



# **An Advocate's Guide to Medi-Cal Services**

Updated December 2025

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## **Chapter VII: Sexual and Reproductive Health Services**

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## Outline of Medi-Cal Coverage of Sexual and Reproductive Health Services\*

- A. Family Planning and Family Planning-Related Services
  - 1. Access to Family Planning Services and Supplies
  - 2. Patient Visits & Counseling Services
  - 3. Contraceptives
  - 4. Sexually Transmitted Infections
  - 5. Sterilization
  - 6. Other Services
- B. Abortion Services
- C. Pregnancy Services
  - 1. Pregnancy Services Overview – Prenatal, Labor/Delivery, Postpartum Care
  - 2. Doula Services During and After Pregnancy
  - 3. Comprehensive Perinatal Services Program
- D. Sexual and Reproductive Health Care in Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)
- E. Assisted Reproduction Services
- F. Additional Coverage Categories for Sexual and Reproductive Health Services
  - 1. Family Planning, Access, Care, and Treatment (Family PACT)
  - 2. Minor Consent Medi-Cal
  - 3. Medi-Cal Access Program
  - 4. Presumptive Eligibility for Pregnant Women
- G. Breast and Cervical Cancer Screening and Treatment Programs
- H. Sexual and Reproductive Health for Dual Eligibles

\*This is a non-exhaustive list of services. It may not include all available services.

Medi-Cal is critical to the sexual and reproductive health of all Californians. Under federal law, all states must offer coverage to certain low-income populations, including pregnant people and parents. In the 41 states like California that have expanded Medicaid under the Affordable Care Act, most previously uninsured, low-income individuals now have access to full Medicaid benefits.<sup>1</sup> Medi-Cal therefore plays a major role in the financing of sexual and reproductive health care services for millions of low-income people and other individuals in California.

This chapter focuses on the range of sexual and reproductive health services available to Medi-Cal beneficiaries. It highlights services such as contraception and family planning, abortion, and pregnancy care.

## A. Family Planning and Family Planning-Related Services

While the Medicaid Act does not define “family planning services and supplies,” CMS provides guidance on the types of family planning services and supplies that are covered.<sup>2</sup> This guidance describes “family planning-related services” as medical, diagnosis, and treatment services “pursuant to” a family planning visit such as screening and treatment for cervical and breast cancer, and sexual health counseling.<sup>3</sup>

### 1. Access to Family Planning Services and Supplies

Since 1972, the Social Security Act has required all states to cover family planning services and supplies without co-payments or cost sharing for beneficiaries of childbearing age (including minors).<sup>4</sup> To promote access to family planning services and supplies, a Medicaid beneficiary receiving services from a Medi-Cal managed care plan (MCP) can obtain family planning services from a particular provider even if the provider is out-of-network. This protection is known as “freedom of choice” in family planning. California codified this requirement through the Protection of Choice for Family Planning Act (SB 743), which went into effect on January 1, 2018. SB 743 allows Medi-Cal beneficiaries to seek services from any qualified Medi-Cal provider, even if the provider of choice is out of their Medi-Cal managed care network.<sup>5</sup>

Individuals covered under another person’s health plan—such as a parent’s, caregiver’s, or spouse’s—may also seek contraceptive services, abortions, and other “sensitive services” confidentially without notifying or involving a parent or spouse.<sup>6</sup> Medi-Cal sensitive services include services related to STIs, pregnancy, family planning, abortions, HIV, sexual assault and rape, and other minor consent services.<sup>7</sup> The individual requesting confidential services must submit a Confidential Communication Request to their Medi-Cal managed care plan or medical provider, and the request must be implemented within seven days of receipt of an electronic or telephone request and 14 days of receipt of a request sent by mail.<sup>8</sup>

#### ADVOCACY TIP:

- ✓ Barriers to care and confusion about state and federal requirements continue to prevent some Medi-Cal beneficiaries from accessing the family planning services and supplies that they need. In the Medi-Cal managed care context, NHeLP has a [Medi-Cal Managed Care Toolkit for Accessing Family Planning Services and Abortion Care](#) with background information on federal and state law, as well as tools for advocates and clinics to use in their work.

## 2. Patient Visits and Counseling Services

Medi-Cal covers family planning patient visits and counseling without cost-sharing as part of the family planning benefit. Counseling services may include contraceptive counseling and instruction in pregnancy prevention. Through these visits, individuals can obtain contraceptives, prescriptions for contraceptives, and/or advice about contraception.<sup>9</sup>

## 3. Contraceptives

California's Medi-Cal program provides robust contraceptive coverage. Contraceptives are designed to prevent pregnancy and also may be used to treat other medical conditions. Medi-Cal covers all types of Food and Drug Administration (FDA)-approved contraceptive methods, such as oral contraceptives or "the pill"; transdermal hormonal patch; injectable contraceptives; vaginal rings; diaphragms; vaginal foam, gel, jelly, and cream; internal and external condoms; long-acting reversible contraceptives (LARCs) including intrauterine devices (commonly known as IUDs) and implantable subdermal contraceptives; and emergency contraception.<sup>10</sup>

The emergency contraception (EC) pill is often referred to as "Plan B" and is a method of pregnancy prevention. Instead of taking EC consistently before intercourse like with other oral contraception, EC is taken after sexual intercourse. EC should be taken as soon as possible after intercourse. EC does not cause an abortion and is not the same as the "abortion pill."

Physicians, physician assistants, certified nurse midwives, nurse practitioners, registered nurses, and pharmacists are all authorized to dispense contraceptives in California.<sup>11</sup> Medi-Cal MCPs must cover up to a 12-month supply of FDA approved, self-administered contraceptives, consistent with a provider's prescription. The MCP may not impose utilization controls that limit the supply of FDA approved, self-administered hormonal contraceptives dispensed or furnished by a provider, pharmacist or other authorized location that is less than a 12-month supply.<sup>12</sup> In addition, the MCP must not impose utilization controls, such as prior authorizations and step therapy that are more restrictive than those used under fee-for-service.<sup>13</sup>

Medi-Cal requires a prescription before it will cover contraceptive supplies that are available over-the-counter (OTC) such as EC pills, external condoms, internal condoms, spermicides, and sponges.<sup>14</sup> Beneficiaries may obtain a prescription for OTC contraceptives from a participating pharmacist.<sup>15</sup> Medi-Cal also imposes quantity limits for certain OTC contraceptives. For example, beneficiaries are allowed up to one pack of emergency contraception per month.<sup>16</sup>

#### 4. Sexually Transmitted Infections

Medi-Cal covers both the testing and treatment of sexually transmitted infections (STIs) including but not limited to chlamydia, human papillomavirus (HPV), gonorrhea, genital herpes, and syphilis as family planning-related services.<sup>17</sup> The treatment or diagnostic tests for the management of urinary tract infections (UTIs) is also covered when provided as part of, or as a follow-up to, a family planning visit where the UTI was identified or diagnosed.<sup>18</sup>

Children and young adults up to age 21 who are enrolled in Medi-Cal can also receive STI and other preventive screenings as an Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT) benefit. See section E of this chapter for additional information.

