

Providing Access to Preconception and Interconception Care to Low-Income Women of Childbearing Age

Presented by
Susan Haber, Sc.D.
Senior Economist
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Unplanned Pregnancies: A Public Health Problem

- Unplanned pregnancies are associated with a wide range of poor outcomes
 - Inadequate prenatal care
 - Preterm and low birthweight infants
 - Maternal morbidities such as postpartum depression
 - Developmental problems in children
- Almost half of pregnancies in the United States are unplanned
 - Low-income women are 4 times more likely than other women to have an unplanned pregnancy

Importance of Preconception Care

- Increasing utilization of preconception care can
 - Decrease the number of unintended pregnancies
 - Improve pregnancy outcomes
- Preconception care (before and between pregnancies) includes:
 - Family planning services
 - Health promotion activities



Increasing Insurance Coverage for Preconception Care

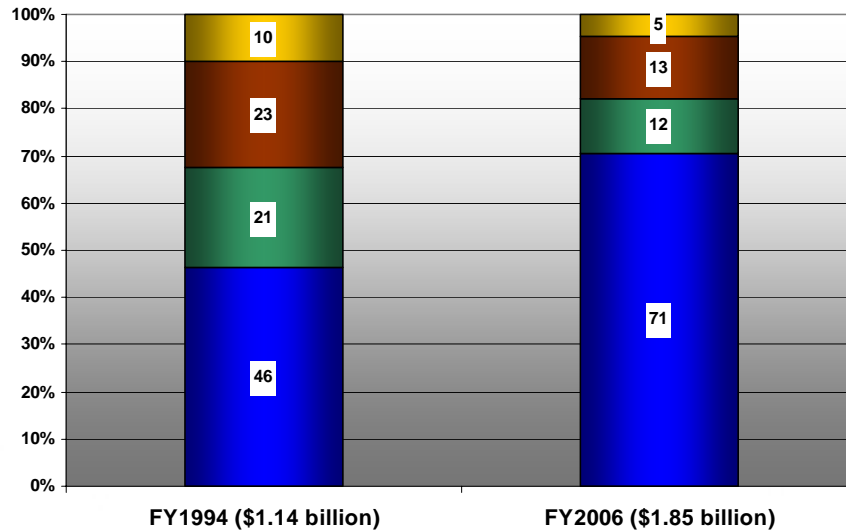
- CDC Select Panel on Preconception Care identified strategies for improving access to preconception care
 - Recommendations included increasing insurance coverage of low-income women
- Health care reform discussions offer a window of opportunity for providing broad insurance coverage
 - Including full range of preconception care
- Experience from coverage expansions limited to family planning services offers lessons for policymakers

How Is Preconception Care Funded?

- **Funding Sources**
 - Private insurance
 - Medicaid
 - Title X family planning funds
 - State appropriations
 - Federal block grants and other sources
- More funds are available for family planning services than for health promotion services

Trends in Public Funding for Family Planning

Expenditure in Constant 2006 Dollars



FY1994–FY2006

- ↑ 62% Total
- ↑ 146% Medicaid
- ↓ 10% Title X
- ↓ 6% State
- ↓ 22% Block Grants/Other

Barriers to Accessing Preconception Care: Insurance Coverage

- 20% of reproductive age women are uninsured
 - Low-income women are twice as likely to be uninsured
 - Uninsured rates are increasing due to the recession
- Private insurance often lacks adequate coverage for contraceptives and preventive care
- Medicaid is an important source of insurance
 - Covers 37% of low-income reproductive age women
 - Pays for 1/3 of all births
 - But there are gaps

Barriers to Accessing Preconception Care: Medicaid

- Many women do not qualify for Medicaid until they become pregnant, and they lose Medicaid eligibility 60 days after delivering
- 27 states have expanded Medicaid eligibility through family planning waivers
 - Provides Medicaid coverage to women who would not otherwise qualify
 - But benefits are limited to family planning services

Barriers to Accessing Preconception Care: Other Public Funding

- Publicly funded family planning clinics and other safety net providers are being stretched
 - Public funding (other than Medicaid) fell in real dollars from FY1994 to FY2006
 - Recent news reports have cited increased demand for family planning clinic services due to the recession
- Publicly funded family planning providers often do not offer primary care services

