Reproductive Health Equity: The Importance of Family Planning

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DISCLOSURES

• Research Funding
  • National Institute of Health
  • Laura and John Arnold Foundation

• Consultant/Advisor
  • World Health Organization
  • Cooper Surgical
  • Bayer
Describe the importance of publicly funded family planning

Share examples of the impact of policy on reproductive health
Contraception is fundamental to the health of individuals, families, and our communities.
Family planning allows individuals to choose if and when to conceive, and contributes to improved health outcomes for women, families, and the community.
IMPACT OF UNINTENDED PREGNANCY

Epidemic with multigenerational consequences
• Delayed prenatal care
• Infant low birth weight
• Infant mortality
• Maternal mortality & morbidity

Costs for the individual, family, & society
• $21 billion (2010)
Nationally, 45% of pregnancies are unintended

- 42% result in abortion
- 58% result in birth

Guttmacher Institute 2014 data
16,660 result in abortion
2,960 result in birth

In Utah, 36% of pregnancies are unintended

- Intended
- Unintended/Mistimed

Guttmacher Institute 2014 data
Large disparities by income remain

(Chart showing unintended pregnancy rates per 1,000 women aged 15–44 by income level:
- Income <100% of poverty level
- Income 100–199% of poverty level
- All women
- Income ≥200% of poverty level)

Note: The 2011 federal poverty level was $23,390 for a family of four.

Guttmacher Institute, 2018
Why do we need publicly funded family planning?

The 2/3 of women using contraceptives consistently account for only 5% of unintended pregnancies.

The 14% of women not using contraceptives account for half of all unintended pregnancies (54%).

Multiple barriers limit use of family planning services.

Finer NEJM 2016, Finer AJPH 2014, Dehlendorf 2010
20 million in need of publicly funded family planning

Half of all women in need of contraceptive services and supplies may require publicly supported care

- 15.5 million low-income
- 4.7 million adolescents
BARRIERS TO CONTRACEPTION

Cost of services
Limited access to publicly funded services
Limited access to insurance coverage
Family planning clinic locations and hours that are not convenient for clients
Lack of awareness of family planning services among hard-to-reach populations
No or limited transportation
Lack of youth-friendly services
Publicly funded family planning is critical access point

Medicaid, Title X, State initiatives

Helped prevent 2 million unintended pregnancies

For every $1 spent, $7.09 saved
POLICY & REPRODUCTIVE HEALTH

FEDERAL & STATE EXAMPLES
FEDERAL POLICIES

Medicaid
• Emergency Medicaid

Children’s Health Insurance Program
• Unborn Child Clause

Deficit Reduction Act

Title X
OREGON POLICIES

Pharmacist prescription of hormonal contraception

Reproductive Health Equity Act

Immediate Postpartum LARC
PHARMACIST PRESCRIPTION OF HORMONAL CONTRACEPTION

HOUSE BILL 2879
PHARMACIST PRESCRIPTION

Expands the scope of pharmacists to prescribe contraception

2016
Pill & Patch

2017
Ring & Injection
Pharmacists can bill insurance

Oregon Medicaid reimburses clinic visits to pharmacists
Majority of pharmacists now certified
Research collaboration formed

Medicaid CLAIMS analysis

Longitudinal SURVEY of pharmacist experience

Prospective COHORT study

PHARMACISTS & PHARMACY CHAINS

POLICY MAKERS & PUBLIC HEALTH OFFICIALS
OVER HALF interested in prescribing, managing effects, or transitioning women

39.1% planned to prescribe

SIGNIFICANTLY MORE PLANNED PARTICIPATION

PHARMACISTS PRACTICING IN URBAN LOCATIONS OR CURRENTLY OFFERING EMERGENCY CONTRACEPTION

BARRIERS TO PARTICIPATION

- Liability Concerns
- Additional Training
- Staff Shortage
PHARMACIST SURVEY: 6-12 MONTH FOLLOW-UP

- Mainly white
- 10 years since degree
- Retail chains
- 66% urban practice

Majority comfortable prescribing methods

On average, each contraceptive visit takes 29 minutes

49% LARC counseling
22% Implant initiation
Prescriptions are still not a common occurrence

- **Prescriptions Written**: <10
- **Visits Billed to Insurance**: 41%
- **Direct Charge Average**: $40
MEDICAID CLAIMS ANALYSIS

