

Medicaid: Menstrual Product Coverage

GAO-24-106960

Q&A Report to Congressional Requesters

September 30, 2024

Why This Matters

Lack of access to affordable menstrual products (e.g., tampons, pads, menstrual cups, and period underwear) may affect school participation, employment, and mental and physical health. Advocates for increasing access to menstrual products have highlighted this issue as a public health concern. Public assistance programs that serve low-income individuals, such as Medicaid, may not routinely cover the cost of menstrual products.¹ Within broad federal requirements, states have flexibility in how they design and administer their Medicaid programs, including options to provide services that address health-related needs. For example, states may contract with health plans to deliver Medicaid benefits to beneficiaries—an arrangement known as managed care—and the plans may elect to provide additional services.

We were asked to examine states' coverage of menstrual products in their Medicaid programs. This report describes circumstances under which state Medicaid programs may cover menstrual products, as well as Medicaid managed care plans' coverage of these products across states.

Key Takeaways

- Coverage for menstrual products is not a Medicaid benefit. However, Medicaid managed care plans may voluntarily cover some costs of menstrual products as an extra service for eligible enrollees.
- We found that 25 states had at least one Medicaid managed care plan that covered a range of over-the-counter or personal care items, including menstrual products, or covered menstrual products specifically up to a set quantity or dollar amount. This coverage was not offered by all the plans in each of these states.
- Centers for Medicare & Medicaid Services (CMS) officials reported that state Medicaid programs have other options to provide coverage of menstrual products, including seeking federal approval to cover the costs of menstrual products as part of a demonstration project, though no state has done so.

Is coverage for menstrual products a Medicaid benefit?

No. Menstrual products are not a mandatory or optional Medicaid benefit.² Federal law specifies Medicaid benefits that must be provided under state Medicaid plans (referred to as mandatory benefits) and benefits that states may choose to provide (referred to as optional benefits) for eligible beneficiaries. For example, mandatory benefits include inpatient and outpatient hospital services; physicians' services; laboratory and x-ray services; and early and periodic screening, diagnostic, and treatment services for eligible individuals aged 20 and under, among other benefits. Optional benefits include private duty nursing services, dental services, prescription drugs, and case management services, among others.

Can Medicaid managed care plans offer coverage of menstrual products to their enrollees?

Yes. Although menstrual products are not a Medicaid benefit, Medicaid managed care plans may voluntarily offer some coverage of these products as an extra service for eligible enrollees.³

Managed care is the predominant method for delivering services in Medicaid, with over 70 percent of beneficiaries enrolled in a managed care plan as of 2021.⁴ Under a managed care delivery model, states contract with managed care plans to provide a specific set of covered services in return for a fixed payment per enrollee. The number of Medicaid managed care plans operating in each state varies widely, with most states contracting with at least three such entities.

- CMS officials noted that Medicaid managed care plans may voluntarily provide services that are in addition to Medicaid benefits—often called value-added services—which could include coverage of menstrual products. Value-added services may address health related social needs that are not addressed by Medicaid benefits. The costs to provide these value-added services cannot be included in the fixed payments states make to managed care plans to provide Medicaid services.⁵ According to CMS officials, plans fund the services with their profits.
- Medicaid managed care plan officials said they try to align the value-added services a plan offers in a state with that state’s health needs or goals. The officials noted that some states suggest specific services for plans to consider offering.
- Value-added services vary among plans operating within a state, as well as across states. Managed care plan officials said that the available budget for these services can vary across states.
- Value-added services can change over time, which can result in plans adding or removing coverage of menstrual products. Medicaid managed care plan officials reported variation in how often plans may change these services; for example, in some states plans may make changes at any time during the year with state approval.

What states have Medicaid managed care plans that cover menstrual products and what is covered?

