

FAMILY PLANNING SERVICES AMENDMENTS

S.B. 105 | Bill Sponsor: Sen. Kitchen

BACKGROUND

Utah has a **coverage gap** when it comes to accessing family planning services.

- ~80,000 Utahans are still in need of expanded contraceptive coverage.
- Nationally, 26 states have extended Medicaid for family planning services.
- Family planning access supports people in having the healthiest pregnancies when they are ready and reduces the number of abortions.
- Beyond pregnancy prevention, contraceptive methods are used to treat a range of medical conditions that have a substantial impact on quality of life.
- Covering family planning is economically sound.



WHAT DOES S.B. 105 DO?



Directs the Medicaid program to apply for an automatic, pre-approved federal waiver with a **90:10 match** that extends family planning services to adult individuals who:

- Have an income equal to or below 250% FPL
- Do not qualify for traditional Medicaid

S.B. 105 does not cover abortion services

WHAT DOES ACCESS TO FAMILY PLANNING SERVICES LEAD TO?

Access to affordable birth control allows people to plan their lives and achieve their goals.

- Local data show a **positive economic trajectory for individuals with access to low and no-cost contraception.**
- Contraceptive access leads to **fewer abortions.** The number of abortions in Utah increased during 2021.
 - Had the Waiver been implemented in 2021, it was estimated that **790 abortions could have been prevented.**
- Many of the **gains women have made** since 1965 — in obtaining education, pursuing careers in increasing numbers, and moving closer to pay equity — **are the direct result of increased access to birth control.**



ECONOMICALLY SOUND & FISCALLY RESPONSIBLE

- Family planning has a **return on investment of \$7.09 for every public dollar spent.**
- All existing public family planning programs have been **proven to be budget neutral and cost-saving.**
- Investing in Utah families has economic benefits for the state moving forward.
 - Increased postsecondary education and employment
 - Increased earnings
 - Fewer people needing Medicaid services later



This program will save \$12.7 million in health care related costs.*

COVID-19 ADDED CHALLENGES TO ACCESSING HEALTHCARE



- A recent survey found that **over 50% of contraceptive-seekers had barriers to contraceptive care due to COVID**, and many reported not using their preferred method.
- During the pandemic, Utahns reported feeling **more committed to their reproductive goals**, including a stronger desire to prevent pregnancy until they were ready.
- Removing barriers and increasing support for contraceptive services is important all the time but even more important during uncertain times.

CONTRACEPTIVE CARE IS MEDICAL CARE

Beyond pregnancy prevention, contraceptive methods are used to treat a wide range of medical conditions that have a substantial impact on quality of life.

- **Contraceptive care benefits women, men and families**
 - More than 99% of women aged 15–44 who have ever had sexual intercourse have used at least one contraceptive method.
 - Currently, about 65% of all women of reproductive age in the U.S. are using a contraceptive method.
 - Although using any method of contraception is more effective in preventing pregnancy than not using a method at all, **every woman should have access to the full range of contraceptives to find the methods that best fit her needs.**



THIS PROGRAM IS ESTIMATED TO PREVENT:

2340 Unintended Pregnancies

790 Abortions

450 Miscarriages

RESOURCES & REFERENCES

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2. Frost JJ, et al. Publicly Funded Contraceptive Services at U.S. Clinics, 2015, New York: Guttmacher Institute, 2017 <https://data.guttmacher.org/calculator>
3. Frost JJ et al., Return on Investment: A Fuller Assessment of the Benefits and Cost Saving of the US Funded Family Planning Program. The Milbank Quarterly, Published electronically October 14, 2014: doi:10.1111/1468-0009.1280.
4. Kaiser Family Foundation, (2019) States That Have Expanded Eligibility for Coverage of Family Planning Services Under Medicaid <https://www.kff.org/medicaid/state-indicator/family-planning-services-waivers/>
5. Kaiser Family Foundation (2019) Financing Family Planning Services for Low Income Women: The Role of Public Programs <https://www.kff.org/wp-content/uploads/2019/10/Issue-Brief-Financing-Family-Planning-Services-for-Low-income-Women-1.pdf>
6. Sonfield A, et al., (2013) The Social and Economic Benefits of Women's Ability To Determine Whether and When to Have Children <https://www.guttmacher.org/report/social-and-economic-benefits-womens-ability-determine-whether-and-when-have-children>
7. Daniels K, Mosher WD and Jones J, Contraceptive methods women have ever used: United States, 1982–2010, National Health Statistics Reports, 2013, No. 62, <http://www.cdc.gov/nchs/data/nhsr/nhsr062.pdf>.
8. Declaration of Dr. Lawrence Finer in Support of Plaintiffs' Motion for Preliminary Injunction, State of California v. Wright, N.D. Cal., 2017.
9. *Based on fiscal note estimates 10,900 clients receiving contraception

