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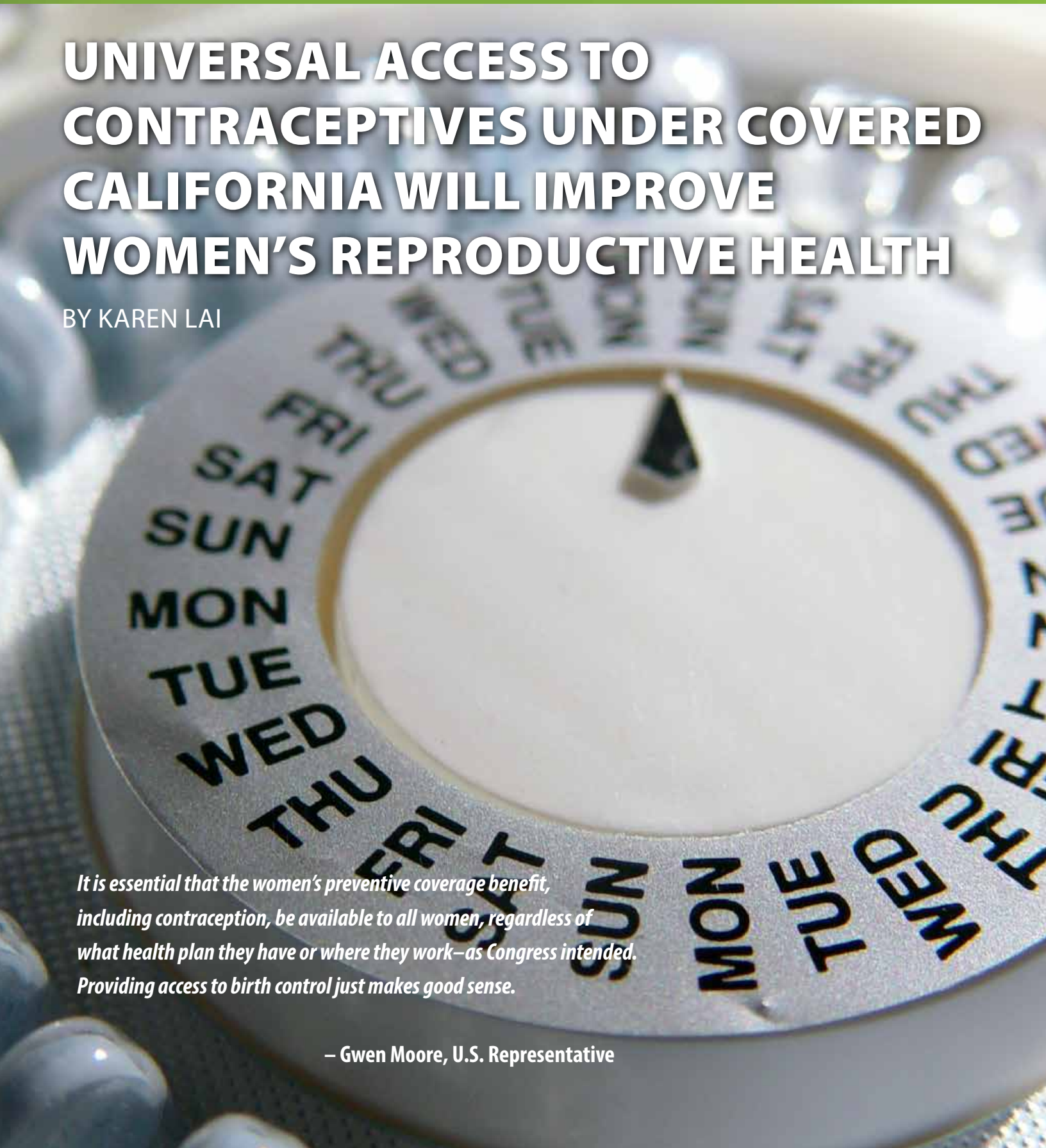
RETHINKING POLICY ON GENDER, SEXUALITY, AND WOMEN'S ISSUES

UNIVERSAL ACCESS TO CONTRACEPTIVES UNDER COVERED CALIFORNIA WILL IMPROVE WOMEN'S REPRODUCTIVE HEALTH

BY KAREN LAI



It is essential that the women's preventive coverage benefit, including contraception, be available to all women, regardless of what health plan they have or where they work–as Congress intended. Providing access to birth control just makes good sense.

