

**Testimony of Judy Waxman  
Vice President for Health and Reproductive Rights,  
National Women's Law Center**

**Maryland Health and Government Operations Committee  
March 10, 2009**

Chairman Hammen and members of the Health and Government Operations Committee, thank you for this opportunity to provide testimony on behalf of the National Women's Law Center. As a non-profit organization dedicated to expanding the possibilities for women and girls in this country since 1972, we would like to express our support for House Bill 1279.<sup>1</sup> Expanding access to family planning services under the Maryland Medical Assistance Program to all women with incomes at or below 250 percent of the federal poverty level—the same income-eligibility level for pregnancy-related care under the Program—will improve the health of women and families in Maryland and save the state millions of dollars.

**Medicaid Family Planning Demonstration Projects**

Since the early 1990s, 27 states have been granted special permission (known as a “waiver” of federal law) from the Centers for Medicare and Medicaid Services (CMS) to implement a demonstration project in which Medicaid family planning coverage is extended to low-income women<sup>2</sup> who would not otherwise qualify for Medicaid's full insurance program.<sup>3</sup> The waivers are made available under the authority of §1115 of the Social Security Act, which allows for research and demonstration projects that test innovations to the Medicaid program.<sup>4</sup>

There are two types of family planning demonstration projects: the first, an income-based waiver, expands eligibility for family planning services to all women of reproductive age (and sometimes men) up to a certain income level.<sup>5</sup> Seventeen of the twenty-one income-based waivers create parity between the income level at which women are eligible for family planning services and the income level at which women are eligible for pregnancy-related care under Medicaid.<sup>6</sup> This version is most cost-effective because it enables *all* women whose pregnancies would be covered under Medicaid to time and space their childbearing.

Some states have opted for a second, more limited type of family planning waiver that extends family planning services to certain women who had been Medicaid enrollees due to their status as pregnant women, but lost coverage postpartum, or to women who lose Medicaid coverage for any reason.<sup>7</sup> Typically these waivers extend coverage for one or two years.

## **Maryland Has Already Taken an Important Step toward Expanding Health Care Access for Low-Income Women—but it's Time to Do More**

Maryland is one of four states to have received federal approval for a Medicaid family planning waiver that extends coverage for family planning services only to women who would otherwise be losing full Medicaid coverage after giving birth. The application was submitted as an amendment to the state's existing §1115 "Health Choice" waiver in March, 2000. It was approved in February, 2003 and went into effect the following month.<sup>8</sup> Maryland has already taken an important step toward expanding health care access for low-income women by seeking a postpartum waiver; it is time, though, for Maryland to expand the program to provide family planning services to even more women in need.

## **Maryland Can Expand Access to Health Care and Save Millions by Adjusting Its Waiver Eligibility Standards**

Family planning services are basic health care for women. A typical family planning visit includes: a pelvic exam; screenings for breast and reproductive cancers, high blood pressure, and diabetes; tests for sexually transmitted infections, including HIV; counseling about a woman's plans for pregnancy, and, if appropriate, a prescription for contraception; and referrals to other health care providers when necessary. Access to contraception is critical to preventing unintended pregnancies and to enabling women to control the timing and spacing of their pregnancies, which in turn reduces the incidence of maternal death, low birth weight babies, and infant mortality.<sup>9</sup> In difficult economic times, it is especially important for women to be able to plan their families.

Maryland should follow the lead of Illinois, New York, South Carolina, Virginia and, most recently, Missouri, which have all transitioned from a postpartum waiver to an income-based waiver.<sup>10</sup> By moving to a waiver with eligibility standards based solely on income, Maryland can expand access to critical preventive health care for thousands of low-income women who need it—not just those women who already have a child.

In state after state, income-based family planning waivers have proven enormously cost-effective. The state saves money by enabling all women whose pregnancies would be covered under Medicaid to time and space their pregnancies. Recent estimates suggest that Maryland is facing a budget gap totaling approximately \$1.5 billion.<sup>11</sup> Establishing parity between the income eligibility level for pregnancy-related care and the eligibility threshold for family planning services will help Maryland provide health care to more women *and* balance its budget.

Income-based Medicaid family planning expansions also have strong public support. A survey sponsored by the National Women's Law Center and Planned Parenthood Federation of America, found that the vast majority (73 percent) of all voters strongly favor making it easier for women at all income levels to obtain contraceptives.<sup>12</sup>

## Conclusion

Adjusting the eligibility requirements for its Medicaid family planning expansion will allow Maryland is a common-sense way to extend the program's health benefits to a larger population while reaping greater cost-savings for the state. The National Women's Law Center thanks the Committee for the opportunity to provide these comments. I am available to answer any questions at [jwaxman@nwlc.org](mailto:jwaxman@nwlc.org).