#### 5. Sterilization

Medi-Cal provides coverage for sterilization services, or any medical treatment, procedure, or operation for the purpose of rendering an individual permanently incapable of reproducing. Medi-Cal covers vasectomies, tubal ligations, as well as treatment for complications resulting from previous family planning procedures.<sup>19</sup> Medi-Cal will cover a hysterectomy as a treatment option for a medical issue; however, it is not covered as a sterilization procedure.<sup>20</sup>

Coverage of sterilization is subject to stringent state and federal legal requirements that limit both who may be sterilized and establishes strict informed consent procedures.<sup>2</sup> Historically, women of color, low-income women, and people with developmental disabilities have been subjected to forced sterilization throughout the United States, including in California.<sup>22</sup> To protect against coercion, federal law prohibits the expenditure of federal Medicaid funds on sterilizations for individuals who are younger than 21 years of age or those who are mentally incompetent.<sup>23</sup> State law prohibits the performance of sterilization on anyone who is institutionalized, which includes those residing in prison and those who have been admitted to a hospital or psychiatric health facility due to a mental health diagnosis (even if voluntarily committed to such hospital facility).<sup>24</sup> In addition, a person cannot consent to sterilization if they are in labor, has given birth or had an abortion within the past 24 hours, is seeking to obtain or obtaining an abortion, or is under the influence of alcohol or another substance.<sup>25</sup>

Federal and state regulations allow for coverage of a sterilization only if the beneficiary has provided informed consent at least 30 days before the procedure is performed. In order for consent to be informed, the individual obtaining the consent must first offer to answer any questions the patient may have concerning the procedure. The individual must also provide the beneficiary with certain information, such as a description of alternative methods of family planning and a thorough explanation of the specific

procedure to be performed, as well as a copy of the consent form and a booklet on sterilization prepared by the California Department of Health Care Services (DHCS).<sup>26</sup> The information must be effectively communicated in order to overcome any language or communication barrier.<sup>27</sup> If a doctor fails to comply with these requirements, they will not receive payment from DHCS, and will be reported to the Medical Board of California.<sup>28</sup>

The consent form itself also must include that the person securing the consent certifies that they believed that the individual to be sterilized appears to be mentally competent and voluntarily consents to the sterilization.<sup>29</sup> Consistent with federal law, Medi-Cal imposes a 30-day waiting period between the time an individual signs a consent form for sterilization and the time when the procedure may be performed.<sup>30</sup>

There are two exceptions to this time frame. Voluntary sterilization may be performed at the time of emergency abdominal surgery if the written informed consent to be sterilized was given at least 30 days before the individual intended to be sterilized and at least 72 hours have passed after written informed consent to be sterilized was given.<sup>31</sup> In the case of premature delivery, a sterilization can be performed if written informed consent was given at least 30 days before the expected due date and at least 72 hours have passed after written informed consent to be sterilized was given.<sup>32</sup>

## 6. Other services

Medi-Cal beneficiaries may also obtain coverage of laboratory exams and tests associated with family planning procedures (e.g., as a result of bleeding while taking oral contraceptives) for beneficiaries.<sup>33</sup> Pregnancy tests are also covered under Medi-Cal.<sup>34</sup>

### B. Abortion Services

The Hyde Amendment, which has been added to the annual appropriations measure for the federal Department of Health and Human Services (HHS) since 1976, requires the use of federal Medicaid funds to cover abortions in three narrow circumstances: when necessary to save the life of a pregnant person or in pregnancies resulting from rape or incest.<sup>35</sup> Federal law mandates that state Medicaid programs cover the limited abortions for which federal funding is available. States may also use state-only funds to provide broader abortion coverage.

Under the California Constitution, Medi-Cal must provide comprehensive abortion coverage, and therefore Medi-Cal pays for such services using state-only dollars.<sup>36</sup> Additionally, in November 2022, California voters passed Proposition 1, the Constitutional Right to Reproductive Freedom, which amends the California Constitution to explicitly grant individual reproductive freedom,

including the fundamental right to choose to have an abortion, and the fundamental right to choose or refuse contraceptives.<sup>37</sup>

Medi-Cal covers procedural abortion services regardless of the gestational age of the fetus. Medi-Cal also covers medication abortions (including the misoprostol-only protocol) through the 70th day from the first day of the beneficiary's last menstrual period.<sup>38</sup> This coverage includes medication abortion care delivered via synchronous video or audio-only telehealth and there are no restrictions on the use of a mail-order pharmacy for dispensing mifepristone or misoprostol to beneficiaries.<sup>39</sup>

California prohibits health plans, including Medi-Cal MCPs, from requiring medical justification or prior authorization for abortion services. The only exception is that prior authorization is permitted for non-emergency inpatient abortions.<sup>40</sup> Health plans must ensure that beneficiaries have timely access to abortion services, and "implement and maintain procedures that ensure confidentiality and access to these sensitive services," including for teenagers.<sup>41</sup> Unlike some states, there is no requirement that a Medi-Cal beneficiary wait a certain period of time before obtaining an abortion or that the recipient involve a parent or guardian.<sup>42</sup> To ensure timely care, abortions are covered under the presumptive eligibility program, discussed in more detail below.

### **ADVOCACY TIP:**

- ✓ In the fall of 2022, the State of California launched [abortion.ca.gov](https://abortion.ca.gov), a website to provide information about abortion to people both inside and outside of California. The website includes information about the legal right to abortion in California, tools to help find an abortion provider, and other support resources such as how to pay for an abortion and how to find health and wellness supports. The website is currently available in English, Spanish, Korean, Tagalog, Vietnamese, and Chinese (simplified and traditional characters).

Abortion services are not subject to cost sharing, and Medi-Cal beneficiaries can obtain abortion services from any qualified Medi-Cal provider (e.g., an OB/Gyn) willing to provide such services, including out-of-network providers in the case of Medi-Cal beneficiaries enrolled in managed care. This protection allows individuals to see any Medi-Cal provider without a referral from a primary care provider or approval from a health plan.<sup>43</sup>

Medi-Cal covers other services and supplies incidental or preliminary to an abortion, including office visits, laboratory exams, ultrasounds, urine pregnancy tests, and patient education.<sup>44</sup> Following an abortion, Medi-Cal provides coverage of patient education and follow-up. In the case of a medication

abortion, Medi-Cal covers a post-abortion ultrasound to confirm a complete abortion without complications.<sup>45</sup>

Where a Medi-Cal provider objects to performing an abortion because of moral, ethical, or religious objections, that provider must file a written statement beforehand, and the medical institution must provide another provider to that patient.<sup>46</sup> The burden is not on the Medi-Cal MCP to find a replacement provider.<sup>47</sup>

The so-called “One Big Beautiful Bill Act” contains a provision that designates a certain type of abortion provider as a “prohibited entity” and forbids them from receiving any payments from the state Medicaid agency that include federal funding for a one year period starting on July 4th (the date of enactment).<sup>48</sup> This provision is currently being litigated but if it is implemented, it will bar certain abortion providers from receiving Medi-Cal reimbursement for all covered services that are eligible for federal funding. The impacted providers are, however, allowed to continue to submit claims to Medi-Cal for state-funded abortion services.<sup>49</sup>

