



MAKING THE CASE: FAMILY PLANNING IS A KEY PREVENTIVE SERVICE

Overview

Signifying a commitment to improving the overall health and well-being of our nation, the recently enacted Affordable Care Act (“ACA”) includes a welcome emphasis on prevention and wellness. The World Health Organization defines health as a “state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.” Consistent with this definition, a behavior or action that promotes wellness and improves health status falls under the broad category of prevention.

Family planning, like prenatal care, is a cluster of services that includes elements of *both* disease prevention *and* health promotion. The components of family planning are variously defined to include pregnancy planning and prevention, provision of the full range of FDA-approved contraceptives and related outpatient services, pre-conception care, selected fertility services, screening and care for sexually transmitted diseases, and postpartum care including services that help to achieve optimum birth spacing. In many of these areas, family planning care often also includes counseling and anticipatory guidance and, in particular, assessment and screening for significant problems ranging from interpersonal violence to such serious medical conditions as cervical and breast cancer.

Research consistently demonstrates that family planning reduces maternal mortality, improves overall maternal health, and is a major contributor to women’s broader well-being including, for example, educational achievement and workforce participation. Family planning also contributes to overall infant and child well-being and, of course, reduces the need for abortion. Recognizing these profound effects, in 1999, the Centers for Disease Control and Prevention (CDC) credited family planning as one of the ten great public health achievements in the United States during the 20th century, on a par with clean water and modern sanitation.¹

During last year’s legislative debate on health care reform, an amendment championed by Senator Barbara Mikulski (D-MD) paved the way for women’s preventive health services to be a focal point of the Administration’s emphasis on

prevention and wellness, with the intention of including family planning. Currently, the United States Preventive Services Task Force's (USPSTF) recommendations (which have formed the basis for many lists of essential preventive services) incorporate limited women's preventive health services, but, as Sen. Mikulski's colleague Sen. Al Franken (D-MN) explained, "several crucial women's health services are omitted" and "Sen. Mikulski's amendment closes this gap" with the addition of services including "the well woman-visit, prenatal care, and family planning."

The Mikulski Amendment seeks to ensure that family planning is defined as a preventive service and, as such, is to be provided with no co-pays, no deductibles and no co-insurance. In so doing, the amendment acknowledges the critical role that family planning plays in the lives of women and their families, and attempts to extend its many benefits to all Americans. Put another way, it is essential that family planning and maternal health services be "viewed as interconnected parts of a continuum of care that supports women throughout their reproductive lives"² and are put on par with other preventive health services.

The Public Commitment to Family Planning

Congress has a long history of commitment to the value of family planning services. For example, recognizing that family planning involves more than just services and supplies—as suggested above—in April 2010, the Administration issued a regulation that benchmark and benchmark-equivalent plans under Medicaid must include "family planning services and supplies and other appropriate preventive services, as designated by the Secretary."³ Additionally, Title X, the only dedicated federal family planning program, provides a wide range of family planning services. "Title X-funded agencies offer a broad range of effective and acceptable contraceptive methods on a voluntary and confidential basis. Title X funds also support the delivery of related preventive health services, including patient education and counseling; cervical and breast cancer screening; sexually transmitted disease (STD) and HIV prevention education, testing, and referral; and pregnancy diagnosis and counseling."⁴

There are numerous other examples of the inclusion of family planning services as preventive health care by the federal government. Federally qualified health centers—including community health centers, migrant health centers, health care for the homeless programs, and public housing primary care programs—are required to provide family planning services as part of their mandatory primary care services.⁵ In 1998, Congress passed legislation that requires contraceptive coverage for federal employees who are insured through the Federal Employees Health Benefits Plan (FEHBP). The Indian Health Service includes family planning services as part of its required health promotion services.⁶ The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) guarantees women of the armed forces primary and preventive care including comprehensive obstetrical and gynecological care for the prevention of pregnancy.⁷

