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Public Funding for Family Planning, Sterilization and Abortion Services, FY 1980–2010

Adam Sonfield and Rachel Benson Gold

HIGHLIGHTS

- Public expenditures for family planning client services totaled $2.37 billion in FY 2010, supporting the provision of contraceptive drugs and devices, client counseling and education, and tests and treatment, including for STIs.
- Medicaid accounted for 75% of the total, whereas state-only sources accounted for 12% and Title X accounted for 10%.
- Total public funding rose 31% from FY 1980 to FY 2010, adjusted for inflation, with almost all of the increase coming from Medicaid. Title X expenditures fell 71%.
- Public spending on sterilization services totaled $93 million, 95% of which was through Medicaid.
- The states spent $68 million on about 181,000 abortion procedures for low-income women in FY 2010, almost all of it in the 17 states that use their own funds to pay for most or all medically necessary abortions provided to Medicaid recipients. The federal government, which restricts funding to cases of life endangerment, rape and incest, contributed to the cost of only 331 of those procedures.

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Background

The federal and state governments have long subsidized contraceptive and sterilization services, and to a lesser extent abortion, for low-income Americans. Public funding for contraceptive and related services come from a variety of sources. The relative importance of these sources differs largely according to how each state's policymakers have decided to fund their family planning effort.

Family Planning

Title X of the Public Health Service Act. The federal government's targeted family planning program provided grants in FY 2010 to 38 state agencies and 42 nonstate organizations (such as regional family planning councils, Planned Parenthood affiliates and community health agencies).[1] Collectively, the health centers supported by the program provide care to uninsured and underinsured clients in all 50 states and the District of Columbia, and the program sets a high standard for family planning provision across the country.

Medicaid. This joint federal-state insurance program provides coverage for a broad package of medical care to millions of low-income individuals and families. Family planning services and supplies are covered for all program enrollees and states are reimbursed for such services by the federal government at an enhanced 90% rate (versus 50–75% for most other services). Some funding for family planning also comes from Medicaid's companion program, the Children's Health Insurance Program (CHIP). By FY 2010, 21 states had received a "waiver" of Medicaid rules to expand substantially the program's role in paying for contraceptive services (see Table 5, page 16, for a list of the states). These expansion programs extend a state's income-eligibility ceiling for family planning services to a level well above that for Medicaid overall.[2] (Several other states have created more limited programs that offer continued family planning coverage for women who would otherwise be leaving Medicaid, typically after giving birth, and since FY 2010, three additional states have created income-based expansion programs.[3])

Federal block grants. Federal law specifically allows states to fund family planning services through three major grants provided to agencies in every state, although the funds are often passed on to other public and private agencies. The maternal and child health (MCH) block grant (also known as Title V of the Social Security Act) is provided to each state's health agency; states are required by federal law to match every four federal MCH dollars with three state dollars. Two other grants are provided to states' social services agency: the social services block grant (SSBG, or Title XX of the Social Security Act) and Temporary Assistance for Needy Families (TANF, the main federal source of financial "welfare" aid); neither grant requires a state match. Because federal law allows states to transfer a portion of their TANF allotment to the SSBG, the funding for these two programs is essentially interchangeable.

State-only sources. Most states use some of their own money (in addition to funds required to match federal grants) for family planning services. For example, Medicaid agencies in some states dedicate their own funds to provide services to groups of people, such as many immigrants, who are barred from federally reimbursed Medicaid.

Sterilization

The vast majority of publicly funded sterilizations are through Medicaid, although state appropriations and other federal programs also contribute funds. Sterilizations funded through the U.S. Department of Health and Human Services (DHHS) are governed by regulations implemented in 1979 in response to evidence of coercive sterilization practices. These rules include a complex procedure to ensure women's informed consent, a 30-day waiting period between consent and the procedure, and a prohibition on sterilization for anyone who is younger than 21 or mentally incompetent.[4]

Abortion

The policies governing public funding for abortions, and thus the number of abortions funded, vary tremendously by state. Most states have highly restrictive policies and typically provide only the state match for abortions provided to Medicaid recipients that are required under federal law. That law requires federal Medicaid funds (and other DHHS funding) to be used to terminate only those pregnancies that threaten the life of the woman or are the result of rape or incest. (A few states with restrictive policies also provide funding in additional rare circumstances, such as in cases of fetal abnormality.) In FY 2010, 17 states officially had nonrestrictive policies, using their own funds to pay for most or all medically necessary abortions provided to Medicaid recipients (see Table 7, page 18, for a list of the states). Four of these states had voluntarily adopted such a policy; the remainder were under court orders saying that less extensive coverage was in violation of their state constitutions.[5]

Methodology

This report presents the results of a survey of FY 2010 public expenditures for family planning client services, sterilization services and abortion services. We look at expenditures nationally, for each state and for each funding source. We also compare FY 2010 data for family planning client services with those from a series of prior surveys between FY 1980 and FY 2006.[6–15] As in past reports, we also look at data on abortion utilization; because of restrictive reporting requirements and other abortion-related policies, it is the only one of the services for which reasonable estimates of utilization are universally available.

Fielding, Response and Survey Instruments

In May 2011, questionnaires were sent via e-mail to the health, social services and Medicaid agencies in all 50 states and the District of Columbia, as well as to 42 nonstate Title X grantees that were identified by the federal Office of Population Affairs as administering the provision of clinical services. Contacts that had not responded received a second round of e-mails, followed by personal contact via telephone and e-mail to obtain clarification and additional data. Fieldwork continued through January 2012.

Responses were obtained from health agencies in 45 states and the District of Columbia, social services agencies in 44 states, Medicaid agencies in 42 states and the District of Columbia, and all 42 of the nonstate Title X agencies.* In those cases in which state agencies did not or could not respond, we used other resources, such as published state reports and budgets, Title X grant amounts provided by the federal Office of Population Affairs and data obtained directly from providers. We obtained Medicaid and CHIP expenditure data directly from the Centers for Medicare and Medicaid Services (CMS), which administers the programs on a national level.

Four similar questionnaires were designed—one for each type of respondent: nonstate Title X grantees and state health, social services and Medicaid agencies. The first three questionnaires requested data on total expenditures from various funding sources for family planning–related services and activities in FY 2010, as well as the amount spent specifically on family planning client services, sterilization services, outreach and education activities and administrative expenses. The list of funding sources differed depending on the particular agency. Sources included Title X, the MCH block grant, TANF and the SSBG (asked about jointly because of the programs' fungibility), other federal funding sources (not including Medicaid or CHIP) and state-only sources (which include a variety of state and local monies but specifically exclude state funds used to match federal grants, which we asked states to include with the appropriate grant). We also asked the health and social services agencies about the amount of state funds spent on abortions and the number of abortions funded.

Because we obtained data on federally reimbursed Medicaid expenditures from CMS, the questionnaire for Medicaid agencies asked about state-only expenditures by the agency (expenditures for which no federal reimbursement was claimed) on family planning services and supplies, sterilization services and abortion services. The questionnaire also included several questions about managed care coverage under Medicaid, to help in estimating family planning client services expenditures under capitated plans (see below).

