

Impact of Health Care Reform on Access to Contraception in Massachusetts

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Massachusetts Health Care Reform: Impact on Women's Health
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Two Ibis Studies Investigated Health Care Reform in MA

- 1. Low-Income Access Project (LIAP)**, conducted in collaboration with the MDPH Family Planning Program, investigated low-income women's access to contraception after health care reform in MA
- 2. The Reproductive Empowerment and Decision Making for Young Adults (REaDY) Initiative** investigated young adults' access to contraception after health care reform in MA



Collaborators and Partners



Ibis
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Health



BACKGROUND



Setting the Context

Massachusetts Public Health Infrastructure

- Contraceptive equity legislation
- Medicaid covers all contraception and abortion
- Robust public health system, including family planning
 - Family planning clinics provide confidential reproductive health services including a wide range of contraceptive methods on a sliding scale
 - 12 MDPH-funded family planning agencies; more than 80 clinics throughout Massachusetts
 - Served a total of 98,291 clients in FY 2007



Setting the Context

Contraception in the Commonwealth

- 32,000 unintended pregnancies in MA every year
 - Disproportionate among low-income and young women
- 882,300 women in MA are in need of contraceptive services and supplies
 - 332,120 women need publicly supported services
- Women may spend up to 30 years of their lives trying to prevent pregnancy
- Oral contraceptive pills and condoms most common methods used by young adults
- Use, consistent use, and method selection associated with insurance status



Setting the Context

Insurance Plans Targeted at Young Adults

- Extension of dependent coverage
- Up to age 26 or two years after dependency ends
- Student Health Program (SHP)
- Young Adult Plans (YAPs)
 - Young adult defined as age 18 to 26



STUDY RESEARCH METHODS



LIAP Data Collection Methods

In collaboration with the MDPH Family Planning Program

- Review of Commonwealth Care plan websites
- 10 self-administered surveys of family planning (FP) agency staff
- 16 in-depth interviews with FP providers
- 9 focus group discussions (FGDs) with low-income women
 - 5 Spanish and 4 English with total of 52 women



The REaDY Initiative

Reproductive Empowerment and Decision Making for Young Adults

An initiative to prevent unplanned pregnancy and promote sexual health

- A coalition of Massachusetts health service providers, advocates, and researchers collaborating on a statewide project to reduce unplanned pregnancy among young adults in the wake of health care reform in the Commonwealth
- Two-year initiative focused on better understanding the individual, community, provider, and structural factors that influence the contraceptive behaviors of young adults aged 18 to 26
- Formative research will inform actions led by a statewide, multi-agency Taskforce to improve the health care system and better prepare health service providers to care for young adults

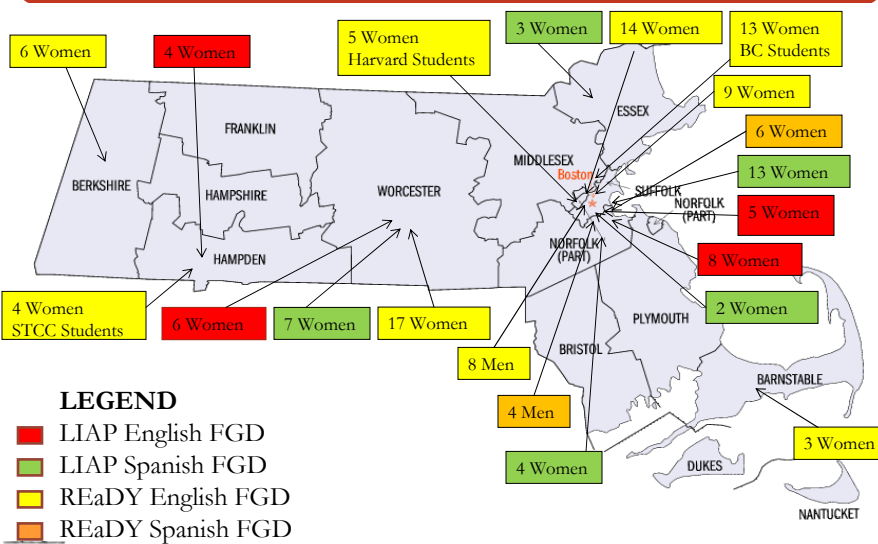


REaDY Formative Research Methods

- Review of young adult-targeted health plans
 - All 12 YAPs
 - Sample of SHPs
- 9 focus group discussions with 77 young women and 12 young men age 18-26



LIAP and REaDY FGD Locations



SUMMARY FINDINGS



Benefits and High Opinion of Health Care Reform

- Low-income women, young adults, and family planning providers reported that they support and have high hopes for the overall idea of reform
- Low-income women said that they had “wicked easy” access to services. They described feeling psyched, really lucky, happy, and grateful for health care reform
- Young women expressed strong support for health care reform, citing both social justice and public health goals



“I think it [health care reform] has probably increased access because when people have health care, they’ll use it. Whereas a lot of people do not want to come in for something and ask for it for free, even if it is available for free...But if they can come in and they have a[n] [insurance] card and they know that they are covered, then they feel better about it...they feel like they are contributing so it is ok for them to ask for services.”