## C. Pregnancy Services

### 1. Pregnancy Services Overview – Prenatal, Labor/Delivery, Postpartum Care

Medi-Cal provides full-scope coverage at no cost to pregnant people with incomes up to 213% of the federal poverty level (FPL).<sup>50</sup> Medi-Cal postpartum coverage lasts for 12 months following the end of the pregnancy, regardless of changes in income during that time. It is also available regardless of citizenship or immigration status. The postpartum coverage begins on the last day of the pregnancy and ends on the last day of the month in which the 365th day following the end of the pregnancy falls.<sup>51</sup>

The state budget for 2025-2026, enacted in June 2025, scales back a number of health benefits for low-income immigrants without legal status, including a freeze on new enrollments and elimination of dental benefits effective January 1, 2026, and imposition of \$30 monthly premiums effective July 1, 2027.<sup>52</sup> Notably, pregnant people without sufficient immigration status will still be eligible for full-scope Medi-Cal, including dental coverage and 12-month postpartum coverage. They will also be exempt from the proposed \$30 monthly premiums.<sup>53</sup> For more details on changes to Medi-Cal services impacting immigrants, please see Chapter I of the Advocates Guide to Medi-Cal Services (Overview of Medicaid and Medi-Cal).

Pregnant people may choose to receive their prenatal care, labor and delivery, and postpartum care in a hospital setting or a freestanding birth center, and from an OB/Gyn, a Certified Nurse Midwife, or a Licensed Midwife.<sup>54</sup> Throughout their pregnancy and post-pregnancy period, Medi-Cal beneficiaries are also eligible for full spectrum doula care.<sup>55</sup>

Adolescents can receive pregnancy testing, prenatal care, and labor and delivery services, among other services, without permission or notifying a parent or guardian.<sup>56</sup> Pregnant adolescents—individuals who are under the age of 18 years old—may face unique challenges when seeking health care services as compared to adults who become pregnant. Some adolescents and young people report difficulty finding a provider, encounter provider stigma, and/or are unaware of the confidentiality protections in Medi-Cal. This is particularly true for pregnant youth who are foster youth or former foster youth.

### **ADVOCACY TIP:**

- ✓ The Reproductive Health Equity Project for Foster Youth ([fosterreprohealth.org](https://fosterreprohealth.org)) has resources for foster youth, former foster youth, and advocates who work with them on accessing services and navigating health coverage, including pregnancy coverage, family planning, abortion care, and other sexual and reproductive health care services.

Medi-Cal offers prenatal services such as prescribed medication, laboratory services, radiology, and dental services.<sup>57</sup> Other services covered by Medi-Cal during pregnancy include home blood glucose monitors for patients with diabetes including gestational diabetes, genetic screening counseling, tobacco cessation services, mental health services, and substance use disorder services.<sup>58</sup> Medi-Cal covers both vaginal and cesarean deliveries, as well as external and internal fetal monitoring during delivery.<sup>59</sup>

Effective July 2024, hospitals and clinics that participate in Children's Presumptive Eligibility, Hospital Presumptive Eligibility, and Presumptive Eligibility for Pregnant People, are required to use the Newborn Gateway to report births of Medi-Cal-linked newborns in their facilities within 72 hours after the birth, or within one day after discharge, whichever is sooner.<sup>60</sup> Otherwise, after a baby is born, the parent, guardian, or a provider who has obtained written consent from the parent or guardian, may establish Medi-Cal eligibility by completing the Newborn Referral Form and sending it to the county of residence.<sup>61</sup>

Medi-Cal also offers services provided after the end of a pregnancy, including hospital and scheduled office visits, assessment of uterine involution, and contraceptive counseling.<sup>62</sup> Medi-Cal covers the purchase or rental of lactation aids, including manual or electronic breast pumps, as well as Haberman Feeders for babies up to one year of age with impaired sucking abilities.<sup>63</sup>

## **2. Doula Services During and After Pregnancy**

Doula care is a relatively new benefit for Medi-Cal beneficiaries, having been rolled out on January 1, 2023.<sup>64</sup> As of this writing, California is one of 23 states

that provide Medicaid coverage for doula care.<sup>65</sup> Doulas provide non-medical emotional, physical, and informational support and guidance for pregnant people during the prenatal, labor and delivery, postpartum, and post-pregnancy periods. Medi-Cal covers full spectrum doula care, which includes doula care for pregnant and postpartum people before, during, and after the end of the pregnancy, including support during abortion, miscarriage, and stillbirth.<sup>66</sup>

Pregnant, postpartum, and post-pregnant Medi-Cal beneficiaries can receive up to eleven visits during the perinatal period, excluding support during labor and delivery which is covered separately. Of the eleven visits, the initial visit is expected to be longer, and up to two extended three-hour postpartum visits can be provided after the end of the pregnancy. Visits can take place at a variety of locations including the beneficiary's home, at an office visit, in an alternative birthing center, or through telehealth.<sup>67</sup> Pregnant people do not need a separate recommendation to access these services, as the Department of Health Care Services issued a statewide standing recommendation in November 2023.<sup>68</sup>

In March 2025, the California Department of Public Health released guidance for all hospitals in the state on the Medi-Cal doula benefit, including the benefits of doula care, and recommendations that hospitals specifically update their visitation policies and procedures to allow doula access.<sup>69</sup>

### **3. Comprehensive Perinatal Services Program**

Medi-Cal also covers perinatal services under the Comprehensive Perinatal Services Program (CPSP) during pregnancy and through 60 days postpartum.<sup>70</sup> The program, which is jointly managed by the California Department of Health Care Services and the California Department of Public Health, includes nutrition services, health education, and care coordination.<sup>71</sup>

To receive these services, the beneficiary must first undergo assessments conducted by their provider.<sup>72</sup> A pregnant person may receive nutrition services such as prenatal vitamins or interventions that emphasize the importance of maintaining good nutrition during pregnancy and lactation. Health education interventions are provided to assist the pregnant person in making appropriate, well-informed decisions about pregnancy, delivery, and parenting. Psychosocial interventions are directed toward helping the pregnant person understand and deal effectively with the biological, emotional, and social stresses of pregnancy.<sup>73</sup>

### **4. Birthing Care Pathway**

In 2024, the Department of Health Care Services launched its Birthing Care Pathway, a policy and care model to cover Medi-Cal beneficiaries during the perinatal period and through 12 months postpartum. The program's explicit goals are to address maternal mortality and morbidity, as well as racial and

ethnic disparities in maternal care. The Birthing Care Pathway aims to achieve this by improving provider access, improved coordination of care, providing whole-person care, and modernization of maternity care payment. The Pathway is intended to integrate the work for state agencies, managed care plans, county agencies, providers, social service entities, philanthropic partners, and other stakeholders that work with pregnant and postpartum Medi-Cal beneficiaries.<sup>74</sup>