Terminology and Data Analysis

Throughout this report, we use the term "family planning client services" to refer to the package of direct patient care services provided through family planning programs to clients receiving reversible contraceptives. Family planning client services include client counseling and education, contraceptive drugs and devices, related diagnostic tests (e.g., those for pregnancy, Pap, HIV and other STIs) and treatment after diagnosis (e.g., for urinary tract infections and STIs other than HIV). Whenever possible, we separate out services that are not part of the standard package provided to clients seeking contraceptives, such

*Agencies that did not respond were those health agencies in Indiana, Mississippi, New Jersey, Pennsylvania and South Dakota; social services agencies in the District of Columbia, Indiana, Mississippi, New Jersey, Ohio, Pennsylvania and South Dakota; and Medicaid agencies in Connecticut, Delaware, Florida, Nebraska, New York, South Dakota, Utah and Wisconsin.

as sterilization services (which we report separately), outreach and education activities, and administrative expenses. CMS provided data according to a similar definition of contraceptive services for every state's Medicaid program. Data obtained from state agencies and Title X grantees for the other funding sources, however, often included some sterilization, outreach and education, and administrative expenses, as noted in the tables. In part for that reason, the expenditure data we report for sterilization services should not be viewed as complete.

In presenting findings, we in many cases combine data obtained from multiple agencies. When one or more agencies reported a nonzero expenditure, we present such expenditures, even if other agencies did not respond to the question or told us that an unknown amount had been spent. When no agency reported a nonzero expenditure but at least one agency reported that an unknown amount had been spent, we report expenditures under that funding source as unknown. When some of the agencies reported no expenditures and others did not respond, we present findings based on the agency which typically has primary responsibility for the given funding source: the social services agency for TANF and the SSBG; the health agency for other federal funds (which is most often the preventive health block grant); and the health and Medicaid agencies, jointly, for state and local funding sources.

All expenditure data in the tables have been rounded to the nearest 1,000; state totals, therefore, do not always sum to the national total. For years starting in FY 2001, Medicaid includes CHIP expenditures. Data for Medicaid and the MCH block grant include matching funds provided by states. Data on other federal sources, which include the preventive health and health services block grant and Medicare, are reported with TANF/SSBG and marked with footnotes.

A number of respondents indicated that some or all of their data were not for federal fiscal year 2010 (October 1, 2009, through September 30, 2010), as requested, but rather for either the calendar year or the state's fiscal year, which for most states ran from July 1, 2009, through June 30, 2010. For the sections in which we group states according to state policy (e.g., policies on public funding for abortion), we use state policies in place as of the midpoint of the given federal fiscal year (e.g., April 1, 2010).

Comparative data from prior years are culled from prior published articles.[6–15] For the section in which we compare data over time for contraceptive services in constant dollars, we convert data to constant 2010 dollars using the Medical Care Consumer Price Index–All Urban Consumers, with $1.00 in 2010 equal to $5.19 in 1980.[16]

We use data from CMS on total expenditures under Medicaid family planning waiver programs to estimate how much was reimbursed at the special 90% federal matching rate for family planning and how much was reimbursed at the state's standard federal matching rate. In this report, we only include expenditures reimbursed at the 90% rate.

Medicaid Managed Care

A previous survey in this series, from FY 1994, identified a serious and potentially growing methodological problem: the increasing importance of managed care in the Medicaid program. In FY 1994, 23% of Medicaid enrollees were in some type of managed care plan; by FY 2001, that figure was 57% and, by FY 2006, it was 65%.[17,18] Although states have a financial incentive to keep track of expenditures for contraceptive services, given the special 90% matching rate, not all states are able to identify contraceptive services provided through capitated managed care plans (i.e., plans that pay a set amount per patient, rather than by specific service). This results in a potentially serious undercount of expenditures.

For the studies starting in FY 2001, we have taken several steps to assess this potential undercount and correct it when necessary. First, based on an in-depth study we commissioned of Medicaid expenditures in four states, we determined that women enrolled in capitated managed care plans and in fee-for-service plans received a similar number of contraceptive services each year. Thus, expenditure data could be adjusted using the proportion of women or clients in the state enrolled in capitated managed care as an inflator.[19]

Because some women in capitated managed care, however, receive family planning services outside of their plan using a federally required "freedom of choice" option, a further adjustment was needed. (Expenditures for freedom of choice services are reported as fee-for-service and do not need to be estimated.) No data are available on the frequency with which freedom of choice is utilized, but ongoing discussions with family planning providers and state officials over the past several years have led us to conclude that the proportion of women making use of this option is small. For FY 2010, we have estimated that 10% of women enrolled in capitated plans received freedom of choice services, and we created a final adjustment factor based on 90% of the capitated enrollment.

Second, to decide how and when to apply the correction factor, we obtained data from the Medicaid Statistical Information System (MSIS) about the proportion of female Medicaid enrollees aged 13–44 who were in capitated managed care plans in 2009 (the most recent

year for which data were available from MSIS); 2008 data were used for three states (Massachusetts, Utah and Wisconsin) where 2009 data were not available.[20]

Third, in our survey of state Medicaid agencies, we asked states that had reproductive-age women enrolled in capitated plans to tell us whether they claimed federal reimbursement at the 90% rate for family planning services provided to those women. Depending on the response, we determined how much the CMS Medicaid expenditure data needed to be adjusted for each state. For those states that reported no capitated managed care enrollment or that reported claiming their capitated expenses at the 90% rate, we have simply used the CMS expenditure data. For a number of jurisdictions, however, we adjusted the CMS data upward. For 11 states,* information provided by the state for this and/or earlier surveys indicated that none or only some of the contraceptive services provided to enrollees of capitated managed care were claimed at the 90% rate. For these 11 jurisdictions, we adjusted expenditures using an inflator equal to 90% of the capitation rate, as described above. (In making this adjustment, we excluded expenditures via Medicaid waiver programs, because such expenditures are reported as fee-for-service.)

For three additional jurisdictions,† the available information indicated that none of the contraceptive services provided to enrollees of capitated plans were claimed at the 90% rate, but our standard method of adjustment was not feasible, because very few fee-for-service expenditures were being claimed by the state. For those jurisdictions, we used an alternative method of adjustment: We multiplied the number of female Medicaid beneficiaries aged 13–44 in those states (obtained from MSIS) by the average expenditures per such woman in the remaining states ($99.85 for FY 2010).

In total, the adjustments made by either method for the 14 jurisdictions resulted in a nationwide increase of 10% in estimated Medicaid expenditures on contraceptive services for FY 2010, as it did in FY 2006.

Limitations

The findings in this report represent the most complete summary of public funding available, but have limitations. As a result, the report should be seen as providing an approximation, rather than a precise accounting, of dollars spent.

In addition to the funding sources analyzed in this report, there are several other sources that may be of some unknown importance. Some small amount of public expenditures for contraceptive services may have been spent through Medicare, for disabled clients who are of reproductive age. It is likely that more substantial expenditures for family planning services are made each year through the Indian Health Service (IHS) and through funding for federally qualified health centers (FQHCs) under Section 330 of the Public Health Service Act. Clinics receiving funding through these two programs do provide family planning services; however, many of their clients are covered under Medicaid or have their services subsidized via other sources of funding, such as Title X, and data are not available on the extent to which these clinics spend IHS or Section 330 dollars on these services.

The adjustments we made for capitated managed care plans under Medicaid are imprecise, and it is possible that costs per family planning client are different under managed care plans than they are under fee-for-service Medicaid. It is also possible that capitated managed care affected our estimates of expenditure data under Medicaid for sterilization services and, among those states that fund medically necessary abortions, for abortion services. (Federally reimbursed abortions have strict reporting requirements, regardless of capitation, and expenditure data on such abortions should therefore be reported in full.) We had no basis, however, upon which to adjust for this.

