

# Funding for Reproductive Healthcare

## Medicaid: Prenatal & Postnatal Care

- 23 million women currently go without health insurance in the U.S.<sup>1</sup>
  - Medicaid is the primary health insurance provider for low-income women. The program covers pregnant women as well as children under the age of 6 with a family income at or below 133% of the poverty level.<sup>2</sup>
  - In general, Medicaid will not cover immigrants for their first five years in the U.S., but states can cover women at their own option without federal funds.<sup>3</sup> New requirements for citizenship documentation of immigrants will likely make it more difficult for citizens to attain eligibility.<sup>4</sup> Immigrants ineligible for regular Medicaid may still receive emergency coverage for labor and delivery.<sup>5</sup>
- In most states, Medicaid pays for prenatal visits, supplies (such as prenatal vitamins), tests (such as ultrasounds and amniocentesis), and delivery services.
- Medicaid also covers postpartum care for 60 days, then guarantees one year of coverage for the infant, but not for the mother. Under the recent Federal Medicaid expansions, states can opt to provide care to children up to two years old. Coverage for other services, such as nutrition counseling and breastfeeding support, are more limited.<sup>6</sup>

## Funding for Abortions

- Under the Hyde Amendment, renewed each year since 1977, federal Medicaid cannot fund abortions for low-income women, except in cases of rape, incest, or when a woman's life is endangered.<sup>7</sup> Many states also restrict public funding for abortion.<sup>8</sup>
- 32 states and Washington, D.C. provide funding for abortions up to the federal standard in cases of life endangerment, rape, and incest.<sup>9</sup>
  - Four of these states fund abortions in cases of fetal abnormality; three also fund abortions necessary to prevent grave, long-lasting damage to physical health.<sup>10</sup>
  - South Dakota, in violation of the federal standard, provides funding for abortion only when the pregnancy endangers the woman's life.<sup>11</sup>
- 17 states provide funding for all "medically necessary" abortions.<sup>12</sup> Four of these states provide such funds voluntarily, while the others do so pursuant to a court order.<sup>13</sup>

<sup>1</sup> National Women's Law Center, Comprehensive and Affordable Health Care: Women and Health Insurance, <http://www.nwlc.org/details.cfm?id=2186&section=health> (last visited Aug. 18, 2008).

<sup>2</sup> Medicaid-At-A-Glance 2005: A Medicaid Information Source, <http://www.cms.hhs.gov/MedicaidGenInfo/Downloads/MedicaidAtAGlance2005.pdf>.

<sup>3</sup> Rachel B. Gold, Special Analysis: Immigrants and Medicaid After Welfare Reform, 6 GUTTMACHER REPORT ON PUBLIC POLICY 6, <http://www.guttmacher.org/pubs/tgr/06/2/gr060206.pdf>.

<sup>4</sup> Letter from Judith Waxman, Vice President, National Women's Law Center, to Health and Human Services Secretary Leavitt, [http://www.nwlc.org/pdf/MedicaidCitizenshipLetter\\_08.11.06.pdf](http://www.nwlc.org/pdf/MedicaidCitizenshipLetter_08.11.06.pdf) (last visited Aug. 18, 2008).

<sup>5</sup> Gold, *supra* note 3, at 8.

<sup>6</sup> Medicaid-At-A-Glance, 2005, *supra* note 2, at 4, 5.

<sup>7</sup> Marlene G. Fried, The Hyde Amendment: 30 Years of Violating Women's Rights, CENTER FOR AMERICAN PROGRESS, Oct. 6, 2006, [http://www.americanprogress.org/issues/2006/10/hyde\\_history.html](http://www.americanprogress.org/issues/2006/10/hyde_history.html).

<sup>8</sup> ACLU, Public Funding for Abortion, What Is the Hyde Amendment?, <http://www.aclu.org/reproductiverights/lowincome/16393res20040721.html> (last visited Aug. 18, 2008).

<sup>9</sup> ACLU, Public Funding for Abortion (Map), <http://www.aclu.org/FilesPDFs/map.pdf> (last visited Aug. 18, 2008).