Key Facts

Family planning has gained global recognition for its significant benefits to the health and well-being of women, children, and society. According to the World Health Organization, family planning has a “direct impact on [a woman’s] health and well-being as well as on the outcome of each pregnancy.” For example, throughout the developing world, investment in contraceptives brought down the rate of unintended pregnancies 20 percent between 1995 and 2008.⁸

One of the most important results of good family planning care is, of course, its role in reducing the incidence of unintended pregnancy. There are nearly 62 million American women in their reproductive years (women age 15-44),⁹ and more than 70 percent of them are sexually active and do not want to get pregnant.¹⁰ However, each year, there are almost 3 million unintended pregnancies in the United States (about half of all pregnancies). By age 45, more than half of all American women will have had an unintended pregnancy.¹¹ And many of these unintended pregnancies are resolved by abortion—over a million each year.

- Evidence consistently demonstrates the contribution of family planning to the health of women and their children through reducing unintended pregnancy. For example, a child born as the result of an unintended pregnancy is at greater risk of premature birth, low birth weight and abuse or neglect, and babies who are born early or too small have a greater chance of dying in their first year of life and suffering short- or long-term health consequences.¹² And given the high proportion of pregnancies in the United States that are unintended, it is not surprising that in 2005, the World Health Organization and other United Nations agencies ranked the United States 30th in the world on rates of infant mortality. Despite its inclusion in the goals of the *Healthy People* series, the United States international ranking in infant mortality fell from 12th in the world in 1960, to 23rd in 1990 to 30th in 2005. Preterm birth is the greatest risk factor for infant mortality.¹³
- A woman who has become pregnant unintentionally is more likely to expose her child to harmful substances including tobacco, alcohol or caffeine while pregnant.¹⁴
- A woman with an unintended pregnancy is also more likely to delay prenatal care until the second trimester, in part because she is less likely to realize that she is pregnant in the early weeks of pregnancy.¹⁵
- The likelihood of breastfeeding varies accordingly to intention of pregnancy. Only 36-40 percent of infants are breastfed if the pregnancy was unplanned, compared to 60-61 percent if it was planned.¹⁶

Child spacing is also a major benefit of family planning. Evidence indicates that optimum child spacing and timing are linked to improved health for women and their children.¹⁷ Child spacing that is too short can have negative health consequences on both

the mother and baby. Infants, for example, face a higher risk of death if the interval between pregnancies is very short (less than 15 months) than if the time between pregnancies is greater than 36 months,¹⁸ and the risk of pregnancy complications is significantly higher for women who have short birth intervals than those with longer birth intervals. Moreover, a 2002 study of more than 430,000 pregnancies in 18 different countries found that children born 3 to 5 years after a previous birth are 2.5 times likelier to survive than children born after a birth interval of less than 2 years. This report builds on many studies that show children born at least two years apart are less likely to be born premature, suffer from low birth weight and be malnourished than those who have more optimal spacing.¹⁹

Economic Impact

Data consistently illustrates that public and private investment in—and increased use of—family planning result in significant and direct cost savings.

- Publicly funded contraceptive services and supplies help U.S. women avoid nearly two million unintended pregnancies annually; without publicly funded services, the approximate level of unintended pregnancy, abortion and unintended birth would be two-thirds higher among women overall and twice as high among poor women.²⁰ Nationally, the annual per-client cost for contraceptive care in 2008 was an estimated to be \$257. By comparison, the national average cost for one Medicaid-covered birth (including prenatal care, delivery, postpartum care and infant care for one year) was \$12,613.²¹ According to a Guttmacher Institute report, every public dollar invested in contraception saves Medicaid \$3.74, money that otherwise would have been spent on prenatal, labor, delivery and postpartum care, as well as the infant's first year of medical care.²² The Congressional Budget Office estimates that by expanding Medicaid eligibility for family planning services, mandatory spending could decrease by \$160 million over the 2010-2019 timeframe.²³
- Furthermore, a cost benefit analysis of the California Family PACT Program (a special Medicaid program that offers low income Californians coverage for family planning services only) in 2007 showed that the 296,200 pregnancies averted in 2007 would have led to approximately 133,000 live births, 122,200 abortions, 3,000 ectopic pregnancies, and 38,000 miscarriages. Each avoided pregnancy saved the public sector nearly \$6,557 in medical, welfare, and other social service costs for a woman and child from conception to age two and saved \$14,111 from conception to age 5.²⁴
- An evaluation of three different programs conducted by The Future of Children (a collaboration between The Brookings Institute and Princeton University) concluded that three types of initiatives designed to reduce unintended pregnancy—a media campaign that encouraged the use of condoms, a teen pregnancy prevention program that discouraged sexual activity and provided information about contraception, and expanded access to Medicaid-subsidized contraceptives—have favorable cost benefit-cost ratios and are all worthy of