– Gwen Moore, U.S. Representative

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The high percentage of unintended pregnancy in the United States[1] has been a catalyst for Healthy People 2020's goal to increase contraceptive-related insurance coverage.[2] In addition, 2010 Affordable Care Act (ACA) includes a mandate that state-based health insurance exchanges offer insurance coverage of FDA-approved contraceptives without extra costs to the enrollee. Nevertheless, the expansion of contraceptive coverage does not equate to full access, especially for low-income women. As the state with the greatest need for affordable access to contraceptives[3] and the leader in planning a health benefit exchange (Covered California), California has the unique opportunity to improve the reproductive health of low-income women nationwide.

TO ENSURE EQUITABLE AND TIMELY ACCESS, the Covered California Board must re-align systems and policies and provide proactive guidance, monitoring, and responsiveness to the needs of this vulnerable population throughout the health exchange process. California currently faces a critical crossroads in setting Covered California policies. Because California has a long history of leading social welfare initiatives, Covered California represents an opportunity for California to prioritize and impact the reproductive health of women across the U.S. by setting the standard for care.

CRITIQUE

Access to contraceptives is a significant public health problem. Compared to men, women suffer a greater financial burden. Not only do women disproportionately earn less money overall, they utilize more preventive, especially reproductive, services.[4] Unsurprisingly, 43% of U.S. women report cost as a barrier to receiving preventive services and filling prescriptions.[5] Irregular or delayed access to contraceptive services predisposes these women to unintended pregnancies, which are associated with pregnancy complications, poorer maternal and infant health outcomes, and $11 billion of taxpayer funds annually.[6]

The link between unintended pregnancies and poor health outcomes becomes particularly clear with low-income women. Their income status places them at higher risk of both unintended pregnancies and irregular and less health care.[7] This translates into unmanaged chronic diseases and delayed prenatal care, which raise their risks of poor outcomes.[8] In California in 2006, almost 2.4 million women, an increase of

Created under the Federal Patient Protection and Affordable Care Act, Covered California is the online marketplace where residents of California can view coverage options. "CoveredCA.com" is the website address.

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13% from 2000, were in need of publicly funded family planning services, but only 55% received them.[9] The need and health disparities associated with limited accessibility and affordability of contraceptives are therefore significant on a population scale.

California policy decisions critically affect contraceptive access: By 2014, this vulnerable population will theoretically receive greater coverage and access to contraceptive services through Covered California. Under Covered California, approximately one million newly insured Californian women will qualify for federal subsidies because of their income status (133%-400% of the Federal Poverty Level).[10]

However, insufficient knowledge, continuity of care and policies, and provider networks effectively impact access. In Massachusetts, under a similar system of mandated individual health insurance coverage combined with standardized health plans, women continued to report problems with receiving services, in particular contraceptives.[11] Their relatively inconsistent incomes[12] predisposed them to frequent changes in insurance eligibility and coverage without accompanying guidance on coverage policies, including maintaining coverage or keeping their provider.[13] Transitioning between insurance programs may affect women's access to their usual providers and/or providers who offer a comprehensive range of contraceptive services. Whether due to cost concerns, religious convictions, or funding sources, different providers may offer different contraceptive services. Nationally, for instance, office-based providers offer significantly less comprehensive contraceptive options than publicly funded family planning clinics.[14] And in California, Catholic hospitals, which comprise approximately 16% of California hospitals,[15] likely offer even less. Taken together, these factors may lead to disproportionate coverage, access, and availability gaps in contraceptive services for low-income women in Covered California.

RECOMMENDATIONS

Given these problems with knowledge, continuity of care, and provider variability, the Covered California Board should seize this opportunity to establish reproductive health access standards:

- Emphasize a clear, user-friendly web portal targeted towards previously uninsured enrollees and those transitioning between different programs, such as between Medi-Cal and Covered California.
- Strategically position *navigators* (enrollment helpers) to focus resources on the most unreached and/or high-risk communities.
- Train navigators, and recommend similar training for family planning centers (which 60% of women who use family planning consider their primary-care source[16]), in how to help women transition into coverage and receive appropriate care.
- Align coverage policies and provider networks between programs, like Medi-Cal and Covered California.
- Proactively monitor, measure, and act from outcomes of standards such as out-of-network provider standards.

Each of these recommendations will require proactive leadership from the Covered California Board and dedicated collaboration with other decision-makers. However, it is only by committing upfront to aligning universal access with coverage that Covered California can leverage its influence to shape the health of women across the state and the nation.

Karen Lai *is an M.P.H. candidate in the Department of Health Policy and Management in the Fielding School of Public Health at UCLA. She is also pursuing a M.D. and hopes to work in the area of child and adolescent mental health. She is interested in learning about and changing the course of the development of mental disorders not only from a pathophysiological standpoint but also from a public health, systems-based perspective. Through her courses at UCLA, she has become more cognizant of and passionate*

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NOTES

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