

# Increasing access to affordable contraception: A look at the Wisconsin Medicaid Family Planning Waiver

*Sarah E. Pierce, BS; Michael Vaughn, MHA; Murray L. Katcher, MD, PhD*

## Abstract

Approximately half of all pregnancies in the United States are unintended. The purpose of the Family Planning Waiver, a Wisconsin Medicaid program implemented in 2003, is to expand access to contraceptive care and other reproductive health services. The waiver provides women with birth control services and supplies, emergency contraception, routine reproductive health exams, and diagnosis and treatment of sexually transmitted diseases. With greater availability of contraception, the expected outcome is a reduction of unintended pregnancies and subsequent therapeutic abortion, which results in a decreased financial burden to the state, as well as an opportunity for women to experience motherhood when they are emotionally prepared to do so.

## Background

Unintended pregnancy continues to be a significant health issue for women of reproductive age (15-44 years) in the United States. Approximately half of all pregnancies are unintended, with this ratio tending to be higher in women of lower socioeconomic status and as high as 85% in adolescents.<sup>1,2</sup> Reasons for this high frequency may include decreased access to reproductive care, absence of health insurance or having insurance that does not cover contraception, and lack of financial means for contraceptive services.

Studies have shown that high school girls who become pregnant are less likely to graduate than their peers, with only about 64% of teen mothers either graduating or earning a General Education Degree within 2 years of when they would have graduated; this compares to a rate of 94% for teens who do not give birth.<sup>3,4</sup> In addition to lower high school graduation rates, teen mothers are more likely to use welfare services and less likely to receive postsecondary education, which can negatively impact their career choices and earning potential.<sup>3,5</sup> The effects of unintended pregnancy may also include abortion, economic hardship, a greater risk of depression and physical abuse, and considerable strain on current relationships.<sup>6</sup>

Although a woman is able to re-

ceive government assistance after becoming pregnant, it would be more cost-effective and more protective of a woman's emotional and physical health if those pregnancies were prevented. In addition to promoting abstinence, another way to prevent unintentional pregnancy is to increase access to contraceptive services; this is the premise behind the Wisconsin Medicaid Family Planning Waiver Program.

## Family Planning Waiver Overview

The family planning waiver (FPW) is a Medicaid program with the primary goal of helping women prevent unintended pregnancy. The Wisconsin FPW, implemented on January 1, 2003, offers women ages 15-44 years, who are at or below 185% of the federal poverty level (Table 1), access to contraceptive and reproductive-related health care services. In addition to meeting the age and income requirements, a woman must be a United States citizen or qualified immigrant living in Wisconsin and not currently a recipient of any other full-benefit Medicaid program, such as Badger-Care or Healthy Start. To ensure privacy, women applying for the FPW are not required to provide private insurance information. There is no charge or co-payment for services and supplies provided through the FPW program. Through an enrollment process

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Ms Pierce is a second-year medical student, University of Wisconsin Medical School and recipient of the Summer Fellowship in Government and Community Service from the Wisconsin Medical Society Foundation. Mr Vaughn is the family planning and reproductive health program consultant at the Wisconsin Division of Public Health. Doctor Katcher is chief medical officer, Community Health Promotion, Wisconsin Division of Public Health, Department of Health and Family Services; and clinical professor of Pediatrics, University of Wisconsin Medical School and Medical College of Wisconsin. Address reprint requests to Murray L. Katcher, MD, PhD, Wisconsin Division of Public Health, 1 W Wilson St, Rm 233, Madison, WI 53701-2659; phone 608.266.5818; fax 608.266.8925; e-mail katchml@dhs.state.wi.us.

**Table 1.** Federal Poverty Level-185%, 2004

Family Size	Annual Household Income
1	\$17,223.48
2	\$23,106.48
3	\$28,989.48
4	\$34,872.48

This information is updated annually and can be found at [dhfs.wisconsin.gov/medicaid1/fpl/fpl.htm](http://dhfs.wisconsin.gov/medicaid1/fpl/fpl.htm)

**Table 2.** Basic Facts About the Wisconsin Family Planning Waiver (FPW) Program

#### Eligibility

Women ages 15-44 years  
US citizen or qualified immigrant living in Wisconsin and not enrolled in a full-benefit Medicaid program  
Income is at or below 185% of federal poverty level (Table 1)

#### Services

Birth control services and supplies  
Routine reproductive health exams and tests  
Emergency contraception

#### Application

Can receive same day services through presumptive eligibility (PE)  
PE lasts up to 3 months  
FPW program covers a woman for up to 12 months

#### Provider Requirements

Medicaid certified provider  
PE certification  
All care must be given in the context of contraception

#### Other Important Facts

No private insurance information is needed  
Services and supplies are provided at no charge  
Identity of woman is kept confidential—this also applies to teens

filled out at the same time and submitted by mail, phone, fax, or in person to an Economic Support Office.<sup>7</sup> Benefits through FPW PE are in effect for up to 3 months from the date of application, and continuous benefits provided by the FPW program are in effect for up to 12 months. Enrollment may be renewed each year using the same simple enrollment form. The FPW will continue in Wisconsin for five years (through December 31, 2007) and may then be extended as long as it can be shown to reduce unintended pregnancy and shown to be cost effective by spending less money on contraceptive care than would have been spent on pregnancy care. Table 2 provides a brief summary of the main features of the FPW program.

