

Date: Feb. 6, 2015	POLICY BRIEF/ANALYSIS PREPARED FOR THE BOARD OF DIRECTORS	
Staff: Dan Sapienza		

HB15-1194 – AUTHORIZE GENERAL FUND DOLLARS FOR LARC SERVICES

Concerning state general fund dollars for the department of public health and environment to continue providing specified family planning services throughout the state, and, in connection therewith, making an appropriation

Details

Bill Sponsors: House – Becker (D) and Coram (R)
Senate – (none)

Committee: House Public Health Care and Human Services

Bill History: 01/30/2015 Introduced In House - Assigned to Public Health Care & Human Services

Next Action: House PHCHS Committee Hearing – February 24, 2015

Bill Summary

This bill provides \$5 million in funding to continue the provision of long acting reversible contraception (LARC) via the Department of Public Health and Environment (CDPHE) family planning program. Since 2008, the program has been funded through an anonymous donor’s grant.

Background

In 2005, 40% of all births in Colorado were reported to be unintended at the time of conception and among new mothers aged 15-24, 61% were reported to be unintended.¹ Among women whose pregnancies were covered by Medicaid in that year and who used contraception, 77% used low-cost methods with high failure rates: condoms, withdrawal, or rhythm.

In 2008, an anonymous donor contributed \$25 million to the Colorado Family Planning Initiative (CFPI) to provide no- or low-cost LARCs to low-income women. These services are provided at Title X clinics which use federal funds to provide individuals with comprehensive family planning and related preventive health services, including contraception. The provided LARCs include intrauterine devices (IUDs) and contraceptive implants. The funding provided for the training of health care providers and removing the cost barrier for these devices. The 28 agencies that received funding covered counties containing 95% of Colorado’s population, including Larimer County. The year the funding was distributed to 28 agencies covering 37 counties, 2009, the percent of pregnancies reported to be unintended remained at 40 percent.²

Many clinics that received this funding already were eligible for special pricing, but still each IUD would have cost approximately \$300-\$500. Under the CFPI program, all LARC methods are offered on a sliding-fee scale, with women at or below 100% of the federal poverty line eligible at no cost. The high up-front cost of IUDs is often a barrier, though their high effectiveness makes them very cost-effective over the long-term. The World Health Organization lists LARCs as the most effective contraception.³

¹ Rickets, et al. 2014. Game Change in Colorado: Widespread Use of Long-Acting Reversible Contraceptives and Rapid Decline in Births Among Young, Low-income Women. Perspectives on Sexual and Reproductive Health, 2014, 46(3):125-132.

² CDPHE Fact Sheet: LARC Program.

³ http://www.tornado.state.co.us/gov_dir/leg_dir/jbc/2014-15/PUBHEAbrf.pdf

During the funding period, Title X clinics saw a greatly expanded caseload: from 52,645 clients in 2008 to 64,938 in 2011. The funding was successful in increasing the use of LARC among low-income young women. In 2008, fewer than 5% of women received LARC methods at Title X agencies, whereas in 2011, 19% received LARC methods. Before the program, only one in 170 young (15-24 year old) low-income women had received a LARC method; by 2011 the rate had increased to one in 15.⁴

With these increases in services provided, the state saw a dramatic decline in the birth rate in young women: the fertility rate for women aged 15-19 declined 26% (from 37 to 28 births per 1,000). The fertility rate for women aged 20-24 declined 12%. Among low-income women targeted by the CFPI program, 2010 and 2011 birth rates for women aged 15-19 were 14% and 18% lower than 2009 rates. In women 20-24, the birth rates declined 3% and 14% from 2009 levels in 2010 and 2011, a statistically significant decrease.⁵

During the program period, the proportion of births that were high risk declined 24%.⁶ The number of repeat teen birth rates (teens giving birth for the second or more times) dropped by 53% between 2009 and 2013.⁷ The reported abortion rate among women 15-19 also declined from 11 per 1,000 women to 7 per 1,000, a 34% decrease between 2008 to 2011. During that time, use rates also declined for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a nutrition program that provides nutrition education, breastfeeding support, healthy food and other services to needy families. Rates rose 18% from January 2007 to March 2010, then fell 23% over the next three years. The March 2013 caseload was the lowest since 2005.⁸

These dramatic decreases in fertility, birth rates, high-risk births, abortion rates, and WIC utilization cannot all be attributed to the LARC program's funding. In Ricketts' study, the CFPI-funded counties tended to show larger decreases than non-CFPI counties. One alternative explanation discussed was that the decreases could be the result of reduced sexual activity among the women in the studied age groups, but this was not supported by the Colorado Youth Risk Assessment Survey data's showing no significant change in sexual activity among youth during the study time period.

Larimer County Department of Health and Environment⁹

The Larimer County Department of Health and Environment (LCDHE) received funding under the CFPI LARC program and began providing LARC methods in 2009. Between 2009 and 2014, LCDHE provide 1,310 IUDs to women at no-cost or at highly reduced costs along a sliding scale. Without the LARC program, these devices would have cost the county and/or its clients \$398,000. In addition, LCDHE was able to increase youth outreach and education activities, reaching 2,000 young adults each year.

The three-year average birth rate for 2006-2008 (before LARC funding) among teens ages 15-17 in Larimer County was 14.3 births per 1,000 females. The three-year average birthrate for 2011-2013 (after the LARC program was operating) was 9.3 births per 1,000 in the same age range.

⁴ Ricketts. 2014.

⁵ Ricketts. 2014.

⁶ Ricketts. 2014

⁷ CDPHE Fact Sheet.

⁸ Ricketts. 2014.