On a related note, we report only those sterilization expenses under Medicaid claimed at the family planning matching rate of 90%, so as to exclude noncontraceptive procedures such as hysterectomies; for states that are inconsistent in claiming the 90% rate for contraceptive sterilizations, our estimates (in this and prior surveys) would be low.

*California, Florida, Georgia, Illinois, Kansas, Minnesota, Nebraska, Oregon, South Carolina, West Virginia and Wisconsin.

†District of Columbia, Hawaii and Vermont.

Findings

This chapter summarizes findings on public funding for family planning client services, as well as for sterilization services and abortion services. The findings highlighted in this section reflect the major national trends in public funding over the past three decades. Please refer to the tables for state-by-state data.

Family Planning Client Services

Expenditures in FY 2010

- Public expenditures for family planning client services totaled $2.37 billion in FY 2010 (Table 1, page 12).
- Medicaid accounted for 75% of the total, whereas state-only sources accounted for 12% and Title X accounted for 10%. Together, other funding sources such as the MCH block, the SSBG and TANF account for 3% of total funding (Figure 1, page 11).
- Seven states (Arizona, California, Florida, Georgia, New York, Pennsylvania and Texas) accounted for more than half of all Medicaid expenditures; even so, Medicaid was the single largest source of funding for all but three states (Table 2, page 13).
- Although Title X accounted for only 10% of public funds nationally, it accounted for at least 25% of all funding in 10 states.
- Six states (California, Florida, New York, North Carolina, Texas and Washington) accounted for two-thirds of all expenditures from state-only sources. However, state-only sources accounted for at least 10% of all funds in 23 states.
- Three states (Georgia, Illinois and Texas) accounted for more than 70% of all SSBG and TANF spending, and four states (Minnesota, New York, North Carolina and Wisconsin) accounted for two-thirds of all MCH spending.

Trends in expenditures, FY 1980–2010

- Actual public expenditures on family planning client services rose from $350 million in FY 1980 and $1.85 billion in FY 2006 to $2.37 billion in FY 2010 (Table 3, page 14).
- When accounting for inflation, public funding for family planning client services rose 31% from FY 1980 to FY 2010 (Table 4, page 15). Funding dropped in the early 1980s and only again reached FY 1980 levels in the past decade (Figure 2, page 11).
- Most growth has occurred since FY 1994. Yet, inflation-adjusted spending decreased or stagnated in 13 states between FY 1994 and FY 2010: It grew by less than 10% in four states and fell in nine states.

- As a percentage of total expenditures, funding sources have shifted dramatically from FY 1980 to FY 2010:
  - Medicaid expenditures rose from 20% to 75% of total funding.
  - Title X expenditures fell from 44% to 10% of total funding, a 71% drop in inflation-adjusted dollars (from $794 million to $228 million).
  - State appropriations fell marginally from 15% to 12%.
  - Funding from all other federal sources fell from 22% to 3%.

Medicaid-specific trends

- Since FY 1980, inflation-adjusted expenditures via Medicaid have quintupled, with most of the growth having occurred since the early 1990s. This growth in Medicaid accounts for nearly all of the increase in overall spending since FY 1980 (Figure 2).
- Much of this growth is related to Medicaid family planning expansions: By the middle of FY 2010, 21 states had initiated income-based expansion programs providing family planning services under Medicaid to individuals with incomes well above the cut-off for Medicaid eligibility overall (Table 5, page 16). Six additional states had implemented more limited expansions for individuals losing full-benefit Medicaid coverage (most often after giving birth).
- Collectively, the 21 income-based Medicaid expansion programs spent $626 million on family planning services in FY 2010. The limited expansion programs spent $3.7 million that year.

Sterilization Services

- In FY 2010, reported public spending on sterilization services totaled $93 million, 95% of which was spent through Medicaid. Nine states accounted for more than 70% of all reported spending (Table 6, page 17).
- Twelve states reported no spending on sterilization through Medicaid.
- Twenty-five states reported that some expenditures for sterilization were included in their reported expenditures for family planning client services through one or more funding sources (Table 1). As a result, the total reported here for sterilization should be regarded as an undercount.

Abortion Services

- State governments funded 181,000 abortion procedures for low-income women in FY 2010. The federal government contributed to the cost of 331 procedures, while the remainder were funded entirely with state dollars (Table 7, page 18). Public expenditures totaled $68 million.
- Virtually all publicly funded abortion procedures (more than 99%) occurred in the 17 states that have nonrestrictive policies.

Conclusions

Public funding for family planning client services in FY 2010 continued a 16-year upward trend. At $2.37 billion, FY 2010 spending was 31% higher than inflation-adjusted FY 1980 levels, having recovered from deep cuts made during the early 1980s.

The recovery was driven almost entirely by increases in spending through the Medicaid program. In many ways, this growth in family planning expenditures via Medicaid mirrors broader growth in spending and in clients served throughout that massive program, which has become the nation's single largest payer of medical services. Enrollment in Medicaid and its companion program, CHIP, increased by nearly 75% between 2000 and 2010, from 28 million to 49 million, because of eligibility expansions to the programs and growth in enrollment during the decade's recessions.[21] Medicaid family planning expansions have also led to an increase in clients served and accompanying costs. Yet, even approaching $2 billion, expenditures for family planning under Medicaid in FY 2010 account for only about 0.05% of program spending, which totals close to $400 billion.[22]

The other major factor behind the growth in public expenditures for family planning services is the rising cost of medical care generally and of family planning services in particular. For example, between 2004 and 2008, the average annual cost per family planning client increased by 27%, from $203 to $257.[23] This finding bolsters earlier, anecdotal reports that costs for family planning visits are rising for several reasons. For example, expanded screening and new diagnostic technologies for STIs and cervical cancer have added to client costs.[24] Newer contraceptive methods are often more expensive than older methods, and even the cost of oral contraceptives has escalated in recent years. Finally, staffing costs have risen sharply; for instance, wages for nurses increased nationally by 40% between 1997 and 2005, nearly twice as fast as wages overall.

Despite the increasing importance of Medicaid, the Title X program, state-only sources and the federal block grants all continue to play important roles in individual states. That is particularly true with regard to Title X, as it is used in all 50 states and the District of Columbia. State agencies and family planning providers value these funding sources because of their flexibility. Unlike Medicaid, they are not usually tied to clinical services or to individual clients, and they can be used for outreach and education activities, community and group interventions, and building and maintaining clinic infrastructure. Moreover, as Medicaid continues to grow as a proportion of all spending, family planning providers will need these alternative sources of funding to fill out the package of necessary services beyond what Medicaid will cover and to provide services to populations that Medicaid is unable to serve. Moreover, the Title X program sets nationwide standards for publicly supported family planning services, ensuring that services are comprehensive, voluntary, confidential and affordable.

