

State Medicaid Coverage of Family Planning Services:



Summary of State Survey Findings

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INTRODUCTION

Over the past two decades, Medicaid has played a central and growing role in financing and providing access to family planning services for low-income women. Today, Medicaid is the single largest source of public dollars supporting family planning services and supplies nationwide.¹ About two-thirds of women covered by Medicaid are of childbearing age and for this group of women, access to family planning services fills a key health need.² This brief outlines selected findings from the *Kaiser Family Foundation/ George Washington University State Survey of Reproductive Health Services Under Medicaid*, and examines coverage of family planning services in states across the nation.

BACKGROUND

Medicaid, the nation's principal safety-net health insurance program, covers health and long-term care services for 59 million low-income Americans. Medicaid finances care for millions of women of all ages. Throughout their lives, women are more likely to qualify for Medicaid than men because women tend to be poorer and more likely to meet many of the program's strict eligibility criteria (which largely limits coverage to dependent children, some of their parents, pregnant women, people with disabilities, and seniors). As a result, nearly seven in 10 Medicaid beneficiaries older than age 14 are women.³

Access to family planning allows women to prevent unintended pregnancies, space pregnancies, and plan their family size. Recognizing the importance of family planning, federal guidelines require all state Medicaid programs to cover family planning services and supplies for beneficiaries of childbearing age. The guidelines do not identify specific services; rather they are broadly defined as services that "aid those who voluntarily choose not to risk an initial pregnancy," as well as those with children who wish to control family size.⁴ Beyond this general definition, federal Medicaid guidelines do not specify the services that states must provide under the family planning benefit. As a result, there is great variation between states in what is covered.⁵

¹ Kaiser Family Foundation, *Medicaid's Role in Family Planning*. 2007.

² Kaiser Family Foundation, *Medicaid's Role for Women*, 2007.

³ Kaiser Family Foundation, *Medicaid's Role for Women*, 2007.

⁴ State Medicaid Manual, Part 4: Services, www.cms.hhs.gov.

⁵ The Federal Office of Population Affairs that operates Title X, the other Federal government's family planning program, defines family planning services as: "...activities utilized by individuals to determine the number and spacing of their children through the use of education, counseling, medical services, and comprehensive medical or social activities which enable individuals, to determine freely the number and spacing of their children and to select the means by which this may be achieved."

Financing Family Planning

The federal government and the states jointly finance Medicaid, and the states administer the program within broad federal guidelines. For most services, the federal share of Medicaid spending (known as Federal Medical Assistance Percentage or FMAP) is at least 50% in every state, varying based on state per capita income relative to the national average. These state “matching rates” range from 50% to 76% of costs. Family planning is unique among covered services, as the federal government provides a higher match rate, matching the cost of all services and supplies at 90% for all states. This match is an important incentive for states to make coverage for family planning services as broad as possible. In addition to an enhanced match that the Federal government pays to states, providers and plans are not permitted to charge any cost-sharing to Medicaid beneficiaries for family planning services or supplies, regardless of state requirements placed on other services, drugs or supplies. For most other services covered under Medicaid, states can charge beneficiaries “nominal” out-of-pocket costs.

Managed Care

Several states require their Medicaid beneficiaries to enroll in managed care plans, particularly enrollees who qualify as parents or low-income families, most often women and children. Beneficiaries enrolling in managed care plans must receive services from a network of providers in a plan that contracts with the state. However, the federal statute makes an exception for family planning services and supplies in most cases (called “freedom of choice,”) and allows most Medicaid beneficiaries in managed care plans to obtain family planning services from any provider within their plan or seek care from a Medicaid-participating provider outside of their plan such as a family planning clinic.

Medicaid Family Planning Programs (Waivers)

Over the past decade, many states have sought and received permission (waivers) from the federal government to extend Medicaid eligibility for family planning services to large numbers of individuals, mostly adult women, who otherwise are ineligible for full Medicaid coverage because their income is too high or because they do not meet categorical eligibility requirements. In order to receive this waiver, states must demonstrate that the program is “budget neutral” to the federal government; that is, it cannot cost the federal government to pay for these services any more than it would have spent in the absence of the waiver. States that have obtained these waivers maintain that the cost of providing family planning services and supplies to individuals under the program is lower than the cost of providing care to women with unintended pregnancies. As with the general Medicaid program, there is considerable variation between the states in the operation and scope of services covered under these Medicaid-funded family planning programs.

METHODS

The Kaiser Family Foundation and the George Washington University, School of Public Health and Health Services, Department of Health Policy, developed a survey to assess states' Medicaid coverage policies regarding reproductive health services. The survey instrument was based on a prior survey administered by the Kaiser Family Foundation in 1999.⁶ The survey included more than 50 questions on states' Medicaid coverage of family planning, perinatal, and adult vaccine services. Questions detailing managed care arrangements, enrollment activities, and other beneficiary support services were also included. A sample questionnaire is included in Appendix A.

From Spring 2007 through Winter 2008, George Washington University researchers sent the survey to representatives from all Medicaid programs operating in the 50 states and the District of Columbia by mail. Researchers conducted extensive follow-up by telephone. In most states, the survey was completed by more than one respondent. Of the 51 jurisdictions queried, 44 jurisdictions responded to the survey. The states that did not respond to the survey are Delaware, Georgia, Hawaii, New Jersey, Rhode Island, South Dakota, and Tennessee. Staff of the Kaiser Family Foundation and George Washington University analyzed and prepared this report of survey findings. Most of the data presented are collected from the survey, but in a few cases, data from external sources are included in the tables and noted accordingly.

SUMMARY OF KEY FINDINGS

Prescription Contraception: Contraception is at the heart of basic family planning, and by and large, most states offer broad coverage for prescription contraceptives in their Medicaid programs. The majority of surveyed states cover most forms of prescription contraception (oral contraceptives, intrauterine devices (IUDs), implants, injections, and diaphragms) as a family planning service in all cases and draw down the 90% match.

Over-the-Counter Contraceptives: Fewer state Medicaid programs cover over-the-counter supplies and drugs under the family planning benefit. Of the 44 states responding to the survey, 30 states and DC always consider condoms a family planning service, as do 31 states and DC for spermicide, and 30 states and DC for sponges. Emergency contraceptive pills became available for sale over the counter in 2006. Only 26 of the 44 surveyed states always cover emergency contraception as a family planning benefit.

Sterilization and reversals: Sterilization is generally covered as a family planning service and receives the 90% match, with 36 states and DC always covering tubal ligations and vasectomies under the family planning benefit. None of the surveyed states routinely cover vasectomy reversals as a family planning service, and only Connecticut and Oklahoma consider them in some cases.

⁶ Schwalberg R., et al., Medicaid Coverage of Family Planning Services, Kaiser Family Foundation, 1999.

Preconception Care: A range of services that are utilized improve infant and maternal health outcomes before and between conception and childbirth is referred to as “preconception care.” Among the services are clinical exams, sexual health education and counseling, as well as infertility services. Although Medicaid does not recognize preconception care services as a defined category of covered services, only a handful of states include many of the elements of preconception care as a 90% matched family planning service. While 26 of the responding states cover preconception counseling, only seven states routinely consider it as a family planning service, in contrast to contraceptive counseling (29 states and DC) and reproductive health education (20 states). Infertility testing and treatments are rarely considered family planning services, and in fact are rarely covered by Medicaid.

