

SB21-025: FAMILY PLANNING SERVICE FOR ELIGIBLE INDIVIDUALS

Concerning family planning services for individuals whose income does not exceed two hundred fifty percent of the federal poverty level.

Details

Bill Sponsors:	House – None Senate – Pettersen (D)
Committee:	Senate Committee on Health & Human Services
Bill History:	2/16/2021- Introduced in Senate, Assigned to Health & Humans Services
Next Action:	Hearing in Senate Health & Human Services

Bill Summary

The bill requires the Department of Health Care Policy and Financing (HCPF) to seek federal approval, though a state plan amendment, to provide family planning services to individuals who are not pregnant and have an income less than 250% of the federal poverty level (FPL). Currently, adults are eligible for these services with incomes up to 133% FPL.

Issue Summary

Experiences in Other States

Since the federal government matches Medicaid family planning services at 90%, many states have viewed this option of providing the services as the most cost-effective for state dollars.¹ More than half of states, 26, offer expanded family planning services through Medicaid.² The majority of these states (24) set income eligibility requirements ranging from at or below 138% of the federal poverty level (FPL) to under 306% of the FPL.^{2,3} Most of the states (17) operate these programs through a state plan amendment while the remaining 6 have obtained waivers from the federal government.

Colorado Family Planning Program

The Colorado Department of Public Health and Environment's (CDPHE) Family Planning Program (FPP) has been providing services for more than 45 years.⁴ In 2008, multi-year grant funding was awarded to expand services, including distribution of long-acting reversible contraception (LARC) as part of the existing programs. The program provides low or no cost family planning services at Title X clinics across the state to about 40,000 women a year. However, fewer than half of women without coverage are currently being served by the program. The following chart from CDPHE's 2020 fact sheet illustrates the outcomes from this program.

¹ 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/>

² Kaiser Family Foundation (Sept 2020). *States that Have Expanded Eligibility for Coverage of Family Planning Services Under Medicaid*. Retrieved from <https://www.kff.org/medicaid/state-indicator/family-planning-services-waivers/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

³ Guttmacher Institute (Feb, 1, 2021) *Medicaid Family Planning Eligibility Expansions*. Retrieved from <https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions>

⁴ CDPHE (2021). *About Colorado's Family Planning Program*. Retrieved from <https://cdphe.colorado.gov/fpp/about-us>

	Colorado, 2009	Colorado, 2019	Outcome
Birth Rate for Females Ages 15-19	37.7 births per 1,000 population	13.5 births per 1,000 population	64.2% decrease
Birth Rate for Females Ages 20-24	89.9 births per 1,000 population	55.3 births per 1,000 population	38.5% decrease
Abortion Rate for Females Ages 15-19	10.3 abortions per 1,000 population	3.9 abortions per 1,000 population	62.1% decrease
Abortion Rate for Females Ages 20-24	20.9 abortions per 1,000 population	12.0 abortions per 1,000 population	42.6% decrease

Unintended Pregnancy

Unintended pregnancies represent 45% of all pregnancies in the United States, an all-time low.⁵ 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.⁶ Approximately 95% of all unintended pregnancies occur in women who do not use contraception or use it inconsistently or incorrectly.⁷ Women with an unplanned pregnancy are less likely to receive prenatal care.⁸ A 2011 study found 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.⁹

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.¹⁰ Similarly, findings from Washington found that when women received at 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.¹¹

This Legislation

Definitions

Eligible individual: An individual who is not pregnant and whose income does not exceed 250% of the FPL and who meets other requirements under federal law.

Family planning services: Contraception¹²; health care or counseling services focused on preventing, delaying, or planning for a pregnancy, including medically necessary evaluation or preventive services (i.e.

⁵ 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/>

⁶ National Conference of State Legislatures (Jan. 2018). *Preventing Unplanned Pregnancy*. Retrieved from <https://www.ncsl.org/research/health/preventing-unplanned-pregnancy.aspx>

⁷ 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

⁸ 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>

⁹ Thomas, A. & Monea, E. (July 2011). *The High Cost of Unintended Pregnancy*. Center on Children & Families at Brookings.

¹⁰ 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/>

¹¹ 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>

¹² Defined in statute, C.R.S. §2-4-401(1.5), as a medically acceptable drug, device, or procedure used to prevent pregnancy.

tobacco utilization screening, counseling, testing, and cessation services); follow-up visits to evaluate or manage problems associated with contraceptive methods; sterilization services (regardless of sex); cervical cancer screening and prevention; infertility assessments; and diagnosis, treatment, or medication to prevent a sexually transmitted infection (STI) or other condition of the urogenital system.

Presumptive eligibility¹³: The self-declaration of income, assets, and status in order to promptly receive Medicaid services prior to the verification of income, assets, and status.

Medicaid Family Planning Eligibility Expansion

By January 31, 2022, the Department of Health Care Policy and Financing (HCPF) is to seek federal approval of a state plan amendment (SPA) for the Medicaid program to provide family planning services to eligible individuals. The SPA must not impose age, sex, or gender identity limitations on eligible individuals and include a presumptive eligibility process. When the SPA is approved, HCPF is to ensure that an eligible individual receives a one year supply of their contraception, if requested. In addition, HCPF is to coordinate with Connect for Health Colorado, health care consumer advocates, and other stakeholders to conduct outreach about all available health coverage options and encourage enrollment through available sources, including Medicaid, CHP+, a public benefit corporation, or Connect for Health Colorado. HCPF is to promulgate rules that are necessary to implement this bill.

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

The expansion has the opportunity to reduce unintended pregnancies and improve sexual health. The bill would increase the number of Coloradans who would qualify for these services to align with the eligibility level for the Childrens' Health Plan Plus (CHP+). Such an expansion of family planning would also reduce the number of individuals who need to use Medicaid and CHP+ for pregnancy and postpartum care. Further, it may reduce the strain on the existing state family planning program.

Supporters

- Center for Biological Diversity
- Cobalt
- Colorado Association of Local Public Health Officials
- Colorado- American College of Obstetricians and Gynecologists
- Colorado Children's Campaign
- Interfaith Alliance
- The Women's Foundation of Colorado

Reasons to Oppose

Although such an expansion 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.

Some may argue that the state should not be involved in providing family planning services to individuals.

Opponents

- Any opposition has not been made public at this time.

About this Analysis

¹³ C.R.S. §25.5-5-204(1)

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 and behavioral 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.