#### Expanding Access to Care

Based on income requirements alone, the FPW has the potential to provide more than 300,000 women in the state of Wisconsin with contraceptive care annually. As of April 2004, the percent of eligible women by county enrolled in the program ranged from 3% to 53%; on average, approximately 14% of Wisconsin income-eligible women enrolled.<sup>8</sup> Clearly there is room for expansion of enrollment in the FPW, and providers have not only the opportunity, but also the responsibility, to inform women about, and facilitate access to these services.

#### Services Available Through the Family Planning Waiver Birth Control Services and Supplies

The birth control supplies offered by the FPW allow patients the freedom to choose the method of contraception with which they are most comfortable. These methods include oral contraceptives, the Ortho Evra Patch®, medroxyprogesterone (Depo Provera®) injec-

tions, intrauterine devices (both copper and progesterone), diaphragms, and condoms. For women who do not wish to use birth control, information and supplies related to natural family planning are available. If a woman chooses to end her reproductive capabilities, tubal ligations are also possible. The FPW not only provides the needed supplies (e.g., an intrauterine device), but also covers the necessary procedures associated with those supplies (e.g., insertion and removal of the intrauterine device).<sup>9</sup>

#### Routine Reproductive Health

##### Exams and Tests

Reproductive health services that routinely coincide with, and are provided in the context of, contraceptive care are also available. These services include outpatient office visits for preventive care such as pelvic examinations, testing for sexually transmitted diseases (STDs), cervical cancer screening (Pap smear), and other routine laboratory screening tests. Colposcopy and biopsy are covered procedures for patients receiving abnormal Pap test results while enrolled in the FPW. Women enrolled in the FPW who are diagnosed with either breast or cervical cancer are eligible to be enrolled in and receive treatment through the full-benefit Medicaid program. If a woman is concerned that she may be pregnant, the waiver covers pregnancy testing and counseling.<sup>9</sup>

##### Emergency Contraception

As previously mentioned, the purpose of the FPW is to expand access to contraceptive care and thereby reduce unintended pregnancy; one method with significant unintended pregnancy prevention potential is emergency contraception (EC). Beginning July 1, 2004, the FPW covers Plan B™, a type of progestin-only EC. EC remains an underuti-

known as presumptive eligibility (PE), a woman who is a US citizen can begin to receive temporary services on the same day that she applies for the waiver through any certified PE Medicaid provider. A separate application for continuing services through the FPW can be

**Table 3.** Emergency Contraception (EC): Efficacy and Timeliness of Intervention

EC Following Unprotected Intercourse: Hours	Progestin Only Pills (Levonorgestrel)				Combination Pills (Yuzpe Regimen)			
	<24	24-48	48-72	>72	<24	24-48	48-72	>72
Unintended Pregnancies Prevented	95%	85%	58%	85%	77%	36%	31%	57%
Chance of Unintended Pregnancy	1 in 250	1 in 83	1 in 37	1 in 91	1 in 50	1 in 24	1 in 21	1 in 31
<i>Chance of Pregnancy Among Women Having Mid-cycle Unprotected Intercourse without Emergency Contraception: 1 in 12</i>								
Data Source: Randomized Controlled Trial of Levonorgestrel Versus The Yuzpe Regimen of Combined Oral Contraceptives for Emergency Contraception. <i>Lancet</i> . 1998;352:428								

lized contraceptive method, with too many women not aware that it exists and too few providers offering it as an option. It has been estimated that EC has the potential to prevent over 1.7 million unintended pregnancies and 50%-70% of abortions annually.<sup>2,10</sup> The purpose of EC is to serve as a postcoital method of birth control for women who have had unprotected intercourse, have been raped, or have experienced a contraceptive failure (e.g. a condom breaks, a woman misses 2 or more oral contraceptive pills); it is not a replacement contraceptive method. EC consists of a high dose of estrogen/progestin (ethinyl estradiol and levonorgestrel, Preven<sup>TM</sup> or the Yuzpe regimen) or progestin-only (levonorgestrel, Plan B<sup>TM</sup>) taken in a pill form. The concentrated dose of hormones works in the same manner as do other oral contraceptives; i.e. inhibiting or delaying ovulation, or disrupting the maturation of the follicle and/or corpus luteum; it is unlikely that EC inhibits implantation.<sup>11-13</sup> Since EC will not disrupt an established pregnancy, it does not induce abortion; it also does not have teratogenic effects.<sup>12-15</sup> EC can be used in conjunction with a woman's current contraceptive method and should not be considered as the sole source of contraception, since it is not as effective over time as a regular method of birth control.<sup>16,17</sup>

