Health District

OF NORTHERN LARIMER COUNTY

2/19/2021

STAFF: ALYSON WILLIAMS **POLICY ANALYSIS**

SB21-009: REPRODUCTIVE HEALTH CARE PROGRAM

Concerning the creation of a reproductive health care program, and, in connection therewith, providing contraceptive methods and counseling services to participants

Details

Bill Sponsors:	House – *Caraveo (D),* Benavidez (D), Duran (D), Gonzales-Gutierrez (D), Hooton (D), Jodeh (D), Lontine (D), Michaelson Jenet (D), Ortiz (D), Titone (D), Valdez, D. (D), Valdez, A. (D), Woodrow (D) Senate – *Jacquez Lewis (D),* Buckner (D), Danielson (D), Gonzales (D), Kolker (D), Pettersen (D), Rodriguez (D)
Committee:	Senate Committee on Health & Human Services
Bill History:	2/16/2021- Introduced in Senate, Assigned to Health & Human Services Committee
Next Action:	Hearing in Senate Health & Human Services

Bill Summary

The bill expands the Medicaid program to include contraceptives and family planning services for undocumented individuals. It also requires coverage of a one year supply of oral contraceptives for all Medicaid beneficiaries.

Issue Summary

Health Coverage for Undocumented Individuals

Among the total nonelderly population in the United States, 45% of undocumented immigrants were uninsured, compared to about 23% of lawfully present immigrants and 8% of citizens, as of 2017.[1] This high rate of uninsurance reflects the limited access to employer sponsored insurance as well as eligibility restrictions that prevent most from accessing Medicaid, Medicare, and the Affordable Care Act (ACA) marketplaces.

Most undocumented adult individuals are only eligible for Emergency Medicaid.[2] Emergency Medicaid only covers services for a 'life or limb threatening emergency' and labor and delivery for pregnant women. For those pregnant women, it does not cover any prenatal or postnatal care.

Unintended Pregnancy

Unintended pregnancies represent 45% of all pregnancies in the United States, an all-time low.[3] The rate of unplanned pregnancies among women with incomes below the federal poverty level (FPL) has been reported at nearly seven times that of women at 200% of the FPL or higher.[4] Approximately 95% of all unintended pregnancies occur in women who do not use contraception or use it inconsistently or incorrectly.[5] Women

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[1] Kaiser Family Foundation (July, 15, 2019). Health Coverage and Care of Undocumented Immigrants. Retrieved from https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-and-care-of-undocumented-immigrants/

[2] 10 CCR 2505-10 8.100 section 8.1.00.3.G.1v

[3] Sawhill, I.V. & Guyot, K. (June 2019). *Preventing Unplanned Pregnancy: Lessons from the State*. Economic Studies at Brookings. Retrieved from https://www.brookings.edu/research/preventing-unplanned-pregnancy-lessons-from-the-states/

[4] National Conference of State Legislatures (Jan. 2018).*Preventing Unplanned Pregnancy.* Retrieved from https://www.ncsl.org/research/health/preventing-unplanned-pregnancy.aspx

[5] America's Health Rankings (2020).*Unintended Pregnancy.* Retrieved from https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/unintended_pregnancy/state/U.S

with an unplanned pregnancy are less likely to receive prenatal care.[6] A 2011 study found that that taxpayers spend about $12 billion annually on publicly financed medical care for women who experience unintended pregnancies and on infants who were conceived unintentionally.[7]

Year Long Supply of Contraceptives

A study in California found that dispensing a 1-year supply is associated with a 30% reduction in the odds of conceiving an unplanned pregnancy and a 46% reduction in the odds of an abortion compared with dispensing just one or three packs.[8] Similarly, findings from Washington found that when women received least a one-year supply of oral contraceptive, the state saved $1.5 million, an average of $226 per client, on maternity and infant care services due to averted births, compared with those who were dispensed an initial one-month supply.[9]

This Legislation

Definitions

Contraceptive methods and counseling services: Any FDA-approved contraceptive drug, device, or product; the services related to the administration and monitoring of those products (including side-effect management); counseling to continue adherence to the prescribed regimen; the removal and insertion of devices; and any other contraceptive methods or counseling services that have been identified by the federal Health Resources and Services Administration (HRSA) or the "Women's Preventive Service Guidelines."[10]

Eligible individual: An individual with reproductive capacity, regardless of gender, citizenship, or immigration status, who would be eligible to enroll in Medicaid, except that the individual is not a citizen of the U.S. and is not considered an eligible noncitizen.

Participant: An eligible individual enrolled in the reproductive health care program.

Pharmacist: A licensed pharmacist who has entered into a collaborative practice agreement[11] to prescribe and dispense hormonal contraceptive patches and oral hormonal contraceptives.