Notably, the findings of this survey, for FY 2010, predate a wave of ideologically and fiscally motivated attacks by conservative federal and state policymakers in 2011 on family planning programs and providers and on Medicaid more broadly.[25,26] Those attacks have the potential to undermine the family planning safety net in specific states and nationwide. The consequences would be serious: Together, this safety net helps provide family planning and related services to millions of low-income women and men each year. With these services, women and couples avoid about two million unplanned pregnancies annually, pregnancies that would have a real impact on individuals, families and society.[24]

FIGURE 1. Reported U.S. public expenditures for family planning client services, by funding source, FY 2010

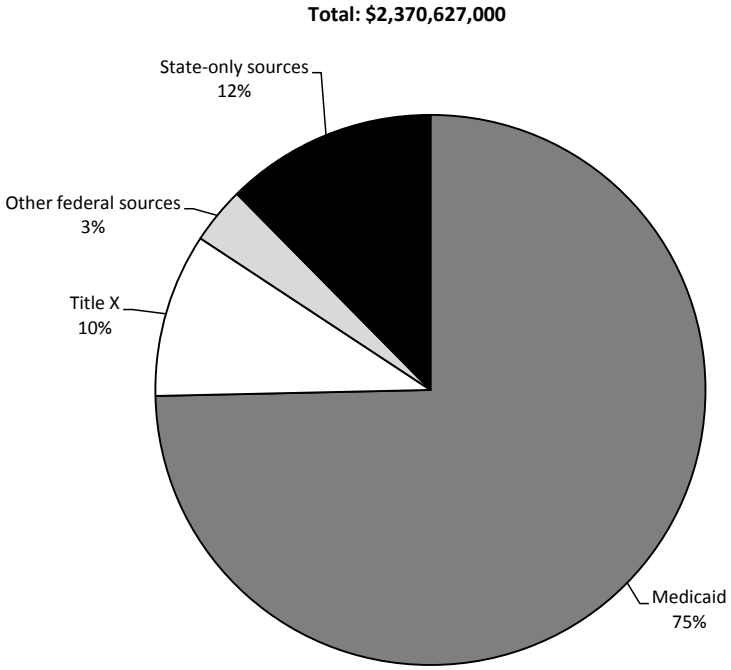
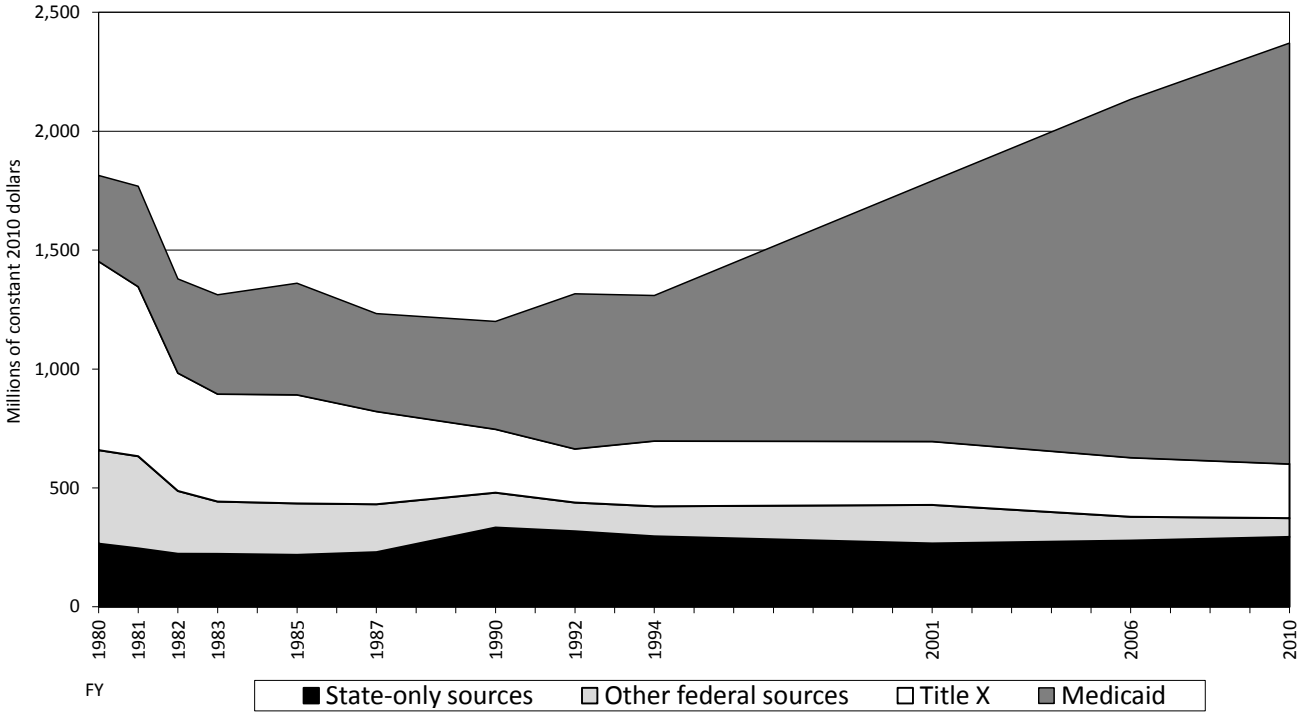


FIGURE 2. Reported U.S. public expenditures for family planning client services, by funding source, FY 1980–2010



Note: Inflation-adjusted data are reported in constant 2010 dollars using the Medical Care Consumer Price Index–All Urban Consumers, with $1.00 in 2010 equal to $5.19 in 1980. Data available only for years labeled on the axis. Other federal sources include the MCH, social services and TANF block grants.

TABLE 1. Reported public expenditures for family planning client services (in 000s of dollars), by funding source, according to state, FY 2010

State	Total	Medicaid	Title X	MCH block grant	SSBG and TANF	State-only sources
U.S. total	**$2,370,627**	**$1,769,952**	**$227,830**	**$28,710**	**$50,189**	**$293,945**
Alabama	47,056	34,279	5,873 †	0	1,006	5,898
Alaska	5,487	2,125	1,904 †,‡	32 †,‡	51	1,375
Arizona	64,707	58,493	5,238	900 †	0	76
Arkansas	30,073	25,558	4,187	0	0	328
California	605,647	518,870 **	18,103	0	0	68,674
Colorado	24,562	11,390	2,890 *,†,‡	0	u	10,281 *,†,‡
Connecticut	11,446	7,594	1,909	11	991	941
Delaware	7,219	5,618	908	0	0	693
District of Columbia	5,355	4,612 **	742	0	nr	0
Florida	103,078	66,009 **	11,465 *,†,‡	0	0	25,604 *,†,‡
Georgia	92,139	78,610 **	4,773	0	8,443	312
Hawaii	8,418	6,055 **	1,443	0	0	920
Idaho	7,746	3,073	1,712 †	588 †	0	2,373 †,‡
Illinois	57,003	40,705 **	7,752 *,†,‡	14 *,†,‡	4,696 *,†,‡	3,836 *,†,‡
Indiana	22,381	14,559	4,461	616	1,895	851 *,†,‡
Iowa	20,001	16,536	3,217 *,†	0	0	248
Kansas	10,564	2,559 **	2,459 †	0	0	5,545 †,‡
Kentucky	53,422	37,678	5,239 †	1,270 *,†,‡	0	9,234 *,†,‡
Louisiana	39,311	34,515	3,227	70	1,500 †,‡	0
Maine	7,576	4,381	2,124 ‡	307 †,‡	110 †,‡	654 *,‡
Maryland	47,563	38,510	2,993 *,†,‡	0	0	6,061 *,†,‡
Massachusetts	50,927	40,664	6,535 *	0	0	3,727 *,‡
Michigan	54,084	38,995	6,866	1,858	304 §	6,061
Minnesota	21,985	13,564 **	2,215	5,042	1,156	9 *,†,‡
Mississippi	25,271	20,082	5,189 *,†,‡	nr	nr	nr
Missouri	45,735	40,238	5,117 †	0	0 §	380 *
Montana	4,467	1,518	2,448 †,‡	10	0	491 *,†,‡
Nebraska	7,445	5,656 **	1,789 †,‡	0	0	nr
Nevada	7,130	4,070	2,661	110	244	44
New Hampshire	4,597	2,077	1,566 *,†,‡	0	26 *,†,‡,§	928 *,†,‡
New Jersey	36,392	20,615	8,995 †	500	1,685	4,597
New Mexico	12,466	10,408	558	0	0	1,500
New York	127,512	82,983	11,569 *	3,198 *	327 §	29,434 *
North Carolina	79,230	32,541	7,776 *,†,‡	7,406 *,†,‡	1,000	30,508
North Dakota	2,098	653	956	50	0	439
Ohio	41,673	31,004	9,094 *	465 ‡	14 ‡	1,094 ‡
Oklahoma	31,021	22,191	2,865 *,†,‡	0	0	5,965
Oregon	41,284	35,756 **	2,547 †	869	0	2,112
Pennsylvania	89,419	75,619	9,289	nr	2,000	2,511
Rhode Island	3,747	2,183	1,328 †,‡	124 †	0	113 *,†,‡
South Carolina	33,729	25,022 **	7,039 *,†,‡	63 *,†,‡	0	1,604 *,†,‡
South Dakota	3,236	1,991	1,244 *,†,‡	nr	nr	nr
Tennessee	55,608	42,668	6,648 †,‡	568 †,‡	0	5,724 †,‡
Texas	148,372	92,087	13,934 *,†,‡	0	22,707 *,†,‡	19,644 *,†,‡
Utah	6,241	4,150	1,600	168 *,†,‡	0	323 *,†,‡
Vermont	5,187	4,167 **	832	0	185	3
Virginia	32,607	28,235	4,372 †	0	0	nr
Washington	67,304	41,738	3,901 †	0	0	21,665 †
West Virginia	11,623	5,678 **	2,310 *	1,123 *	1,847	665 *,†
Wisconsin	47,131	30,197 **	3,187	3,248 *,†,‡	0	10,500 *,†,‡
Wyoming	2,351	1,472	778	100 *,†	0	nr