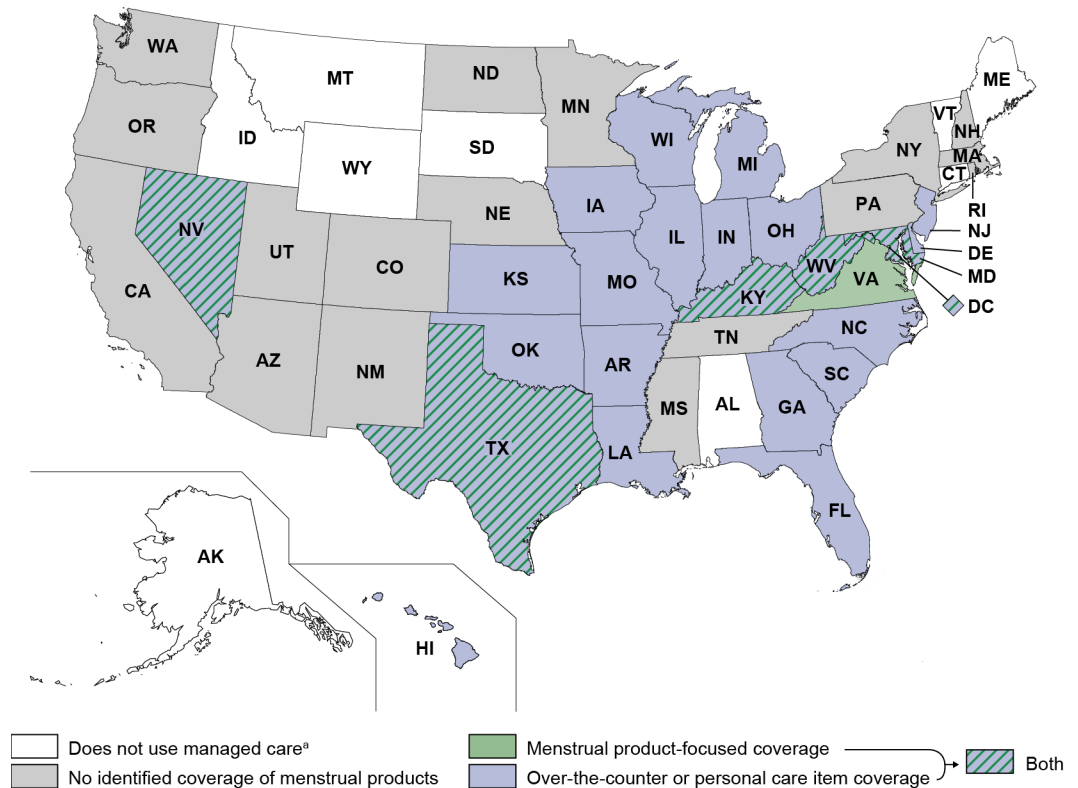
Based on our review of state Medicaid websites, the websites of Medicaid managed care plans, and interviews with Medicaid managed care plan officials, we identified 25 states with at least one plan that offered some coverage of menstrual products.⁶ (See app. 1.) However, the coverage was generally not available to all Medicaid managed care plan enrollees within a state because not every plan offered the coverage.

We categorized available coverage into two types, and in some states, we identified both types of coverage. (See fig. 1.)

- **Menstrual product-focused coverage.** In seven states, at least one Medicaid managed care plan covered menstrual products specifically or covered menstrual products and other feminine care products.⁷ The scope of coverage varied. For example, in one state, a managed care plan offered eligible enrollees a 90-day quantity of either tampons or pads per quarter. In other states, managed care plans offered eligible enrollees amounts such as \$20 per month or \$75 per year for feminine hygiene products. Plans often limited eligibility to enrollees within certain age groups such as ages 10 to 55, 15 to 55, or 10 to 18.

- **Over-the-counter or personal care item coverage.** In 24 states, at least one Medicaid managed care plan covered a range of over-the-counter or personal care items, including menstrual products. The amount of coverage varied across plans.
 - In 18 states, one or more plans offered enrollees an allowance to order a range of over-the-counter items, including menstrual products and other items such as cold medicine, vitamins, personal care items, home health items, and first aid items.⁸ Plan enrollees typically could select and order items online, by phone, or in person at designated pharmacies on a monthly or quarterly basis. Annual spending limits varied, generally ranging from \$60 to \$300, and were frequently applied on a per household basis rather than a per enrollee basis.⁹
 - In eight states, one or more plans offered enrollees a supply of or voucher for personal care, hygiene, or wellness products, which could include menstrual products. Amounts generally varied from \$25 to \$100, and in some cases, eligibility was limited to particular enrollees, such as foster care youth or those ages 15 to 18.

Figure 1: Types of Medicaid Managed Care Coverage of Menstrual Products, by State



Source: GAO analysis. | GAO-24-106960

Notes: We identified coverage of menstrual products (e.g., tampons, pads, menstrual cups, and period underwear) based on our review of state Medicaid agency and Medicaid managed care plan websites, as well as interviews with Medicaid managed care plan representatives. The coverage we identified may not be exhaustive. Not all managed care plans in each state offered these benefits. We did not include coverage that required a prescription, or where the approved items may not include menstrual products. In some states, plans offered an over-the-counter item allowance where the product catalog did not include menstrual products. We did not include plans that exclusively enroll individuals eligible for both Medicaid and Medicare.

^aWe use the term Medicaid managed care to refer to comprehensive, risk-based managed care, which is the most common managed care arrangement, in which states contract with managed care organizations to provide an array of Medicaid services under a risk-based per person payment model. Other forms of managed care may have a limited benefit package or do not involve plans that assume financial risk for the services provided.