⁹ Communication with Dr. LeBailly, Director of the Larimer County Department of Health and Environment, February 6, 2015.

Teen Fertility Rates (Age 15-17)

	Colorado		Larimer County	
	Rate	# of Births	Rate	# of Births
2005	24.1	2,281	17.1	92
2006	24.2	2,312	16.4	88
2007	22.7	2,200	13.0	71
2008	22.2	2,142	13.4	71
2009	20.1	1,971	13.8	72
2010	17.5	1,688	12.4	66
2011	14.0	1,362	9.9	53
2012	11.9	1,157	8.8	47
2013	13.5	1,119	9.1	49

The age range of 15-19 shows a smaller decrease in birth rate: 21 births per 1,000 women (3-year average) between 2006-2008 and 16.7 births per 1,000 (3-year average) between 2011-2013. This approximate 20% decrease could be smaller than the county saw in teens aged 15-17 (35% decrease) due to the impact of the large college-aged population in the area.

HB15-1194 Details

The grant funding for the CFPI LARC program is set to end June 30, 2015. The Governor’s 2015-2016 budget included a request for \$5 million from the general fund to continue the program.¹⁰

During the budget hearing, it was discussed that funding this program might violate Section 24-75-1305, C.R.S., prohibiting state funding for activities that have “not received adequate grant moneys to support the program...” This section of the Colorado statutes is to prevent grant-funded programs from automatically becoming budget items, without authorizing legislation. It was argued that the CFPI LARC program was not authorized by statute originally and therefore would require legislative action, not merely a budget request. For this reason, HB15-1194 was developed to ensure specific legislative action.

Known Proponents/supporters

- Colorado Department of Public Health and Environment
- American Academy of Pediatricians
- Colorado Children’s Hospital
- Colorado Organization for Latina Opportunity and Reproductive Rights
- Colorado Children’s Campaign

Reasons to support HB15-1194

- LARCs are seen by the World Health Organization and the CDC as one of the most effective means of contraception available, but their significant cost is largely unaffordable for those with low incomes. The cost of LARCs is not only a barrier for many people, but is also beyond the typical budgets of county programs. This bill would provide ongoing funding to help reduce barriers to LARC for women interested in using an effective, long-term contraceptive.

¹⁰ http://www.tornado.state.co.us/gov_dir/leg_dir/jbc/2014-15/PUBHEAbrf.pdf

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- During the five year history of the LARC program, the state has seen dramatic decreases in high risk birth rates, repeat teen birth rates, abortion rates, and WIC utilization.

Known opponents/potential opponents

- Senator Lundberg (R)

Reasons to oppose HB15-1194

- Some argue that IUDs are “abortifacients,” substances that induce abortions.

Several prominent Republicans, including GOP gubernatorial nominee Bob Beauprez and State Sen. Kevin Lundberg, chair of the Health and Human Services Committee, have characterized IUDs as abortifacients, or substances that induce abortion — a statement health care experts say is inaccurate.

Lundberg, R-Berthoud, called CDPHE arguments “poor science.” He described the IUDs as potentially “stopping a small child from implanting,” referring to the fertilized egg. The definition of pregnancy used by CDPHE and other scientists has pregnancy beginning at the implantation of the fertilized egg.

“Protecting life is a very big issue,” Lundberg said. “In my mind, that’s what government is all about, and to protect the life of the most vulnerable and most innocent seems to be the most important.”

Lundberg has introduced a bill this session defining life as beginning at the moment of fertilization.

Health care professionals, such as [Dr.] Wolk (Executive Director and Chief Medical Officer, Colorado Department of Public Health and Environment), say IUDs primarily prevent pregnancy by stopping egg fertilization or, in rare cases where the egg is fertilized even with the device, stopping the fertilized egg from implanting in the uterus.

From the Coloradoan, January 25, 2015, article “Lawmaker asks Colorado to pay for IUD program”¹¹

- The exact method by which IUDs operate is largely unknown. The copper in some and hormones in others operate to disrupt the uterine hormone balance and prevent sperm from reaching the egg. It is also believed that an IUD may increase white blood cell activity and cervical mucus levels, both of which are inhospitable to sperm. When sperm does reach the egg, the IUD also works to impair the implantation of the egg in the uterine wall.¹²

The impairment of egg implantation is said to be a very rare occurrence, but is the effect of the IUD that some believe to be an act of abortion.¹³ In the *Hobby Lobby* case, which contested the ACA mandate of contraceptive coverage, the owners of Hobby Lobby did not want to cover IUDs as contraception.¹⁴ Most physicians and scientists, though not all, believe that pregnancy begins at the

¹¹ <http://www.coloradoan.com/story/news/2015/01/25/lawmaker-asks-colorado-pay-iud-program/22332677/>

¹² <http://www.medicinenet.com/iud/page2.htm>

¹³ <http://www.theatlantic.com/health/archive/2014/03/heres-why-hobby-lobby-thinks-iuds-are-like-abortions/284382/>

¹⁴ <http://www.law.cornell.edu/supremecourt/text/13-354>

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moment of implantation.¹⁵ However, under the belief that pregnancy begins the moment the sperm fertilizes the egg, the disruption of its implantation is seen by some as an abortion.

About this Summary

This summary was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. For more information about this summary or the Health District, please contact Dan Sapienza, Policy Coordinator, at (970) 224-5209, or e-mail at dsapienza@healthdistrict.org.

¹⁵ http://www.washingtonpost.com/national/religion/whats-abortifacient-disputes-over-birth-control-fuel-obamacare-fight/2014/01/28/61f080be-886a-11e3-a760-a86415d0944d_story.html