<sup>10</sup> Guttmacher Institute, State Policies in Brief: State Funding of Abortions Under Medicaid, [http://www.guttmacher.org/statecenter/spibs/spib\\_SFAM.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf).

<sup>11</sup> ACLU, What Is the Hyde Amendment, *supra* note 8.

<sup>12</sup> *Id.*



# Funding for Reproductive Healthcare

## Medicaid: Family Planning

- Medicaid is the largest source of funding for subsidized family planning services in the U.S.<sup>14</sup> Medicaid covers more than 12% of women of reproductive age nationwide and almost 37% of poor women.<sup>15</sup> Women and girls make up 71% of all Medicaid recipients.<sup>16</sup>
- Federal law requires state Medicaid programs to cover family planning services.<sup>17</sup> These services include contraceptive prescriptions, gynecological exams, sterilization procedures, and STI tests.<sup>18</sup>
- Eligibility expansion programs in twenty-six states provide family planning services to low-income individuals who would otherwise be ineligible for Medicaid.<sup>19</sup> In 2001, such programs served more than 1.7 million low-income individuals. These programs widen the geographic availability of services, expand the diversity of family planning providers, reduce unintended pregnancy, and save money for federal and state governments.<sup>20</sup>
- Research shows that co-payments cause patients to reduce appropriate use of medical care by 44%. Despite this evidence, forty-three states required some sort of co-payment for Medicaid services in 2003, with more states considering implementation.<sup>21</sup>

## Title X Family Planning Funds

- Title X helps fund family planning programs and clinics. Unlike Medicaid, Title X grants go to community organizations, not to individuals. As a result, Title X money can fund a wider variety of services like clinic infrastructure, staff salaries, and utility bills.
- Between its inception in 1980 and 2001, Title X-funded clinics prevented 20 million unwanted pregnancies (5.5 million in adolescents) and 9 million abortions. These clinics provided over 54 million breast exams and over 57 million pap smears resulting in the early detection of 55,000 cervical cancer cases.<sup>22</sup>
- In 2004 alone, Title X-funded clinics provided contraception services to 4.2 million women, helping to prevent 1.3 million unintended pregnancies. These same clinics provided 2.8 million Pap tests, 531,000 HIV tests, and 5.4 million STI screenings.<sup>23</sup>
- A majority of women who utilize Title X clinics are young, low-income, ineligible for Medicaid, and rely on these clinics as their primary source of reproductive healthcare.

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<sup>13</sup> Guttmacher Institute, *State Policies in Brief*, supra note 11.

<sup>14</sup> Rachel B. Gold and Cory L. Richards, *Medicaid Support for Family Planning in the Managed Care Era*, BNET, Jan. 1, 2001, [http://findarticles.com/p/articles/mi\\_m0KCV/is\\_2001\\_Jan\\_1/ai\\_n18612649](http://findarticles.com/p/articles/mi_m0KCV/is_2001_Jan_1/ai_n18612649).

<sup>15</sup> Rachel B. Gold, *Medicaid Turns 40: What You Didn't Know About This Vital Source of Family Planning Funding* (2005), <http://www.guttmacher.org/media/inthenews/2005/07/29/index.html>.

<sup>16</sup> Rachel B. Gold, *New Federal Authority to Impose Medicaid Family Planning Cuts: A Deal States Should Refuse*, 9 GUTTMACHER POLICY REVIEW 2, <http://www.guttmacher.org/pubs/gpr/09/2/gpr090202.pdf>.

<sup>17</sup> Gold and Richards, supra note 14; *Medicaid-At-A-Glance*, 2005, supra note 2 at 4.

<sup>18</sup> Gold, supra note 15; Gold, supra note 16; Gold and Richards, supra note 14.

<sup>19</sup> Henry J. Kaiser Family Foundation, *Women's Issue Briefs: Medicaid's Role in Family Planning* (2007), p. 6, [http://www.guttmacher.org/pubs/IB\\_medicaidFP.pdf](http://www.guttmacher.org/pubs/IB_medicaidFP.pdf).

<sup>20</sup> Rachel B. Gold, *Special Analysis: Medicaid Family Planning Expansions Hit Stride*, 6 GUTTMACHER REPORT ON PUBLIC POLICY 11, <http://www.guttmacher.org/pubs/tgr/06/4/gr060411.pdf>.