Screening and Treatment for Sexually Transmitted Diseases: Relatively few states routinely consider STD and HIV tests and treatment as a family planning benefit, and the extent of coverage is often based on the context of the visit. Only 11 states cover STD and HIV tests as family planning all the time. Several other states consider them family planning service under certain circumstances. Most states cover treatment for STDs under Medicaid, but only nine states count them as family planning in all cases.

Cancer Screening: All responding states cover screening for cervical and breast cancers under Medicaid, but most do not routinely cover these tests as family planning services eligible for a 90% match. Eight states always cover mammograms as a family planning service, 10 states always cover Pap tests and related lab services as a family planning service, and seven states cover colposcopy, a follow-up test given in the case of abnormal pap test results.

Human Papilloma Virus (HPV) Vaccine: In 2006, the Food and Drug Administration (FDA) approved a new vaccine for young women and girls that protects against infection by certain strains of human papilloma virus (HPV) that are associated with 70% of cervical cancers. State Medicaid programs must cover the vaccine for young women up through age 20, but it is at state option whether to cover the vaccine for women 21 to 26 years. Most states (28/44) do cover the HPV vaccine for women ages 21 to 26, but the HPV vaccine is designated a family planning service only in Massachusetts, New Mexico, and Wyoming.

Medicaid Managed Care and Family Planning: Today, most women of reproductive age on Medicaid are enrolled in managed care plans and more than half the states (28 of the 44 surveyed) require enrollment in managed care plans. States use a mix of primary care case management and capitation, or a combination of the two types of plans. Most are able to structure their programs to obtain the enhanced 90% match for family planning services under these arrangements (30 states and DC). Although states may require Medicaid beneficiaries to enroll in managed care plans and obtain care from providers affiliated with those plans, in most cases of mandatory managed care enrollment, federal law permits most enrollee to seek family planning services and supplies from Medicaid participating providers who may be out of network such as family planning clinics.⁷ State Medicaid programs and health plans share responsibility for informing beneficiaries about this provision, mostly through printed handbooks and websites.

⁷ Sections 1902(a)(23) and 1915(b) of the Social Security Act.

Medicaid Family Planning Waiver Programs: Currently, 24 of the surveyed states have family planning waiver programs in place that extend coverage for family planning services to many low-income individuals who are not eligible for full Medicaid. As with the traditional Medicaid program, there is variation in the specific services that states cover in these programs. California has the largest family planning waiver program, with 2.45 million people enrolled in the program, compared to 942,000 enrollees in all other state waiver programs combined.

Contraception: Most state family planning waiver programs that provided coverage information cover the full range of prescription contraceptive services and supplies (22 states). Fewer states cover over-the-counter contraceptive such as condoms and spermicide (18 of 23 responding states), the sponge (12 states), and emergency contraception (13 states). There is more coverage for sterilization services for women under states' family planning waiver programs than for men, with 13 states covering tubal ligation that are conducted postpartum and 20 states cover the cost when conducted as part of another procedure (interval). Only 10 states cover vasectomies under family planning expansions, and only two cover reversals.

Preconception Care: As under traditional Medicaid, coverage for preconception care in family planning waiver programs is limited. More states cover services associated with a physician visit, such as gynecologic exams (18 states), contraceptive counseling (19 states), and reproductive health education (15 states). Only six states cover preconception counseling and only three states cover testing and some level of treatment for infertility under their waivers.

STD and Cancer Screenings: Twenty-two state family planning waiver programs cover the costs of tests and lab work for STDs screening, but only 11 states cover treatment if an STD is identified. Eighteen states cover HIV tests in their family planning waiver programs. Twenty-two state family planning waiver programs cover Pap tests, which screen for HPV, the main precursor to cervical cancer. However, only six states cover colposcopy, a follow-up test given in the case of abnormal Pap test results. Only California, Illinois and Maryland cover mammography under their family planning expansions.

Prescription Contraception

The major forms of prescription contraception are oral contraceptives, intrauterine devices (IUDs), implants, injections, and diaphragms. With the exception of oral contraceptive pills, these contraceptives require a provider to administer, insert, or remove the device. Oral contraceptives are the most commonly used form of prescription birth control. Most of the responding states always cover all forms of prescription contraception as family planning services, meaning that these services draw the 90% federal matching rate.

- However, there are gaps. Oral contraceptives are the most commonly used form of prescription contraception, yet four of the surveyed states do not consider them as family planning under all circumstances, depending on the context of the provider visit. This affects states' ability to obtain the enhanced matching rate.
- Similarly, for IUDs and implants, a few states cover the device and insertion as family planning, but do not consider the removal as a family planning service.
- 32 states cover all forms of prescription contraception as a family planning service in all cases (Figure 1).