public investment. They also noted that of the three policies evaluated, the Medicaid expansion was the most expensive but had the most favorable cost-benefit ratio.²⁵

- In addition to public sector savings, there are also savings in the private sector. A study by Mercer Human Resource Consulting and Marsh, Inc. found that the cost of offering family planning coverage to employees is minimal, accounting for less than one percent of total employee coverage costs. These costs are easily offset by savings to the employer due to averted unplanned births.²⁶ In fact, as part of its best practice recommendations for Maternal and Child Health, the National Business Group on Health recommends that employers offer unintended pregnancy prevention services including coverage of all FDA-approved prescription methods at no cost to employees based on evidence that they result in cost savings to companies.²⁷

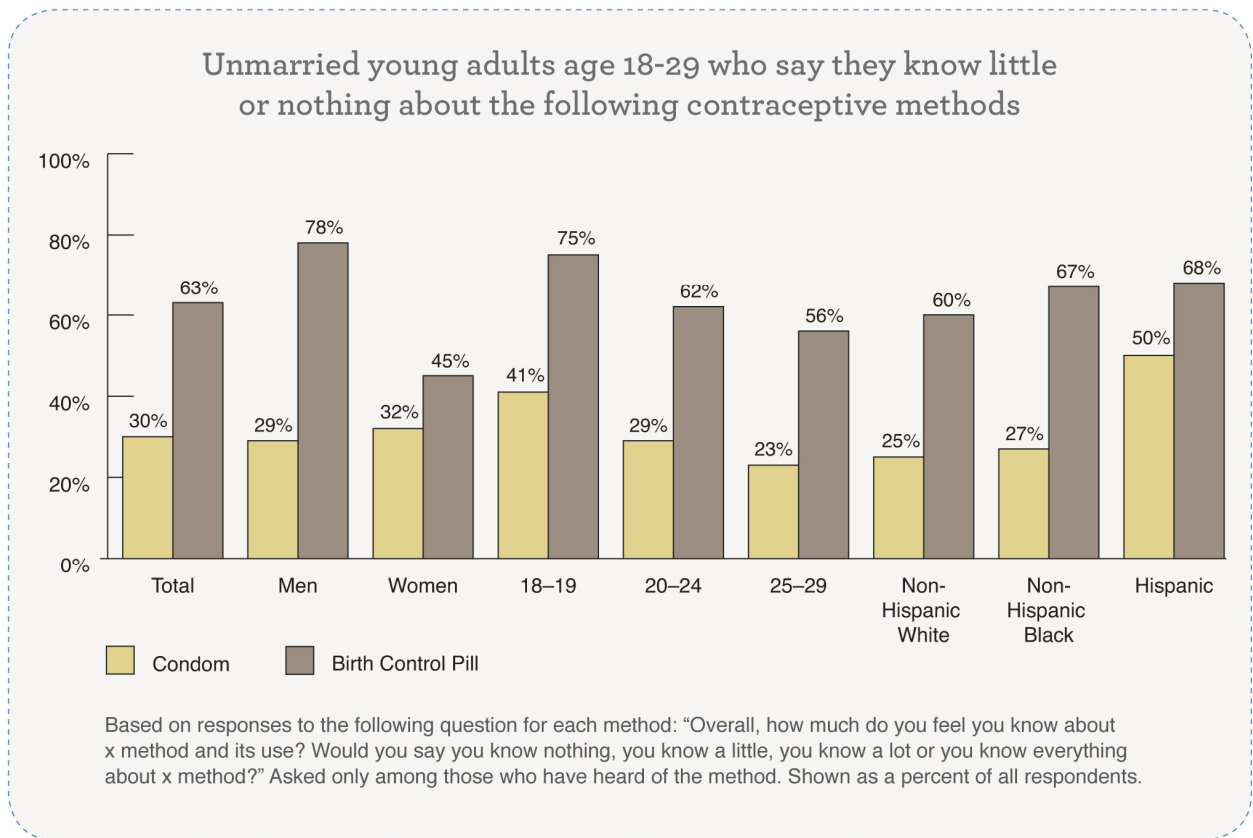
Contraception Itself

For many women, contraception is a regular part of their daily lives. Ninety-eight percent of sexually-experienced women have used at least one contraceptive method²⁸ and 78 percent of men and women believe that for women to achieve equality, they must have access to family planning services, including birth control.²⁹ According to the CDC, 90 percent of women have had a partner who used a male condom and 82 percent have used an oral contraceptive pill.³⁰

Despite the heavy reliance of American women and men on the pill and the male condom, these two methods are not the most effective ones now available, and many couples who rely on these methods experience an unintended pregnancy. The most effective forms of non-permanent birth control are not dependent on patient adherence and include several long-acting, reversible methods (“LARCs”)—two new intrauterine devices (IUDs) and a subdermal implant. Although more than 99 percent effective, LARCs are used by less than five percent of women and covered by only 72 percent of the insurance plans that cover family planning services.³¹ Lack of information, provider practice patterns and high initial costs prevent women from using LARCs at a higher rate. A study conducted by the Contraceptive Choice Project demonstrated that when financial barriers are removed and LARC methods are introduced, more than 66 percent of women chose this as a contraceptive option. This suggests that taking away financial barriers and informing women of their options would encourage more women to use LARCs. In turn, the incidence of unintended pregnancy and its many health, economic and social consequences (including abortion) would be reduced.

