



Protect Medi-Cal Series 2025: Sexual and Reproductive Health

By: [Fabiola De Liban](#)

California's Medicaid program (Medi-Cal) provides a critical investment in the health of Californians. Medi-Cal coverage and services are tailored to meet the unique needs of low-income individuals and families, and provides the most affordable coverage. If Medicaid cuts are enacted, states like California will lose billions of dollars in federal Medicaid funding, shifting financial responsibility for Medicaid services to the states and to enrollees. The loss of billions of dollars in federal Medicaid funding will invariably lead to cuts in services and the loss of affordable coverage. This issue brief explains why Medi-Cal is so critical to helping low-income people afford health care, including access to sexual and reproductive health, and it explains how low-income Californians would be harmed by Medicaid funding caps and cuts.

Medi-Cal Covers Comprehensive Sexual and Reproductive Health Services

Medi-Cal covers a wide array of sexual and reproductive health care services to beneficiaries regardless of gender. Its robust family planning program covers oral contraceptives (including over-the-counter birth control); oral emergency contraceptives (including those provided over-the-counter); contraceptive patches; vaginal rings, foam, gels, and creams; internal and external condoms; contraceptive implants; contraceptive injections; and intrauterine devices (insertions and removals).¹ Medi-Cal also covers family planning counseling, laboratory procedures associated with family planning, vasectomies and tubal ligations, as well as treatment for complications resulting from previous family planning procedures.² Medi-Cal managed care plans must provide enrollees with up to 13 cycles of oral contraceptives, a 12 month supply of patches, and a 12 month supply of vaginal rings. These contraceptives can be dispensed in an on-site clinic and can be billed by a qualified family planning provider, including out-of-plan providers, or be dispensed by a pharmacist approved by the State Board of Pharmacy and the Medical Board of California.³

Medi-Cal also covers family planning-*related* services, which are provided pursuant to a family planning service in a family planning setting. They include the diagnosis and treatment of specified sexually transmitted infections (STIs), urinary tract infections, screening for cervical cancer, and treatment of pre-invasive cervical lesions when the care is provided.⁴ Cervical and breast cancer screenings are covered as a family planning-related benefit for Medi-Cal

beneficiaries. Uninsured and underinsured individuals regardless of gender with incomes below 200% of the federal poverty level may also be eligible for free screenings and diagnostic services through the Every Woman Counts program.⁵ In addition, a California resident, regardless of gender, who has breast or cervical cancer may also be eligible for Medi-Cal coverage even if the person would not otherwise qualify for Full Scope Medi-Cal.⁶

California covers abortion services for all Medi-Cal enrollees, and pays for these services using state funds.⁷ Medi-Cal covers abortion services regardless of the gestational age of the fetus.⁸ The State prohibits requiring a medical justification, cost-sharing, or prior authorization for abortion services.⁹ Medi-Cal's abortion coverage also includes all services and supplies incidental or preliminary to an abortion such as office visits, laboratory exams, ultrasounds, and urine pregnancy tests.¹⁰ The Medi-Cal presumptive eligibility program for pregnant people covers abortion care, allowing pregnant individuals who need time-sensitive services and immediate coverage.¹¹ Lastly, Medi-Cal provides generous pregnancy-related care—including prenatal, labor and delivery, and postpartum services—discussed in the issue brief, "Health Services and Coverage for Pregnant People."

Medi-Cal protects beneficiaries who receive sexual and reproductive health care services

All Medi-Cal plans are required to protect the confidentiality of "sensitive services," including sexual and reproductive health services like abortions. This protection extends to persons under the age of 21 who, under Medi-Cal Minor Consent, do not need parental permission to access comprehensive sexual and reproductive health services. California's Contraceptive Coverage Equity Act expanded the Affordable Care Act's federal contraceptive coverage requirement by limiting both cost-sharing and medical management techniques, such as prior authorization and step therapy. Absent clinical contraindication, the State prohibits utilization controls limiting the contraception supply to an amount that is less than a 12-month supply. California law further requires licensed clinics to inform clients that financial assistance is available for comprehensive family planning services, prenatal care, and abortion.

