

# Medicaid Coverage of Family Planning Services and Supplies

Medicaid is the [primary public funding](#) source for family planning in the United States. Family planning is a mandatory Medicaid benefit; and states receive an [enhanced](#) 90% federal medical assistance percentage (FMAP) for costs associated with the provision of these services. The federal government does not provide a definition for family planning services and supplies; however [services must be](#) sufficient in amount, duration, and scope to reasonably achieve the purpose of preventing or delaying pregnancy and permit the beneficiary's choice of their method of family planning. The Centers for Medicare and Medicaid Services (CMS) have issued [guidance](#) recommending that states cover all FDA-identified contraceptive methods, including prescription and non-prescription methods. This guidance lists the types of family planning services that are eligible for an enhanced 90 percent FMAP, including:

- Counseling services and patient education;
- Examination and treatment by medical professionals in accordance with applicable state requirements;
- Laboratory examinations and tests;
- Medically approved methods, procedures, and devices to prevent conception;
- Medically approved pharmaceutical supplies to prevent conception; and
- Limited infertility services, including sterilization reversals.

States are required to cover services [necessary](#) to stop or change methods, including removal of long-acting reversible contraceptives. In addition, they must cover family planning-related [services](#), which are medical, diagnosis, and treatment services provided "pursuant to" a family planning visit. These include diagnosis and treatment of sexually transmitted infections (STIs), urinary tract infections, and screening for cervical cancer.

States have the option to [extend coverage](#) of family planning services to individuals who do not otherwise qualify for Medicaid through extension programs (State Plan Amendments or waivers). States are [required](#) to ensure that Medicaid beneficiaries are "free from coercion or mental pressure and free to choose the method of family planning to be used." Generally, the [scope](#) of coverage needs to be sufficient enough to give enrollees access to their preferred contraceptive method. States and Medicaid managed care plans are not permitted to impose [utilization](#) controls that interfere with the beneficiary's freedom to choose their preferred method of family planning.

For more information about family planning coverage for Medicaid beneficiaries, please visit:

<https://healthlaw.org/sexual-reproductive-health/family-planning-contraception/>.