The Department published its Birthing Care Pathway Report in February 2025, which summarizes the current state of Medi-Cal maternal health and ongoing work to implement the Birthing Care Pathway, and also shares the Department's future vision for the Pathway and opportunities for partners to engage with the Department in this work.<sup>75</sup> Specifically, the Report detailed eight main focus areas where the Department will be implementing Birthing Care Pathway policy solutions in the coming years:

- Expanding access to maternity care providers and enhancing oversight of maternity services delivered through Medi-Cal managed care plans;
- Improving access to behavioral health care including trauma-informed care, mental health, and substance use services;
- Conducting risk assessment for Medi-Cal members to connect them with services and supports, including intimate partner violence screening;
- Delivering whole-person care and addressing social health needs including housing and nutrition;
- Facilitating enrollment in Medi-Cal and access to care before and after release from prison and jail;
- Increasing reimbursement rates for maternity care providers and supporting value-based maternity care;
- Building integrated systems for data sharing and cross-enrollment, and creating metrics to improve the quality of care; and
- Partnering with other state agencies to develop a statement Maternal Health Strategic Plan to reduce maternal mortality and morbidity.<sup>76</sup>

## **D. Sexual and Reproductive Health Care in Early and Periodic Screening, Diagnostic, and Treatment Services**

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit provides comprehensive health care services for children and youth under 21 years old who are enrolled in Medi-Cal.<sup>77</sup> EPSDT entitles those eligible to receive medical, vision, hearing, and dental screening at pre-set periodic intervals and when needed to determine whether a health issue or condition exists.<sup>78</sup>

The EPSDT medical screening is especially important for young people. Medi-Cal covers services as recommended by the “Bright Futures”/American Academy of Pediatrics periodicity schedule.<sup>79</sup> Bright Futures recommends providers deliver sexual and reproductive health services including STI screenings, HPV vaccines, pregnancy testing, HIV testing, family planning, and sexuality

education and counseling.<sup>80</sup> Bright Futures also recommends that physicians provide “confidential, culturally sensitive and nonjudgmental” sexuality education and counseling to children, adolescents, and their caretakers, and that the entire clinical environment create an atmosphere where the discussion of sexual health is comfortable, regardless of social status, gender, disability, religious beliefs, sexual orientation, ethnic background, or country of origin.<sup>81</sup> The comprehensive health and developmental history assessment should also include a discussion of sexuality, healthy relationships, and sexual health.<sup>82</sup>

## E. Assisted Reproductive Services

Assisted reproduction (AR) refers to treatments, interventions, or procedures that are intended to cause or assist in causing pregnancy through means other than by sexual intercourse.<sup>83</sup> While the Medicaid Act allows states to exclude fertility drugs from coverage, states like California are slowly moving to offer more assisted reproduction care to beneficiaries.<sup>84</sup> For example, Medi-Cal now covers fertility preservation services when a covered treatment causes iatrogenic infertility.<sup>85</sup>

## F. Additional Coverage Categories for Sexual and Reproductive Health Services

A Medi-Cal beneficiary can access the sexual and reproductive health services described above if the beneficiary has full-scope Medi-Cal. However, there are several programs that provide access to sexual and reproductive health services for individuals who have not qualified for full-scope Medi-Cal.

### 1. Family Planning, Access, Care, and Treatment (Family PACT)

The Family PACT Program covers family planning services and family planning-related services for individuals who have a gross family income at or below 200% of the FPL, have no other source of health care coverage for family planning services, have a medical necessity for family planning services, and reside in California.<sup>86</sup> Family PACT covers FDA approved contraceptive methods including emergency contraception and sterilization, health education and counseling, physical exams, pregnancy testing, sexually transmitted infection testing and treatment, cervical cancer screening, and HIV testing and counseling.<sup>87</sup> As of July 1, 2022, Family PACT covers the HPV-9 vaccine as a clinic benefit.<sup>88</sup> Family PACT does not cover prenatal services, labor and delivery, or abortion.<sup>89</sup> Family PACT is a limited-scope Medi-Cal program, but a component of Family PACT is funded solely by state funds, and therefore individuals qualify for Family PACT services regardless of their immigration status.<sup>90</sup>

### 2. Minor Consent Medi-Cal

The Medi-Cal Minor Consent program is a source minors can use for coverage of sexual and reproductive health services. The program covers certain services for

which a minor can legally provide consent. The minimum age requirement for consent varies depending on the service. Minors of any age may consent for pregnancy and pregnancy-related care, family planning services including contraception and abortion, and sexual assault services.<sup>91</sup> Minors age 12 and older can also consent for STI screenings and treatment, services to treat substance use disorders, outpatient mental health services, other disease diagnosis and treatment, residential shelter services, and intimate partner violence services.<sup>92</sup>

For minors who are not enrolled in full-scope Medi-Cal, the Medi-Cal Minor Consent program provides temporary coverage. Coverage must be renewed monthly for services except for pregnancy services and outpatient mental health services.<sup>93</sup> Beneficiaries are permitted to apply or renew by telephone or in-person, and counties must accept telephonically recorded, electronic signatures and/or handwritten signatures.<sup>94</sup>

A person must be under age 21 and living with a parent or guardian in order to enroll in Minor Consent Medi-Cal (a minor who is temporarily living at school or college is considered to be living at home).<sup>95</sup> Eligibility is determined on the basis of the minor's income and resources, not the income and resources of the minor's parent(s) or guardian(s).<sup>96</sup> Minors do not have to provide any identification when they apply. If the minor is employed, however, they must provide pay stubs to verify income.<sup>97</sup> Services provided under the program are confidential, therefore providers are not allowed to contact parents or guardians about the minor's receipt of these services.<sup>98</sup>

### **3. Medi-Cal Access Program**

The Medi-Cal Access Program (MCAP) provides comprehensive pregnancy and postpartum services for individuals whose incomes are too high for Medi-Cal, and who either do not have other health insurance or do not have health insurance that adequately covers maternity care services. MCAP coverage is comprehensive, including maternity care, doula care, family planning services, hospital services, prescription drugs, medical transportation, durable medical equipment, mental health care, substance use disorder treatment, and more.<sup>99</sup> Individuals who qualify for MCAP receive services at no cost, with no copayments or deductibles.<sup>100</sup>

In order to qualify for MCAP, a person must be pregnant or in their postpartum period, a California resident, not covered by other health insurance (unless their insurance does not cover maternity services or has a maternity-only deductible or copayment greater than \$500), and have income between 213% and 322% of the federal poverty level.<sup>101</sup>

Individuals qualify for MCAP regardless of citizenship or immigration status. MCAP coverage lasts for 12 months following the end of the pregnancy.

regardless of changes in income during that time.<sup>102</sup> Infants born to pregnant people on MCAP, who are not otherwise enrolled in employer-sponsored insurance or no-cost Medi-Cal, are eligible for the Medi-Cal Access Infant Program, which provides health coverage until the infant's first birthday.<sup>103</sup>

#### 4. Presumptive Eligibility for Pregnant Women

The Presumptive Eligibility for Pregnant People (PE4PP) program allows pregnant people to obtain temporary Medi-Cal coverage prior to submitting an application for Medi-Cal coverage. Under the program, individuals who are pregnant or believe they are pregnant can visit specific qualified providers who participate in the PE4PP program and provide information about their income. If their income appears to be low enough to qualify, then the individual's coverage under PE4PW begins immediately and services can be provided on the same day.<sup>104</sup>

Only outpatient prenatal services are covered, including abortion care and prescription drugs for conditions related to the pregnancy. Inpatient care, including labor and delivery, is not covered, and neither are family planning services.<sup>105</sup> Moreover, coverage is temporary, lasting only until a determination is made on the Medi-Cal application. If the individual does not submit a Medi-Cal application, their coverage under the PE4PP program will end the last day of the month following the month in which the individual obtained PE4PP coverage.<sup>106</sup>

#### ADVOCACY TIP:

- ✓ Individuals interested in PE4PP must go to a qualified provider to obtain coverage. To find a qualified provider, visit the Department of Health Care Services' list of qualified providers by county at <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Find-a-Qualified-Provider-to-Enroll.aspx>.

