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Editorial

Universal insurance coverage for contraceptives: a public health imperative

Insurance coverage for contraception in the United States remains spotty. An estimated 34.5 million women need contraceptive services and supplies [1]. To obtain this care, women may utilize health insurance, turn to publicly funded or subsidized services or pay out of their own pockets. Women aged 15–44 years pay 68% more than men for their health care, in part because some of the reproductive health care services that only women use are frequently excluded by insurance plans [2]. To ensure that all women have access to the contraceptive care they need, the magnitude of coverage for contraceptives through both private health plans and public programs must be improved.

In the private sector, contraceptive coverage has expanded considerably in the past decade. In 2002, 86% of typical employer-purchased plans provided coverage for a full range of reversible contraceptive methods, compared to just 28% in 1993 [3]. State laws requiring health insurance plans to cover contraceptives on an equal basis as other prescription drugs have helped increase coverage. However, only 21 states have enacted these laws and, as yet, no comparable national legislation has been enacted. In addition, these laws often allow exemptions, frequently for religious groups. However, exemptions that are overly broad can also hinder women's ability to access contraceptive care. Even when contraception is covered, needless barriers remain. For example, many plans allow women to obtain only 1 month's supply of contraceptives at a time, requiring frequent trips to the pharmacy, a deterrent to adherence. A recent nationwide survey sponsored by the Association of Reproductive Health Professionals, the Black Women's Health Imperative and Planned Parenthood Federation of America found that new methods such as the contraceptive patch and the contraceptive ring are poorly covered by insurance companies, compared to more traditional methods such as oral contraceptive pills [4].

The federal Equity in Prescription Insurance and Contraceptive Coverage Act (EPICC), introduced in Congress in 2001, would require insurance plans that cover prescription drugs and devices to provide equal coverage for prescription contraceptive drugs and devices. Plans that include coverage for outpatient medical services would be required to cover outpatient contraceptive services, defined as "consultations, examinations, procedures and medical services, provided on an outpatient basis and related to the use of contraceptive methods (including natural family planning) to prevent an unintended pregnancy" [5]. Enacting EPICC would improve women's ability to obtain contraceptive coverage nationwide through their private health insurance plans.

In the United States, nearly 17 million women are estimated to need publicly supported contraceptive services. A patchwork of programs, including Title X and Medicaid, provide family planning care to some of the low-income men and women who need it. Title X of the Public Health Service Act is designed to provide family planning services and supplies to women who could not afford them without government assistance. However, funding levels for Title X have remained flat, and budget shortfalls are threatening state support for family planning programs. Medicaid is the fastest growing source of support for family planning care; more than 80% of publicly funded agencies rely on Medicaid support of contraceptive services [6]. Securing full funding for federal and state family planning programs is essential. These programs not only improve health and well-being, but also reduce public expenditures.

Efforts to expand private insurance coverage and public sector support for contraceptives, however, must overcome tremendous political resistance. In the meantime, private sector and nonprofit groups are developing innovative programs to help women access contraceptive care. One example is the Access and Resources in Contraceptive Health (ARCH) Foundation (www.archfoundation.com). This not-for-profit foundation, established and funded by Berlex Laboratories, assists low-income women who do not have insurance coverage for the Mirena levonorgestrel-releasing intrauterine system. For women who meet specific eligibility criteria, the Foundation may provide a Mirena system free of charge. Both the patient and the provider must complete a section of the short application form for the donated product. In 2003, the Foundation provided over 5800 levonorgestrel-releasing systems for women of limited means. In the past, other pharmaceutical firms have had

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similar mechanisms to assist poor women; most such programs have now ended.

The benefits of family planning are clear and incontrovertible. Preventing unintended pregnancies averts maternal morbidity and mortality, improves child health and yields important economic benefits to society as well [7]. For example, in 1990, every public-sector dollar spent on family planning saved US$4.40 in health and social costs [8]. Comprehensive insurance coverage of family planning is good medicine, good public policy and good fiscal policy as well. Most U.S. citizens support it, and Congress should promptly enact the EPICC legislation.

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