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<sup>1</sup> Maryland Medical Assistance Program – Family Planning Services – Eligibility, H.B. 1279, 2009 Leg., 426th Sess. (Md. 2009), *available at* <http://mlis.state.md.us/2009rs/bills/hb/hb1279f.pdf>.

<sup>2</sup> Men are also eligible for family planning services in CA, MN, NY, NC, OK, OR, VA, and WA. *See* Guttmacher Inst., *State Policies in Brief: State Medicaid Family Planning Eligibility Expansions* (Mar. 2009), *available at* [http://www.guttmacher.org/statecenter/spibs/spib\\_SMFPE.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf).

<sup>3</sup> These states are AL, AZ, AR, CA, DE, FL, IA, IL, LA, MD, MI, MN, MS, MO, NM, NY, NC, OK, OR, PA, RI, SC, TX, VA, WA, WI, WY. *See id.* In addition, a waiver application from Indiana is currently pending. *See* Ctrs. for Medicare & Medicaid Svcs., *Medicaid Waivers and Demonstrations List: Details for Indiana Family Planning 1115 Demonstration*, <http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/MWDL/list.asp> (last visited Nov. 21, 2008).

<sup>4</sup> 42 U.S.C. § 1315 (2009).

<sup>5</sup> Twenty-one states have income-based waivers (AL, AR, CA, IL, IA, LA, MI, MN, MS, MO, NM, NY, NC, OK, OR, PA, SC, TX, VA, WA, WI). Three of these states (NM, PA, TX) only provide coverage to individuals ages 18 and older, and in eight states (AL, IL, LA, MI, MO, NC, OK, WY), services are only available for individuals aged 19 years and older. *See* Guttmacher Inst., *supra* note 2. Men are also eligible to receive these services in eight states. *See supra* note 2.

<sup>6</sup> All states are required to fund pregnancy-related care for women with incomes up to at least 133 percent of the Federal Poverty Level (FPL). *See* 42 U.S.C. §§ 1396a(a)(10)(A)(i)(III), 1396d(n)(1) (2009). All of the twenty-one states with income-based waivers (*see supra* note 5) have matched the income eligibility levels for family planning care with the income eligibility level for pregnancy-related care under Medicaid, except for four states: In MN, VA and WI, the income eligibility level for pregnancy-related care is higher than the income threshold for family planning care. In Washington, the income eligibility level for family planning care is higher than the income threshold for pregnancy-related care.

<sup>7</sup> AZ, MD, RI, and WY extend eligibility to women losing coverage postpartum, while DE and FL extend eligibility to women losing coverage for any reason. *See* Guttmacher Inst., *supra* note 2.

<sup>8</sup> Amendment #2 to Maryland's "Health Choice" 1115 Demonstration proposed: "To incorporate an expired family planning demonstration that provides only family planning services to women who lose Medicaid eligibility after their pregnancy related period of eligibility. Additionally, the women are advised of/offered referrals for primary care services, but these services are not reimbursed under Medicaid." The amendment was submitted on March 10, 2000 and approved on February 20, 2003, effective March 18, 2003. *See* Ctrs. for Medicare & Medicaid Svcs., *Maryland Statewide Health Reform Demonstration Fact Sheet*, in *Medicaid Waivers and Demonstrations List: Details for Maryland Health Choice 1115*, <http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/MWDL/list.asp> (last visited March 10, 2009).

<sup>9</sup> Agustin Conde-Agudelo et al., *Birth Spacing and Risk of Adverse Perinatal Outcomes, A Meta-Analysis*, 295 J. AM. MED. ASS'N 1809 (2006); David M. Stamilio et al., *Short Interpregnancy Interval: Risk of Uterine Rupture and Complications of Vaginal Birth After Cesarean Delivery*, 110 OBSTETRICS & GYNECOLOGY 1075 (2007).

<sup>10</sup> E-mail from Rachel Benson Gold, Dir. of Policy Analysis, Guttmacher Inst., to Julia Kaye, Health Policy Assoc., Nat'l Women's Law Ctr. (Mar. 9, 2009) (on file with author).

<sup>11</sup> *See* Kaiser Family Found., *Statehealthfacts.org*, *Maryland: State Budget Shortfalls, SFY2009* (Feb. 10 2009), <http://www.statehealthfacts.org/profileind.jsp?rgn=22&cat=1&ind=648>.

<sup>12</sup> Memorandum from Planned Parenthood Fed'n of Am. & Nat'l Women's Law Ctr. to Interested Parties 3 (July 12, 2008), *available at* <http://www.nwlc.org/pdf/7-12-07interestedpartiesmemo.pdf>