*Includes sterilization services. †Includes outreach and education activities. ‡Includes administrative expenses. §Includes expenditures from another federal source of funding. **Adjusted by Guttmacher to account for clients in capitated managed care plans; see methodology for details. *Notes:* nr=no response or not available. u=unknown.

TABLE 2. Reported public expenditures for family planning client services and percentage distribution by funding source, according to state, FY 2010

State	Total (in 000s of dollars)	% from Medicaid	% from Title X	% from MCH block grant	% from SSBG and TANF	% from state-only sources
U.S. total	**$2,370,627**	**74.7**	**9.6**	**1.2**	**2.1**	**12.4**
Alabama	47,056	72.8	12.5	0.0	2.1	12.5
Alaska	5,487	38.7	34.7	0.6	0.9	25.1
Arizona	64,707	90.4	8.1	1.4	0.0	0.1
Arkansas	30,073	85.0	13.9	0.0	0.0	1.1
California	605,647	85.7	3.0	0.0	0.0	11.3
Colorado	24,562	46.4	11.8	0.0	u	41.9
Connecticut	11,446	66.3	16.7	0.1	8.7	8.2
Delaware	7,219	77.8	12.6	0.0	0.0	9.6
District of Columbia	5,355	86.1	13.9	0.0	nr	0.0
Florida	103,078	64.0	11.1	0.0	0.0	24.8
Georgia	92,139	85.3	5.2	0.0	9.2	0.3
Hawaii	8,418	71.9	17.1	0.0	0.0	10.9
Idaho	7,746	39.7	22.1	7.6	0.0	30.6
Illinois	57,003	71.4	13.6	0.0	8.2	6.7
Indiana	22,381	65.1	19.9	2.8	8.5	3.8
Iowa	20,001	82.7	16.1	0.0	0.0	1.2
Kansas	10,564	24.2	23.3	0.0	0.0	52.5
Kentucky	53,422	70.5	9.8	2.4	0.0	17.3
Louisiana	39,311	87.8	8.2	0.2	3.8	0.0
Maine	7,576	57.8	28.0	4.1	1.5	8.6
Maryland	47,563	81.0	6.3	0.0	0.0	12.7
Massachusetts	50,927	79.8	12.8	0.0	0.0	7.3
Michigan	54,084	72.1	12.7	3.4	0.6	11.2
Minnesota	21,985	61.7	10.1	22.9	5.3	0.0
Mississippi	25,271	79.5	20.5	nr	nr	nr
Missouri	45,735	88.0	11.2	0.0	0.0	0.8
Montana	4,467	34.0	54.8	0.2	0.0	11.0
Nebraska	7,445	76.0	24.0	0.0	0.0	nr
Nevada	7,130	57.1	37.3	1.5	3.4	0.6
New Hampshire	4,597	45.2	34.1	0.0	0.6	20.2
New Jersey	36,392	56.6	24.7	1.4	4.6	12.6
New Mexico	12,466	83.5	4.5	0.0	0.0	12.0
New York	127,512	65.1	9.1	2.5	0.3	23.1
North Carolina	79,230	41.1	9.8	9.3	1.3	38.5
North Dakota	2,098	31.1	45.6	2.4	0.0	20.9
Ohio	41,673	74.4	21.8	1.1	0.0	2.6
Oklahoma	31,021	71.5	9.2	0.0	0.0	19.2
Oregon	41,284	86.6	6.2	2.1	0.0	5.1
Pennsylvania	89,419	84.6	10.4	nr	2.2	2.8
Rhode Island	3,747	58.3	35.4	3.3	0.0	3.0
South Carolina	33,729	74.2	20.9	0.2	0.0	4.8
South Dakota	3,236	61.5	38.5	nr	nr	nr
Tennessee	55,608	76.7	12.0	1.0	0.0	10.3
Texas	148,372	62.1	9.4	0.0	15.3	13.2
Utah	6,241	66.5	25.6	2.7	0.0	5.2
Vermont	5,187	80.3	16.0	0.0	3.6	0.1
Virginia	32,607	86.6	13.4	0.0	0.0	nr
Washington	67,304	62.0	5.8	0.0	0.0	32.2
West Virginia	11,623	48.9	19.9	9.7	15.9	5.7
Wisconsin	47,131	64.1	6.8	6.9	0.0	22.3
Wyoming	2,351	62.6	33.1	4.3	0.0	nr

Notes: nr=no response or not available. u=unknown.

TABLE 3. Reported public expenditures for family planning client services (in 000s of actual dollars, not adjusted for inflation), according to state, FY 1980–2010