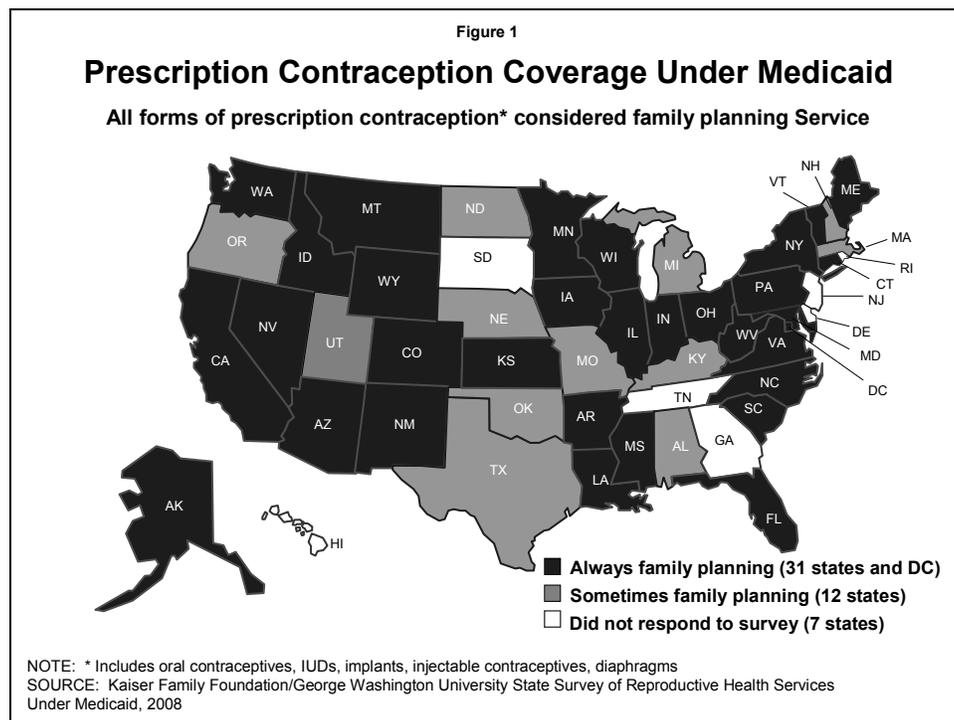


Table 1: Prescription Contraception Coverage Under Medicaid

State	Oral Contraceptives	IUDs	IUD Removal	Implants	Implant Removal	Injectable	Diaphragm
Alabama	✓	✓	✓	✓	✓	○	✓
Alaska	✓	✓	✓	✓	✓	✓	✓
Arizona	✓	✓	✓	✓	✓	✓	✓
Arkansas	✓	✓	✓	✓	✓	✓	✓
California	✓	✓	✓	✓	✓	✓	✓
Colorado	✓	✓	✓	✓	✓	✓	✓
Connecticut	✓	✓	✓	✓	✓	✓	✓
DC	✓	✓	✓	✓	✓	✓	✓
Florida	✓	✓	✓	✓	✓	✓	✓
Idaho	✓	✓	✓	✓	✓	✓	✓
Illinois	✓	✓	✓	✓	✓	✓	✓
Indiana	✓	✓	✓	✓	✓	✓	✓
Iowa	✓	✓	✓	✓	✓	✓	✓
Kansas	✓	✓	✓	✓	✓	✓	✓
Kentucky	○	○	○	○	○	○	○
Louisiana	✓	✓	✓	✓	✓	✓	✓
Maine	✓	✓	✓	✓	✓	✓	✓
Maryland	✓	✓	✓	✓	✓	✓	✓
Massachusetts	✓	✓	○	✓	○	✓	✓
Michigan	✓	✓	○	✓	✓	○	✓
Minnesota	✓	✓	✓	✓	✓	✓	✓
Mississippi	✓	✓	✓	✓	✓	✓	✓
Missouri	✓	✓	X	✓	✓	✓	✓
Montana	✓	✓	✓	✓	✓	✓	✓
Nebraska	✓	✓	○	✓	○	✓	✓
Nevada	✓	✓	✓	✓	✓	✓	✓
New Hampshire	✓	✓	○	✓	○	✓	✓
New Mexico	✓	✓	✓	✓	✓	✓	✓
New York	✓	✓	✓	✓	✓	✓	✓
North Carolina	✓	✓	✓	✓	✓	✓	✓
North Dakota	✓	✓	○	✓	○	✓	✓
Ohio	✓	✓	✓	✓	✓	✓	✓
Oklahoma	○	✓	✓	✓	✓	✓	✓
Oregon	○	✓	○	✓	○	✓	✓
Pennsylvania	✓	✓	✓	✓	✓	✓	✓
South Carolina	✓	✓	✓	✓	✓	✓	✓
Texas	○	○	○	/	○	○	○
Utah	✓	/	/	/	/	/	✓
Vermont	✓	✓	✓	✓	✓	✓	✓
Virginia	✓	✓	✓	✓	✓	✓	✓
Washington	✓	✓	✓	✓	✓	✓	✓
West Virginia	✓	✓	✓	✓	✓	✓	✓
Wisconsin	✓	✓	✓	✓	✓	✓	✓
Wyoming	✓	✓	✓	✓	✓	✓	✓
TOTAL (always covered as family planning service)	40/44	41/44	34/44	41/44	35/44	39/44	42/44
✓ = Always considered family planning service; ○ = Sometimes considered family planning service, depending on context of visit; / = Never considered family planning service; X = Not covered at all.							

Over the Counter Contraceptives

There are several forms of contraception for women and men available for purchase over the counter, including condoms, spermicides, sponges, and emergency contraceptive pills. In addition to serving as a contraceptive, condoms protect against a number of sexually transmitted infections such as gonorrhea and chlamydia, as well as HIV.

- Compared to prescription contraceptives, fewer state Medicaid programs cover over the counter supplies and drugs under the family planning benefit. Thirty-one states always consider condoms a family planning service, as do 32 states for spermicide, and 31 states for sponges.
- Emergency contraceptive pills became available for sale over the counter in 2006. Only 26 of the 44 surveyed states cover emergency contraception as a family planning benefit.
- Only 17 of the surveyed states always cover all four of these products as a family planning service in all cases (Figure 2).
- Maine and North Carolina do not cover any over the contraceptives under Medicaid at all.