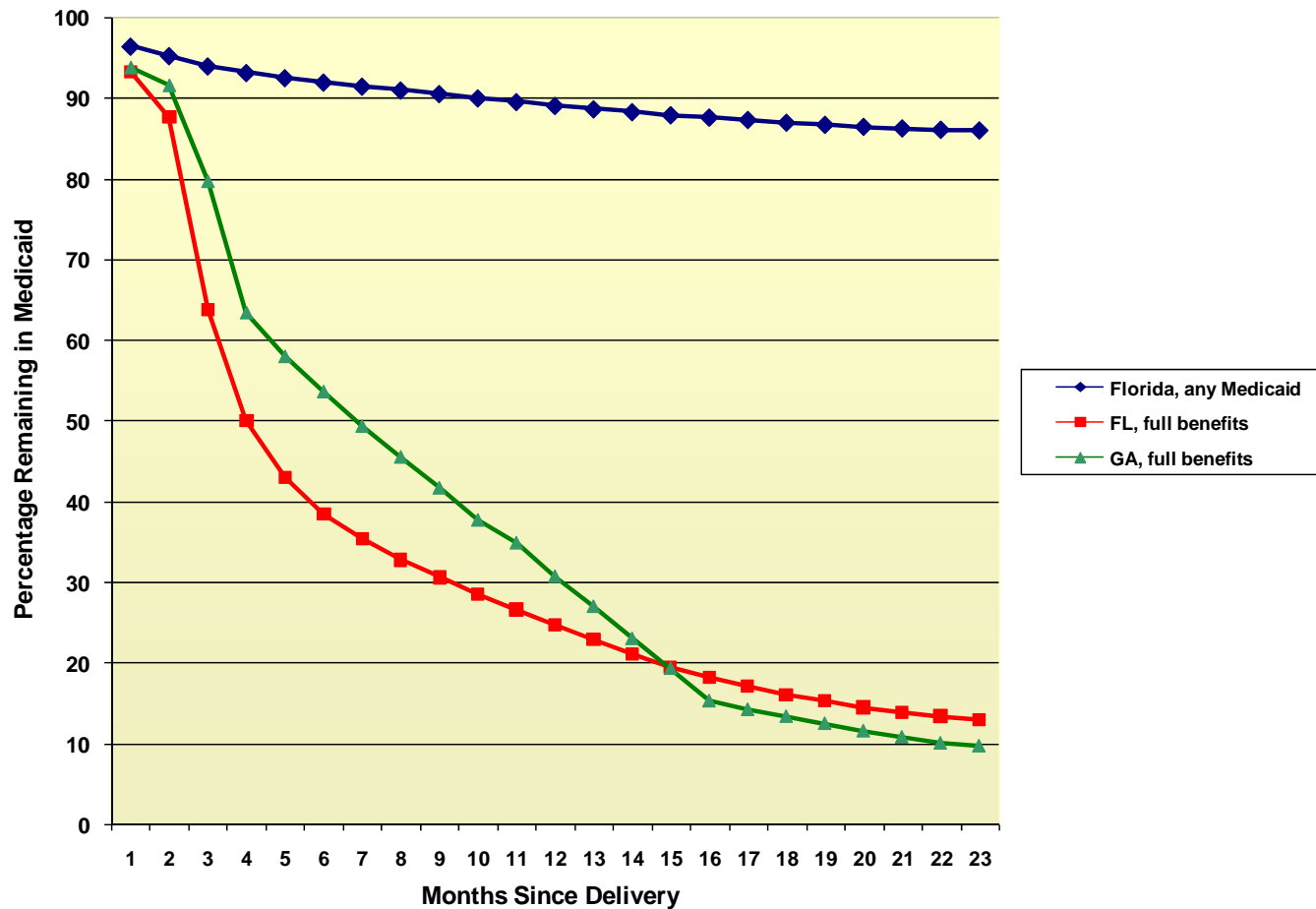
RTI Research on Medicaid Family Planning Waivers

- ***Effect of Medicaid Family Planning Waivers on Postpartum Medicaid Coverage and Family Planning Service Use: Pilot Study*** (Haber and Gavin)
 - Objective: Compare continuity of postpartum Medicaid coverage and use of Medicaid-covered family planning services in states with and without a family planning waiver
- ***Effect of Medicaid Family Planning Waivers on Family Planning Service Use by Low-Income Women*** (Fowler, Gavin, Mitchell, and Wang)
 - Objective: Examine the relationship between family planning waivers and trends in the use of family planning services

Effect of Medicaid Family Planning Waivers on Postpartum Medicaid Coverage and Family Planning Service Use: Pilot Study