### G. Breast and Cervical Cancer Screening and Treatment Programs

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.<sup>107</sup> As mentioned earlier, Family PACT also provides free and confidential breast and cervical cancer screenings.

Full-scope Medi-Cal provides treatment to beneficiaries diagnosed with breast and/or cervical cancer, among other forms of cancer. A California resident who has breast or cervical cancer may be eligible for Medi-Cal coverage even if the

person would not otherwise qualify for Medi-Cal. There are two separate Breast and Cervical Cancer Treatment Programs (BCCTPs).

Under the federal BCCTP, an individual is entitled to full-scope of Medi-Cal services, including breast and cervical cancer treatment if the individual (1) is uninsured; (2) resides in California; (3) has an income at or below 200% of the federal poverty level; (4) has a need for breast or cervical cancer treatment; (5) is a U.S. citizen or an “alien with satisfactory immigration status;” and (6) is under the age of 65. This coverage is available regardless of gender. An individual enrolled in the federal BCCTP program is entitled to Medi-Cal coverage so long as that individual continues to receive cancer treatment and meets the other eligibility criteria for coverage.<sup>108</sup>

Individuals who do not otherwise qualify for federal BCCTP can still receive Medi-Cal coverage under the state-only BCCTP. Many of the eligibility requirements that apply to the federal BCCTP also apply to state-only BCCTP, but the programs differ in that individuals over 65 years of age, undocumented immigrants, and those with health insurance can qualify for the state-only BCCTP. Unlike the federal program, the state-only BCCTP covers only breast and cervical cancer treatment, services related to such treatment, and reimbursement of insurance premiums under certain circumstances. Moreover, the state-only BCCTP is time limited. It covers breast cancer treatment services for up to 18 months, and cervical cancer treatment services for up to 24 months, although the coverage period can be extended if cancer reoccurs.<sup>109</sup> In addition, the state has a BCCTP Presumptive Eligibility Program that provides temporary full-scope no Share Cost of Medi-Cal services to eligible individuals under the age of 65 who have been diagnosed with breast and/or cervical cancer.<sup>110</sup>

## H. Sexual and Reproductive Health for Dual Eligibles

Dual-eligible individuals of reproductive age – those who qualify for coverage under both the Medicare and Medicaid programs due to disability or chronic illness – often face barriers receiving sexual and reproductive health care.

Medicare does not include comprehensive coverage of contraception or abortion. For example, Medicare covers abortions, but only in the case of rape, incest, or life-threatening circumstances to the pregnant person.<sup>111</sup> Medi-Cal (Medicaid) is the payer of last resort, and therefore claims for dual eligibles beneficiaries must first be submitted to Medicare to obtain a denial before billing Medi-Cal, unless the health care services are not covered by Medicare.<sup>112</sup> Obtaining a coverage denial may be difficult as many reproductive health providers are not Medicare providers. To this end, the Department of Health Care Services no longer requires a Medicare denial when billing for selected abortion services.<sup>113</sup> Such a step prevents a dual eligible from having to go through hoops to access a Medi-Cal covered abortion to which they are entitled.

Moreover, while Medicaid beneficiaries have access to extensive family planning services and supplies, Medicare generally only covers contraception for non-contraceptive purposes. However, the Centers for Medicare and Medicaid Services (CMS) clarified that since Medicare does not pay for LARCS, a provider seeing dual-eligible patients does not need to obtain a Medicare denial. Instead, the provider can directly submit a claim to Medicaid.<sup>114</sup>

# Endnotes

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- <sup>1</sup> Kaiser Fam. Found., Status of State Action on the Medicaid Expansion Decision, <https://www.kff.org/medicaid/status-of-state-medicaid-expansion-decisions/> (visited Sep. 1, 2025).
- <sup>2</sup> CMS, Dear State Health Official Letter (June 14, 2016) (SHO # 16-008), at 3, <https://www.medicaid.gov/federal-policy-guidance/downloads/sho16008.pdf> [hereinafter SHO # 16-008].
- <sup>3</sup> See CMS, Dear State Medicaid Director Letter (April 16, 2014) (SMD # 14-003), <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-14-003.pdf> (clarifying the scope of family planning and family planning related services).
- <sup>4</sup> 42 U.S.C. § 1396o(a)(2)(D).
- <sup>5</sup> CAL. WELF. & INST. CODE § 14132.07; see also Amy Chen & Priscilla Huang, Nat'l Health Law Prog., *California's Medi-Cal "Protection of Choice for Family Planning Act"* (2018), <https://healthlaw.org/resource/fact-sheet-californias-medi-cal-protection-of-choice-for-family-planning-act/>.
- <sup>6</sup> 2013 Cal. Stat. ch. 444 (S.B. 138).
- <sup>7</sup> CAL. FAM. CODE §§ 6924, 6925, 6926, 6927, 6928, and 6929; CAL. HEALTH & SAFETY CODE §§ 121020, 124260.
- <sup>8</sup> CAL. CIV. CODE § 56.107(5).
- <sup>9</sup> Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Family Planning 2*, 6 (2020), [https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/OB02BB4C-4494-4301-A62F-471A664233EB/famplanning.pdf?access\\_token=6UyVkJRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/OB02BB4C-4494-4301-A62F-471A664233EB/famplanning.pdf?access_token=6UyVkJRRfByXTZEWIh8j8QaYyIPyP5ULO) [hereinafter *Medi-Cal Provider Manual, Family Planning*].
- <sup>10</sup> *Id.* at 9–12.
- <sup>11</sup> Cal. Dep't Health Care Servs., All Plan Letter 18-019 at 2 (Nov. 21, 2018), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-019.pdf> [hereinafter All Plan Letter 18-019].
- <sup>12</sup> CAL. HEALTH & SAFETY CODE § 1367.25(d)(4).
- <sup>13</sup> CAL. HEALTH & SAFETY CODE § 1367.25(d); CAL. WELF. & INST. CODE § 14000.01; see also All Plan Letter 18-019, *supra* note 11, at 2.
- <sup>14</sup> Kaiser Fam. Found., *Medicaid Coverage of Family Planning Benefits: Findings from a 2021 State Survey* (Feb. 17, 2022), <https://www.kff.org/report-section/medicaid-coverage-of-family-planning-benefits-findings-from-a-2021-state-survey->.