The combined method of EC has been found to prevent 57%-75% of expected pregnancies, and the prog-

estin-only method to prevent 85% of expected pregnancies.<sup>18,19</sup> The efficacy of EC is based on initiating its use within 72 hours after unprotected intercourse. However, it is important to begin EC as soon as possible, because the sooner EC is taken after unprotected intercourse, the more successful it is (Table 3). In addition to preventing a greater percentage of pregnancies, the progestin-only method is also associated with decreased incidence of side effects such as nausea, vomiting, and dizziness.<sup>19</sup>

Since the Food and Drug Administration recently denied over-the-counter status for Plan B, EC remains available to women by prescription only. One reason that EC remains underutilized is that women may have difficulty in contacting a health care provider, obtaining a prescription for EC, and filling that prescription within 72 hours after unprotected intercourse, especially if intercourse doesn't coincide with typical Monday through Friday office hours. To prevent this problem, both the American College of Obstetricians and Gynecologists and the American Women's Medical Association recommend that providers give their patients a prescription for EC in advance.<sup>20,21</sup> In addition, the Society for Adolescent Medicine recommends that all adolescent health care providers should offer their female adolescent patients an advance prescription for EC.<sup>2</sup> A woman can

then fill that prescription immediately and have the pills on hand in case she needs them later.<sup>22</sup> (See Table 4 for basic information about emergency contraception.)

#### What Providers Need to Know

The FPW serves as an important tool for providers to help their patients increase access to reproductive care. Perhaps one of the more misunderstood aspects of the FPW is that all services and supplies must be provided in the context of contraceptive care. This means that a woman who is not capable of reproduction but is concerned that she has an STD would not be eligible to receive STD testing through the FPW, even though such testing is a service that is provided by the program. However, as long as a woman needs contraception, she is also able to receive related reproductive health care benefits.<sup>7</sup> For physicians to receive reimbursement through the FPW, they must be certified as Medicaid providers and should also be certified as PE providers. Any provider already having PE certification for Healthy Start also has PE certification for the FPW. The sidebar provides a list of Web sites that are useful resources for more information on the FPW program.

#### Conclusion

The ability to receive contraceptive services and other reproductive

**Table 4.** Frequently Asked Questions About Emergency Contraception (EC)

**What is EC?**

A postcoital method of contraception  
Consists of 2 estrogen/progestin pills or 2 progestin-only pills

**Who Should Use It?**

Women who have had unprotected sexual intercourse  
Women who have experienced a contraceptive failure  
Women who have been raped

**When Should EC Be Used?**

The first dose should be taken within 72 hours of unprotected intercourse  
The sooner EC is started, the more effective it is (Table 3)

**What are the Side Effects?**

Nausea, vomiting, dizziness, fatigue  
These are more common with combination pills

**How Effective is EC?**

The combination method prevents 57% of expected pregnancies  
The progestin only method prevents 85% of expected pregnancies

**How Can My Patients Access EC?**

Available by prescription only  
Plan B™ is covered by the Medicaid Family Planning Waiver

**What is Advance EC?**

A prescription for EC given before unprotected intercourse occurs  
Allows a woman to have EC on hand for immediate use when she needs it  
Increases likelihood that a woman will use EC

**Where Can I Get More Information?**

*A Clinician's Guide to Providing Emergency Contraceptive Pills*  
[www.piwh.org/pdfs/EC\\_guide.pdf](http://www.piwh.org/pdfs/EC_guide.pdf)

**Family Planning Waiver (FPW) Program Resources\***

**Federal Poverty Level Guidelines**

<http://dhfs.wisconsin.gov/medicaid1/fpl/fpl.htm>

**Services Allowed by the FPW**

<http://www.dhfs.state.wi.us/medicaid/updates/2002/2002-68att3.htm>

**Health Care Education and Training**

<http://www.hcet.org/resource/FPWaiiv.htm>

*FAQs section and a downloadable outreach pamphlet for patients.*

**Economic Support Offices**

<http://dhfs.wisconsin.gov/medicaid1/contacts/medcontact2.htm>

*Contact information for agencies in each county that handle continuous enrollment FPW applications.*

\* Accessed September 13, 2004

health care benefits is a major component of a woman's right to reproductive autonomy. The Wisconsin Medicaid FPW increases a woman's access to contraception by providing these services to eligible women. By expanding access to contraceptive care, the FPW can help reduce unintended pregnancies and also diminish the many unknown and unplanned economic, social, and psychological consequences that unintended pregnancies have for the women of Wisconsin.

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