

Briefly...

Policy Brief: Health Care Reform

Overview

Health care reform presents an important opportunity to improve pregnancy prevention and planning, which has major health implications for women and their families and cost implications for employers, health systems, and taxpayers. Family planning can and should be addressed at several levels: federal and state policy, public and private health insurance, and individual behavior/action.

Family planning services are a critical part of basic health care and these services are widely used and broadly supported: 98 percent¹ of sexually active women have used some form of family planning and 88 percent² of voters support women's access to contraception. In fact, a recent poll found that 72 percent of Republicans and Independents favor legislation that would make it easier for people at all income levels to obtain contraception.³ Pregnancy prevention is also cost-effective—contraceptive use saves nearly \$19 billion in direct medical costs each year.⁴ Given the health, economic, and social consequences of unplanned pregnancy,⁵ policymakers should consider a number of specific policy opportunities to improve access to pregnancy planning and prevention within the context of health care reform efforts. The National Campaign to Prevent Teen and Unplanned Pregnancy recommends integrating pregnancy prevention and planning into key areas of any health reform package as described below.

Prevention

Two goals of health care reform are (1) lowering costs for services, and (2) ensuring greater access to coverage by reducing the acute needs of patients through the adoption of a broad array of preventive services. Too often, discussions and policies focused on prevention and wellness exclude pregnancy prevention by focusing exclusively on prevention or management of chronic disease or conditions and behavior that lead to disease (such as obesity or smoking). While pregnancy is not a disease and under many circum-

Policymakers have an opportunity to improve health and reduce costs by enhancing pregnancy planning and prevention in the context of virtually any initiative to reform the nation's health care system. Specifically, they could:

- Enhance consumers' access to family planning counseling, services, and coverage for a full range of FDA-approved contraception;
- Improve young adults' access to affordable health insurance (the group most likely to experience an unplanned pregnancy and most likely to be uninsured);
- Complement private sector health initiatives with strong, publicly-financed family planning services for those who do not otherwise have access to high quality, affordable family planning;
- Encourage responsible behavior among men and women by including pregnancy prevention within the broader umbrella of prevention and wellness; and
- Strengthen the family planning workforce through enhanced education and other incentives.

stances is a wonderful occurrence, fully **one-half of all pregnancies in the United States are unplanned**,⁶ and those pregnancies that result in a birth have significant health-related costs and consequences. For these reasons, The National Campaign recommends the following actions:

- Pregnancy planning and prevention should be an integral component of any basic benefit package designed in the context of health reform; that is, it should be on a par with such other preventive benefits as mammograms, diabetes screenings, and smoking cessation.
- A clinician specializing in family planning should be appointed as a voting member of the United States Preventive Services Task Force (USPSTF), the leading independent panel of private-sector experts in prevention and primary care.
- The USPSTF should adopt specific recommendations regarding effective family planning methods.
- Legislative language and administrative guidance related to prevention and wellness should include rather than exclude pregnancy prevention. For example, when language is drafted, it should not focus exclusively on “prevention of chronic diseases/ chronic disease management” but rather a broader scope of prevention and wellness opportunities including pregnancy planning and prevention.
- If Congress creates a commission to determine what preventive services, procedures, and medications should be covered by private insurance or public insurance plans, then an expert on family planning and/or pregnancy planning and prevention should be appointed as a voting member.
- The Centers for Disease Control (CDC) should oversee efforts to analyze and address the overall lack of improvement in rates of unintended pregnancy, with special attention to those groups whose rates are higher than the national average and/or whose rates have increased.
- Congress should fund an innovative public health, digital media campaign coordinated by the CDC to help young adults with pregnancy planning and prevention.

Access to Affordable Drugs and Devices

Improving health outcomes will require not only increasing access and affordability for health services, but also for related prescription drugs and devices. Helping young women and men improve pregnancy planning requires access to affordable and effective contraceptive drugs and devices. Therefore, The National Campaign recommends Congress enact language that if a public or private health insurance plan provides coverage for prescription drugs, devices, or outpatient health care services, it must provide affordable coverage for any Food and Drug Administration-approved prescription contraceptive drugs, devices and related outpatient services. This coverage should include long-acting reversible contraceptives (LARCs) such as implants and intrauterine devices—the most effective methods which often have the highest up front costs—and visits necessary for counseling and insertion.

For more information on contraceptive equity, please see [Policy Brief: Contraceptive Equity](#).