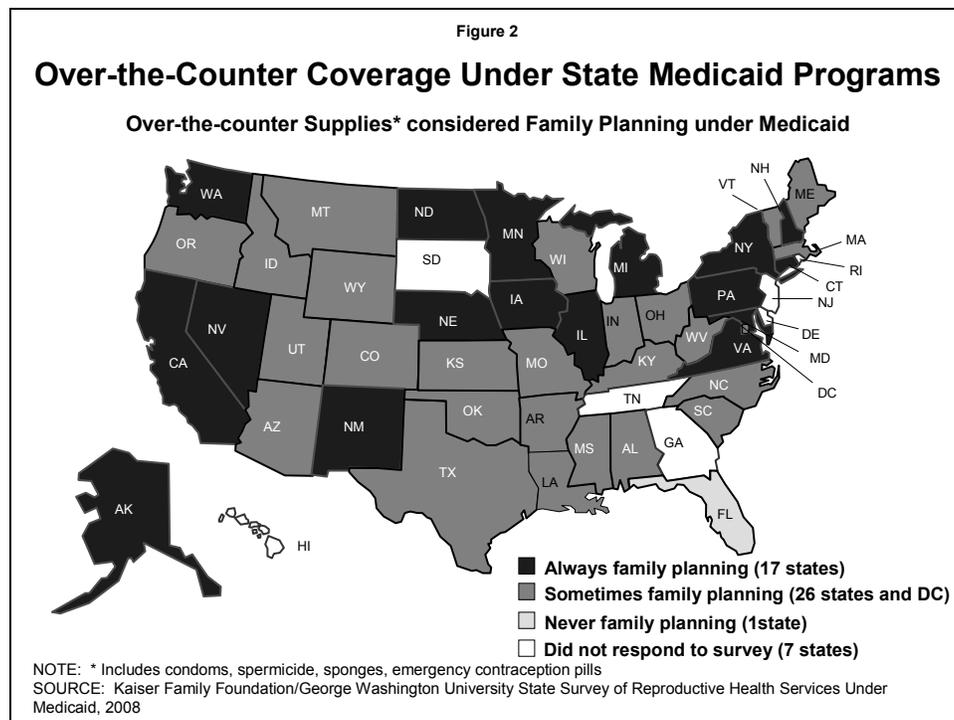


Table 2: Over the Counter Contraceptives Coverage Under Medicaid

State	Condoms	Spermicide	Sponges	Emergency Contraception Pill
Alabama	✓	✓	/	/
Alaska	✓	✓	✓	✓
Arizona	✓	✓	/	✓
Arkansas	--	--	X	✓
California	✓	✓	✓	✓
Colorado	✓	X	✓	✓
Connecticut	✓	✓	✓	✓
DC	✓	✓	✓	/
Florida	/	/	/	/
Idaho	✓	✓	✓	X
Illinois	✓	✓	✓	✓
Indiana	✓	✓	✓	X
Iowa	✓	✓	✓	✓
Kansas	✓	X	✓	✓
Kentucky	X	✓	✓	X
Louisiana	✓	○	✓	✓
Maine	X	X	X	X
Maryland	✓	✓	✓	✓
Massachusetts	○	✓	✓	✓
Michigan	✓	✓	✓	✓
Minnesota	✓	✓	✓	✓
Mississippi	/	/	/	○
Missouri	X	X	X	✓
Montana	✓	✓	✓	X
Nebraska	✓	✓	✓	✓
Nevada	✓	✓	✓	✓
New Hampshire	✓	✓	✓	✓
New Mexico	✓	✓	✓	✓
New York	✓	✓	✓	✓
North Carolina	X	X	X	X
North Dakota	✓	✓	✓	✓
Ohio	✓	✓	✓	○
Oklahoma	○	○	○	/
Oregon	○	✓	✓	X
Pennsylvania	✓	✓	✓	✓
South Carolina	✓	✓	✓	/
Texas	○	○	/	/
Utah	/	/	/	○
Vermont	X	✓	✓	✓
Virginia	✓	✓	✓	✓
Washington	✓	✓	✓	✓
W. Virginia	✓	✓	--	X
Wisconsin	✓	✓	X	✓
Wyoming	✓	✓	✓	--
TOTAL (always covered as family planning service)	31/44	32/44	31/44	26/44
✓ = Always considered family planning service; ○ = Sometimes considered family planning service, depending on context of visit; / = Never considered family planning service; X = Not covered at all; -- = Data not available.				

Sterilization

Sterilization services are considered permanent forms of contraception. Sterilization is relatively common among women and men who do not wish to have more children. For women, tubal ligation is the most common form of sterilization and for men, the vasectomy is the most common sterilization procedure. Tubal ligations can be conducted either immediately after childbirth (postpartum) or as part of another surgical procedure (interval). Most state Medicaid programs do cover them along with vasectomies for men as family planning services. While sterilizations are intended to be permanent, there are procedures that can reverse both tubal ligations and vasectomies.

- The majority of states cover sterilization services for women and men as family planning services. Thirty-seven states always cover tubal ligations and vasectomies as family planning services.
- However, the situation is very different for vasectomy reversals. None of the surveyed states routinely cover reversals as a family planning service, and only two states (Connecticut and Oklahoma) consider them in some cases. The remaining state Medicaid programs do not cover reversal as a family planning service, and several states don't cover vasectomy reversal at all.
- West Virginia does not consider any sterilization procedures as family planning under Medicaid. Massachusetts does not cover tubal ligations, but does cover vasectomies as a family planning service.

Table 3: Sterilization Coverage Under Medicaid

STATE	Tubal Ligation	Vasectomy	Vasectomy Reversal
Alabama	✓	✓	/
Alaska	✓	✓	X
Arizona	✓	✓	X
Arkansas	✓	✓	X
California	✓	✓	X
Colorado	○	○	○
Connecticut	✓	✓	/
DC	✓	✓	X
Florida	✓	/	X
Idaho	✓	✓	X
Illinois	✓	✓	X
Indiana	✓	✓	X
Iowa	✓	✓	X
Kansas	✓	✓	X
Kentucky	○	○	X
Louisiana	✓	✓	X
Maine	✓	✓	X
Maryland	✓	✓	X
Massachusetts	/	✓	X
Michigan	✓	✓	X
Minnesota	✓	✓	X
Mississippi	✓	✓	/
Missouri	✓	✓	X
Montana	✓	✓	X
Nebraska	✓	✓	X
Nevada	✓	✓	X
New Hampshire	✓	✓	/
New Mexico	✓	✓	X
New York	✓	✓	X
North Carolina	✓	✓	X
North Dakota	✓	✓	/
Ohio	✓	✓	X
Oklahoma	○	○	○
Oregon	X	✓	X
Pennsylvania	✓	✓	/
South Carolina	✓	○	X
Texas	○	○	/
Utah	✓	✓	X
Vermont	✓	✓	X
Virginia	✓	✓	X
Washington	✓	✓	/
West Virginia	/	/	/
Wisconsin	✓	✓	X
Wyoming	✓	✓	/
TOTAL (always covered as family planning service)	37/44	37/44	0/44
✓ = Always considered family planning service; ○ = Sometimes considered family planning service, depending on context of visit; / = Never considered family planning service; X = Not covered at all.			

Elements of Preconception Care

There has been growing interest on preconception care, or care provided before and between conception and childbirths. Preconception care encompasses clinical exams as well as sexual health education and counseling and infertility services. The Centers for Disease Control and Prevention/ATSDR Preconception Care Work Group Select Panel on Preconception Care defines preconception care as a set of interventions that are intended to identify and modify biomedical, behavioral, and social risks to a woman's health or pregnancy outcomes. The goals of preconception care are: 1) to promote and improve the health of women of reproductive age prior to conception, 2) to improve pregnancy-related outcomes.⁸ Preconception care not only improves the health of a woman prior to pregnancy, but also optimizes the health of the fetus during pregnancy. Recommended services in the CDC guidelines fall under four main categories: Maternal assessment, vaccinations, screening and counseling.

Medicaid does not recognize preconception care services as a defined category of covered services. However, some preconception care services are included under other reproductive health categories, including family planning and physician services.

- Coverage for preconception services as family planning services under Medicaid is limited. Of the 44 states that responded to the survey, most do not cover most of the preconception services. The most widespread coverage was for contraceptive counseling, but coverage for other services was much less.
- By and large, infertility treatment is not covered as family planning services in most states. Only a few of the states cover infertility treatments as family planning some of the time. No states cover infertility treatment as a family planning service all of the time.
- Coverage for counseling and education services is mixed. While most of the responding states cover contraceptive counseling as a family planning service, only seven states consider preconception counseling as a family planning service routinely, as do 20 states with reproductive health education.
- A few states, such as Alaska, Massachusetts, and Utah have very limited coverage for preconception services and for many services, offer no Medicaid coverage at all.

⁸ Cefalo R.C., and Moos, M.K. *Preconceptional Health Promotion in Preconceptional Health Care: A Practical Guide*. 2nd ed. St. Louis, MO: Mosby, 1995.

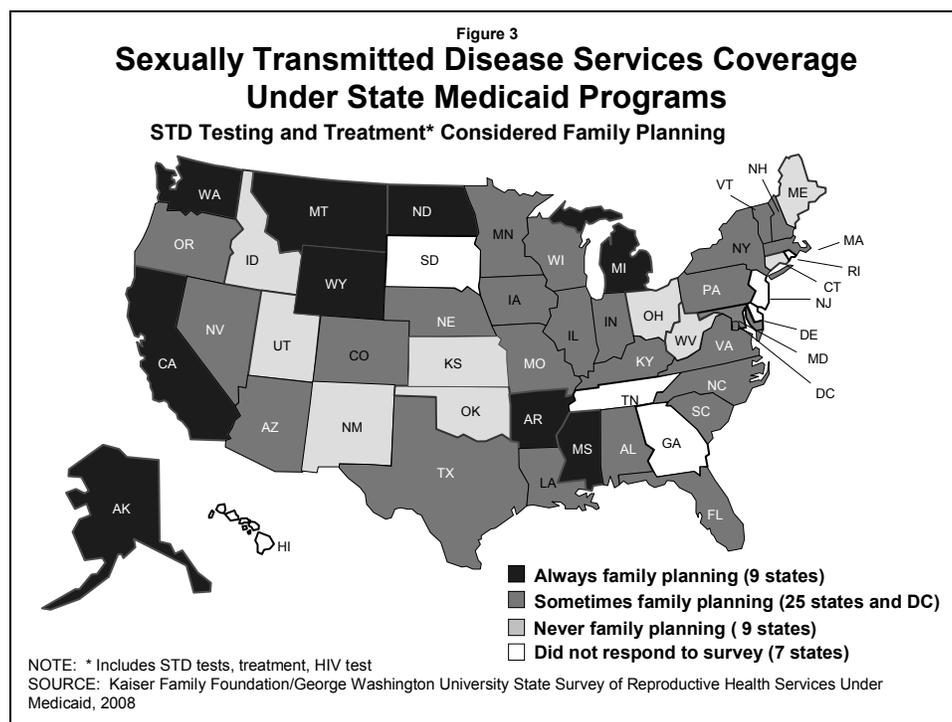
Table 4: Elements of Preconception Care Coverage Under Medicaid