- <sup>15</sup> CAL. BUSINESS & PROFESSIONAL CODE § 4052.3(a)(2); Cal. Dep't Health Care Servs., Opill® Available Over-the-Counter Under Medi-Cal Rx Prescription (Mar. 29, 2024), [https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/pharmacy-news/2024.03\\_A\\_Opill\\_Available\\_OTC\\_Under\\_Medi-CalRx\\_Prescription.pdf](https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/pharmacy-news/2024.03_A_Opill_Available_OTC_Under_Medi-CalRx_Prescription.pdf).
- <sup>16</sup> *Medi-Cal Provider Manual, Family Planning*, *supra* note 9, at 5.
- <sup>17</sup> *Id* at 17–23.
- <sup>18</sup> SHO # 16-008, *supra* note 2.
- <sup>19</sup> Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Sterilization* (2020), [https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/8425F804-9243-468F-BC06-4331EF7907B4/ster.pdf?access\\_token=6UyVkJRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/8425F804-9243-468F-BC06-4331EF7907B4/ster.pdf?access_token=6UyVkJRRfByXTZEWIh8j8QaYyIPyP5ULO) [hereinafter *Medi-Cal Provider Manual, Sterilization*].
- <sup>20</sup> Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Hysterectomy* (2020), [https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/86DDF2CB-0BFB-4F9D-8210-6875B92C8D2E/hyst.pdf?access\\_token=6UyVkJRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/86DDF2CB-0BFB-4F9D-8210-6875B92C8D2E/hyst.pdf?access_token=6UyVkJRRfByXTZEWIh8j8QaYyIPyP5ULO).
- <sup>21</sup> 42 C.F.R. §§ 441.250–259; *see generally* CAL. CODE REGS. tit. 22, §§ 51305.1–51305.4.
- <sup>22</sup> *See, e.g.,* Nicole Novak & Natalie Lira, *Analysis: California's forced sterilization programs once harmed thousands, especially Latinas*, *The Conversation* (April 16, 2018), <https://sph.umich.edu/pursuit/2018posts/forced-sterilization-programs-in-california.html>.
- <sup>23</sup> 42 C.F.R. § 441.253.
- <sup>24</sup> CAL. CODE REGS. tit. 22, § 51305.1(a)(4), (b)(2).
- <sup>25</sup> CAL. CODE REGS. tit. 22, § 51305.3(b).
- <sup>26</sup> 42 C.F.R. § 441.257(a); CAL. CODE REGS. tit. 22, § 51305.3.
- <sup>27</sup> *Medi-Cal Provider Manual, Sterilization*, *supra* note 19, at 4.
- <sup>28</sup> CAL. WELF. & INST. CODE § 14193.
- <sup>29</sup> 42 C.F.R. § 441.258.
- <sup>30</sup> *Medi-Cal Provider Manual, Sterilization*, *supra* note 19, at 6.
- <sup>31</sup> CAL. CODE REGS. tit. 22, § 51305.1(a)(6)(A).
- <sup>32</sup> CAL. CODE REGS. tit. 22, § 51305.1(a)(6)(B).
- <sup>33</sup> *Medi-Cal Provider Manual, Family Planning*, *supra* note 9, at 2.
- <sup>34</sup> Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Pregnancy Determination* (2025), [https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/DB3FA8CC-C215-410A-A311-3B168F7068C8/pregdeterm.pdf?access\\_token=6UyVkJRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/DB3FA8CC-C215-410A-A311-3B168F7068C8/pregdeterm.pdf?access_token=6UyVkJRRfByXTZEWIh8j8QaYyIPyP5ULO).
- <sup>35</sup> Further Consolidated Appropriations Act, 2024, Pub. L. No. 118-147, § 507(c).

- <sup>36</sup> *Comm. to Defend Reprod. Rights v. Myers*, 625 P.2d 779, 886 (Cal. 1981) (striking down abortion funding restrictions as an unconstitutional invasion of a woman’s freedom of reproductive choice).
- <sup>37</sup> Constitutional Right to Reproductive Freedom, SCA 10, 2021-2022 Cal. State Legislature (2022), [https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=20212022OSCA10](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=20212022OSCA10).
- <sup>38</sup> Cal. Dep’t Health Care Servs., *Medi-Cal Provider Manual, Abortions* 6.10 (2023), [https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/26092CC9-AAAF-432E-A672-85D649215F8A/abort.pdf?access\\_token=6UyVkRRfByXTZEWlh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/26092CC9-AAAF-432E-A672-85D649215F8A/abort.pdf?access_token=6UyVkRRfByXTZEWlh8j8QaYyIPyP5ULO). [hereinafter *Medical Provider Manual, Abortions*]
- <sup>39</sup> *Ibid*, 1.
- <sup>40</sup> Cal. Dep’t Health Care Servs., All Plan Letter 24-003 (Mar. 28, 2024), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-003.pdf> [hereinafter All Plan Letter 24-003].
- <sup>41</sup> *American Academy of Pediatrics v. Lungren*, 16 Cal. 4th 307 (Cal. 1997).
- <sup>42</sup> Guttmacher Inst., Interactive Map: US Abortion Policies and Access After Roe: California, (Aug. 19, 2025), <https://states.guttmacher.org/policies/california/abortion-policies>.
- <sup>43</sup> All Plan Letter 24-003, *supra* note 40.
- <sup>44</sup> *Medical Provider Manual, Abortions, supra* note 38, at 8..
- <sup>45</sup> *Id.* at 6. Note that a post-abortion ultrasound is not required for providers to receive full reimbursement.
- <sup>46</sup> CAL. HEALTH & SAFETY CODE § 123420(a).
- <sup>47</sup> All Plan Letter 24-003, *supra* note 40.
- <sup>48</sup> Cat Duffy, Nat’l Health Law Prog., *OBBBA’s Medicaid Abortion Provider “Defund”: An Overview* (Aug. 11, 2025), <https://healthlaw.org/obbbas-medicaid-abortion-provider-defund-an-overview/>.
- <sup>49</sup> Cal. Dep’t Health Care Servs., All Plan Letter 25-011 (July 31, 2025), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202025/APL-25-011-HR-1-Act.pdf>.
- <sup>50</sup> Cal. Dep’t Health Care Servs., California State Plan Amendment 21-0066 (2021), <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-21-0066-Approval.pdf>.
- <sup>51</sup> Cal. Dep’t Health Care Servs., California State Plan Amendment 22-0030 (2022), <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/CA-SPA-22-0030-Approval.pdf>.
- <sup>52</sup> Cal. Dept. of Finance, California Budget 2025-26, Health and Human Services Summary (June 2025), <https://ebudget.ca.gov/2025-26/pdf/Enacted/BudgetSummary/HealthandHumanServices.pdf>.