- Two years of Medicaid claims (2016-2018)
- 1,313 prescriptions written
- Among women using hormonal contraception, 10% received their prescription from a pharmacist
- The majority of women were new contraceptive users (73.8%)
Prospective cohort and claims analysis
Recruiting at 70 pharmacies state wide
Analysis of 3 years of private and public claims

www.ohsu.edu/pearlstudy
REPRODUCTIVE HEALTH EQUITY ACT
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Codifies the Affordable Care Act in state law

Ensures no-cost coverage for contraception & abortion regardless of citizenship status

Covers immediate postpartum LARC

Provides 60 days of postpartum coverage for non-citizens
Coverage is fragmented

Legislation fulfills 2 key coverage gaps

- NON-CITIZEN
- ABORTION
OREGON’S IMMIGRANT POPULATION

FOREIGN BORN

\[37\%\] c.2000

9.9%

REPRODUCTIVE AGE

81%

LARGEST PORTION FROM LATIN AMERICA

44%

OVER HALF ARE WOMEN

50%

RODRIGUEZ. CONTRACEPTION. 2010
EMERGENCY MEDICAID & UNINTENDED PREGNANCY IN OREGON

RETROSPECTIVE COHORT STUDY
Followed a postpartum group of EM patients

COST BENEFIT ANALYSIS
Compared costs of offering a postpartum IUD with baseline policy of just covering the delivery

IUD UPTAKE FROM RECORDS
Costs and repeat admissions from hospital records

OHSU Study
Obstetrical Diagnoses

82% CLAIMS

RODRIGUEZ. CONTRACEPTION. 2010
## OHSU COHORT STUDY

### POSTPARTUM LARC WOULD SAVE OREGON

<table>
<thead>
<tr>
<th>N=1037</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREGNANCIES WITHOUT PP IUD PROGRAM</strong></td>
<td>27</td>
<td>80</td>
<td>78</td>
<td>81</td>
</tr>
<tr>
<td><strong>COSTS WITHOUT PP IUD PROGRAM</strong></td>
<td>$213,278</td>
<td>$637,126</td>
<td>$631,010</td>
<td>$636,210</td>
</tr>
<tr>
<td><strong>COSTS OF IUD PROGRAM</strong></td>
<td>$106,000</td>
<td>$14,927</td>
<td>$16,931</td>
<td>$15,106</td>
</tr>
<tr>
<td><strong>COSTS OF PREGNANCIES EXPECTED WITH PP IUD PROGRAM</strong></td>
<td>$102,310</td>
<td>$297,970</td>
<td>$356,180</td>
<td>$395,320</td>
</tr>
<tr>
<td><strong>NET SAVINGS FOR OREGON</strong></td>
<td>$4,968</td>
<td>$324,229</td>
<td>$257,899</td>
<td>$225,784</td>
</tr>
</tbody>
</table>

**Per $ Spent:** $2.94
IMMEDIATE POSTPARTUM PLACEMENTS

01.2008-07.2016

INCOME ≤ 300%

FPL & NO INSURANCE COVERAGE

DEVICES PLACED

423

66% IMPLANT

5% COPPER IUD

29% LNG IUD

PAYOR DISTRIBUTION

65% OHP

30% CAWEM

5% PRIVATE
### Who is requesting immediate postpartum LARC?

<table>
<thead>
<tr>
<th></th>
<th>MEDICAID</th>
<th>EMERGENCY MEDICAID</th>
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</thead>
<tbody>
<tr>
<td><strong>AGE 20-34</strong></td>
<td>81.2%</td>
<td>75.6%</td>
</tr>
<tr>
<td><strong>HISPANIC</strong></td>
<td>23.9%</td>
<td>90.9%</td>
</tr>
<tr>
<td><strong>PARITY &gt; 1</strong></td>
<td>71.1%</td>
<td>81.2%</td>
</tr>
<tr>
<td><strong>MEDICALLY COMPLEX</strong></td>
<td>43.1%</td>
<td>31.3%</td>
</tr>
<tr>
<td><strong>CESAREAN</strong></td>
<td>55.3%</td>
<td>33.3%</td>
</tr>
</tbody>
</table>
LARC UTILIZATION

Proportion of women using LARC

Number of months since LARC insertion

Emergency Medicaid

Medicaid
NEXT STEPS

• Working with state legislature to address private insurance exemption

• Designed client visit record form to facilitate evaluation

• Reporting on first year of services

• Evaluating the impact of coverage throughout pregnancy on key maternal and newborn outcomes
  • Oregon and South Carolina data
CONCLUSIONS

• Unintended pregnancy remains an entrenched public health epidemic

• Family planning is critical to eliminating health disparities with multigenerational consequences
THANK YOU

QUESTIONS

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