State	FY 1980	FY 1987	FY 1994	FY 2001	FY 2006	FY 2010	% change FY 1994–2010	% change FY 1980–2010
U.S. total	**$349,793**	**$412,958**	**$711,116**	**$1,257,954**	**$1,846,963**	**$2,370,627**	**233.4**	**577.7**
Alabama	5,326	6,345	14,905	26,597	32,084	47,056	215.7	783.5
Alaska	319	1,199	675	4,228	1,921	5,487	712.9	1,620.1
Arizona	3,519	3,469	3,809	16,697	38,062	64,707	1,598.8	1,738.8
Arkansas	3,465	3,431	4,698	16,321	20,039	30,073	540.1	767.9
California	62,972	53,953	87,540	322,367	387,707	605,647	591.9	861.8
Colorado	3,414	2,941	4,769	8,771	9,224	24,562	415.0	619.4
Connecticut	3,848	4,500	9,325	16,967	17,880	11,446	22.7	197.5
Delaware	1,073	1,493	2,199	4,119	4,991	7,219	228.3	572.8
District of Columbia	1,453	1,977	1,485	1,279	1,300	5,355	260.6	268.5
Florida	14,194	5,430	44,467	46,113	64,296	103,078	131.8	626.2
Georgia	13,698	8,619	16,664	41,533	18,099	92,139	452.9	572.6
Hawaii	2,949	2,123	2,215	1,339	1,374	8,418	280.1	185.5
Idaho	922	1,714	1,505	3,102	7,592	7,746	414.7	740.2
Illinois	11,842	21,019	19,199	26,544	49,681	57,003	196.9	381.4
Indiana	7,399	4,535	6,326	23,735	9,808	22,381	253.8	202.5
Iowa	3,161	5,079	5,320	6,934	13,477	20,001	276.0	532.8
Kansas	2,105	2,106	3,573	3,123	14,512	10,564	195.7	401.8
Kentucky	5,353	5,915	12,222	13,030	66,846	53,422	337.1	898.0
Louisiana	7,152	10,508	3,229	20,689	20,378	39,311	1,117.4	449.7
Maine	2,102	3,078	5,764	6,971	7,927	7,576	31.4	260.4
Maryland	4,887	10,440	15,521	21,082	40,230	47,563	206.4	873.3
Massachusetts	6,739	4,493	14,427	29,579	30,296	50,927	253.0	655.7
Michigan	11,117	14,410	23,373	27,692	38,788	54,084	131.4	386.5
Minnesota	4,857	5,896	11,270	11,429	10,639	21,985	95.1	352.7
Mississippi	5,490	6,614	9,334	10,375	13,267	25,271	170.7	360.3
Missouri	5,843	6,591	17,329	30,876	30,098	45,735	163.9	682.7
Montana	1,575	1,388	2,369	2,829	3,512	4,467	88.6	183.6
Nebraska	1,335	1,634	2,297	3,073	5,185	7,445	224.1	457.7
Nevada	879	1,204	4,548	4,818	6,257	7,130	56.8	711.2
New Hampshire	1,043	1,436	4,424	2,826	2,860	4,597	3.9	340.8
New Jersey	12,219	11,436	14,506	26,726	55,434	36,392	150.9	197.8
New Mexico	2,487	2,132	5,266	6,670	11,940	12,466	136.7	401.3
New York	29,717	51,168	100,095	96,072	149,606	127,512	27.4	329.1
North Carolina	6,710	11,121	21,059	27,234	56,101	79,230	276.2	1,080.8
North Dakota	740	759	1,508	1,580	2,136	2,098	39.1	183.5
Ohio	12,371	11,601	22,090	23,062	32,207	41,673	88.7	236.9
Oklahoma	4,163	9,357	7,671	24,083	30,235	31,021	304.4	645.2
Oregon	2,144	3,851	8,185	22,985	66,440	41,284	404.4	1,825.6
Pennsylvania	15,622	19,226	24,907	50,734	83,355	89,419	259.0	472.4
Rhode Island	608	899	737	2,676	3,778	3,747	408.4	516.3
South Carolina	6,353	8,273	14,433	43,717	31,486	33,729	133.7	430.9
South Dakota	517	801	781	1,724	1,852	3,236	314.3	525.8
Tennessee	9,143	8,810	9,591	31,767	56,791	55,608	479.8	508.2
Texas	25,415	33,302	64,138	65,656	87,207	148,372	131.3	483.8
Utah	789	1,267	3,215	3,923	4,486	6,241	94.1	691.0
Vermont	1,053	1,352	3,095	4,093	3,590	5,187	67.6	392.6
Virginia	7,646	8,246	25,921	30,474	51,109	32,607	25.8	326.5
Washington	4,428	8,132	11,413	17,229	94,284	67,304	489.7	1,420.0
West Virginia	1,611	3,053	5,325	6,611	10,420	11,623	118.3	621.5
Wisconsin	5,470	14,078	10,906	14,518	38,553	47,131	332.2	761.6
Wyoming	556	554	1,493	1,380	7,625	2,351	57.5	322.8

TABLE 4. Reported public expenditures for family planning client services (in 000s of constant 2010 dollars), according to state, FY 1980–2010

State	FY 1980	FY 1987	FY 1994	FY 2001	FY 2006	FY 2010	% change FY 1994–2010	% change FY 1980–2010
U.S. total	**$1,814,048**	**$1,232,957**	**$1,309,114**	**$1,791,182**	**$2,133,929**	**$2,370,627**	**81.1**	**30.7**
Alabama	27,621	18,944	27,439	37,871	37,069	47,056	71.5	70.4
Alaska	1,654	3,580	1,243	6,020	2,220	5,487	341.6	231.7
Arizona	18,250	10,357	7,012	23,775	43,976	64,707	822.8	254.6
Arkansas	17,970	10,244	8,649	23,239	23,153	30,073	247.7	67.4
California	326,577	161,086	161,155	459,013	447,946	605,647	275.8	85.5
Colorado	17,705	8,781	8,779	12,488	10,657	24,562	179.8	38.7
Connecticut	19,956	13,436	17,167	24,160	20,658	11,446	–33.3	–42.6
Delaware	5,565	4,458	4,048	5,864	5,766	7,219	78.3	29.7
District of Columbia	7,535	5,903	2,734	1,822	1,502	5,355	95.9	–28.9
Florida	73,611	16,212	81,861	65,660	74,286	103,078	25.9	40.0
Georgia	71,039	25,734	30,677	59,138	20,912	92,139	200.3	29.7
Hawaii	15,294	6,339	4,078	1,907	1,587	8,418	106.4	–45.0
Idaho	4,782	5,117	2,771	4,416	8,771	7,746	179.6	62.0
Illinois	61,413	62,756	35,344	37,796	57,400	57,003	61.3	–7.2
Indiana	38,372	13,540	11,646	33,796	11,331	22,381	92.2	–41.7
Iowa	16,393	15,164	9,794	9,874	15,571	20,001	104.2	22.0
Kansas	10,917	6,288	6,578	4,447	16,767	10,564	60.6	–3.2
Kentucky	27,761	17,660	22,500	18,553	77,232	53,422	137.4	92.4
Louisiana	37,091	31,373	5,944	29,459	23,545	39,311	561.3	6.0
Maine	10,901	9,190	10,611	9,926	9,158	7,576	–28.6	–30.5
Maryland	25,344	31,170	28,573	30,018	46,481	47,563	66.5	87.7
Massachusetts	34,949	13,415	26,559	42,117	35,003	50,927	91.7	45.7
Michigan	57,653	43,024	43,028	39,430	44,814	54,084	25.7	–6.2
Minnesota	25,189	17,604	20,747	16,273	12,292	21,985	6.0	–12.7
Mississippi	28,471	19,747	17,183	14,773	15,329	25,271	47.1	–11.2
Missouri	30,302	19,679	31,901	43,964	34,774	45,735	43.4	50.9
Montana	8,168	4,144	4,361	4,028	4,057	4,467	2.4	–45.3
Nebraska	6,923	4,879	4,229	4,376	5,990	7,445	76.1	7.5
Nevada	4,559	3,595	8,373	6,861	7,230	7,130	–14.8	56.4
New Hampshire	5,409	4,287	8,144	4,024	3,304	4,597	–43.6	–15.0
New Jersey	63,368	34,144	26,705	38,055	64,047	36,392	36.3	–42.6
New Mexico	12,898	6,365	9,694	9,497	13,795	12,466	28.6	–3.3
New York	154,114	152,771	184,268	136,796	172,851	127,512	–30.8	–17.3
North Carolina	34,798	33,204	38,768	38,778	64,817	79,230	104.4	127.7
North Dakota	3,838	2,266	2,776	2,249	2,468	2,098	–24.4	–45.3
Ohio	64,157	34,637	40,666	32,838	37,211	41,673	2.5	–35.0
Oklahoma	21,590	27,937	14,122	34,292	34,932	31,021	119.7	43.7
Oregon	11,119	11,498	15,068	32,728	76,763	41,284	174.0	271.3
Pennsylvania	81,017	57,403	45,852	72,240	96,306	89,419	95.0	10.4
Rhode Island	3,153	2,684	1,357	3,810	4,365	3,747	176.2	18.8
South Carolina	32,947	24,700	26,570	62,249	36,378	33,729	26.9	2.4
South Dakota	2,681	2,392	1,438	2,455	2,140	3,236	125.0	20.7
Tennessee	47,416	26,304	17,656	45,232	65,614	55,608	214.9	17.3
Texas	131,804	99,429	118,073	93,486	100,757	148,372	25.7	12.6
Utah	4,092	3,783	5,919	5,585	5,183	6,241	5.4	52.5
Vermont	5,461	4,037	5,698	5,829	4,148	5,187	–9.0	–5.0
Virginia	39,653	24,620	47,719	43,392	59,050	32,607	–31.7	–17.8
Washington	22,964	24,279	21,011	24,531	108,933	67,304	220.3	193.1
West Virginia	8,355	9,115	9,803	9,414	12,039	11,623	18.6	39.1
Wisconsin	28,368	42,032	20,077	20,672	44,543	47,131	134.8	66.1
Wyoming	2,883	1,654	2,749	1,965	8,810	2,351	–14.5	–18.5

