VIEWPOINT

WOMEN'S HEALTH

The Risks of Excluding Qualified Family Planning Providers From Medicaid

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On June 26, 2025, the US Supreme Court issued its decision on *Medina v Planned Parenthood South Atlantic*.[1] The case considered whether Medicaid enrollees can sue in federal court if their state violates Medicaid's "free choice of provider" provision by denying them the ability to obtain covered services from any qualified Medicaid family planning provider, which, for now, includes Planned Parenthood. In a decision that will adversely affect contraceptive access for people with low incomes, the Supreme Court's majority ruled that the free choice of provider provision was not an individual right that Medicaid enrollees could enforce via federal lawsuits.

The *Medina* case[1] is part of a decades-long strategy to bar Planned Parenthood from participating in Medicaid and other publicly funded programs. The July 2025 federal budget reconciliation bill,[2] which excludes many abortion providers from receiving federal funds, is also part of this effort.

Medicaid is an essential source of health coverage for people with low incomes. Of the approximately 20 million women aged 18 to 49 years with incomes below 200% of the federal poverty level (FPL), 44% had Medicaid coverage in 2023.[3] The program is the largest funding source for safety net family planning services and covers sexual and reproductive health care, including contraception, cervical cancer screening, testing and treatment for sexually transmitted infections, and other primary and specialty care services.[3] Federal rules prohibit clinicians from using Medicaid funds for abortion care, but those supporting Planned Parenthood's exclusion argue that payments for nonabortion services indirectly subsidize abortion care.

According to Planned Parenthood's internal data from all 587 affiliated health centers, there were 1 539 160 visits for Medicaid-covered nonabortion services in 2024 (**Table**). There is wide variation in the number of visits by low-income patients, which is related to state population size and the number of affiliated health centers. However, the variation is also related to state Medicaid policies and eligibility criteria, as well as an inconsistent willingness on behalf of the lower courts and federal government to use their authority to enforce Medicaid's free choice of provider requirement. Arkansas, Arizona, and Missouri have tried, with varying success, to exclude Planned Parenthood from their Medicaid networks.[3]

The legal struggle over Planned Parenthood's role in the health care safety net and the consequences of exclusion on health care access have been most pronounced in Texas. In 2011, Texas applied to the Centers for Medicare & Medicaid Services (CMS) to renew its fee-for-service Medicaid family planning waiver program, which covered contraception and select reproductive health services for women with incomes below 185% of the FPL who were US citizens

Table. Planned Parenthood Medicaid Visits by State Medicaid Policy[a]

	No.		
	State has not expanded Medicaid or has excluded Planned Parenthood from Medicaid[b]	Medicaid expansion state[c]	Medicaid expansion state plus family planning[d]
States	11	20	20
Women aged 15-49 y			
Income ≤200% of the FPL in 2023	7 116 946	5 281 799	9 984 430
Medicaid coverage in 2023	3 517 056	4 010 583	8 705 469
Planned Parenthood health centers	96	103	388
Per 100 000 women aged 15-49 y with incomes ≤200% of the FPL	1.3	2.0	3.9
Nonabortion Medicaid visits at Planned Parenthood health centers in 2024	49 959	122 440	1 366 761
Planned Parenthood Medicaid visits per 100 000 women aged 15-49 y with incomes ≤200% of the FPL	702	2318	13 689

Abbreviation: FPL, federal poverty level.

[a] The data are from US Census Bureau American Community Survey (1-year estimates for 2023; accessed via https://usa.ipums.org/usa/) and the Planned Parenthood Federation of America annual service statistics for 2024.

[b] The states include AL, AR, FL, GA, KS, MS, SC, TN, TX, WI, and WY. These states (except AR, KS, and TN) operate Medicaid family planning programs for eligible individuals with incomes that are 146% to 306% of the FPL.

[c] The states include AK, AZ, DE, HI, IA, ID, KY, LA, MA, MI, MO, ND, NE, NV, OH, OK, SD, UT, and WV and the District of Columbia. The states of LA and OK operate Medicaid family planning programs for eligible individuals with incomes that are equivalent to 138% of the FPL.

[d] The states include CA, CO, CT, IL, IN, MD, ME, MN, MT, NC, NH, NJ, NM, NY, OR, PA, RI, VA, VT, and WA. Medicaid family planning coverage for individuals with incomes that are greater than 138% of the FPL.

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or immigrants with legal status, and stated abortion providers and their affiliates would be excluded.[4] At the time, Planned Parenthood health centers served 40% of the program's clients. After 2 years of legal challenges and negotiating the waiver, the CMS denied the application and federal matching funds because Texas violated the free choice of provider provision. In 2013, Texas began using state funds to operate a look-alike program that excluded Planned Parenthood.

In the following 2 years, contraceptive implant and intrauterine device placements decreased by 36% in counties that had a Planned Parenthood health center, which is a sharper decrease than the change observed in counties without a Planned Parenthood health center.[4] The provision of injectable contraceptives also decreased; among injectable contraception users, births covered by Medicaid increased by 27%.[4]

In 2020, under the first Trump administration, Texas was again able to receive federal Medicaid funding for its family planning waiver program while continuing to prohibit the participation of qualified family planning providers who provided abortion or were affiliated with centers that did. After a November 2020 ruling from the Fifth Circuit Court of Appeals, Texas was able to exclude Planned Parenthood affiliates from the state's full-benefit Medicaid program,[5] which covers Texas' poorest adults (those who have dependent children and incomes <15% of the FPL), and still receive federal matching funds.

In a 2022 study assessing the accessibility of contraception at other Medicaid providers within 5 miles of Texas' Planned Parenthood health centers, only 34% of the other providers both accepted Medicaid for contraception and had highly effective methods (intrauterine devices, implants, or injectable contraception) that many people want to use in stock.[6] Only 6% of the Medicaid providers indicated they would be able to provide these contraceptive methods at a single visit, which is considered a clinical best practice and important for patients with inflexible work or child care schedules.[6] Interviews with Medicaid enrollees who relied on Planned Parenthood before the exclusion reported that it took them months to find another provider who accepted new Medicaid patients.[7]

Residents in South Carolina,[1] and across the nation, will likely experience similar difficulties accessing contraception and other sexual and reproductive health care now that states are effectively allowed to exclude qualified family planning providers like Planned Parenthood from Medicaid. In states and in rural and medically underserved communities where large numbers of Medicaid enrollees rely on Planned Parenthood, other safety net providers are unlikely able to increase their capacity to meet the demands for care. Even in states where Planned Parenthood serves a smaller number of Medicaid enrollees, many counties have few Medicaid providers that offer a wide range of contraceptive methods.[8]

There will be even fewer safety net providers from which Medicaid enrollees can choose as state health departments and federally qualified health centers lose access to federal funds that support essential infrastructure. In April 2025, the Trump administration withheld Title X family planning funding from numerous grantees, leaving 7 states without any Title X–supported health centers and 16 other states with reduced funding.[9] As was seen in Texas more than a decade ago, this combination of policies (excluding Planned Parenthood and cutting other family planning funding) forced clinics to close and left thousands of low-income residents without affordable care.[4]

By denying Medicaid enrollees the right to choose a qualified family planning provider, the Supreme Court has made it more difficult for them to access essential reproductive health care. Individuals with low incomes across the US will face further delays obtaining their preferred contraceptive method and other health care services they need—if they can obtain them at all.

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