State	Gynecologic Exams	Contraceptive Counseling	Reproductive Health Education	Preconception Counseling	Infertility Test	Infertility Treatment
Alabama	○	○	○	/	/	/
Alaska	○	X	X	X	X	X
Arizona	✓	✓	✓	✓	X	X
Arkansas	✓	✓	✓	✓	✓	X
California	✓	✓	✓	✓	X	X
Colorado	○	○	○	○	○	○
Connecticut	/	/	/	/	/	/
DC	○	✓	X	X	/	X
Florida	○	✓	/	○	X	X
Idaho	○	✓	✓	✓	X	X
Illinois	○	✓	✓	○	/	X
Indiana	○	✓	✓	○	○	○
Iowa	○	✓	/	X	X	X
Kansas	○	✓	✓	X	X	X
Kentucky	○	○	○	○	○	X
Louisiana	○	/	/	X	X	X
Maine	○	✓	○	○	○	X
Maryland	○	✓	✓	X	X	X
Massachusetts	○	✓	○	X	X	X
Michigan	○	/	/	X	X	X
Minnesota	○	✓	✓	✓	✓	○
Mississippi	○	✓	✓	/	/	/
Missouri	○	○	○	X	X	X
Montana	--	✓	✓	X	X	X
Nebraska	○	○	X	X	X	X
Nevada	○	✓	✓	○	○	X
New Hampshire	✓	✓	✓	○	○	/
New Mexico	✓	✓	✓	X	X	X
New York	○	✓	○	/	/	/
North Carolina	○	✓	○	X	X	X
North Dakota	✓	✓	✓	✓	✓	/
Ohio	○	✓	○	✓	✓	X
Oklahoma	✓	✓	○	○	○	○
Oregon	○	✓	✓	X	X	X
Pennsylvania	○	✓	✓	/	/	/
South Carolina	✓	✓	○	X	X	X
Texas	○	/	○	○	○	/
Utah	✓	X	X	X	X	X
Vermont	○	✓	✓	X	X	X
Virginia	○	✓	✓	X	X	X
Washington	○	○	○	/	/	/
West Virginia	○	X	X	/	/	/
Wisconsin	○	○	○	○	○	/
Wyoming	✓	✓	✓	/	/	/
TOTAL (always covered as family planning service)	10/44	30/44	20/44	7/44	4/44	0/44
✓ = Always considered family planning service; ○ = Sometimes considered family planning service, depending on context of visit; / = Never considered family planning service; X = Not covered at all; -- = Data not available.						

STD Testing and Treatment

It is estimated that 19 million new STD infections occur each year in the United States, with the largest share among young people 15–24 years of age. In addition to youth, women and minorities are also severely affected. The two most commonly reported infectious diseases in the United States are chlamydia and gonorrhea, both of which can result in infertility if left untreated⁹. According to the recent estimates from the CDC, there were 56,300 people newly infected with HIV in 2006¹⁰. Testing and treatment for STDs and HIV are important for early identification, effective management, and reduction in transmission.

- All states cover STD and HIV screening under Medicaid, but most do not consider these tests as family planning services routinely. Only 11 states cover STD tests, related lab work, and HIV tests as family planning all the time. Several other states consider them family planning service under certain circumstances.
- Most states cover treatment for STDs under Medicaid, but only nine states count screenings and treatment as family planning in all cases (Figure 3).



⁹ Centers for Disease Control and Prevention, *Sexually Transmitted Disease Fast Facts*, 2009.

¹⁰ Kaiser Family Foundation, *The HIV/AIDS Epidemic in the United States*, 2009.

Table 5: STD Testing and Treatment Coverage Under Medicaid

State	STD Tests	STD Treatment	HIV Test
Alabama	○	/	○
Alaska	✓	✓	✓
Arizona	○	○	○
Arkansas	✓	✓	✓
California	✓	✓	✓
Colorado	○	○	○
Connecticut	/	/	/
DC	○	○	/
Florida	○	○	○
Idaho	/	/	/
Illinois	○	○	○
Indiana	○	○	○
Iowa	○	○	○
Kansas	/	/	/
Kentucky	○	○	○
Louisiana	○	/	/
Maine	/	/	/
Maryland	○	○	○
Massachusetts	○	○	○
Michigan	✓	✓	✓
Minnesota	✓	/	✓
Mississippi	✓	✓	✓
Missouri	○	○	○
Montana	✓	✓	✓
Nebraska	○	○	○
Nevada	○	○	○
New Hampshire	○	/	○
New Mexico	/	/	/
New York	○	/	○
North Carolina	○	○	○
North Dakota	✓	✓	✓
Ohio	/	/	/
Oklahoma	/	/	/
Oregon	○	X	○
Pennsylvania	○	○	○
South Carolina	✓	/	✓
Texas	○	○	○
Utah	/	/	/
Vermont	○	○	○
Virginia	○	○	○
Washington	✓	✓	✓
W. Virginia	/	/	/
Wisconsin	○	○	○
Wyoming	✓	✓	✓
TOTAL (always covered as family planning service)	11/44	9/44	11/44
✓ = Always considered family planning service; ○ = Sometimes considered family planning service, depending on context of visit; / = Never considered family planning service; X = Not covered at all.			

Cancer Screening and Prevention

Breast and cervical cancers affect millions of women annually. Breast cancer is the most common cancer among women. Cervical cancer is relatively rare in the United States, but it takes a disproportionate toll on women of color and low-income women. Both cancers are known to respond well to treatment when identified early, and screening and follow-up services for breast and cervical cancers are often conducted in conjunction with other reproductive health services. For cervical cancer, the Pap test is the main screening tool, and it is recommended that adult women receive a test at least every three years. In addition, a vaccine against certain strains of HPV, the virus responsible for most cases of cervical cancer has been available since 2006 for girls and women ages 9 to 26. States receive federal funds to cover the vaccine for girls through age 19, but can choose whether to cover it for the older group of women. For breast cancer, the main screening test is mammography, and it is recommended that women 50 and older obtain a mammogram at least every two years. While these are not family planning issues per se, both cancers affect women's fertility and are often addressed as part of overall reproductive health care.