How funding caps or cuts threaten provider access to sexual and reproductive health care in California

Funding cuts could shrink the pool of sexual and reproductive health care providers

Congressional proposals to cut Medicaid like block grants and per capita caps could decimate Medi-Cal funding, shifting costs to the state.¹² Even if California lawmakers have the will to provide coverage, they may be forced to cut provider rates to save money—something it has done in the past in response to budget pressures.¹³ A new round of rate cuts would harm providers and health care infrastructure, reduce provider participation in Medi-Cal, and make it more difficult for Medi-Cal enrollees to access sexual and reproductive health care. As these services are time-sensitive, it is critical that individuals have immediate access to a large pool of providers located in their communities.

Funding cuts could lead California to reduce sexual and reproductive health care services

Faced with an underfunded Medi-Cal budget, sexual and reproductive health care services could be on the chopping block. California could shorten the contraceptive supply that Medi-Cal enrollees currently receive or it could lower the income eligibility threshold for certain sexual and reproductive health programs. Less funding will also mean that the State may be forced to make difficult decisions like restricting coverage to certain populations, like undocumented immigrants, or programs like Family PACT (the Medicaid family planning program). Finally, the State could adopt more burdensome application and renewal procedures in order to decrease or discourage enrollment.

Funding cuts might lead to weakened protections and standards of care for individuals seeking sexual and reproductive health care services

California is a national leader on sexual and reproductive health services and coverage. Cuts to federal funding could be accompanied by a weakening of important protections for sexual and reproductive health care patients. In order to account for less funding for health plans, California may shift course and allow plans to use utilization controls such as prior authorization and referral requirements, which would impose more hurdles to access care and reduce access to sexual and reproductive health services. The Medi-Cal expansion population may also lose some of the protections that were guaranteed through the Essential Health Benefits requirements of the Affordable Care Act, like contraceptive services. The State may be

forced to shift costs onto people with low incomes by attempting to overturn the cost-sharing prohibition in abortions as well.

Conclusion

The Medicaid program is designed to give California wide flexibility in designing and implementing its own Medi-Cal program to meet the particular health needs of its residents. The potential threats to the program on the federal level will not only result into devastating impacts on low-income individuals and families across the state, these threats will also make it necessary for California to impose additional cuts and erect barriers to access life-sustaining care in the future. While it remains unclear what the current 2025 Congress and Trump Administration will do with respect to the Medicaid program, any federal funding cuts or barriers implemented against Medicaid to deter access to comprehensive services must be rejected so low-income individuals and families have access to the quality and affordable comprehensive health care services they need.

ENDNOTES

¹ Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Family Planning CH.* at 2, 7-12.

² *Id.*

³ Cal. Dep't Health Care Servs., Letter to All Medi-Cal Managed Care Plans, All Plan Letter No. 16-003: Family Planning Services Policy for Contraceptive Services (Dec. 23, 2016), <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-003R.pdf>; All Plan Letter No. 18-019: Family Planning Services Policy for Self-Administered Hormonal Contraceptives (Nov. 21, 2018), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-019.pdf>.

⁴ Family PACT – Benefits: Clinical Services Overview (page 3), last updated April 2023, https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/88BE8827-BF04-44FF-86AF-FF16018A7E43/benclinic.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO.

⁵ Cal. Dep't Health Servs., *Medi-Cal Provider Manual, Every Woman Counts* (Updated Aug. 2024), https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/079C46E3-EF16-45ED-AE7D-2E4F39A7FF2B/evwoman.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO.

⁶ Cal. Dep't Health Servs., Breast and Cervical Cancer Treatment Program (BCCTP), <https://www.dhcs.ca.gov/services/medi-cal/Pages/BCCTP.aspx> (last visited Feb. 6, 2025).

⁷ Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Abortions Ch.* at 1.

⁸ *Id.*

⁹ *Id.*; Cal. Dep't Health Care Servs., All Plan Letter 22-022 (Oct. 28, 2022), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-022.pdf> (The only exception is that prior authorization is permitted for non-emergency inpatient abortions).

¹⁰ *Id.*

¹¹ 42 C.F.R. § 435.1110; Cal. Welfare & Inst. Code § 14011.66; DHCS, *Medi-Cal Provider Manual, Presumptive Eligibility Ch.* at 1, http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/presum_m00o03p00.doc; Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Hospital Presumptive Eligibility Program Process Ch.* at 1,

¹² Nat'l Health Law Prog., *Per Capita Caps vs. Block Grants in Medicaid* (Dec 2024), <https://healthlaw.org/resource/per-capita-caps-vs-block-grants-in-medicaid>.

¹³ *See, e.g., Douglas v. Indep. Living Ctr. of S. California, Inc.*, 565 U.S. 606, 611 (2012) (describing a series of cuts California made during the great recession).