



Coverage of Family Planning in New Health Care Law

When the Affordable Care Act was passed in March 2010, it required all new insurance plans to cover proven preventive care and other screenings without co-payments. For women, this requirement has covered such services as cervical cancer screening and mammograms. The law also included an amendment sponsored by Sen. Barbara Mikulski (D-MD), known as the Women's Health Amendment, that directs the Department of Health and Human Services (HHS) to identify additional preventive health care for women that should be covered without co-payments.

HHS asked the Institute of Medicine (IOM) to review the science and public health evidence and make recommendations about which additional preventive services for women are supported by enough evidence to qualify for this requirement. IOM will release these recommendations on July 20 in its report *Clinical Preventive Services for Women: Closing the Gap*. The Department of Health and Human Services is expected to make a final determination in August. When the health insurance exchanges start in 2014, all plans within the exchanges will also be required to follow this rule.

Key Facts:

- The Centers for Disease Control and Prevention has cited family planning as one of the **10 great public health achievements of the 20th century**.¹
- **Nearly all Americans use family planning.** More than 98 percent of heterosexually active women have used a contraceptive method at some point in their lives.²
- Costs can be a barrier to women seeking access to contraceptives.
 - In 2009, 30 percent of sexually active women with low- and middle-income reported having **put off visits related to family planning to save money**;³
 - Contraceptive pills, patches or rings **can cost upwards of \$60 per month**. Long-acting or permanent methods, such as the IUD, implants or sterilization can cost hundreds of dollars in up-front costs.⁴
 - **Even women with insurance that covers prescription drugs pay more than half the cost of their pills**, amounting to \$14 per pack on average. Over a full year, this adds up to 29 percent of their annual out-of-pocket expenditures for health services.⁴
- **The American public supports family planning and considers it an important preventive service.** A June 2011 poll found 84 percent of American's view family planning, including birth control and contraceptives, as important to basic preventive health care services with 67 percent feeling that way strongly.⁵
- **Helping women and couples space their pregnancies improves birth outcomes.** In states that made it easier for low-income women to afford contraception by extending Medicaid family planning coverage to more people, there was a dramatic drop in the incidence of short birth intervals (a year or less between babies) for women in the program. Shorter times between a birth and a subsequent pregnancy make preterm birth and low birth weight more likely, which has serious negative consequences for the babies' health.^{6,7}
- Using birth control pills can **reduce the risk of ovarian cancer**, the deadliest gynecologic disease.⁸

References

¹ <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4847a1.htm>

² http://www.guttmacher.org/pubs/fb_contr_use.html

³ <http://www.guttmacher.org/pubs/RecessionFP.pdf>

⁴ <http://www.guttmacher.org/pubs/gpr/14/1/gpr140107.html>

⁵ http://www.nfprha.org/images/insert/Memo_NFPRHA_CCMC_Omnibus_060211.pdf

⁶ Conde-Aguedelo A, Rosas-Bermudez A and Kafury-Goeta AC, Birthspacing and risk of adverse perinatal outcomes: a meta-analysis, *Journal of the American Medical Association*, 2006, 295(15):1809-1823.

⁷ Zhu BP, Effect of interpregnancy interval on birth outcomes: findings from three recent US studies, *International Journal of Gynecology and Obstetrics*, 2005, 89(supplement 1):S25-S33.

⁸ Riman T et al., Risk factors for invasive ovarian cancer: results from a Swedish case-control study, *American Journal of Epidemiology*, 2002, 156(4):363-373.