- <sup>53</sup> Cal. Dep't Health Care Servs., What Medi-Cal Members Needs to Know: Medi-Cal Program Changes (2026-2027) (July 2025), <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/medi-cal-changes.aspx>; Cal. Dep't Health Care Servs., Immigration Status Categories (July 2025), <https://www.dhcs.ca.gov/Medi-Cal/Pages/immigration-status-categories.aspx>.
- <sup>54</sup> Cal. Dep't Health Care Servs., All Plan Letter 18-022: "Access Requirements for Freestanding Birth Centers and the Provision of Midwife Services" (December 19, 2018), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-022.pdf>.
- <sup>55</sup> Cal. Dep't Health Care Servs., All Plan Letter 23-024: "Doula Services" (November 3, 2023), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-024.pdf>.
- <sup>56</sup> CAL. FAM. CODE § 6925.
- <sup>57</sup> Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Pregnancy: Early Care and Diagnostic Services* (2024), [https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/B29DDAA6-2531-466F-A392-A848FE4AE528/pregeearly.pdf?access\\_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/B29DDAA6-2531-466F-A392-A848FE4AE528/pregeearly.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO).
- <sup>58</sup> *Id.*; Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Genetic Counseling and Screening* (2024), [https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/6D5F956F-8D4E-4A67-BEC9-27D047EC3F68/genecoun.pdf?access\\_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/6D5F956F-8D4E-4A67-BEC9-27D047EC3F68/genecoun.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO).
- <sup>59</sup> Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Pregnancy: Fetal Monitoring, Labor and Delivery Services* (2023), [https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/EE79DC1A-E6FD-4331-9BCB-54E5A55E7299/pregfetal.pdf?access\\_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/EE79DC1A-E6FD-4331-9BCB-54E5A55E7299/pregfetal.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO).
- <sup>60</sup> Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Newborn Gateway* (2025), [https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/89EB1F68-8023-4DF4-8D89-56055CE88CC0/newgate.pdf?access\\_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/89EB1F68-8023-4DF4-8D89-56055CE88CC0/newgate.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO).
- <sup>61</sup> Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Pregnancy: Postpartum and Newborn Referral Services* (2024), [https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/47092E12-0EBF-40ED-808E-CB089CA91165/pregpost.pdf?access\\_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/47092E12-0EBF-40ED-808E-CB089CA91165/pregpost.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO).
- <sup>62</sup> *Id.*
- <sup>63</sup> Cal. Dep't Health Care Servs., *Durable Medical Equipment (DME): Other DME Equipment* (2025), [https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/58152677-9614-44AB-AA0A-1F3F04123E7D/duraother.pdf?access\\_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/58152677-9614-44AB-AA0A-1F3F04123E7D/duraother.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO).
- <sup>64</sup> In July 2025, the Department of Health Care Services released a report on the initial two years of the Medi-Cal doula benefit. Cal. Dep't Health Care Servs., *Doula Benefit Implementation Report* (July 2025), <https://www.dhcs.ca.gov/provgovpart/Documents/Doula-Benefit-Report.pdf>.

- <sup>65</sup> Nat'l Health Law Prog., Doula Medicaid Project: Current State Efforts at Expanding Access to Doula Care (accessed August 16, 2025), <https://tinyurl.com/NHeLPStateTracker>.
- <sup>66</sup> Cal. Dep't Health Care Servs, All Plan Letter 23-024 (2023), <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-024.pdf>.
- <sup>67</sup> *Id.*
- <sup>68</sup> Cal. Dep't Health Care Servs, Recommendation for Doula Services for Pregnant and Post-Partum Medi-Cal Members (November 1, 2023), <https://www.dhcs.ca.gov/services/medi-cal/Documents/Medi-Cal-Doula-Standing-Recommendation.pdf>.
- <sup>69</sup> Cal. Dep't Public Health, All Facilities Letter 25-13: Benefits of Doula Support and Recommendations to Accommodate Doula Services and Foster a Doula-Friendly Environment (2025), <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-25-13.aspx>.
- <sup>70</sup> CAL. CODE REGS. tit. 22, §§ 51179, 51348(a).
- <sup>71</sup> Cal. Dep't Health Care Servs, Comprehensive Perinatal Services Program (CPSP) (accessed Aug. 16, 2025), <https://www.dhcs.ca.gov/services/Pages/CPSP.aspx>.
- <sup>72</sup> Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Pregnancy: Comprehensive Perinatal Services Program (CPSP)* (2025), [https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/7E3FF663-2682-4A45-82A5-688A7D42FD46/pregcom.pdf?access\\_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/7E3FF663-2682-4A45-82A5-688A7D42FD46/pregcom.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO).
- <sup>73</sup> Cal. Dep't Public Health, *Comprehensive Perinatal Services Program: Provider Handbook* (2018), <http://publichealth.lacounty.gov/mch/cpsp/CPSP%20Provider%20Handbook%202018.pdf>.
- <sup>74</sup> Cal. Dep't Health Care Servs, DHCS Birthing Care Pathway (accessed Aug. 16, 2025), <https://www.dhcs.ca.gov/CalAIM/Pages/BirthingCarePathway.aspx>.
- <sup>75</sup> Cal. Dep't Health Care Servs, *Birthing Care Pathway Report* (February 2025), <https://www.dhcs.ca.gov/CalAIM/Documents/Birthing-Care-Pathway-Report.pdf>.
- <sup>76</sup> *Id.*
- <sup>77</sup> 42 U.S.C. § 1396d(r).
- <sup>78</sup> 42 U.S.C. § 1396d(r). For a comprehensive overview of EPSDT, see CMS, *EPSDT—A Guide for States: Coverage in the Medical Benefit for Children and Adolescents* (2014), <https://www.medicare.gov/medicaid/benefits/downloads/epsdt-coverage-guide.pdf>.

- <sup>79</sup> Cal. Dep't Health Care Servs., *Medi-Cal Provider Manual, Preventive Services* (2020), [https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/DDBB7BDO-9D06-4B3C-9597-7FAFF5471E6F/prev.pdf?access\\_token=6UyVkRRfByXTZEWh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/DDBB7BDO-9D06-4B3C-9597-7FAFF5471E6F/prev.pdf?access_token=6UyVkRRfByXTZEWh8j8QaYyIPyP5ULO).
- <sup>80</sup> Joseph F. Hagan, Jr. et al., Am. Acad. of Pediatrics, *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* 174 (4th ed. 2017). A free pocket guide version of the Bright Futures guidelines is available at <https://www.aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/bright-futures-guidelines-and-pocket-guide/>.
- <sup>81</sup> *Id.*
- <sup>82</sup> *Id.*
- <sup>83</sup> Liz McCaman Taylor, Abigail Coursolle, Jennifer Lav & Fabiola De Liban, Introducing NHeLP Principles on Assisted Reproduction (Sept. 27, 2021), <https://healthlaw.org/nhelp-principles-on-assisted-reproduction/>.
- <sup>84</sup> 42 U.S.C. §1396r-8(d)(2)(B).
- <sup>85</sup> CAL. HEALTH & SAFETY CODE § 1374.551
- <sup>86</sup> Cal. Dep't Health Care Servs., *Family PACT Policies, Procedures and Billing Instructions Manual, Client Eligibility* (2023), <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications/manual?community=family-pact>.
- <sup>87</sup> CAL. WELF. & INST. CODE § 14132(aa)(8); see also Cal. Dep't Health Care Servs., *Family PACT Policies, Procedures and Billing Instructions Manual, Family PACT Program Overview* (Dec. 31, 2021), [https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/A3EA3460-4D92-45A3-9F1C-BF9B8A2DC528/fam.pdf?access\\_token=6UyVkRRfByXTZEWh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/A3EA3460-4D92-45A3-9F1C-BF9B8A2DC528/fam.pdf?access_token=6UyVkRRfByXTZEWh8j8QaYyIPyP5ULO).
- <sup>88</sup> Cal. Dep't Health Care Servs., Family PACT Update, Bulletin 178 (July 2022), <https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/fpact202207.aspx>.
- <sup>89</sup> CAL. WELF. & INST. CODE §§ 14132(aa)(8) (Medicaid-funded component), 24001(a)(1) (state-funded component).
- <sup>90</sup> The state-funded program is called the State-Only Family Planning Program. Sometimes this program is described as part of Family PACT, and in other cases it is described as a separate program. See CAL. WELF. & INST. CODE §§ 24000-24027.
- <sup>91</sup> CAL. FAM. CODE §§ 6925, 6928. A law requiring parental consent for abortion was found unconstitutional as violating the right of privacy in the California Constitution. *Am. Acad. of Pediatrics v. Lungren*, 16 Cal. 4th 307 (1997).

