non-citizens, spouses, children, or parents*
- Victims of trafficking and spouse, child, sibling, or parent
- Individuals with a pending application for trafficking victim visa (T visa)*
- Granted withholding of deportation

*Eligible after 5-year waiting period

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Immigrant/non-citizen eligibility in Illinois.

- Illinois uses state dollars to provide Medicaid coverage to pregnant people and children of **all immigration statuses.**
- Even after H.R.1 implementation, Illinois residents of any immigration status who are pregnant or under 18 will **still qualify for Moms & Babies and All Kids.**
- HFS FPPE has **no questions about immigration status or citizenship.**

Public Charge and Medicaid Programs

- The "Public Charge Rule" allows immigration officers to deny people visas, green cards, or admission to the US if they determine the individual is likely to become dependent on government assistance.
- **Current policy:** Medicaid enrollment, including enrollment in HFS FPP/E is **not** considered when making public charge determinations.
- November 2025: The federal government issued a ***proposed*** change that would allow Medicaid enrollment to be considered when making public charge determinations. This proposed change is **not in effect** as of December 3, 2025.
- Get the latest updates on this proposed rule at ilrc.org (Immigrant Legal Resource Center) and learn more at nilc.org (National Immigration Law Center).

Advocate for positive policy change!

HB 3279/ SB 1846: Would expand HFS FPP coverage to people of all immigration statuses.

HB 2904/SB 1679: Would require IL healthcare entities to disclose what repro services they deny for non-medical reasons and that IL DPH publish and maintain a website with this information.

Flexible FPPE determinations to allow FPPE determinations to be made via telehealth.

Annual review of FQHC reimbursement rates to ensure FQHCs are reimbursed for expanding scope of care.

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Questions

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