

Medicaid to pay for birth control?

Legislation » Preventing unplanned pregnancies could cut costs, reduce abortions by half, say bill's proponents.

By Lisa Rosetta
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Trying to curb unintended pregnancies, a coalition of groups wants the state's Medicaid program to offer expanded family planning services to some of the poorest women in the state.

In 2008, 33 percent of Utah pregnancies were unplanned, according to state Department of Health data. But that number is much higher for poor families: Among those whose income was \$15,000 or less, for example, 51.2 percent of births were unplanned.

With Medicaid paying for nearly a third of all deliveries in Utah, proponents say family planning services could save big money. What's more, giving women access to birth control could slash in half the number of abortions performed here.

"If we can prevent the number of unintended pregnancies in Utah, we prevent the number of children living in poverty," said Melissa Bird, executive director of the Planned Parenthood Action Council. "We prevent the number of abortions in Utah (and) we improve pregnancy outcomes for women, which is super important."

Currently, Medicaid, the state's Primary Care Network (PCN) and the state's Baby Your Baby program provide birth control to women for 60 days after they give birth.

After that, "you're going to have to choose between feeding your kids and taking birth control, and we know there are repeat births on Medicaid because there's no access to birth control," Bird said.

Rep. Jen Seeling is hoping to change that. The Salt Lake City Democrat plans to carry a bill that would extend family planning services to two years for women on Medicaid -- and perhaps to all families earning up to 185 percent of the federal poverty level.

"I want to make sure that every child that is born can be cared for," said Seelig, whose bill is supported by Planned Parenthood, the March of Dimes, Voices for Utah Children and the Utah Health Policy Project. "I want to help facilitate personal responsibility, and family planning is a tool that supports that notion."

There may be other good reasons, too: Data collected by the state's Pregnancy Risk Assessment Monitoring System, or PRAMS, shows that infants who were unintentionally conceived are more likely to be born at a low birth weight and spend time in an intensive care unit.

Their mothers suffer from postpartum depression, financial stress and experience problems with their partners at a higher rate.

Unlike many other states, however, Utah doesn't allot money for family planning services, said Lois Bloebaum, who manages the health department's Maternal and Infant Health Program and PRAMS.

Because of a consent law passed 15 years ago -- which prohibits minors from getting contraceptives from any state-run agency without their parent's permission -- Utah is ineligible for federal Title X funding.

Incidentally, among women who had children in 2004 and 2005, those 17 and younger had the highest rate of unplanned births birth -- 75.7 percent, according to one PRAMS survey.

Providing family planning services to low-income women would pay for itself, proponents say. A Medicaid delivery averages \$5,155, while family planning services cost about \$28 a month. And many women get pregnant

within months of delivering a baby; those closely-timed pregnancies are higher risk and more expensive.

A Medicaid analysis of Seelig's proposed bill shows that 78,600 women are within the 133 percent of federal poverty level range for services. It would cost \$26.4 million to cover them -- all but \$2.64 million would be paid for by the federal government.

About 1,213 deliveries would have to be permanently avoided to make family planning services cost neutral. Preventing those births would save an estimated \$6.25 million in delivery costs and another \$2.91 million otherwise spent to provide those newborns a year's worth of Medicaid services

The problem, said state Medicaid director Michael Hales, is "trying to determine how many of these pregnancies would actually be unwanted versus just planned to be delayed -- that's where the policy discussion comes into play."

Lincoln Nehring, Medicaid policy director for the Utah Health Policy Project, said about 98 percent of private insurers in Utah cover family planning services. "This is a service we expect and we demand, and it's not immoral," he said. "This is just a health benefit that families need."

If Seelig's bill passes, Utah would join 26 other states that have done something similar. "All of them have seen significant cost savings to their program and better health for women in their state," Nehring said.

lrosetta@sltrib.com

Medicaid deliveries at a glance

In fiscal year 2009, Medicaid paid for 16,754 deliveries -- about one-third of all deliveries in the state.

Average cost per delivery: \$5,155

Cost to insure a baby through Medicaid for one year: \$200 a month

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