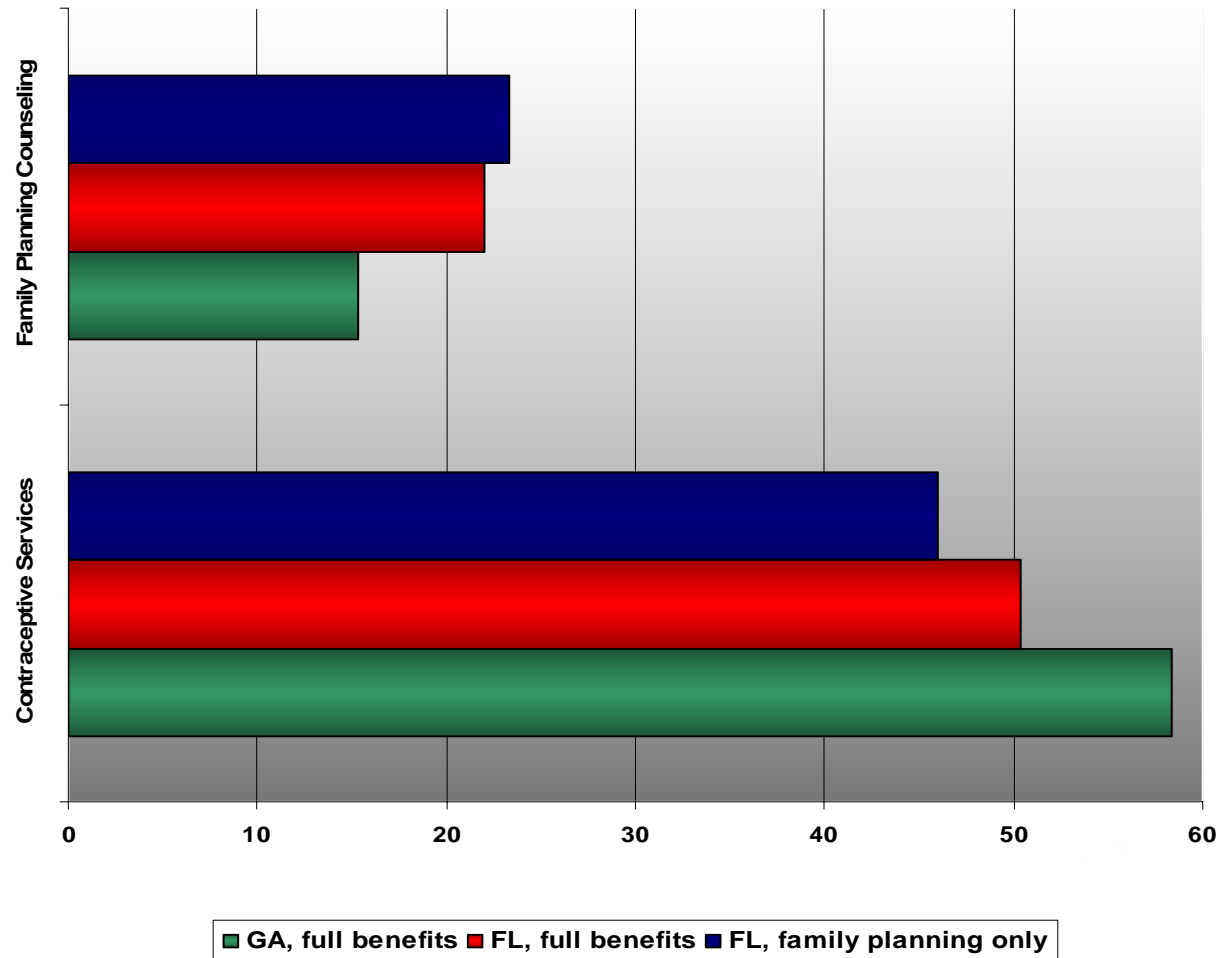
- Florida: waiver covers family planning services for 24 months following loss of full coverage for any reason
- Georgia: comparison state
- Data: Medicaid eligibility and claims for 1999-2001
- Study population: women with Medicaid-covered deliveries in FY2000-FY2001
 - Florida: 120,414
 - Georgia: 113,584
- Estimation technique
 - Survival analysis for retention of Medicaid postpartum
 - Descriptive analysis for use of family planning services

Retention of Medicaid Coverage



Use of Medicaid-Covered Family Planning Services

- Less than a quarter of all women eligible for family planning counseling received these services in the 9 months following delivery
- Only half of the women eligible for contraceptive services received these services in the 9 months following delivery

