MEDICAID FAMILY PLANNING STATE OPTION

Proposal

The March of Dimes strongly supports the creation of an explicit option allowing states to provide primary care and family planning services to women under Medicaid without having to obtain a federal waiver.

This provision is included in legislation developed by the March of Dimes — "Prevent Prematurity and Improve Child Health Act" — first introduced in 2003 and re-introduced this Congress (S.794/H.R. 2746) by Senators Lincoln (D-AR), Lugar (R-IN), Bingaman (R-NM) and Snowe (R-ME) and by Representative Diana DeGette (D-CO).

According to the Congressional Budget Office (CBO), a version of this provision that was approved by the House would yield a cost savings of $200 million to the federal government (and additional savings to states) over 5 years.

Current Law

Under current law, women of child-bearing age (15-44) are not eligible for Medicaid coverage until after they become pregnant, unless they are disabled or they have children who are enrolled in Temporary Assistance for Needy Families (TANF). Among the second group, income eligibility varies by state but is, on average only 41% of the Federal Poverty Level (FPL). The U.S. Census Bureau estimates that 1 in 5 women of child-bearing age — 12.6 million women — was uninsured in 2006. As the Institute of Medicine (IOM) and others have shown, lack of insurance poses a significant barrier to accessing health care services, including family planning.

A central purpose of family planning is to promote healthy births. As a condition of federal reimbursement, Medicaid requires states to provide family planning services to women who meet the eligibility guidelines. However, because most low income women cannot enroll in Medicaid until they become pregnant, 26 states have obtained waivers from the Centers for Medicare and Medicaid Services (CMS) to provide primary care and family planning services to low income women of child bearing age before they become pregnant. Specific services covered include examination and treatment, laboratory tests, medically approved contraception and infertility services, as well as patient education and counseling. <u>Enrolling these women prior to pregnancy has resulted improved access to preventive care, reduced the risk of poor pregnancy outcomes and generated Medicaid savings.</u>

In addition to the services described above, an increasing number of states are using the their waiver authority to provide 'preconception care' — recommended by the American College of Obstetricians and Gynecologists and defined as, "the identification of those conditions that could affect a future pregnancy or fetus and that may be amenable to intervention." Such care includes tobacco cessation counseling and pharmaceuticals, nutrition and folic acid counseling, and

controlling pre-existing medical conditions that could impact a pregnancy (such as diabetes or hypertension).[1]

Potential For Improving Maternal and Child Health

- Approximately half of all pregnancies in the US are unplanned,[2] and there is a strong correlation between unintended pregnancy and failure to obtain timely prenatal care.[3] By allowing Medicaid programs to cover primary care and family planning services without having to obtain a federal waiver, low income women will be under the care of a health professional before pregnancy, increasing the likelihood that when they do become pregnant, they will obtain timely prenatal care as recommended by the American College of Obstetricians and Gynecologists. (ACOG).

- Numerous studies have shown that pregnancies spaced too closely together present a medical risk factor for preterm birth.[4] Appropriately spacing pregnancies — for which counseling by a healthcare provider is recommended — has been shown to reduce the risk of preterm birth.

- Approximately 1 in 5 infants born preterm have ongoing health problems, including cerebral palsy, mental retardation, chronic lung disease, and vision and hearing loss. A recent Institute of Medicine (IOM) report estimates that the societal economic cost of preterm birth (medical, educational, lost productivity) totaled at least $26.2 billion in 2005.[5]

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[1] *Guidelines for Perinatal Care*, sixth edition. American Academy of Pediatrics and American College of Obstetricians and Gynecologists. October, 2007. 83-87

[2] *Measuring Factors Underlying Intendedness of Women's First and Later Pregnancies*, Alan Guttmacher Institute, 2001.

[3] Committee on Perinatal Health. Towards Improving the Outcome of Pregnancy: The 90's and Beyond (TIOP 2). March of Dimes, 1993.

[4] Basso O, Olsen J, Knudsen LB, Christensen K. "Low birthweight and preterm birth after short interpregnancy intervals," American Journal of Obstetrics and Gynecology 1998; 178(2):259-63.

[5] Institute of Medicine. 2007. *Preterm Birth: Causes, Consequences, and Prevention*. The National Academies Press, Wasington, D.C.