Notes: Inflation-adjusted data are reported in constant 2010 dollars using the Medical Care Consumer Price Index–All Urban Consumers, with $1.00 in 2010 equal to $5.19 in 1980.

TABLE 5. Basis for eligibility, number of participants and expenditures on family planning client services under Medicaid family planning expansions, by state

State	Eligibility criteria	Expansion participants		Expenditures on family planning client services (in 000s of dollars), FY 2010
		No.	Year	
U.S. total	**—**	**2,701,281**	**—**	**$633,492**
Income-based waiver	**Income ceiling (as % of poverty)**	**2,701,281**	**—**	**626,036**
Alabama	133%	60,381	2009	18,968
Arkansas	200%	48,735	2005	12,654
California	200%	1,820,850	2010	423,611
Illinois	200%	56,277	2011	8,316
Iowa	200%	29,168	2010	8,750
Louisiana	200%	55,424	2011	14,337
Michigan	185%	37,125	2009	8,471
Minnesota	200%	30,112	2009	12,258
Mississippi	185%	28,170	2010	5,062
Missouri	185%	30,968	2010	4,549
New Mexico	185%	11,118	2010	3,152
New York	200%	30,520	2006	4,201
North Carolina	185%	29,900	2010	7,875
Oklahoma	185%	25,295	2010	8,418
Oregon	185%	75,478	2010	22,779
Pennsylvania	185%	43,129	2008	11,750
South Carolina	185%	39,195	2010	9,343
Texas	185%	103,281	2010	19,192
Virginia	133%	3,044	2010	1,114
Washington	200%	74,225	2010	12,483
Wisconsin	200%	68,886	2006	8,753
Limited waiver	**After losing coverage (length of eligibility)**	**na**	**—**	**3,728**
Arizona	postpartum (2 years)	na	—	743
Delaware	for any reason (2 years)	na	—	337
Florida	for any reason (2 years)	na	—	2,231
Maryland	postpartum (5 years)	na	—	337
Rhode Island	postpartum (2 years)	na	—	na
Wyoming	postpartum (unlimited)	na	—	81

Notes: State policies are as of the middle of FY 2010 (April 1, 2010). Eligiblity ceilings are defined as a percentage of the federal poverty level (FPL). Data on participation are for the most recent 12-month period available; most data span two calendar years, with the second of the two years listed. na=not available. *Sources:* Eligibility criteria—reference 3; expansion participants—Sonfield A and Gold RB, *Medicaid Family Planning Expansions: Lessons Learned and Implications for the Future* , New York: Guttmacher Institute, 2011.

TABLE 6. Reported public expenditures for sterilization services (in 000s of dollars), by funding source, according to state, FY 2010

State	Sterilization services		
	Total	Medicaid	Other
U.S. total	**$93,415**	**$88,759**	**$4,656**
Alabama	2,710	2,613	97
Alaska	2,244	2,244	u
Arizona	221	54	167
Arkansas	6,698	6,698	0
California	0	0	0
Colorado	2,570	2,570	u
Connecticut	70	70	nr
Delaware	116	116	nr
District of Columbia	1	1	0
Florida	0	0	u
Georgia	315	0	315
Hawaii	80	80	0
Idaho	1,203	1,203	0
Illinois	7,740	7,715	24
Indiana	0	0	u
Iowa	0	0	u
Kansas	333	333	0
Kentucky	11,425	11,329	96
Louisiana	3,251	3,186	65
Maine	0	0	u
Maryland	128	128	u
Massachusetts	12	12	u
Michigan	245	245	0
Minnesota	328	328	u
Mississippi	0	0	u
Missouri	6,865	6,865	u
Montana	817	811	6
Nebraska	1,093	1,093	nr
Nevada	107	94	12
New Hampshire	911	911	u
New Jersey	1,897	543	1,354
New Mexico	525	27	498
New York	1,271	1,271	u
North Carolina	7,910	7,910	u
North Dakota	0	0	0
Ohio	53	53	u
Oklahoma	9,922	9,922	u
Oregon	151	135	16
Pennsylvania	5,710	5,602	108
Rhode Island	11	0	11
South Carolina	4,677	4,677	u
South Dakota	394	394	u
Tennessee	180	0	180
Texas	6,706	5,041	1,665
Utah	522	522	u
Vermont	0	0	0
Virginia	1,513	1,513	nr
Washington	1,028	994	34
West Virginia	0	0	u
Wisconsin	1,008	1,008	u
Wyoming	455	449	6

Notes: nr=no response or not available. u=unknown.

TABLE 7. Reported public expenditures for abortions and number of publicly funded abortions, by funding source, according to state and state funding policy, FY 2010

