

# Fast Facts

## Making the Case for Family Planning Coverage in Health Reform

Regardless of whether defined in statute or determined by an external commission, it is critical that family planning services—including pap smears, contraceptive counseling, prescription drug/device coverage, and related outpatient contraceptive services—are included as a required primary health benefit in any basic benefit package designed in the context of health reform. Moreover, in the event that Congress creates a “stripped-down” health insurance plan for young adults, it is important that contraceptive coverage remains included as a covered benefit.

In addition to improving health outcomes, this preventive benefit is both affordable and cost-effective for consumers, employers, and the government alike.<sup>1</sup> The vast majority of unplanned pregnancies (which lead to both births and abortions) occur to single women in their 20s<sup>2</sup> so improving access to quality, affordable family planning services for young adults in particular will help reduce too early pregnancy and parenthood which in turn will lead to healthier children, stronger families, lower health care costs, and fewer abortions.

### Key Facts

- Half of all pregnancies in the United States are unplanned.<sup>3</sup> And there are 3.5 million pregnancies each year among the 21 million women ages 19 to 29.<sup>4</sup>
- Young adults between 19 and 29 are more likely than any other age group to be uninsured, and young women in particular, are in need of regular preventive care, including family planning.<sup>5</sup>
- The Centers for Disease Control and Prevention credited family planning as one of the top ten public health achievements in the 20th century.<sup>6</sup>
- Improving pregnancy planning and spacing and preventing unintended pregnancy is one goal of Healthy People 2010. Specific objectives within that goal include increasing the proportion of pregnancies that are intended, increasing contraceptive use among women at risk of unintended pregnancy, and increasing the proportion of health insurance policies that cover contraceptive supplies and services.<sup>7</sup>
- In its 1996 *Guide to Clinical Preventive Services*, the United States Preventive Services Task Force included a “B” recommendation for counseling about effective contraceptive methods to all women and men at risk for unintended pregnancy.<sup>8</sup>
- 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.<sup>9</sup>
- The Congressional Budget Office included expanding eligibility for family planning services through Medicaid in its reports on options to reduce federal spending on health care.<sup>10</sup>

- Congress has a long history of recognizing the value of family planning services by including it as a core part of its public programs. This robust record means that including it as part of health reform would simply be extending a long-standing commitment to this set of services. Note, for example, that:
  - Since 1972, family planning services have been a required covered service under Medicaid, and it is one of the few services for which cost sharing is prohibited.<sup>11</sup> In fact, as an incentive to further encourage states to make family planning services widely available to Medicaid beneficiaries, the 1972 amendments also established a special matching rate of 90% for family planning services and supplies.<sup>12</sup>
  - Federally qualified health centers—including community health centers, migrant health centers, healthcare for the homeless programs, and public housing primary care programs—are required to provide family planning services as part of its required primary care services.<sup>13</sup>
  - In 1998, Congress passed legislation that requires contraceptive coverage for federal employees who are insured through the Federal Employees Health Benefits Plan (FEHBP).<sup>14</sup>
  - Under Temporary Assistance for Needy Families, pre-pregnancy family planning services are the only medical service for which such funds may be used.<sup>15</sup>
  - Family planning services are specified in statute as a covered service under the Social Security Services Block Grant to states.<sup>16</sup>
  - The Indian Health Service includes family planning services as part of its required health promotion services.<sup>17</sup>

## Sources

1. Suellentrop, K. (2009) *Fast Facts: The Direct Medical Costs of Unplanned Pregnancy and Cost Effectiveness of Preventing Unplanned Pregnancy*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.
2. The National Campaign to Prevent Teen and Unplanned Pregnancy. (2008) *DCR Report: Data, Charts, Research Report*. Washington, DC: Author.
3. National Campaign to Prevent Teen and Unplanned Pregnancy. (2007). *Unplanned Pregnancy Among 20-Somethings: The Full Story*. Washington, DC: Author.
4. J. L. Kriss, S. R. Collins, B. Mahato, E. Gould, and C. Schoen, Rite of Passage? Why Young Adults Become Uninsured and How New Policies Can Help, 2008 Update, The Commonwealth Fund, May 2008.
5. Ibid.
6. Centers for Disease Control and Prevention (1999). *Morbidity and Mortality Weekly Report* 48(12);241-243
7. U.S. Department of Health and Human Services, *Healthy People 2010*, 2nd ed. (Washington: U.S. Department of Health and Human Services, 2000), 9-13, available at <http://www.healthypeople.gov/Document/pdf/Volume1/09Family.pdf> .
8. U.S. Preventive Services Task Force. *Guide to Clinical Preventive Services*, 2nd Edition. Washington, DC: U.S. Department of Health and Human Services, 1996.
9. "Women's Health Care: Understanding the Cost and Value of Contraceptive Benefits", Mercer Human Resource Consulting and Marsh Inc. (2005).
10. Congressional Budget Office (2008) *Budget Options Volume 1: Health Care*. <<http://www.cbo.gov/ftpdocs/99xx/doc9925/12-18-HealthOptions.pdf>> accessed April 27, 2009
11. 42 USC §1396d
12. 42 USC § 1396b
13. 42 USC § 254b
14. FY99 Omnibus Consolidated and Emergency Appropriations (October 1998). <[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=105\\_cong\\_reports&docid=f:hr825.105.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=105_cong_reports&docid=f:hr825.105.pdf)> accessed April 22, 2009.
15. 42 USC § 603
16. 42 USC § 1397
17. 25 USC § 1603