- All states cover screening for cervical and breast cancers under Medicaid, but most do not cover these tests as family planning services routinely.
- Eight states always cover mammograms as a family planning service.
- Only 10 state Medicaid programs always cover Pap test and related lab services as a family planning service, and fewer states (7) cover follow-up colposcopy testing. Several more states reported that they consider these services as family planning under some circumstances.
- Most states (28/44) cover the HPV vaccine for women ages 21 to 26. The HPV vaccine is designated vaccine under family planning in MA, NM, and WY.

Table 6: Cancer Screening and Prevention Coverage Under Medicaid

State	Mammogram	Pap Testing	Colposcopy	HPV Vaccine for Adults 21 to 26 [#]
Alabama	/	○	/	X
Alaska	○	○	○	X
Arizona	/	✓	/	✓
Arkansas	✓	✓	✓	X
California	○	✓	✓	✓
Colorado	/	○	○	✓
Connecticut	/	/	/	✓
DC	/	○	/	X
Florida	/	○	○	X
Idaho	/	/	/	✓
Illinois	/	✓	○	✓
Indiana	/	○	/	X
Iowa	/	○	○	✓
Kansas	/	○	/	✓
Kentucky	/	○	/	✓*
Louisiana	/	○	/	✓
Maine	/	/	/	✓
Maryland	✓	○	/	✓
Massachusetts	/	○	○	✓^
Michigan	/	○	○	✓
Minnesota	/	○	○	✓
Mississippi	✓	✓	✓	✓
Missouri	/	○	○	✓
Montana	✓	✓	✓	✓
Nebraska	/	○	/	✓**
Nevada	✓	○	○	✓
New Hampshire	/	○	/	--
New Mexico	○	/	/	✓^
New York	/	○	/	✓
North Carolina	/	○	○	X
North Dakota	✓	✓	✓	X
Ohio	/	○	/	X
Oklahoma	S	○	○	✓
Oregon	/	○	X	✓
Pennsylvania	S	○	○	✓
South Carolina	X	✓	/	X
Texas	○	○	○	X
Utah	/	/	/	X
Vermont	/	○	○	✓
Virginia	/	○	/	X
Washington	✓	✓	✓	X
W. Virginia	/	/	/	✓*
Wisconsin	/	○	○	✓
Wyoming	✓	✓	✓	✓^
TOTAL (always covered as family planning service)	8/44	10/44	7/44	28/44

✓ = Always considered family planning service; ○ = Sometimes considered family planning service, depending on context of visit; / = Never considered family planning service; X = Not covered at all; -- = Data not available.
[#] The questions on the HPV vaccine were asked in a different format than other services. For HPV vaccine only, symbols indicate as follows: ✓ = Covered by state Medicaid program; ^ Considered family planning service; X = Not covered at all; -- = Data not available; * Covered by state public health agency; ** Based on medical necessity.

Medicaid Managed Care and Family Planning

There has been a strong push to enroll Medicaid beneficiaries in managed care plans to help control costs and improve access to primary care. States may either contract with health maintenance organizations (HMOs) and pay for services on a capitated basis or they may use a primary care case management (PCCM) model, in which beneficiaries are assigned to a primary care provider who coordinates all of the beneficiaries' services. States can either mandate that beneficiaries enroll in managed care plans, or leave it as a voluntary option; however, most women on Medicaid are enrolled in managed care plans. The structure of managed care arrangements can have a large impact on whether the state receives the 90% federal match for family planning services, as well as for beneficiaries' ability to obtain services.

- Most states (37) employ managed care in their Medicaid programs. More than half (28) require beneficiaries to enroll in managed care.
- Thirty states employ capitation plans, while 22 states use a PCCM model. Fifteen states employ both PCCM and capitation.
- Most states (31) that have capitation contracts have included family planning within the capitation rate. Of these states, and do collect the enhanced 90% matching rate for these services.

Table 7: States' Medicaid Managed Care Arrangements and Payment for Family Planning

STATE	Managed care arrangements	Mandatory or voluntary enrollment	Family planning in capitation rate	Receive 90% match for capitated expenditures
Alabama	PCCM only	Mandatory	N/A	N/A
Alaska	None	N/A	N/A	N/A
Arizona	Capitation only	Mandatory	✓	✓
Arkansas	PCCM only	Voluntary	N/A	N/A
California	Capitation only	Mandatory	✓	N
Colorado	PCCM and capitation	Voluntary	✓	✓
Connecticut	None	N/A	N/A	N/A
DC	Capitation only	Mandatory	✓	N
Florida	PCCM and capitation*	Mandatory	✓	✓
Idaho	PCCM only	Mandatory	N/A	N/A
Illinois	Capitation only	Mandatory	✓	✓
Indiana	PCCM and capitation	Mandatory	✓	
Iowa	PCCM and capitation	Mandatory	✓	✓
Kansas	PCCM and capitation	Mandatory	✓	
Kentucky	Capitation only	Mandatory	✓	
Louisiana	PCCM only	Mandatory	N/A	N/A
Maine	PCCM and capitation	Voluntary	✓	✓
Maryland	Capitation only	Mandatory	✓	
Massachusetts	PCCM and capitation	Mandatory	✓	✓
Michigan	Capitation only	Voluntary	✓	✓
Minnesota	Capitation only	Mandatory	✓	
Mississippi	None	N/A	N/A	N/A
Missouri	Capitation only	Mandatory	✓	✓
Montana	Capitation only	Mandatory	✓	✓
Nebraska	PCCM only	Mandatory	✓	N
Nevada	Capitation only	Varies	✓	✓
New Hampshire	None	N/A	N/A	N/A
New Mexico	Capitation only	Mandatory	✓	
New York	PCCM and capitation*	Varies	✓	
North Carolina	PCCM	Varies	N/A	--
North Dakota	None	N/A	N/A	N/A
Ohio	Capitation only	Varies	✓	✓
Oklahoma	PCCM and capitation*	Mandatory	✓	✓
Oregon	Capitation only	Mandatory	✓	✓
Pennsylvania	PCCM and capitation	Mandatory	✓	N
South Carolina	PCCM and capitation	Voluntary	✓	✓
Texas	PCCM and capitation*	Mandatory	✓	✓
Utah	PCCM and capitation^	Mandatory		
Vermont	PCCM only	Mandatory	N/A	N/A
Virginia	PCCM and capitation	Mandatory	✓	✓
Washington	PCCM and capitation	Mandatory	✓	✓
West Virginia	PCCM and capitation	Mandatory	✓	--
Wisconsin	Capitation only	Varies	✓	
Wyoming	None	N/A	N/A	N/A

✓ = Policy in place; N/A = Not applicable; -- = Data not available; * = Capitation only in some counties or for specific services; ^ = Data not collected in survey. Based on external source.

Freedom of Choice

Although states may require Medicaid beneficiaries to enroll in managed care plans and obtain care from providers affiliated with those plans, federal law makes an exception for family planning services and supplies in most cases¹¹. As a result, most Medicaid managed care enrollees may obtain family planning services from any provider within their plan or, if they prefer, go outside of their plan to obtain services from a Medicaid-participating provider of their choice. However, many beneficiaries do not know of this exemption because they have not received adequate information. There are a number of methods states can employ to make beneficiaries aware of the open access to family planning providers under Medicaid managed care.