State	Expenditures (in 000s of dollars)			No. of abortions		
	Total	Federal	State	Total	Federal	State
U.S. total	**$67,960**	**$272**	**$67,688**	**180,621**	**331**	**180,290**
NONRESTRICTIVE POLICY						
Voluntary policy	**26,966**	**0**	**26,966**	**65,589**	**0**	**65,589**
Hawaii	585	0	585	1,279	0	1,279
Maryland	3,030	0	3,030	4,352	0	4,352
New York	17,146	0	17,146 *	45,722	0	45,722 *
Washington	6,205	0	6,205	14,236	0	14,236
Court-ordered policy	**40,771**	**86**	**40,685**	**114,933**	**259**	**114,674**
Alaska	296	0	296	835	0	835
Arizona	7	0	6	14	1	13
California	28,360	0	28,360	88,466	0	88,466
Connecticut	nr	0	nr	nr	0	nr
Illinois	222	78	145	371	237	134
Massachusetts	1,400	0	1,400	4,100	0	4,100
Minnesota	1,586	5	1,581	3,941	16	3,925
Montana	203	3	200	422	5	417
New Jersey	4,853	0	4,853	10,277	0	10,277
New Mexico	1,618	0	1,618	1,270	0	1,270
Oregon	1,610	0	1,610	3,427	0	3,427
Vermont	281	0	281	699	0	699
West Virginia	335	0	335	1,111	0	1,111
RESTRICTIVE POLICY						
Life, rape, incest	**126**	**123**	**3**	**74**	**67**	**7**
Alabama	3	3	1	9	9	0
Arkansas	0	0	0	0	0	0
Colorado	0	0	0	0	0	0
Delaware	1	1	nr	1	1	nr
Dist. of Columbia	0	0	0	0	0	0
Florida	nr	0	nr	nr	0	nr
Georgia	12	12	0	8	8	0
Idaho	0	0	0	0	0	0
Kansas	0	0	0	0	0	0
Kentucky	0	0	0	0	0	0
Louisiana	0	0	0	0	0	0
Maine	3	3	nr	15	15	nr
Michigan	11	11	0	7	7	0
Missouri	0	0	0	0	0	0
Nebraska	nr	0	nr	nr	0	nr
Nevada	0	0	0	0	0	0
New Hampshire	5	5	0	3	3	0
North Carolina	14	14	0	3	3	0
North Dakota	0	0	0	0	0	0
Ohio	16	16	0	9	9	0
Oklahoma	0	0	0	0	0	0
Pennsylvania	3	0	3	7	0	7
Rhode Island	0	0	0	0	0	0
South Carolina	53	53	0	9	9	0
Tennessee	0	0	0	0	0	0
Texas	4	4	0	3	3	0
Wyoming	0	0	0	0	0	0
Life only	**nr**	**0**	**nr**	**nr**	**0**	**nr**
South Dakota	nr	0	nr	nr	0	nr
Broader than life, rape, incest	**98**	**63**	**35**	**25**	**5**	**20**
Indiana	0	0	0	0	0	0
Iowa	97	62	35	23	3	20
Mississippi	0	0	0	0	0	0
Utah	nr	0	nr	nr	0	nr
Virginia	1	1	u	2	2	u
Wisconsin	nr	0	nr	nr	0	nr

*Number of abortions is from 2009; expenditures are estimated using the average spending per abortion in the other nonrestrictive states ($375). *Notes:* State policies are as of the middle of FY 2010 (April 1, 2010). States with nonrestrictive policies use their own funds to pay for most or all medically necessary abortions provided to Medicaid recipients; the policy may have been adopted either voluntarily or because of a court order. States with restrictive policies pay for abortions only in a few circumstances: when necessary to save the life of the woman or when the pregnancy is the result of rape or incest (which is federal policy); only to save the life of the woman (a violation of federal policy); or "broader than life, rape, incest," which means that states use their own funds to pay for abortions under additional rare circumstances, such as in cases of fetal abnormality. nr=no response or not available. u=unknown.

References

1. Department of Health and Human Services (DHHS), Office of Population Affairs, Family planning program: FY 2010 service program grants by state, Washington, DC: DHHS, 2011.

2. Guttmacher Institute, Medicaid family planning eligibility expansions, *State Policies in Brief (as of April 2010),* 2010, <http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf>, accessed Apr. 8, 2010.

3. Guttmacher Institute, Medicaid family planning eligibility expansions, *State Policies in Brief (as of January 1, 2012),* 2012, <http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf>, accessed Jan. 9, 2012.

4. 42 CFR 441.250–259.

5. Guttmacher Institute, State funding of abortion under Medicaid, *State Policies in Brief (as of April 1, 2010),* <http://www.guttmacher.org/statecenter/spibs/spib_SFAM.pdf>, accessed Apr. 8, 2010.

6. Sonfield A, Alrich C and Gold RB, Public funding for family planning, sterilization and abortion services, FY 1980–2006, *Occasional Report,* New York: Guttmacher Institute, 2008, No. 38.

7. Sonfield A and Gold RB, *Public Funding for Contraceptive, Sterilization and Abortion Services, FY 1980–2001,* New York: Guttmacher Institute, 2005, <http://www.guttmacher.org/pubs/fpfunding/index.html>, accessed Sept. 5, 2007.

8. Sollom T, Gold RB and Saul R, Public funding for contraception, sterilization and abortion services, 1994, *Family Planning Perspectives,* 1996, 28(4):166–173.

9. Daley D and Gold RB, Public funding for contraceptive, sterilization and abortion services, fiscal year 1992, *Family Planning Perspectives,* 1993, 25(6):244–251.

10. Gold RB and Daley D, Public funding of family planning services, sterilization and abortion services, 1990, *Family Planning Perspectives,* 1991, 23(5):204–211.

11. Gold RB and Guardado S, Public funding of family planning, sterilization and abortion services, 1987, *Family Planning Perspectives,* 1988, 20(5):228–233.

12. Gold RB and Macias J, Public funding of contraceptive, sterilization and abortion services, 1985, *Family Planning Perspectives,* 1986, 18(6):259–264.

13. Gold RB and Nestor B, Public funding of contraceptive, sterilization and abortion services, 1983, *Family Planning Perspectives,* 1985, 17(1):25–30.

14. Nestor B and Gold RB, Public funding of contraceptive, sterilization and abortion services, 1982, *Family Planning Perspectives,* 1984, 16(3):128–133.

15. Nestor B, Public funding of contraceptive services, 1980–1982, *Family Planning Perspectives,* 1983, 14(4):198–203.

16. Bureau of Labor Statistics, *Consumer Price Index–All Urban Consumers (Current Series),* 2011, <http://www.bls.gov/cpi/home.htm>, accessed on Feb. 17, 2011.

17. Centers for Medicare and Medicaid Services (CMS), *Managed Care as a Percentage of Total Medicaid 1991–1995,* <http://www.cms.hhs.gov/medicaid/managedcare/pctoftot.pdf>, accessed June 13, 2003.

18. CMS, *2006 Medicaid Managed Care Enrollment Report,* 2007, <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcer06.pdf>, accessed Sept. 5, 2007.

19. The MEDSTAT Group, Selected state Medicaid family planning services cost and use measures: an empirical study, unpublished report, 2002.

20. CMS, *Medicaid Statistical Information System (MSIS) State Summary Datamart,* 2009, <http://msis.cms.hhs.gov/>, accessed Dec. 21, 2011.

21. DeNavas-Walt C, Proctor BD and Smith JC, Income, poverty, and health insurance coverage in the United States: 2010, *Current Population Reports,* 2011, Series P60, No. 239, <http://www.census.gov/prod/2011pubs/p60-239.pdf>, accessed Oct. 31, 2011.

22. CMS, Medicaid Financial Management Report, FY 2010, <https://www.cms.gov/MedicaidBudgetExpendSystem/02_CMS64.asp>, accessed Dec. 21, 2011.

23. Frost JJ, Henshaw SK and Sonfield A, *Contraceptive Needs and Services: National and State Data, 2008 Update,* New York: Guttmacher Institute, 2010, <http://www.guttmacher.org/pubs/win/contraceptive-needs-2008.pdf>, accessed Dec. 27, 2011.

24. Gold RB et al., *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System,* New York: Guttmacher Institute, 2009.

25. Gold RB and Sonfield A, Publicly funded contraceptive care: a proven investment, *Contraception,* 2011, 84(5):437–439.

26. Sonfield A, Political tug-of-war over Medicaid could have major implications for reproductive health care, *Guttmacher Policy Review,* 2011, 14(3):11–16 & 23.

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