Provider: means any person, public or private institution, agency, or business providing medical care, services, or goods authorized under Medicaid. They must hold, where applicable, a current valid license or certificate. These services must be provided and goods must be dispensed only if performed, referred, or ordered by a doctor of medicine or a doctor of osteopathy. Services of dentists, podiatrists, and optometrists need not be referred or ordered by a doctor of medicine or a doctor of osteopathy.[12]

Reproductive Health Care Program

Starting January 1, 2022, HCPF is to administer the reproductive health care program. Unless a participant requests a shorter period of time, the provider or pharmacist is to prescribe a 12-month supply of the requested contraceptive or an alternative if the requested product is medically inadvisable. The participant's choice of contraceptive must not be infringed upon and must not require prior authorization, step therapy or other utilization control methods. The Medical Services Board is to adopt rules needed to implement the program, including the rules that specify the manners in which outreach and notification of eligible individuals occur as well as the manner of enrollment. These contraceptives must not have any cost-sharing requirements.

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[6] Kost, K., Lindberg, L. Pregnancy Intentions, Maternal Behaviors, and Infant Health: Investigating Relationships With New Measures and Propensity Score Analysis. *Demography* **52,** 83–111 (2015). Retrieved from https://link.springer.com/article/10.1007/s13524-014-0359-9

[7] Thomas, A. & Monea, E. (July 2011). *The High Cost of Unintended Pregnancy.* Center on Children & Families at Brookings.

[8] Foster DG, Hulett D, Bradsberry M, Darney P, Policar M. Number of oral contraceptive pill packages dispensed and subsequent unintended pregnancies. *Obstet Gynecol*. 2011 Mar;117(3):566-572. Retrieved from https://pubmed.ncbi.nlm.nih.gov/21343759/

[9] Fan, J.Z., Lyons, D., Felver, B.E.M, & Glenn, A.J. (Nov. 2018). *The Effect of Dispensing One-Year Supply of Oral Contraceptive Pills.* Retrieved from https://www.dshs.wa.gov/sites/default/files/rda/reports/research-7-113.pdf

[10] https://www.hrsa.gov/womens-guidelines-2019

[11] Pursuant to state law, C.R.S.§12-280-602

[12] This definition is a shortened version of the referred to statute of C.R.S.§25.5-4-103(19)(a)

Starting in state fiscal year 2023-24, HCPF is to analyze and report the cost-effectiveness of the program through their annual SMART Act hearing.[13] The report is to include the total number of eligible individuals; the total number of enrolled participants, disaggregated by race, ethnicity, gender identity, and income level; cost of providing contraceptive methods and counseling services; participants' preferred method of contraceptive methods; and the cost savings realized due to unintended pregnancies, including avoided hospital costs.

Contraceptives Covered under Medicaid

The bill adds a requirement that a 12 month supply of and FDA-approved contraceptive drug, device, or product is to be covered, unless the recipient requests a shorter supply.

The bill, subject to a petition, takes effect at 12:01am on the day following the expiration of the 90 day period after the final adjournment of the General Assembly.

Reasons to Support

Access to a full range of sexual and reproductive health services is critical to the well-being of individuals, families, and communities. There currently are access barriers due to health coverage and cost, which exacerbate inequities in Latinx communities. The Reproductive Health Care Program has the opportunity to reduce unintended pregnancies, improve sexual health, and address maternal mortality.

Providing Medicaid recipients with a full year of contraceptives not only reduces unintended pregnancies but also saves the state funds that are associated with pregnancy, birth, and the health care of infants and children. In addition, there is a burden on women to continue to refill contraceptives every month or every three months, that may entail taking time off work, obtaining childcare, and traveling in order to obtain their preferred method of contraception.

Supporters

- 9to5 Colorado
- Center for Biological Diversity
- Center for Health Progress
- Cobalt
- Colorado Association of Local Public Health Officials
- Colorado Children's Campaign
- Colorado Immigrant Rights Coalition
- Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)
- Colorado People's Alliance (COPA)
- Interfaith Alliance of Colorado
- New Era Colorado
- One Colorado
- Padres y Jóvenes Unidos
- Planned Parenthood of the Rocky Mountains
- Progress Now Colorado
- The Women's Foundation of Colorado

Reasons to Oppose

Although such a program is likely to save the state money over time, the requirement of funds for an initial investment in such an uncertain budget time may mean that other priorities do not receive full funding. In addition, by providing coverage for a full year's supply of contraceptives, Medicaid would be funding the contraceptives for that individual for that year even if they are no longer eligible for Medicaid and enroll in a private plan mid-year.

[13] Enacted in 2010 and extensively revised in 2013, Colorado's SMART Government Act includes requirements for state departments to create publicly-available annual strategic/performance plans and present them to the General Assembly.

Some may argue that public funds should not be used to provide care for undocumented individuals.

Opponents

- Opposition has yet to be made public.

Other Considerations

There may need to be clarity to determine if a patient opts to change their contraceptive method mid-year (for a medical reason or personal reasons) would that new method still be covered.

About this Analysis

This analysis 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. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.