While access to contraceptive methods is important—especially access to the most effective ones—evidence suggests that comprehensive and effective family planning must also incorporate counseling and follow-up suited to individual women’s needs and circumstances. A nationally representative study of 1,800 unmarried young adults aged 18-29, *The Fog Zone*, which was conducted by The National Campaign to Prevent Teen and Unplanned Pregnancy, revealed that misinformation about and misperceptions of contraceptive methods are extensive and put people at increased risk of

unintended pregnancy. The National Campaign’s study stated flatly that “confusion about contraception and fertility is overwhelming.” For example, 60 percent of young



Source: Kaye, K., Suellentrop, K., and Sloup, C. (2009). *The Fog Zone: How Misperceptions, Magical Thinking, and Ambivalence Put Young Adults at Risk for Unplanned Pregnancy*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy

adults know “little” or “nothing” about birth control pills and 30 percent know “little” or “nothing” about condoms. The study concluded that many young adults have exaggerated fears about the potential side effects of contraception and also may not even know when they are at risk for an unintended pregnancy. For example, The National Campaign found that 27 percent of unmarried young women believe that it is extremely or quite likely that the pill or other hormonal methods will lead to serious health problems and 14 percent of unmarried young adults incorrectly believe that birth control pills are effective even if a woman misses taking her pills two or three days in a row.³²

The *Fog Zone* recommends, among other things, that counseling about contraception be increased within the family planning system and throughout the health care system more broadly. It also urges increased investments in public education about family planning and contraception, stressing its benefits and the wide range of options now available.

Conclusion

Helping women and men plan and space their pregnancies is a key part of strengthening the health and well-being of our nation; it can also help to contain overall health care costs. A principal means of doing so is by making the full set of family planning methods and services widely available as part of the nation's growing commitment to preventive care for all. As Susan Cohen of the Guttmacher Institute maintains, "fertility control and the maintenance of reproductive health are not luxuries; they are essential to women's lives and by extension, to the well-being of their partners and children and to the future of the societies in which they live."³³

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5 42 USC § 254b

6 42 USC § 1603

7 42 USC §1396d(a)(4)

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