Low-Income Women's Access to Contraception After Massachusetts Health Care Reform

A collaboration of Ibis Reproductive Health &
The Massachusetts Department of Public Health Family Planning Program

Executive Summary

Background

In 2006, the Commonwealth of Massachusetts passed legislation aimed at improving access to affordable, high-quality health care by mandating all residents have health insurance by July 2007. Following health care reform, residents with incomes less than or equal to 300% of the federal poverty level who are not Medicaid or Medicare eligible or do not have employer-sponsored insurance are able to enroll in government-subsidized private insurance plans called Commonwealth Care. Massachusetts' groundbreaking effort to expand access to health care for its residents offers a unique opportunity to examine how health care reform affects women's access to contraception and reproductive health services.

In the Commonwealth, low-income women without health insurance have access to contraception and other reproductive health services on a sliding-scale basis through freestanding family planning clinics and community health centers funded by the Massachusetts Department of Public Health (MDPH), the federal Title X program, Medicaid (MassHealth), and other funding streams.

This project was prompted by anecdotal reports from Massachusetts family planning providers indicating that some of the changes after health care reform, including new prescription requirements, increased copayments, wait times to see primary care providers, and complicated formularies, may adversely affect women's access to and uptake of contraception.

This project had three aims: (1) document the perspectives and experiences of low-income women seeking contraceptive services and of MDPH-funded family planning agencies and clinics providing contraceptive services before and after health care reform in Massachusetts, (2) identify potential *new* barriers to accessing contraception for low-income women under health care reform, and (3) highlight gaps in knowledge about the impact of health care reform on reproductive health services and outcomes and propose areas for future research. This study was supported by the National Institute for Reproductive Health and the Title X Regional Office for New England.

Methods

1. *Systematic review of Commonwealth Care plans*: We reviewed the websites of the four Commonwealth Care plans to assess a potential new user's ability to determine her/his eligibility for a plan and access information on reproductive health coverage and cost.
2. *Survey of family planning agency staff:* We surveyed senior administrative staff at ten of the 12 MDPH-funded family planning agencies using a self-administered questionnaire. The questionnaire assessed knowledge of and opinions about health care reform and examined the impact of reform on administration and service provision at the agency level.
3. *In-depth interviews with family planning agency and clinic staff:* We conducted 16 in-depth interviews with clinic and agency staff. Interviews assessed knowledge of and opinions about health care reform and examined the impact of reform on administration and service provision at the clinic level.
4. *Focus group discussions with low-income women:* We conducted nine focus groups with low-income English- and Spanish-speaking women across Massachusetts. Focus group topics included participants' knowledge of and opinions about health care reform, health insurance history, and experiences with using and obtaining contraceptives before and after health care reform.

Findings

Providers (clinic and agency staff) and women in our study reported both positive and negative aspects of health care reform generally and of working with the Commonwealth Care plans specifically. Our participants also noted a number of challenges to ensuring and maintaining low-income women's access to insurance and to contraception.

Providers and women reported that they support and have high hopes for the overall idea of health care reform. In general, providers in this study reported that they felt that reform has improved access to affordable health care for their clients. Focus group participants also reported many positive aspects of health care reform, including access to affordable insurance, the ability to seek both preventive care and general reproductive health care, and the reduced stigma and other emotional and psychological benefits of having insurance.

Providers and women identified a number of challenges to working with and managing the Commonwealth Care plans. For providers, challenges included a lack of clarity on how to verify eligibility of clients and what services are covered under the Commonwealth Care plans as well as increased administrative burdens associated with billing and contracting with the plans. For low-income women, concerns regarding the criteria and the paperwork necessary to prove and maintain eligibility were paramount.

Providers and women reported most low-income women had "easy" access to contraception *both before and after* health care reform, but also identified some new challenges to ensuring access to contraception. Some women reported experiencing barriers to accessing contraception using a prescription at pharmacies. These barriers included women's general unfamiliarity with prescriptions (as many had previously accessed contraceptive methods on site at family planning clinics), limits on the amounts of contraceptives dispensed at one time, travel time, pharmacies in inconvenient locations, and pharmacists' lack of accurate information about contraceptive prescription coverage under various insurance plans. Though our systematic review of subsidized health insurance plans showed that most forms of contraception are covered by the Commonwealth Care plans, providers reported that some clients could not afford the copays for their contraception.

Providers and women reported that for some populations of women, access to health care has not improved or has gotten worse since health care reform. Some groups of women including immigrants, young women, those with unstable employment or income, and those experiencing common life changes, have been "left out" of health care reform. For undocumented immigrants, inability to provide evidence of legal residency means they are ineligible for coverage, and fear of being asked to provide this documentation may deter some women from seeking care in general. Providers reported that young women face new challenges in accessing confidential reproductive health care. Women with variable employment often move in and out of eligibility for subsidized plans depending on changes in their income. In addition, women whose employers offer insurance are categorically ineligible for subsidized Commonwealth Care plans, but in some cases women found that the premiums for employer-sponsored insurance were prohibitively expensive. Finally, women experiencing common life changes such as pregnancy, starting or finishing college, or moving reported it was difficult to keep up with the paperwork required to document eligibility for subsidized care.

Family planning providers play critical roles in mitigating barriers to health care. MDPH-funded family planning providers are an integral part of the public health safety net in Massachusetts, providing specific outreach to and services for hard-to-reach and underserved populations facing significant barriers to accessing health care. Family planning providers have helped women navigate the health insurance system by assisting with enrollment and explaining insurance paperwork and pharmacy benefits. However, many providers reported that providing these services has taken an administrative and financial toll.

Insurance is complex; many challenges remain for successful administration and utilization of the Commonwealth Care plans. We identified a number of areas in which both women and providers appeared to be misinformed about some aspects of Commonwealth Care plans. Women need more information on how to enroll in and recertify eligibility for plans, how to apply for hardship waivers, and which contraceptive methods are covered under the plans. Many providers voiced a need for information and training on certification of client enrollment in the plans, services covered by the plans, and general billing procedures.

Recommendations

The findings from this study highlight a number of priority areas for further action:

1. Improve outreach to health care providers and pharmacists to better educate them on Commonwealth Care plans.
2. Develop user-friendly information that can be accessed through the mail, call centers, and websites on coverage of contraception under Commonwealth Care plans.
3. Ensure family planning clinics are included as a point of entry for clients seeking preventive health care.
4. Develop mechanisms to ensure that all populations at or under 300% of the federal poverty level have access to publicly funded family planning services.
5. Expand access to and encourage continuous use of contraceptive methods by allowing women to receive multiple cycles of hormonal contraception, minimizing copays for contraception, and covering the full range of effective methods.
6. Continue research about low-income women's access to contraception and other reproductive health services in the context of health care reform.

Conclusion

Although health care reform appears to have increased access to health care for many women, we identified a number of barriers to access that remain for low-income women in need of publicly funded contraception. Both women and providers report challenges working with and using the Commonwealth Care plans. In addition, some groups of women who are not eligible for insurance coverage under reform or who move in and out of eligibility are unable to continuously maintain coverage and may face significant barriers to accessing health care generally and initiating or continuing to use contraception specifically. MDPH-funded family planning providers continue to provide needed services to low-income women and also play a critical role in helping women navigate the new insurance system. Contraception is an essential preventive health service; it is critical that women have access to the complete range of methods and that women and health care providers have accurate information about contraception and insurance coverage of reproductive health services.

For additional information about this study, please contact
Britt Wahlin at bwahlin@ibisreproductivehealth.org or 617-349-0040 or Jill Clark at jill.clark@state.ma.us or 617-624-6067.