

January 29, 2010

President Barack Obama  
The White House  
1600 Pennsylvania Avenue  
Washington, DC 20500

Dear Mr. President:

As organizations committed to advancing women's reproductive health care, we appreciate your leadership. Working toward this goal, the undersigned organizations are writing to request the inclusion of the Medicaid Family Planning State Option in the Fiscal Year (FY) 2011 budget. This important cost-saving provision will expand access to family planning by allowing states to provide coverage of Medicaid family planning services to women up to the same income level used to determine eligibility for pregnancy related care. The inclusion of this important provision in the President's FY10 budget and in the House and Senate health care reform bills were important steps in the right direction. However, given the current uncertainty surrounding health care reform, we ask that it be included in the President's Budget. The current economic downturn continues to impact low-income Americans as they drop further into poverty and are unable to afford necessary health services. The expansion of Medicaid family planning as a state option will ensure not just coverage but access for low-income Americans.

In 2009, the Congressional Budget Office found that giving states the option of establishing parity between Medicaid coverage of family planning services and Medicaid coverage of pregnancy-related care would save the federal government \$200 million over five years and \$700 million over ten years.<sup>[i]</sup> Twenty-seven states have expanded Medicaid eligibility for family planning services through a federal Section 1115 waiver and five states are in the process of applying for waivers. Of those states, 21 have expanded eligibility based on income<sup>[ii]</sup>, with all but 2 states expanding eligibility up to at least 185% of the federal poverty level. Waivers are popular because they save the states and the federal government money while significantly expanding coverage. Waivers establish parity, and result in better public health outcomes and cost savings to the government.

This economy has made it harder for women to afford contraceptive supplies and gynecologic health services. A December 2009 study found that at federally funded family planning health centers, the proportion of patients who are economically disadvantaged is increasing. More than four in five centers reported an increase in clients who were uninsured. Nearly two-thirds of centers reported a decrease in clients who were able to pay the full fee for their services.<sup>[iii]</sup> Nearly one out of four women reported having to put off a gynecological or birth control visit to save money in the past year.<sup>[iv]</sup> This proportion rises to one out of three among women who reported earning less money than they did a year ago or reported being generally worse off financially than they were a year ago. The expansion of Medicaid coverage is an important tool in assisting states to reduce unintended pregnancies and meet the reproductive health needs of low-income women.

Now more than ever is the time to commit to providing access to family planning for low-income Americans. At a time when so many people are falling into poverty at alarming rates, expanding Medicaid family planning will provide crucial health care services to those unable to obtain them now. We look forward to working with you to improve access to family planning and strengthen the public health safety net.

Sincerely,

[List in Formation]

National Family Planning & Reproductive Health Association  
Planned Parenthood Federation of America  
National Partnership for Women & Families  
National Women's Law Center  
National Council of Jewish Women  
Sexuality Information and Education Council of the U.S. (SIECUS)  
Abortion Care Network  
Reproductive Health Technology Project  
American Social Health Association  
The National Campaign to Prevent Teen and Unplanned Pregnancy  
Third Way  
Black Women's Health Imperative  
Society for Public Health Education  
Center for Reproductive Rights  
NARAL Pro-Choice America  
New Prospect Family Praise and Worship Center  
National Health Law Program  
National Organization for Women  
Religious Action Center of Reform Judaism  
Physicians for Reproductive Choice and Health  
American Society for Reproductive Medicine  
Catholics for Choice  
Women of Reform Judaism  
American College of Obstetricians and Gynecologists  
Advocates for Youth  
National Women's Health Network  
American Association of University (AAUW)  
National Coalition of STD Directors  
National Association of Nurse Practitioners in Women's Health

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<sup>[i]</sup> Congressional Budget Office (CBO), CBO preliminary estimate of the effects on direct spending of Title V of the Energy and Commerce stimulus draft, 2009.

<sup>[ii]</sup> The 21 states with income-based waiver are AL, AK, CA, IL, IA, LA, MI, MN, MS, MO, NM, NY, NC, OK, OR, PA, SC, TX, VA, WA, and WI

<sup>[iii]</sup> *A Real-Time Look at the Impact of the Recession on Publicly Funded Family Planning Centers*, The Guttmacher Institute, December 2009.

<sup>[iv]</sup> *A Real-Time Look at the Impact of the Recession on Women's Family Planning and Pregnancy Decisions*, The Guttmacher Institute, September 2009.