Family Planning Provider in LLAP



Barriers Under Health Care Reform: Information

- Low-income women and young adults lacked information about all components of reform, available health care plans, and contraceptive coverage
- For low-income women, determining what plans they were eligible for and the contraceptive methods covered was “a guessing game”
- Young adults typically associated reform with the mandate and not other components of reform, found it difficult to obtain information about contraceptive coverage, and had low health insurance literacy



“I’m a student also and I have to get insurance through my school. And I have insurance through Mass – like, here – and I guess I’m just like kind of ignorant about it. I don’t even understand why I have both or what would cover which, you know?”

*English-language Boston FGD
Participant in REaDY*



Barriers Under Health Care Reform: Systems

Low-income women and young adults faced several often overlapping systemic barriers to care:

- For low-income women, filling prescriptions at pharmacies was challenging and wait times for appointments increased, though reports about cost of plans are mixed
- Some young adults reported high co-pays, a lack of prescription drug coverage, and religious restrictions on plans
- Young adults also expressed concern about the confidentiality of their sexual and reproductive health services



“My husband was just laid off...my co-pays for [oral contraceptive] pills are like thirty bucks...That’s on top of antidepressants and I have a whole bunch of other [medications]...By the end of the month, that’s over a hundred bucks, not even counting birth control. So we’re, we’re using condoms.”

*English-language Pittsfield FGD
Participant in REaDY*



Barriers Under Health Care Reform: Transitions

- Low-income women and young adults reported frequently going on and off insurance often due to “life phase” transitions
- Low-income and young adult women reported that enrolling and maintaining eligibility in subsidized plans was difficult
- Young adults reported frequent transition periods where they would lose insurance and were unaware of ways to keep coverage through those transitions



“We serve the Cape and Island population—and that is a very transient population, as is their work...health insurance is following [not only] the ebb and flow of people’s financial status, but also of their lives.”

Family Planning Provider in LLAP



What Groups Face Particular Barriers to Accessing Services?

LLAP identified

- Immigrants
- Minors
- Women with incomes around financial cutoff
- **The (temporarily) uninsured**
- **Non-urban clients**

REaDY identified

- Enrollees in subsidized plans
- College and university students
- Young adult men
- **The (temporarily) uninsured**
- **Non-urban clients**



For FP Providers, Health Care Reform is a Good Idea “That Hasn’t Come to Fruition Yet”

- Challenges related to
 - Contracting with plans
 - Administration
 - ✓ Information & training
 - ✓ Billing
- Low-income women frequently relied on them to mitigate barriers experienced under reform



Summary Take Away Findings

- Low-income women and young adults benefited from & have high opinions of health care reform
- New barriers to accessing contraception emerged under health care reform for both groups
- The needs of some populations have not been met by health care reform
- Administrative and financial burden has increased for family planning & Title X providers under health care reform; they are critical primary and safety net providers
- Insurance is complex; challenges remain in MA to ensuring near universal access to health care to residents



Select Summary Recommendations: Addressing the Gaps in the Commonwealth

- Create user-friendly information resources for navigating plans
- Develop resources that can assist parental decision makers understand better the insurance needs of their young adult children
- Address the “gaps in the YAPs”
- Develop mechanisms for providing contraceptive services to the un(der)insured and providing more affordable contraception



Select Summary Recommendations: Addressing the Gaps in the Commonwealth (2)

- Improve outreach and education to pharmacists and health care providers regarding Commonwealth Care plans
- Ensure family planning providers are included as a point of entry for clients seeking preventative health care



Lessons Learned

Implications for National Health Care Reform

- Proactive measures to facilitate access to contraception and address implementation challenges are needed
- For young adults, changes in dependency statutes have implications
 - Ensuring privacy protections is critical
 - Engaging with parental decision makers and young adults
- Collect more robust data on low-income women, young adults, and immigrants as health care reform rolls out at the national level



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LIAP Study Team

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Thank You!



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