- State Medicaid programs and brokers take the lead responsibility for informing enrollees about open access to family planning providers. In 20 of the responding states, Medicaid informs enrollees about this benefit, and in 12 states, brokers are part of the process.
- Medicaid reviews information about open access provided by brokers and/or health plans in 24 of the responding states.

¹¹ Sections 1902(a)(23) and 1915(b) of the Social Security Act.

Table 8: Family Planning Freedom of Choice in States' Medicaid Mandatory Managed Care

State	Open access to Medicaid-certified family planning providers	Entities responsible for informing enrollees of open access	Medicaid reviews info re: open access provided by broker/health plan	How beneficiaries are informed about open access
Alabama	✓	Medicaid		Handbook, website, eligibility workers
Arizona	✓	Health plans	✓	Handbook, newsletters, other
California	✓	Health plans	✓	Handbook
Connecticut	✓	Medicaid, broker, health plans	✓	Receipt notice and PIHP member
DC	✓	Broker, health plans	✓	Benefit package mailing, handbook
Florida	✓	Broker, health plans		Broker counseling/ handbook
Idaho	✓	Medicaid	✓	Handbook, mailing, website, toll-free number
Illinois	✓	Medicaid, broker, health plans	✓	Handbook, website
Indiana	✓	Broker, health plans	✓	Handbook
Iowa	✓	Medicaid, health plans	✓	Handbook, website
Kansas	✓	Health plans	✓	Handbook
Kentucky	✓	Medicaid		--
Louisiana	✓	Medicaid, broker	✓	Handbook, mailings, flyers
Maryland	✓	Medicaid, health plans	✓	Brochure
Massachusetts	✓	Medicaid, broker, health plans	✓	Enrollment guide, new member packet, handbook
Michigan	✓	Broker, health plans		Enrollment agency, handbook
Minnesota	✓	Health plans	✓	Health plan information materials
Missouri	✓	Medicaid, health plans	✓	Handbook, website
Montana	✓	Medicaid, broker, health plans	✓	Handbook, broker interview, website, mailings
Nebraska	✓	Broker, health plans		Broker counseling
Nevada	✓	Medicaid, health plans	✓	Handbook
New Mexico		N/A	N/A	N/A
New York	✓	Medicaid, broker, health plans	✓	Handbook, state public education campaign
North Carolina	✓	Medicaid	--	--
Ohio	✓	Health plans		Website, mailings
Oklahoma	✓	Medicaid, broker, health plans	✓	Handbook
Oregon	✓	Medicaid, health plans	✓	Handbook, information from agency
Pennsylvania	✓	Health plans	✓	Handbook
Texas	✓	Medicaid, health plans	✓	Handbook, list of family planning providers
Utah	✓	Health plans		State staff educate new enrollees on benefit and provide handbook
Vermont	--	--	--	--
Virginia	✓	Medicaid, health plans	✓	Brochure, handbook
Washington	✓	Medicaid, health plans	✓	Handbook
West Virginia	--	--	--	--
Wisconsin	✓	Medicaid, health plans	✓	Handbook
TOTAL	32		24	

✓= Policy in place; -- = Data not available; N/A=Not applicable.

Medicaid Family Planning Waiver Programs

Over the past decade and a half, more than half the states have sought and received permission from CMS to extend Medicaid eligibility for family planning services to large numbers of individuals whose incomes are above the state-set income eligibility levels to qualify for Medicaid enrollment or who do not meet the other categorical requirements. These programs have extended coverage for family planning to many who otherwise are ineligible for full Medicaid coverage. To extend benefits, states must obtain approval through a “waiver” from the federal government. These waivers are limited to coverage for family planning services only, but as with the traditional Medicaid program, there is variation in the specific services that states cover. The waiver programs are also limited in time—to an initial five-year period, although states may apply for an extension. Once approval of a family planning waiver is secured, the state may claim federal reimbursement for 90% of the costs of providing family planning services and supplies to the expansion population.

- States can structure these waiver programs in different formats, extending eligibility based on income alone, loss of Medicaid postpartum, or loss of Medicaid coverage for any reason.
- Currently, 24 of the surveyed states have or recently had family planning waiver programs in place.
- Six states extend coverage based on income alone, 11 states based on loss of Medicaid postpartum, and seven states based on loss of Medicaid coverage for any reason at all.
- California has the largest family planning waiver program, by far. In California, 2.45 million people are enrolled in the program, compared to 942,000 enrollees in all other state waiver programs combined.

Table 9: State Medicaid Family Planning Waivers

State	Approval Date	Expiration Date	Eligibility Criteria			Number Enrolled
			Losing Coverage Postpartum	Losing Coverage for Any Reason	Based on Income Only	
Alabama	10/05	9/11	✓			57,646
Arizona	9/06	9/11	✓-2 years			6,500
Arkansas	2/06	1/12			✓	69,583
California	--	12/09			✓	2.45 mill
Florida	12/06	11/09		✓		13,981
Illinois	6/03	11/09		✓	✓	43,698
Iowa*	1/06	1/11			✓	20,466
Louisiana	6/06	6/11	✓	✓		37,521
Maryland	6/05	6/11	✓-5 years			40,898
Michigan	3/06	2/11	✓	✓		22,450
Minnesota	6/06	6/11			✓	14,564
Mississippi	10/03	9/11	✓			44,200
Missouri	10/07	9/10	✓-1 year			18,939
New Mexico	--	11/09			✓	27,434
New York	9/06	9/11	✓-1 year			53,192
North Carolina	11/04	10/10	✓	✓		32,087
Oklahoma	11/04	3/10	✓	✓		20,253
Oregon	11/06	1/10			✓	53,730
Pennsylvania	5/07	6/12	✓			119,036
South Carolina	1/06	12/10	✓			53,661
Texas	12/06	12/11			✓	55,264
Virginia	7/02	9/10	✓-2 years			12,276
Washington	7/06	11/09	✓			73,079
Wisconsin	1/03	8/13	✓	✓		51,573

Note: Data in this table based on survey responses as well as published data from Guttmacher Institute, *State Policies in Brief*.
✓ = Policy in place.
* Data for Iowa's family planning waiver was only collected regarding the structure of the program. Data was not collected regarding coverage for specific benefits. Therefore, data for Iowa is presented in Table 9, but is not presented in Tables 10-15;
-- Data not available.

Family Planning Waiver Programs: Prescription Contraception

- As with traditional Medicaid coverage, most state family planning waiver programs cover the full range of prescription contraceptive services and supplies.
- Twenty-two of the responding states cover the full range of prescription contraceptives, including oral contraceptives, injectables and the associated injection, diaphragm and fitting.

Table 10: Prescription Contraception Coverage Under Family Planning Waiver Programs

State	Oral Contraceptives	Injectable	Diaphragm
Alabama	✓	✓	✓
Arizona	✓	✓	✓
Arkansas	✓	✓	✓
California	✓	✓	✓
Florida	✓	✓	✓
Illinois	✓	✓	✓
Louisiana	✓	✓	✓
Maryland	✓	✓	✓
Michigan	✓	✓	✓
Minnesota	✓	✓	✓
Mississippi	✓	✓	✓
Missouri	✓	✓	✓
New Mexico	✓		✓
New York	✓	✓	✓
North Carolina	✓	✓	✓
Oklahoma	✓	✓	✓
Oregon	✓	✓	✓
Pennsylvania	✓	✓	✓
South Carolina	✓	✓	✓
Texas	✓	✓	✓
Virginia	✓	✓	✓
Washington	✓	✓	✓
Wisconsin	✓	✓	✓
Total	23	22	23
✓ Covered by state Medicaid waiver program.			