Incentives for and Education to Providers

As Congress deals with health care provider workforce issues, it is also important to ensure a robust, well-trained, culturally-competent family planning workforce. To do so, The National Campaign recommends the following actions:

- A. Provide incentives such as loan forgiveness programs for providers and support staff who serve low-income clients or in underserved areas.
- B. Invest in continuing education to help ensure practitioners stay abreast of new research and in emerging contraceptive technologies including long acting reversible methods.

Provider Reimbursements

A large majority of young adults (63% of men and 77% of women) say that health care professionals are their most trusted source of information about contraception yet more than eight in ten men (84%) and about one-third of women (35%) say they rarely or never discuss contraception with their doctor or other health care professional.⁷ Experts believe and experience confirms that one of the main explanations for this poor communication is that providers often shy away from discussing contraception due to inadequate reimbursement for such care. The National Campaign recommends the following actions:

- A. Provide adequate reimbursement for extended family planning counseling services and outreach under public and private insurance systems to improve contraceptive knowledge and adherence among young adults and help them find the contraceptive method that works best for them.
- B. Establish an adequate reimbursement structure that reflects administrative and supply costs. The rates of reimbursement should also be adjusted annually to most accurately reflect the cost of providing services.
- C. Offer incentives for the innovative use of technology (i.e. e-prescribing and electronic record-keeping) to reduce costs and improve access to care.

Dependent Coverage

Young adults between 19 and 29 are more likely than any other age group to be uninsured. It is also the case that young adults also account for nearly one-third (1.1 million) of the 3 million unplanned pregnancies annually. Many young adults lose health insurance coverage under their parents' plan once they graduate from either high school or college, and the jobs they accept after graduation often come without health insurance benefits. Policies that increase health coverage for young adults, including contraceptive coverage, coupled with a large-scale public education campaign to promote responsible behavior could greatly improve pregnancy prevention and planning. The National Campaign recommends the following actions:

- A. Encourage changes in state laws so that dependents are able to receive insurance coverage up to age 24 or 25.
- B. Extend eligibility for public insurance programs up to age 24 or 25; and ensure that colleges require and offer coverage to students.⁸
- C. Encourage family planning services for youth aging out of foster care by providing technical assistance to state independent living programs and caseworkers in agencies that are charged with developing transition plans on how they can incorporate pregnancy prevention education and services into plans for youth aging out of foster care, including access to Medicaid family planning.

Strengthening the Safety Net

Publicly funded family planning services are a critical part of basic health care for lower-income individuals that also provide significant cost savings to taxpayers. In 2006 alone, these services helped prevent 1.94 million unplanned pregnancies and saved taxpayers an estimated \$4.3 billion in Medicaid pregnancy-related expenditures alone.⁹ Put another way, for every public \$1 invested in family planning services, taxpayers save \$4.02 in Medicaid pregnancy-related expenditures.¹⁰ Strengthening the family planning safety net through Medicaid, Title X, community health centers, and other public programs will help ensure that:

- more women and men will have access to high quality information, care and services that will reduce unplanned pregnancies,
- health will improve,
- taxpayers and government alike will enjoy significant savings, and
- the prevalence of abortion will decline.

For more information on Strengthening America's Family Planning Safety Net, please see [Briefly: Strengthening America's Family Planning Safety Net in the Context of Health Reform](#).

Key Facts

- At least half of all pregnancies in the United States are unplanned (approximately 3 million annually) and more than one-third of these (1.1 million) are to unmarried women in their 20s.¹¹
- In 2007, 46% of 19-29 year olds were without insurance during the year, an increase from 40% in 2003.¹²
- Of the three million unplanned pregnancies in the United States each year, half occur to the approximately one in ten women who are using no method of contraception and half occur to women who either are using an ineffective method of contraception, or are using an effective method of contraception incorrectly or inconsistently.¹³
- 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.¹⁴
- Access to and coverage of more effective methods of contraception could further reduce unplanned pregnancy and result in lower public and private sector costs. An analysis of employers that provided contraceptive coverage for employees found significant cost-savings (from financial savings and health gains) compared to those who provided no contraception. For example, the per person cost savings of those using oral contraceptives was \$8,227, some \$8,996 for the vaginal ring, and \$9,815 for Depo-Provera ("the shot").¹⁵ Furthermore, the cost of offering family planning coverage to employees is minimal, accounting for less than 1% of total employee coverage costs. These costs are easily offset by savings to the employer due to averted unplanned births.¹⁶ 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.¹⁷
- A 2009 report found IUDs to be the most cost effective method of contraception.¹⁸

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