

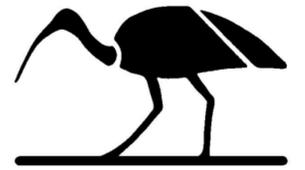
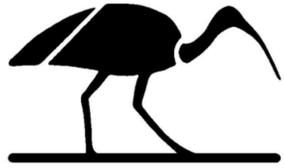
Access to contraception in the wake of Massachusetts health care reform

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Background

In 2006, Massachusetts passed legislation mandating all residents have health insurance by July 2007. Specially created insurance plans, Commonwealth Care and Young Adult Plans (YAPs), target low-income residents and young adults. Dependency statutes allow young adults to stay on a parent's insurance up to age 26. Two studies conducted in 2008-2010 examined the impact of reform on contraceptive access.

Low-income Access Project (LIAP)

- Conducted in collaboration with the MDPH Family Planning Program
- Investigated low-income women's access to contraception after MA health care reform by conducting:
 - Review of Commonwealth Care websites
 - 10 self-administered surveys of family planning (FP) agency staff
 - 16 in-depth interviews (IDIs) with FP providers
 - 9 focus group discussions (FGDs) (5 Spanish- and 4 English-language) with 52 low-income women



REaDY Initiative

- Reproductive Empowerment and Decision Making for Young Adults Initiative
- Aims to reduce unplanned pregnancy among young adults after MA health care reform
- Actions led by a statewide taskforce informed by formative research including:
 - Review of young adult-targeted health plans (12 YAPs and sample of Student Health Program plans)
 - 9 FGDs with 77 young women and 12 young men, aged 18-26



Results

Low-income women and young adults benefited from and have high opinions of Massachusetts health reform. But new obstacles to accessing contraception emerged under reform for both groups.

Information barriers: For low-income women, determining what plans they were eligible for and the contraceptive methods covered was “a guessing game.” Young adults 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, REaDY

Systemic barriers: For low-income women, filling prescriptions at pharmacies was challenging and wait times for appointments increased; reports about cost were mixed. Some young adults reported high co-pays, a lack of prescription drug coverage, and religious restrictions on plans, and 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, REaDY

Barriers due to transitions: Low-income women and young adults reported frequently going on and off insurance often due to “life phase” transitions and said enrolling and maintaining eligibility in subsidized plans was difficult.

“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.” – FP Provider IDI, LIAP

Some groups face particular barriers: Immigrants, minors, women with incomes near the cutoff (LIAP). Enrollees in subsidized plans, college and university students, young adult men (REaDY). The (temporarily) uninsured, non-urban clients (Both studies).

“Some of our clients are undocumented...when it became mandated for individuals to have health insurance, people were *afraid* to come to medical facilities because they were under the assumption that if they didn’t have health insurance, they were going to be reported to the authorities.”

– FP Provider IDI, LIAP

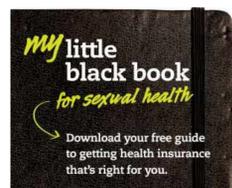
Family planning providers help mitigate barriers: Low-income women frequently relied on them for assistance with enrolling and maintaining insurance coverage and accessing care while un(der)insured.

Recommendations

The Massachusetts experiment with reform provides several lessons for ensuring contraceptive access under national reform:

- 1) Create user-friendly information resources for navigating plans.
- 2) Develop resources that can assist parental decision makers understand better the insurance needs of young adult children. Ensure privacy protection for young adults insured under a parent’s plan.
- 3) Develop mechanisms for providing contraceptive services to the un(der)insured and providing more affordable contraception. All YAPs should have Rx coverage.
- 4) Under health reform, safety net providers remain critical resources; FP providers must be included as a point of entry for preventive health care.
- 5) Collect more data on contraception use and access among low-income women, young adults, and immigrants under reform.

REaDY has moved forward with recommendations and created an online resource to help young adults navigate insurance and contraceptive coverage (www.littleblackbookhealth.org).



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