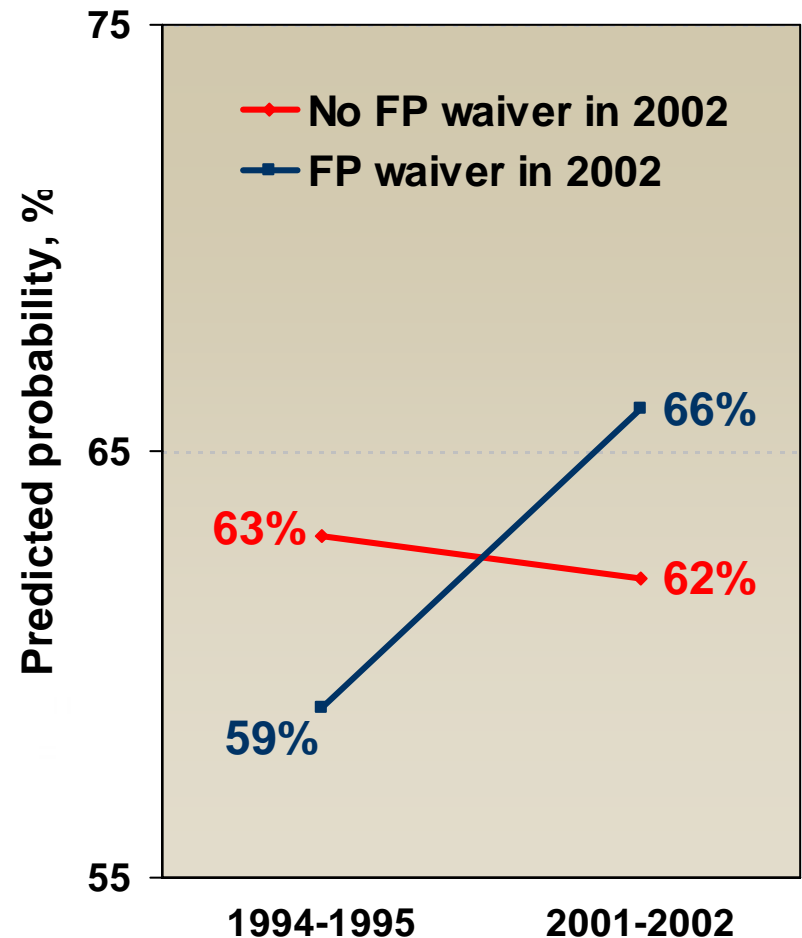


Effect of Medicaid Family Planning Waivers on Family Planning Service Use by Low-Income Women

- Data: National Survey of Family Growth, 1995 and 2002
- Study Population
 - Low-income women (< 250% of poverty level)
 - Aged 19 to 44 years
 - At risk of unintended pregnancy
- Estimation Technique: Multivariate logistic regression
 - Dependent variable: use of family planning services
 - Variables of interest: family planning waiver, year, and year*waiver interaction
 - Various predisposing, need, and enabling factors

Predicted Probability of Using Family Planning Services

- Residing in a state with a family planning waiver accounts for an 8-point difference ($p=.03$) in the change from 1995 to 2002 in the probability that low-income women at risk of unintended pregnancy use family planning services



Summary of Findings from RTI Studies

- Medicaid family planning waivers can
 - Increase the likelihood that women will remain on Medicaid following delivery, particularly if passive enrollment is used
 - Increase use of family planning services
- But having Medicaid coverage does not guarantee that women will use services

What Don't We Know about Expanding Coverage of Preconception Care?

- Most research has examined the impact of family planning waivers, not the impact of providing broader insurance coverage
 - Are there greater benefits from offering broader coverage that includes the full range of preconception care, including risk screening, health promotion, and disease management?
- Research has focused on immediate impacts: use of family planning services, unintended pregnancies, abortions, and timing of pregnancies
 - What are the impacts of insurance expansions on maternal outcomes, neonatal outcomes, and longer-term developmental outcomes in children?

Policy Considerations: Enrollment

- Need to ensure that women take-up insurance coverage if it is offered
- Passive enrollment of women losing coverage can achieve high take-up
 - But passive enrollment doesn't work if eligibility is not tied to losing previous coverage
- Income-based eligibility expansions face greater challenges to take-up
 - Particularly for people who may not be receiving public benefits already

Policy Considerations: Accessing Services

- Need to develop strategies to ensure that women have access to and use covered services
 - Adequate provider reimbursement
 - Fiscal incentives for providing screening, health promotion, and disease management services
 - Adequate funding for safety net providers
 - Performance measures related to preconception care
 - Outreach and information services for preconception care

Policy Considerations: Benefit Package

- Service package should be broad enough to include the full range of effective preconception care
 - Family planning
 - Risk assessment
 - Primary care and other treatment services
 - Prevention
 - Health promotion