Medicaid managed care plan officials noted that the types of menstrual product coverage described above are highly utilized. Specifically, the officials reported that enrollees' utilization of this coverage is about 5 percent higher, on average, compared to all value-added services in the states where their managed care plans offer this coverage.

Do states have other options to cover the cost of menstrual products for Medicaid beneficiaries?

Yes. Beyond Medicaid managed care plans' voluntary coverage, CMS officials reported that states could add menstrual products as a covered Medicaid benefit through existing Medicaid demonstration and waiver authorities. For example:

- **Section 1115 demonstration projects:** CMS officials reported that states could seek authority to cover menstrual products through a section 1115 demonstration project. Under section 1115 of the Social Security Act, states may seek federal approval of demonstration projects to evaluate state-specific approaches to better serve Medicaid beneficiaries, which may include providing otherwise non-covered services under certain conditions.¹⁰
- **Waiver authority:** CMS officials reported that menstrual products could be covered under 1915(c) home- and community- based services (HCBS) waivers. States may seek such waivers to provide HCBS as an alternative to institutional care, such as nursing homes.¹¹ CMS officials noted that menstrual products are not a specified HCBS benefit, but could be covered if a beneficiary had an assessed need for specific products that related to their disability and the products were not otherwise covered.

As of July 2024, CMS officials reported that no state covers (or has sought to cover) menstrual products through a section 1115 demonstration project or under the HCBS waiver authority.

Agency Comments

We provided a draft of this report to the Department of Health and Human Services (HHS) for review and comment. HHS provided technical comments, which we incorporated as appropriate.

How GAO Did This Study

To examine states' Medicaid coverage of menstrual products, we reviewed relevant statutes, regulations, and CMS guidance; obtained information from CMS officials; and interviewed representatives of two companies that operate Medicaid managed care plans. Collectively, these two companies offered plans in 36 of the 42 states that use Medicaid managed care. We use the term managed care to refer to comprehensive, risk-based managed care, which is the most common Medicaid managed care arrangement. Other forms of managed care may have a limited benefit package or do not involve plans that assume financial risk for the services provided.

For each of the 42 states with Medicaid managed care, we reviewed the websites of the state Medicaid program and all Medicaid managed care plans listed as operating in the state to identify managed care plan coverage of menstrual products. Specifically, we reviewed available documents, including benefit descriptions, member handbooks, and benefit product catalogs. In addition, we interviewed managed care plan representatives to supplement this information. We did not include benefits that required a prescription or medical

necessity determination, or benefits from incentive or rewards programs. We also did not examine coverage offered by managed care plans that exclusively enroll individuals who are eligible for both Medicare and Medicaid. The coverage we identified may not be exhaustive.

We conducted this performance audit from July 2023 to September 2024 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

List of Addressees

The Honorable Jamie Raskin
Ranking Member
Committee on Oversight and Accountability
House of Representatives

The Honorable Yvette D. Clarke
House of Representatives

The Honorable Grace Meng
House of Representatives

The Honorable Alexandria Ocasio-Cortez
House of Representatives

The Honorable Nydia M. Velázquez
House of Representatives

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the appropriate congressional committees and the Secretary of Health and Human Services. In addition, the report will be available at no charge on the GAO website at <https://www.gao.gov>.

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Table 1 provides examples we identified of Medicaid managed care plans' coverage of menstrual products in 25 states.

Table 1: State Examples of Medicaid Managed Care Plan Menstrual Product Coverage

State	Type of coverage	Plan description of coverage
Arkansas	Over-the-counter or personal care item coverage	\$35 gift card for personal care items.
Delaware	Over-the-counter or personal care item coverage	\$120 per year per household (\$30 per quarter) to spend on select over-the-counter items, including diapers, period products (such as pads and tampons), and lots more.
District of Columbia	Menstrual product-focused coverage	Feminine care collection (up to \$75 of items per year).
Florida	Over-the-counter or personal care item coverage	Up to \$25 a month per household allowance to purchase over-the-counter products.
Georgia	Over-the-counter or personal care item coverage	\$12 allowance per household each month to purchase over-the-counter products.
Hawaii	Over-the-counter or personal care item coverage	Up to \$10 of over-the-counter products each month per household. You can choose from more than 200 items like diapers, pain relievers, reading glasses, dental kits, and more.
Illinois	Over-the-counter or personal care item coverage	Order \$25 in approved over-the-counter items per quarter at no cost.
Indiana	Over-the-counter or personal care item coverage	Personal care essentials: hygiene and dental products, pregnancy tests, cold and allergy remedies, and other over-the-counter items (up to \$50 per year).
Iowa	Over-the-counter or personal care item coverage	\$100 worth of personal care and hygiene products for foster care transitional youth ages 16-24.
Kansas	Over-the-counter or personal care item coverage	Up to \$25 per household per month to order certain over-the-counter drugs and supplies.
Kentucky	Menstrual product-focused coverage	Female members in Region 5 ^a , ages 15-55, will receive a \$20 monthly stipend to spend on period products like tampons, pantyliners, maxi pads, flushable feminine wipes, and hand sanitizer.
Louisiana	Over-the-counter or personal care item coverage	\$25 per household per month of certain over-the-counter vitamins and health products.
Maryland	Menstrual product-focused coverage	Female members 10-55 years old are eligible to receive a 90-day feminine hygiene order every 3 months.
Michigan	Over-the-counter or personal care item coverage	\$25 per month for over-the-counter products. Products you can get are for dental care, feminine care, first aid, and medications.

