

Briefly...

Lessons Learned from Massachusetts: Effects on Young Adults' Access to Contraceptive Services

With the passage of the *Patient Protection and Affordable Care Act* (ACA) – P.L. 111-148 – on March 23, 2010, the focus of health reform immediately shifted to implementation. This landmark health reform legislation includes numerous provisions to improve the nation's health care system. A number of important provisions of this new law will help to reduce teen and unplanned pregnancy. Some of these provisions have already gone into effect; others will be phased in over the next four years and several proposed guidelines and regulations are pending final action by the Administration. As federal and state policymakers, health insurance plans, providers, and others take action to implement the new law, it is instructive to consider some lessons from Massachusetts. This brief specifically reviews some of the lessons with respect to young adults' access to contraceptive services.

In 2006, the Commonwealth of Massachusetts enacted the Massachusetts Health Care Reform Law (Chapter 58 - the section of the state legislation that contained the bulk of reform), which established an independent state agency (Commonwealth Health Insurance Connector) responsible for implementing various aspects of Massachusetts' health care reform law. To better understand young adults' access to contraceptive services in the wake of health care reform in Massachusetts, Ibis Reproductive Health conducted two studies: (1) an assessment of young adult-targeted health plans in Massachusetts titled, *Young Adults and the Coverage of Contraceptive Services in the Wake of Health Care Reform*¹; and (2) a series of 11 focus group discussions with young people aged 18-26 who largely received care through the Massachusetts health insurance exchange, known as the Massachusetts Connector. This study was titled *Young Adults, Health Insurance and Access to Contraception in the Wake of Health Reform*.²

Both of these studies revealed gaps and limitations in the wake of health reform in Massachusetts and underscore important lessons that the federal government and the private sector can learn in order to meet the needs of young adults with respect to access to contraception. This includes ensuring that insurance plans adequately cover the full range of FDA-approved family planning services, including counseling and related outpatient care. It is critical that these gaps and limitations be considered as the Administration moves forward with the implementation of ACA and statewide exchanges. To respond to these concerns, the Ibis Reproductive Health Reproductive Empowerment and Decision Making for Young Adults (REaDY) Taskforce created a digital toolkit to help young adults navigate the health system in Massachusetts and obtain the contraceptive services they need. To view *My Little Black Book for Sexual Health: A Guide for Getting the Health Insurance you need to prevent pregnancy until you're ready*, please visit <http://www.littleblackbookhealth.org>.

To strengthen access to contraceptive services, it is important that the scope of benefits coverage includes contraception. One of the most important provisions of ACA that needs to be implemented relates to the scope of coverage of essential benefits. As required under the law, the Secretary of the U.S. Department of Health and Human Services (HHS) must define required benefits in qualified health plans. Plans will be required to include at least primary care services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services, chronic disease management, and pediatric services including oral and vision care. HHS Secretary Sebelius has already included "un-

intended and teen pregnancy prevention” as an objective and an area for interagency collaboration in HHS’ Strategic Plan for 2010-2015. Designating pregnancy planning and prevention services as part of an essential benefit package would support HHS’ efforts to meet the goals of its five-year strategic plan.

Why Access to Contraceptive Services?

Young adults are disproportionately uninsured. In 2008, nearly 13.7 million young adults between the ages of 19 and 29 were uninsured, representing 30 percent of the uninsured population in America.³

Prior to the enactment of Massachusetts’ health care reform, the statistics in the Bay State mirrored the national trend: 75,000 young adults between the ages of 19 and 24 were uninsured, representing the largest segment of the uninsured in Massachusetts. Chapter 58 represented a ground-breaking effort to increase access to affordable, high quality health care, and young adults have indeed benefited from components of the widespread initiatives. But there have been limitations, particularly with access to contraceptive services.

Evidence suggests that contraceptive counseling and services, rank high among the age-specific health needs of young adults. Women in their 20s account for more than half of all unintended pregnancies in the United States. Of the 3 million unplanned pregnancies in 2001, over 2 million were to women 29 and younger. Accordingly, for many young women, contraceptive care is health care, and therefore, it is critical that ensuring access to family planning and contraceptive services fall within the scope of any comprehensive health reform policy.

In 2003, a survey of employer-based health insurance plans showed that only 72% had coverage for family planning services that included long-acting reversible contraceptive methods, while 88% covered oral contraceptives.⁴

Providing family planning coverage, including prescription coverage for the full range of contraceptive methods, accounts for less than one percent of total employee coverage costs.⁵

Key Lessons: Gaps and Limitations

Barriers to information. Young adults in Massachusetts generally demonstrated a poor level of health insurance literacy and have little knowledge of health care reform. The research suggests that young adults often make health care and health coverage decisions based on a lack of good and inclusive information. Accordingly, resources should be targeted to help young adults understand and navigate how health reform affects them, health insurance options, and contraceptive coverage. Specifically, contraceptive information should be easily located and explicitly mentioned in descriptions of health insurance plans.

