



NARAL Pro-Choice Colorado

Fact Sheet

SB 03 (Boyd, Riesberg):
Concerning the Medicaid
Family Planning Pilot Program

Colorado Medicaid administers a program to provide eligible individuals whose incomes are at or below a percentage of the federal poverty level (FPL) with family planning services to reduce the number of unintended pregnancies in our state. Current statute caps the eligibility at 150% FPL (Colorado Revised Statutes 25.5-5-319). SB 03, brought by the Colorado Department of Health Care Policy & Financing (HCPF), seeks to remove that eligibility cap and to give HCPF discretion to set an appropriate income-eligibility limit indexed to the federal poverty level that would be determined through the process of demonstrating budget neutrality. SB 03 would enable low-income Colorado women and men who are not eligible for Medicaid to access affordable reproductive health care to make responsible, informed decisions to prevent unintended pregnancy and bear healthy children.

BILL SUMMARY

- SB 03 removes the statutorily defined income-eligibility ceiling of 150% of the federal poverty level for family planning services provided through Medicaid. For a family of 3 in 2007, 150% FPL was \$25,755 in 2007, according to the federal Centers for Medicare & Medicaid Services.
- The bill allows the Colorado Department of Health Care Policy and Financing to establish an appropriate income-eligibility limit -- using the federal poverty level index -- that is budget-neutral as required by federal law when states apply for a federal waiver expanding family planning services.

BACKGROUND INFORMATION

DEMONSTRATED RESULTS

Twenty-six states have obtained federal approval to extend eligibility for Medicaid family planning services to individuals who would otherwise not be eligible; 20 states extend benefits under an income-eligibility formula similar to that pursued by Colorado. ***Expanded family planning services have dramatically reduced overall state and federal spending, as well as the number of unintended pregnancies recorded.***

Impact of State Medicaid Family Planning Eligibility Expansions (Select States that Expanded Program Based on Income Eligibility)					
			Net Savings from Expansion Program		
State	Year	Births Averted	Total (estimated)	State Share	Federal Share
Alabama	2000-2001	3,612	\$19 million	\$7 million	\$12 million
Arkansas	1998-1999	4,486	\$30 million	\$9.4 million	\$20.3 million
California	1999-2000	21,335	\$76 million	\$64 million	\$12 million
New Mexico	2000-2001	1,528	\$6.5 million	\$2.7 million	\$3.9 million
Oregon	2000	5,414	\$20 million	\$11 million	\$8.7 million
South Carolina	1996-1997	3,769	\$23 million	\$7 million	\$15.7 million

Reproduced in entirety from "Medicaid's Role in Family Planning," published October 2007 by the Henry J. Kaiser Family Foundation and the Guttmacher Institute. Available at <http://www.kff.org/womenshealth/7064.cfm>.

FAMILY PLANNING SERVICES EMPHASIZED UNDER FEDERAL LAW

- Congress amended federal Medicaid regulations in 1972 to require states to provide family planning services to eligible individuals.

- Family planning services are matched by the federal government at 90% of costs, requiring Colorado to cover just 10% of costs for all related services and supplies, including prescriptions.
- “Family planning” is not defined in federal statute, but the State Medicaid Manual published by the federal Centers for Medicare and Medicaid Services advises states of Congressional intent when mandating the provision of family planning services as “to ‘aid those who voluntarily choose not to risk an initial pregnancy,’ as well as those families with children who desire to control family size” (§4270(B)).
- Colorado’s existing Medicaid family planning pilot program was established to:
 - Reduce the number of unintended pregnancies in Colorado;
 - Increase the number of Coloradans who have access to comprehensive reproductive health services;
 - Increase the interval of time between a woman’s pregnancies;
 - Reduce the costs to Medicaid and other health and human services programs resulting from high rates of unintended pregnancy; and
 - Improve birth outcomes through planned pregnancies.

COVERED SERVICES

Pending acceptance of a waiver submitted to the federal Centers for Medicare and Medicaid Services demonstrating budget neutrality, services likely to be included are:

- Common methods of contraception including oral contraception, IUDs, hormone-releasing patches and rings, diaphragms, contraceptive implants, contraceptive injections, and condoms
- Male and female surgical sterilization
- Screening and treatment for common STDs (Chlamydia, gonorrhea, syphilis, herpes, Hepatitis C, and HIV/AIDS – although HIV/AIDS treatment will not be included
- Cervical cancer screenings and human papillomavirus (HPV) vaccinations; this includes Pap smears, HPV testing, follow-up procedures to diagnose and treat abnormal Pap smear results
- Preventative reproductive health office visits
- Problem-focused office visits (for reproductive health issues that arise between preventative visits)

WHAT THE BILL DOES NOT DO

- Use state or federal funds to pay for abortion services: ***The Colorado constitution and the federal Hyde Amendment prohibit the use of public dollars to pay for abortion services*** except in extremely limited circumstances, such as instances of rape or incest or to save the life of the woman.
- Provide family planning services to undocumented immigrants: To demonstrate eligibility, individuals must provide income and citizenship-status verification.
- Expand Medicaid eligibility for all health care services: ***The bill is specific to the family planning pilot program already administered through Medicaid.***

FOR MORE INFORMATION, CONTACT DEPUTY DIRECTOR TONI PANETTA AT
(303) 394-1973 EXT 17 OR TPANETTA@PROCHOICECOLORADO.ORG.