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Perspective

Family Planning as a Cost-Saving Preventive Health Service

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Nearly half the pregnancies that occur each year in the United States are unintended, according to the Guttmacher Institute. In 2001, an estimated 3.1 million pregnancies were reportedly unwanted or mistimed, and by 45 years of age, nearly half of U.S. women will have had an unintended pregnancy. Such pregnancies have far-reaching consequences for women, children, and families — ramifications that Brown and Eisenberg have enumerated:

"With an unwanted pregnancy especially, the mother is more likely to seek prenatal care after the first trimester or not to obtain care. She is more likely to expose the fetus to harmful substances by smoking tobacco and drinking alcohol. The child of an unwanted conception is at greater risk of weighing less than 2,500 grams at birth, of dying in its first year of life, of being abused, and of not receiving sufficient resources for healthy development. The mother may be at greater risk of physical abuse herself, and her relationship with her partner is at greater risk of dissolution. Both mother and father may suffer economic hardship and fail to achieve their educational and career goals. The health and social risks associated with a mistimed conception are similar to those associated with an unwanted conception, although they are not as great."[1]

Preventing unwanted pregnancies saves women's lives, since the complications of pregnancy and birth are avoided.[1]

Unintended pregnancy imposes potentially serious burdens on individuals and families, as well as considerable economic costs on society. The cost of one Medicaid-covered birth in the United States (including prenatal care, delivery, postpartum care, and infant care for 1 year) was $12,613 in 2008, according to estimates from the Guttmacher Institute. The national per-client cost for contraceptive care the same year was $257. In 2008, an estimated $1.9 billion was spent on publicly funded family-planning care — an investment that resulted in an estimated $7 billion in Medicaid savings for the cost of unplanned births.

Public funding of family-planning programs has proven to be a wise investment. Every $1 spent on public funding for family planning saves taxpayers $3.74 in pregnancy-related costs, according to the Guttmacher Institute.

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In 2006, more than 9 million U.S. women received publicly funded family-planning services, and 1 in 4 women who seeks such services gets care at a publicly funded facility. Guttmacher estimates suggest that such services helped women prevent 1.94 million unintended pregnancies and 810,000 abortions.

The typical woman has the capacity to bear children for an estimated 39 years of her life, and she needs different contraceptive methods to accommodate the complex factors accompanying each life stage. Without using any contraception, 85% of couples will have a pregnancy within 1 year.[2] According to the Guttmacher Institute and the National Center for Health Statistics, more than half (52%) of unintended pregnancies in the United States occur among the 10.7% of women using no contraceptive method; the remaining pregnancies are attributable to inconsistent or imperfect use or to contraceptive failure.

The selection of contraceptives available in the United States includes some highly effective and cost-effective methods. Long-acting reversible contraceptives, such as hormonal implants and levonorgestrel and copper intrauterine contraceptives (IUCs), require no adherence on the part of the user, leaving virtually no scope for user error. These methods are more than 99% effective; their inherent excellent efficacy, coupled with the fact that once they've been inserted, users need not take any action to continue using them, gives them considerable potential for reducing the number of unintended pregnancies that are due to user error or contraceptive failure. In addition to being highly effective, these methods are exceptionally cost-effective. If used for 5 years, the copper IUC costs $129 per year (including the cost of the device, pregnancies that occur despite the IUC's use, and side effects), the implant costs $319 per year, and the levonorgestrel IUC costs $404 per year — as compared with $676 for oral contraceptives.[2]

Contraception is a highly cost-effective public health measure, and the most effective methods are also the most cost-effective. Unfortunately, the cost to individuals can be a substantial barrier to the use of highly effective methods. In a nationally representative study conducted in 2004, women of reproductive age who reported that they would have switched contraception methods if it weren't for the cost were more likely to use condoms than more effective contraceptives. Thus, lack of access to the full range of contraceptive options leads to greater use of methods with higher failure rates. The study's authors concluded that "to ensure that all women are able to choose a method unhindered by cost, continued and increased funding for public-sector family planning programs is needed."[3]

Although IUCs are among the most cost-effective methods over the long term, they carry a high up-front cost that can present an insurmountable barrier to women who might otherwise want to use them. These methods are among the most underutilized among U.S. women; in 2008, according to the National Center for Health Statistics, only 5.5% of women using contraception chose them. Two studies provide evidence that when the barrier of cost is removed, a shift toward the most effective contraceptive methods results. In 2002, California's Kaiser Foundation Health Plan changed its policy to eliminate copayments for the most effective contraceptive methods (IUCs, injectables, and implants) so that they were 100% covered for all users. Before this change, users of these methods had to pay up to $300 for 5 years of use. The elimination of copayments, along with training for health care providers in the use of IUCs, contributed to a 137% increase in their use — and an estimated 1791 pregnancies averted among Kaiser's patient population.[4]

Similarly, the Contraceptive Choice project in St. Louis demonstrated that when provided with counseling and their choice of contraceptive method at no cost, 67% of eligible women chose an IUC or implant, as compared with less than 6% choosing these methods in the general population.[5] This disparity probably reflects more than cost alone: lack of provider training in the use of these methods and lack of patient awareness of IUCs and implants are also barriers to their use. Both of these studies indicate that removing the cost barrier may be a critical step in increasing the use of highly effective contraceptive methods and reducing rates of unintended pregnancy.

The Amendment on Women's Health, passed in 2009 by the U.S. Senate, would require insurance carriers, under the Affordable Care Act (ACA), to offer a comprehensive range of preventive care services to women at no cost. An Institute of Medicine panel is now deliberating over which services should be included in this category and will make recommendations to the Depart-

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ment of Health and Human Services later this year.

It is our hope that the committee will support inclusion of family-planning services in the array of preventive care services. Contraception is the quintessential preventive care service: offering women and men the means with which to plan the timing of their children's births is fundamental to the health of families and society. The goals of the Healthy People 2020 initiative include a 10% increase in the proportion of pregnancies that are intended and a 10% decrease in the number of conceptions that occur within 18 months after a woman's previous delivery. We believe that including the provision of contraception as a preventive care service and thereby eliminating cost sharing for it will be an instrumental step toward achieving, or perhaps exceeding, these goals and supporting healthy, thriving families.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

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