Missouri	Over-the-counter or personal care item coverage	Adult expansion members ages 18-64 can receive one Amazon gift card per year to purchase personal hygiene products.
Nevada	Menstrual product-focused coverage	\$75 in feminine hygiene products to promote period equity.
New Jersey	Over-the-counter or personal care item coverage	\$10 worth of over-the-counter items each month, per head of household.
North Carolina	Over-the-counter or personal care item coverage	All members are eligible to receive \$30 per quarter (up to \$120 per year) to order select items.
Ohio	Over-the-counter or personal care item coverage	Eligible members will receive a \$100 allowance to purchase over-the-counter products online or in-store.
Oklahoma	Over-the-counter or personal care item coverage	Up to \$30 per household per quarter for cold, cough, allergy, vitamins, supplements, eye/ear preparations, pain relievers, gastrointestinal products, first aid care, hygiene products, insect repellent, oral hygiene products, and skin care.
South Carolina	Over-the-counter or personal care item coverage	Receive up to \$60 annually of over-the-counter products per household (\$15 per quarter).
Texas	Menstrual product-focused coverage	Menstrual cycle kit. Up to three kits per member per year.
Virginia	Menstrual product-focused coverage	\$20 stipend per month for members ages 10 to 55 with periods to purchase period products.
West Virginia	Menstrual product-focused coverage	Feminine care collection for females ages 10-18; up to \$75 worth of feminine care products.
Wisconsin	Over-the-counter or personal care item coverage	Personal care items: Receive shampoo, deodorant, and other personal products (up to \$25 worth). Members must be 18 or older to qualify.

Source: GAO analysis of information from state Medicaid agency websites, Medicaid managed care plan websites, and interviews with Medicaid managed care plan officials. | GAO-24-106960

Notes: The table provides an example of one Medicaid managed care plan's coverage of menstrual products per state. There may be additional such coverage available through the same or other managed care plans in these states that is not shown. The coverage examples are extra services voluntarily offered by plans in addition to Medicaid-covered services, and are subject to change. We categorized coverage in one of two ways: (1) menstrual product-focused coverage, which could also include coverage of other feminine care products; or (2) broader coverage of over-the-counter or personal care items that included menstrual products.

^aRegion 5 is one of the regions where the managed care plan operates in the state.

Endnotes

¹Medicaid is a joint federal-state health care financing program for certain low-income and medically needy individuals.

²CMS officials said that states could potentially cover menstrual products they determine meet the definition of a Medicaid benefit, such as a medical supply under the Medicaid home health benefit. Medical supplies are health care-related items that address an individual medical disability, illness, or injury. See 42 C.F.R. § 440.70.

³In this report, Medicaid managed care refers to comprehensive, risk-based managed care, which is the most common managed care arrangement, in which states contract with managed care organizations to provide an array of Medicaid services under a risk-based per person payment model. We refer to these organizations as managed care plans.

⁴At the time of our review, 2021 was the most recently available year of data.

⁵See 42 C.F.R. § 438.3(e)(1).

⁶Medicaid managed care plans often offered a range of value-added services as extra benefits for eligible enrollees, which could vary widely across plans. Examples included air purifiers to address asthma, healthy food gift cards, weight management and nutrition programs, car seats, after school activities for children, GED assistance, and incentive programs where enrollees can earn rewards such as gift cards for completing designated wellness activities such as well-visits and preventive screenings.

⁷Medicaid managed care plan officials noted that menstrual and feminine care product coverage is a newer offering that they are discussing expanding to additional states.

⁸We did not include over-the-counter item coverage that required a prescription or where the approved items may not include menstrual products. In some states, plans offered an allowance for over-the-counter items when their product catalog did not include menstrual products.

⁹Our review identified one managed care plan that varied allowance amounts by household size. Specifically, the benefit amount varied from \$10 to \$25 per month depending on household size.

¹⁰See generally 42 U.S.C. § 1315.

¹¹See 42 U.S.C. § 1396n(c).