- **Forty-five percent of California women reported paying out-of-pocket or with a co-pay for their contraception.**
- **Among women who reported delay in getting contraception, 55% reported cost as their main reason.**
- **Family PACT clients reported only logistic reasons, and not cost, for delaying contraception.**

Research

## Research Brief on

# Family Planning Services and Sources of Payment for Contraception: Experiences of California Women, 2012

**March 2015**

## INTRODUCTION

Family planning centers are a significant entry point to the health care system in the United States.[1] Sixty percent of women who receive care at a family planning center describe it as their usual source of medical care,[2] and for many their family planning provider is their only source of health care.[1,3] On August 1, 2012, the Department of Health and Human Services began requiring most new and renewing health plans to provide women's preventive health services, including contraception, with no cost-sharing. These new guidelines for health plans will likely result in a dramatic shift in where women receive family planning services and subsequently women's entry into the health care system.

The 2012 California Women's Health Survey (CWHS), a random-digit-dialed telephone survey of women's health-related behaviors and attitudes, was used to assess where women received family planning services and sources of payment for contraception. Whether women had delayed getting needed contraception in the previous year was also examined, as well as the reasons for delaying obtaining contraception. As this data was collected prior to and immediately following the requirement to provide contraception with no cost sharing, it offers a unique snapshot of the early impact of the Affordable Care Act (ACA) on access to family planning and barriers to services as women in California gained access to new services under the ACA.

## METHODS

The 2012 CWHS included questions that evaluated sources of family planning services, payment for contraception, and delay in contraception by California women. Additionally, respondents were asked about a variety of demographic factors including age, education, and income level. This analysis examined survey responses from 1,354 women aged 18 to 50 years who had not undergone a hysterectomy and were not currently pregnant or trying to become pregnant. Responses were weighted by age and race/ethnicity to reflect the 2010 California Department of Finance adult female population estimates.

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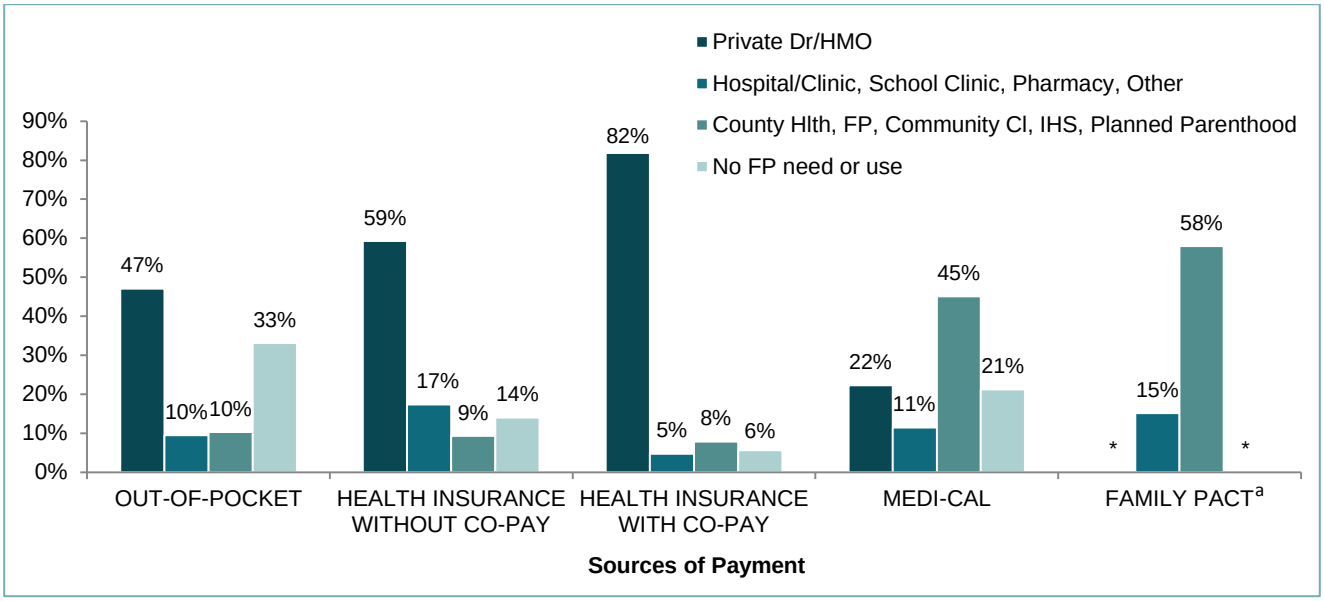
## RESULTS

Twenty-three percent (23%) of women reported not using or not needing family planning services. Forty-five percent (45%) saw private doctors or HMOs for their family planning service needs, while 20% used county health departments, family planning (FP) clinics, community clinics, Indian Health Services (IHS), or Planned Parenthood Health Centers, and the remaining 12% received services from hospitals or hospital clinics, school clinics, pharmacies, or some other location. The source of family planning services varied by respondents' demographic characteristics:

- The proportion of women visiting private providers increased with age. Among those aged 18-24 years, 23% received their family planning from private doctors/HMOs, compared with 52% of women 35 years and older.
- The majority (71%) of women above 200% of the Federal Poverty Guideline (FPG) accessed private doctors/HMOs. Women below 200% FPG used a wider variety of sources with the greatest percentage (33%) accessing county health departments, family planning (FP) clinics, community clinics, Indian Health Services (IHS), or Planned Parenthood Health Centers.