Young adult targeted plans are not necessarily comprehensive. In Massachusetts, both Young Adult Plans (YAP) and Student Health Programs (SHP) were designed to limit the cost of health insurance for young adults; however, these plans are excluded from some of the minimum creditable coverage standards required of qualifying Commonwealth health plans. Excluded benefits might include, for example, prescription drug coverage. As a result, young adult health plan beneficiaries often found themselves “underinsured” with respect to contraceptive services—an unintended consequence of enrolling in such plans. This topic raises concerns regarding the equity of health care financing and unmet health needs, especially for this population.

Privacy, institutional barriers, and access. Massachusetts provides young adults and university students a myriad of coverage options including MassHealth, YAP and SHP plans, Commonwealth Care, Commonwealth Choice, and parents’ insurance plans (more information about these can be found in the Ibis report⁶). However, the research conducted by Ibis revealed several barriers to young adults having continuous access to contraceptive services including the following:

- Insurance options at certain religiously-affiliated educational institutions will not cover contraceptive information or services.
- University-age students are concerned with privacy and disclosure issues that make being on parents’ plans unappealing, especially for sensitive issues related to their sexual health.
- Co-pays are often too high.
- Young adults face being uninsured during transitional periods, such as moving between locations or between jobs, which are common during this stage of life.

- Young adults have a hard time finding providers that will accept MassHealth and Commonwealth Care, particularly in underserved and rural areas.
- Men see themselves largely left out of conversations about contraception.

All of these issues prohibit young adults from receiving the services they need.

Lack of strong data. Better understanding of enrollment patterns, health service utilization, and uninsurance and underinsurance rates of young adults will allow policymakers to better address the needs of this population and formulate strategies for improvement at the systems level. Currently, older teens and young adults are lumped into the 18-65 category, making it difficult to determine the exact needs and utilization of this unique age group.

Recommendations

Health care reform, both in Massachusetts and at the federal level, has offered young adults new and affordable coverage options. However, while reform will give young adults unprecedented access to health insurance coverage, they have needs that must be taken into consideration. For young adults, who are generally a healthy population, contraception is a critical part of their health service needs. For reform to be truly effective, federal and state implementation must ensure that coverage and access is comprehensive so the contraceptive needs of young women and men are addressed. The following steps would help in this regard:

- Create information resources to help young adults understand and navigate health insurance generally and contraceptive coverage specifically.
- Include information about contraception under “prevention” on the Administration’s website, HealthCare.gov.
- Pregnancy planning and prevention should be an integral component of any essential benefit package designated by HHS Secretary Sebelius. This should include the full range of FDA-approved contraceptive services, including counseling and related outpatient care.
- Develop resources that can assist parents, whose adult children are on their plans, to better understand the insurance needs of their children.
- Develop mechanisms for providing contraceptive services to underinsured young adults.

- Provide more affordable and comprehensive family planning services, including all FDA-approved contraceptive methods and devices, prescriptions, and related outpatient services.
- Address the barriers that many college students experience in obtaining contraceptive services.
- Encourage providers to engage young adult men in discussions about pregnancy prevention and about the full range of contraceptive options.
- Require health plans to disclose limitations and exclusions, including restrictions on contraceptive coverage.
- Collect more robust data on young adults and health care reform, such as enrollment patterns, health insurance utilization, uninsurance rates, and demographic information about young adults enrolled in young adult-targeted plans.

Key Facts

- At least half of all pregnancies in the United States are unplanned (approximately 3 million annually) and in 2001 more than 2 million were to women 29 and younger. More than one-third of all unplanned pregnancies each year (1.1 million) are to unmarried women in their 20s.⁷
- In 2007, 46% of 19-29 year olds were without insurance during the year, an increase from 40% in 2003.⁸
- In 2003, a survey of employer-based health insurance plans showed that only 72% had coverage for family planning services that included LARCs, while 88% covered oral contraceptives.⁹
- Providing family planning coverage, including prescription coverage for the full range of contraceptive methods, accounts for less than one percent of total employee coverage costs.¹⁰ These costs are easily offset by savings to the employer due to averted unplanned births.¹¹ In fact, in 2007 as part of its best practice recommendations for Maternal and Child Health, the National Business Group on Health recommended 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.¹²
- Improving pregnancy planning, pregnancy spacing, and preventing unintended pregnancy is one goal of Healthy

People 2010. In addition, “unintended and teen pregnancy prevention” is an objective in the HHS Strategic Plan for 2010-2015.

- Evidence consistently demonstrates that effective and consistent use of contraception can prevent unintended births and improve the health of women and their children. A woman who becomes pregnant intentionally is less likely to expose her child to harmful substances including tobacco, alcohol, or caffeine while pregnant and is more likely to seek early prenatal care.
- Preventing unplanned pregnancy is cost effective as shown in estimates that found that contraceptive use saves nearly \$19 billion in direct medical costs each year.¹³

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