- <sup>92</sup> Cal. Dep't Health Servs., Medi-Cal Eligibility Procedures Manual Letter No. 183 at 4V-1 (Jan. 9, 2025 updated), <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/MEPM/4V-Minor-Consent.pdf> [hereinafter Eligibility Procedures Manual Letter No. 183]. CAL. FAM. CODE § 6920 and subsequent provisions describe the health care services for which a minor may provide consent without the knowledge of such minor's parents or guardians. CAL. FAM. CODE §§ 6927, 6928 describes minor consent of medical treatment for sexual assault. CAL. FAM. CODE §§ 6924, 6926, 6930 describes minor consent of other infectious disease diagnosis and treatment, residential shelter services, and intimate partner violence services.
- <sup>93</sup> *Id.* at 4V-3.
- <sup>94</sup> Cal. Dep't Health Servs., All County Welfare Directors Letter No: 19-17, Telephonic or Electronic Signature Capability (June 21, 2019), <https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/c19-17.pdf>; *see also* Cal. Dep't Health Servs., Medi-Cal Eligibility Division Information Letter No.: 21-09, Continuing Telephonic Flexibilities for the Minor Consent Program Beyond the COVID-19 Public Health Emergency (June 24, 2021), <https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/l21-09.pdf>.
- <sup>95</sup> Eligibility Procedures Manual Letter No. 183, *supra* note 92, at 4V-2.
- <sup>96</sup> *Id.* at 4V-2, 4V-3.
- <sup>97</sup> *Id.* at 4V-2, 4V-3; *see also* CAL. CODE REGS. tit. 22, §§ 50147.1, 50167(a)(6)(D)(4).
- <sup>98</sup> Cal. Dep't Health Servs., *Medi-Cal Provider Manual, Minor Consent Program* (2025), [https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/E6EF9FF8-1C71-4B2D-A677-A32F098CCF5C/medicaminor.pdf?access\\_token=6UyVkkRRfByXTZEWIh8j8QaYlPyP5ULO](https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/E6EF9FF8-1C71-4B2D-A677-A32F098CCF5C/medicaminor.pdf?access_token=6UyVkkRRfByXTZEWIh8j8QaYlPyP5ULO).
- <sup>99</sup> CAL. WELF. & INST. CODE § 15822; Cal. Dep't Health Care Servs., Welcome to the Medi-Cal Access Program (accessed August 16, 2025), <https://www.dhcs.ca.gov/services/medi-cal/eligibility/MCAP/Pages/Medi-CalAccessProgram.aspx>.
- <sup>100</sup> Cal. Dep't Health Care Servs., California State Plan Amendment 22-0041 (2022), <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/CA-22-0041.pdf>.
- <sup>101</sup> Cal. Dep't Health Servs., Who Qualifies for MCAP? (accessed August 16, 2025), <https://www.dhcs.ca.gov/services/medi-cal/eligibility/MCAP/Pages/Qualifying.aspx>.
- <sup>102</sup> Cal. Dep't Health Care Servs., California State Plan Amendment 22-0030 (2022), <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/CA-SPA-22-0030-Approval.pdf>.
- <sup>103</sup> Cal. Dep't Health Care Servs., How do I register my baby for the Medi-Cal Access Infant Program? (accessed Aug. 16, 2025), <https://www.dhcs.ca.gov/services/medi-cal/eligibility/MCAP/Pages/RegisterYourbaby-MCAP.aspx>.

- <sup>104</sup> Cal. Dep't Health Servs., Information on the Presumptive Eligibility for Pregnant Women, (accessed Aug. 16, 2025), [https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE\\_Info\\_women.aspx](https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/PE_Info_women.aspx).
- <sup>105</sup> *Id.*
- <sup>106</sup> CAL. WELF. & INST. CODE § 14148.7.
- <sup>107</sup> Cal. Dep't Health Servs., 2025 Income Eligibility Guidelines for the Every Woman Counts Program, <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/news/33314> (last visited May 29, 2025).
- <sup>108</sup> 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 May 29, 2025). *see also* 42 U.S.C. § 1396a(a)(10)(A)(ii)(XVIII), (aa).
- <sup>109</sup> *Id.*
- <sup>110</sup> Cal. Dep't Health Servs., Breast and Cervical Cancer Treatment Program: Directions to Apply for Medi-Cal, [https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/E9B47982-1A88-47F5-85F2-652B9059D5E5/Directions-to-Apply-For-Medi-Cal-English-and-Spanish.pdf?access\\_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/E9B47982-1A88-47F5-85F2-652B9059D5E5/Directions-to-Apply-For-Medi-Cal-English-and-Spanish.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO) (last visited May 29, 2025).
- <sup>111</sup> CMS, National Coverage Determination (NCD) for Abortion (140.1), <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=127&ncdver=2&bc=AAAAgAAAAAAA&> (last visited May 29, 2025).
- <sup>112</sup> Cal. Dep't Health Servs., *Medi-Cal Provider Manual, Medicare/Medi-Cal Crossover Claims Overview* (2020), [https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/C8D9183F-C7E4-426E-9CC7-DA063E361473/medicare.pdf?access\\_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/C8D9183F-C7E4-426E-9CC7-DA063E361473/medicare.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO).
- <sup>113</sup> Cal. Dep't Health Servs., Medicare Denial Requirement Eliminated for Certain Abortion CPT Codes (Originally Published Dec. 30, 2020) (on file with NHeLP).
- <sup>114</sup> CMS, *Frequently Asked Questions (FAQs) Medicaid Family Planning Services and Supplies* (2017), <https://www.medicaid.gov/federal-policy-guidance/downloads/faq11117.pdf>.