For women who reported using birth control, contraception was most often paid out-of-pocket (32%), by health insurance (31%), or with a co-pay as part of a woman's health insurance (13%). Additionally, 13% reported their contraception was paid for by Medi-Cal and 11% by Family PACT. The source of family planning services varied by how contraception was paid (Figure 1).

**Figure 1: Family Planning Services and Sources of Payment for Contraception Among Women in California, 2012**




* Percentages have been suppressed where counts were too small to be representative or could have been used to calculate suppressed percentages.

[a] Family PACT (Family Planning, Access, Care, and Treatment) Program is California's Medicaid family planning program for eligible Californians under 200% FPG. It is not considered a type of health insurance.

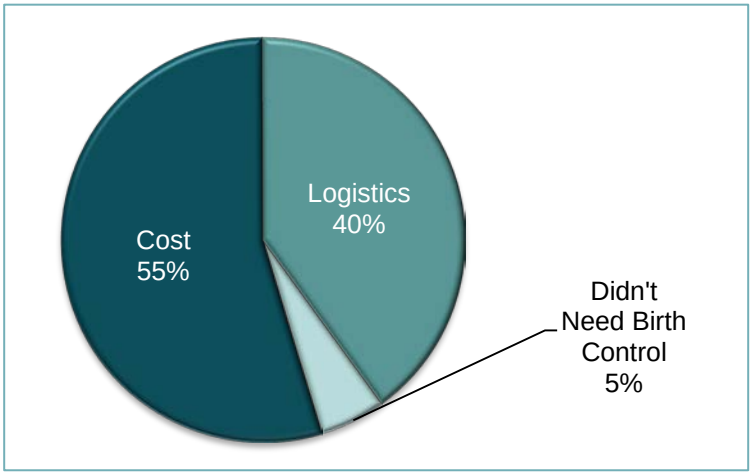
*Source: California Women's Health Survey, 2012.*

As seen in Figure 1, of women paying out of pocket for family planning or who had private health insurance, the highest proportion received their family planning services from a private provider or HMO (47% of those paying out-of-pocket; 59% of those with health insurance and no co-pay; 82% of those with health insurance with a co-pay). Women, whose contraception was paid for by Family PACT or Medi-Cal, were more often seen for family planning at county health departments, family planning clinics, community clinics, IHS, or Planned Parenthood Health Centers (45% for Medi-Cal; 58% for Family PACT clients).

Six percent (6%) of women reported having delayed getting the contraception they needed over the previous year. This 6% represents more than 420,000 women in California after weighting the data by age and race/ethnicity to reflect the 2010 Census estimates. Delay in getting needed contraception was more likely among younger women (12% of women aged 18-24) and those below 200% FPG (7%). Having to delay getting needed contraception was more often reported among women who used Medi-Cal to pay for their contraception (13%) and women who had a co-pay (10%).

Respondents reported on potential reasons for delaying getting contraception including reasons of cost (such as not having insurance or not being able to afford the co-pay) and reasons of logistics (trouble getting an appointment, forgetting to refill a prescription, or difficulties finding transportation or child care). Among those who delayed in getting needed contraception, slightly more than half (55%) reported that cost was the main reason for the delay; these women included those who paid out-of-pocket, had Medi-Cal, or a co-pay for their source of payment for contraception. Women who previously used Medi-Cal as their source of payment for contraception, but indicated cost as a barrier, may have transitioned off of the program. None of the women who reported health insurance (without co-pay) or Family PACT as their source of payment for contraception cited cost as a reason for delaying getting contraception. Forty-percent (40%) of women listed logistical reasons as the main cause for delaying contraception, including women who had health insurance, Family PACT, Medi-Cal, paid out-of-pocket, or had a co-pay for their source of payment for contraception (Figure 2).

**Figure 2: Main Reason for Delay in Getting Contraception in the Last Twelve Months Among Women in California, 2012**




*Source: California Women's Health Survey, 2012.*

## CONCLUSION

As part of the ACA, all health insurance plans, including Medi-Cal, are required to cover contraceptive methods with no out-of-pocket cost to the client. In the data reported here of California women during implementation of the ACA, 45% of women reported paying for their contraception out-of-pocket or with a co-pay as part of their health insurance. The large percentage of women paying for contraception out-of-pocket may be partly due to the fact that new and renewing health plans were not required to provide women's preventative health services with no cost-sharing until August 1, 2012.

Cost was the main reason for delay for the majority of women (55%) while logistics were reported as the main reason by 40% of women who delayed obtaining needed contraception. Thus, even when cost is not the main reason for delaying obtaining needed contraception, there remain additional barriers to contraception use. The ACA mandate that contraception be paid for by health insurance plans along with the implementation of California's Medicaid expansion and its health insurance exchange, Covered California, mean more women will obtain access to contraception.[4] However, it is important to ensure that other barriers to family planning services do not increase and that continuity of care is maintained for these women who often enter the health care system through their family planning provider.

This report has potential implications for future assessments. The findings reported in this brief underscore the need to monitor the provision of family planning services, especially delays in contraceptive coverage, as California women transition from limited or no health care coverage to full Medi-Cal coverage. This report also has the potential to inform policy by highlighting client barriers to contraception and the need to address these barriers, whether through client and provider education and/or outreach efforts. With cost reasons expected to be eliminated due to the contraceptive mandate, it is important to continue to assess and where possible address logistical and other reasons affecting health care access within these changing systems of care.

### REFERENCES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4. Public Health Service Act, sec. 2713.



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