Family Planning Waiver Programs: Over the Counter Contraceptives

There is less coverage for over the counter contraceptives in state waiver programs compared to prescription contraceptives.

- Eighteen of the responding state waiver programs cover condoms and spermicides.
- Twelve of the programs cover the sponge.
- Thirteen states cover emergency contraception.

Table 11: Over the Counter Contraceptives Coverage Under Family Planning Waiver Programs

State	Condoms	Spermicide	Sponges	EC Pill
Alabama	✓	✓		
Arizona	✓	✓		✓
Arkansas	✓	✓		
California	✓	✓	✓	✓
Florida				
Illinois	✓	✓	✓	✓
Louisiana	✓	✓	✓	✓
Maryland	✓	✓	✓	✓
Michigan	✓	✓		✓
Minnesota	✓	✓	✓	✓
Mississippi				
Missouri				
New Mexico	✓	✓	✓	✓
New York				✓
North Carolina				
Oklahoma	✓	✓	✓	
Oregon	✓	✓	✓	
Pennsylvania	✓	✓	✓	✓
South Carolina	✓	✓	✓	
Texas	✓	✓		
Virginia	✓	✓	✓	✓
Washington	✓	✓	✓	✓
Wisconsin	✓	✓		✓
Total	18	18	12	13
✓ Covered by state Medicaid waiver program.				

Family Planning Waiver Programs: Sterilization

- There is more coverage for sterilization services for women under states' family planning waiver programs than for men.
- Thirteen of the responding states cover the cost of a tubal ligation conducted postpartum, and 20 states cover the cost when conducted as part of another procedure (interval).
- Ten states cover vasectomies under family planning expansions, and only two cover reversals.

Table 12: Sterilization Coverage Under Family Planning Waiver Programs

STATE	Tubal Ligation/ Postpartum	Tubal Ligation/ Interval	Vasectomy	Vasectomy Reversal
Alabama				
Arizona	✓	✓		
Arkansas	✓	✓		
California		✓	✓	
Florida	✓	✓		
Illinois	✓	✓		
Louisiana	✓	✓		
Maryland	✓	✓	✓	✓
Michigan		✓		
Minnesota		✓	✓	
Mississippi	✓	✓		
Missouri	✓	✓	✓	
New Mexico	✓	✓	✓	
New York	✓	✓	✓	
North Carolina	✓	✓	✓	✓
Oklahoma		✓	✓	
Oregon				
Pennsylvania				
South Carolina		✓		
Texas		✓		
Virginia	✓	✓	✓	
Washington		✓	✓	
Wisconsin	✓	✓		
Total	13	20	10	2
✓ Covered by state Medicaid waiver program.				

Family Planning Waiver Programs: Preconception Care

- As under traditional Medicaid, coverage for preconception care in family planning waiver programs is mixed. More states cover services associated with a physician visit, such as gynecologic exams, contraceptive counseling, and reproductive health education.
- Only six of the responding states cover preconception counseling.
- Coverage for infertility services is very limited. Three states cover testing for infertility, and three cover some form of treatment under their family planning expansions.

Table 13: Preconception Care Coverage Under Family Planning Waiver Programs

State	Gynecologic Exams	Contraceptive Counseling	Reproductive Health Education	Preconception Counseling	Infertility Test	Infertility Treatment
Alabama						
Arizona	✓	✓	✓		✓	
Arkansas	✓	✓	✓	✓		
California		✓	✓	✓	✓	✓
Florida		✓		✓		
Illinois	✓	✓	✓	✓		
Louisiana	✓	✓				
Maryland		✓		✓	✓	✓
Michigan	✓		✓			
Minnesota	✓	✓	✓			
Mississippi	✓	✓				
Missouri	✓	✓	✓			
New Mexico						
New York	✓	✓	✓			
North Carolina	✓	✓				✓
Oklahoma	✓	✓	✓	✓		
Oregon	✓	✓	✓			
Pennsylvania	✓	✓	✓			
South Carolina	✓	✓	✓			
Texas	✓					
Virginia	✓	✓	✓			
Washington	✓	✓	✓			
Wisconsin	✓	✓	✓			
Total	18	19	15	6	3	3
✓ Covered by state Medicaid waiver program.						

Family Planning Waiver Programs: STD Testing and Treatment

- Twenty-two of the state family planning waiver programs that responded cover the costs of tests and lab work for STDs screening, but only 11 states cover treatment once an STD is identified.
- Eighteen states cover HIV tests in their family planning waiver programs.

Table 14: STD Testing and Treatment Coverage Under Family Planning Waiver Programs

STATE	STD Tests	STD Treatment	HIV Test
Alabama	✓		✓
Arizona	✓		✓
Arkansas	✓		
California	✓	✓	✓
Florida	✓	✓	✓
Illinois	✓	✓	✓
Louisiana	✓		✓
Maryland	✓	✓	✓
Michigan	✓	✓	✓
Minnesota	✓		
Mississippi			
Missouri	✓	✓	✓
New Mexico	✓	✓	✓
New York	✓		✓
North Carolina	✓	✓	✓
Oklahoma	✓		✓
Oregon	✓		✓
Pennsylvania	✓	✓	✓
South Carolina	✓	✓	✓
Texas	✓		
Virginia	✓		✓
Washington	✓		
Wisconsin	✓	✓	✓
Total	22	11	18
✓ Covered by state Medicaid waiver program.			

Family Planning Waiver Programs: Cancer Screening

Given the relation between breast and cervical cancers and overall reproductive health, several states family planning waiver programs cover screening and related services for these diseases, particularly cervical cancer.

- Twenty-two of the states that responded cover pap tests, which screen for HPV, the main precursor to cervical cancer. All but one of these states also cover the costs of laboratory analysis.
- Only six states cover colposcopy, a follow-up test given in the case of abnormal pap test results.
- Coverage for mammograms is very limited. Only California, Illinois and Maryland cover mammography under their family planning expansions.

Table 15: Cancer Screening Coverage Under Family Planning Waiver Programs

STATE	Pap Test	Colposcopy	Mammogram
Alabama	✓		
Arizona	✓		
Arkansas	✓	✓	
California	✓	✓	✓
Florida	✓	✓	
Illinois	✓		✓
Louisiana	✓		
Maryland			✓
Michigan	✓		
Minnesota	✓	✓	
Mississippi	✓		
Missouri	✓		
New Mexico	✓		
New York	✓		
North Carolina	✓		
Oklahoma	✓		
Oregon	✓	✓	
Pennsylvania	✓		
South Carolina	✓		
Texas	✓		
Virginia	✓		
Washington	✓		
Wisconsin	✓	✓	
Total	22	6	3
✓ Covered by state Medicaid waiver program.			



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