<sup>21</sup> Gold, supra note 16; National Women's Law Center, *Increased Cost-Sharing in Medicaid Hurts Women and Their Families*, <http://www.nwlc.org/pdf/6-2005MedicaidCost-Sharing.pdf>.

<sup>22</sup> Planned Parenthood, *America's Family Planning Program: Title X*, <http://www.plannedparenthood.org/issues-action/birth-control/family-planning-6553.htm>.

<sup>23</sup> Adam Sonfield et al, *Cost Pressures on Title X Family Planning Grantees, FY 2001-2004*, <http://www.guttmacher.org/pubs/2006/08/01/CPTX.pdf>.



# Funding for Reproductive Healthcare

- Providers of Title X services include local health departments, hospitals, universities, Planned Parenthood clinics, and other non-profit healthcare agencies.<sup>24</sup>
- Since 1980, inflation has effectively decreased Title X funding by 61%; Medicaid provides far more funding to the community than Title X.<sup>25</sup>

## State Children's Health Insurance Program (SCHIP)

- The State Children's Health Insurance Program (SCHIP) provides coverage to uninsured children in families with incomes above Medicaid eligibility but at or below 200% of the federal poverty level. SCHIP will provide \$24 billion in federal matching funds over 10 years to cover over 5 million uninsured American children.<sup>26</sup>
- In October 2002, the Bush Administration amended the definition of a "child" to include a fetus from conception to birth. This rule expands health insurance coverage for the fetus, but not for the pregnant woman's post-partum care such as ordinary post-delivery hospital care or care for post-delivery complications.<sup>27</sup>
- Under the 2002 amendment, the fetuses of undocumented immigrants were eligible for coverage under the new rule. Fetuses of qualified immigrants were subject to the five-year bar on federal benefits. However, changes in 2003 made it more difficult for undocumented women to obtain anything beyond emergency labor and delivery services.

## Family Cap Policies

- President Clinton's "welfare reform" program, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), instituted family cap policies. Family caps allow states to deny Temporary Aid to Needy Families (TANF) benefits to children born into families already receiving welfare.<sup>28</sup>
- 24 states currently have some sort of family cap provision in their state welfare codes, with two states providing a flat cash assistance grant regardless of family size.<sup>29</sup>
- In 2003, the New Jersey Supreme Court upheld the state's family cap policy. Plaintiffs argued that the policy unduly restricted a woman's right to make family planning decisions, forcing women to abort additional fetuses to maximize welfare benefits.<sup>30</sup>

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<sup>24</sup> Id.; Rachel B. Gold, Stronger Together: Medicaid, Title X Bring Different Strengths to Family Planning Effort, 10 GUTTMACHER POLICY REVIEW 13, Spring 2007, <http://www.guttmacher.org/pubs/gpr/10/2/gpr100213.pdf>.

<sup>25</sup> Gold, supra note 25.

<sup>26</sup> Id.

<sup>27</sup> Cynthia Dailard, New SCHIP Prenatal Care Rule Advances Fetal Rights at Low-Income Women's Expense, 5 GUTTMACHER REPORT ON PUBLIC POLICY 3, Dec. 2007, <http://www.guttmacher.org/pubs/tgr/05/5/gr050503.pdf>.

<sup>28</sup> Joice Frieden, Welfare 'family cap' unknown to many, OB/GYN News, Feb. 15, 2005, [http://findarticles.com/p/articles/mi\\_m0CYD/is\\_4\\_40/ai\\_n12416162](http://findarticles.com/p/articles/mi_m0CYD/is_4_40/ai_n12416162).

<sup>29</sup> National Conference of State Legislatures, Welfare Reform: Family Cap Policies, <http://www.ncsl.org/statefed/welfare/familycap05.htm>.

<sup>30</sup> Press Release, ACLU, New Jersey Supreme Court Upholds State's 'Family Cap' Welfare Law, <http://www.aclu.org/womensrights/povertywelfare/13128prs20030804.html>; Sojourner A. v. New Jersey Department of Human Services, 828 A.2d 306 (N. J. Sup. Ct. 2003).