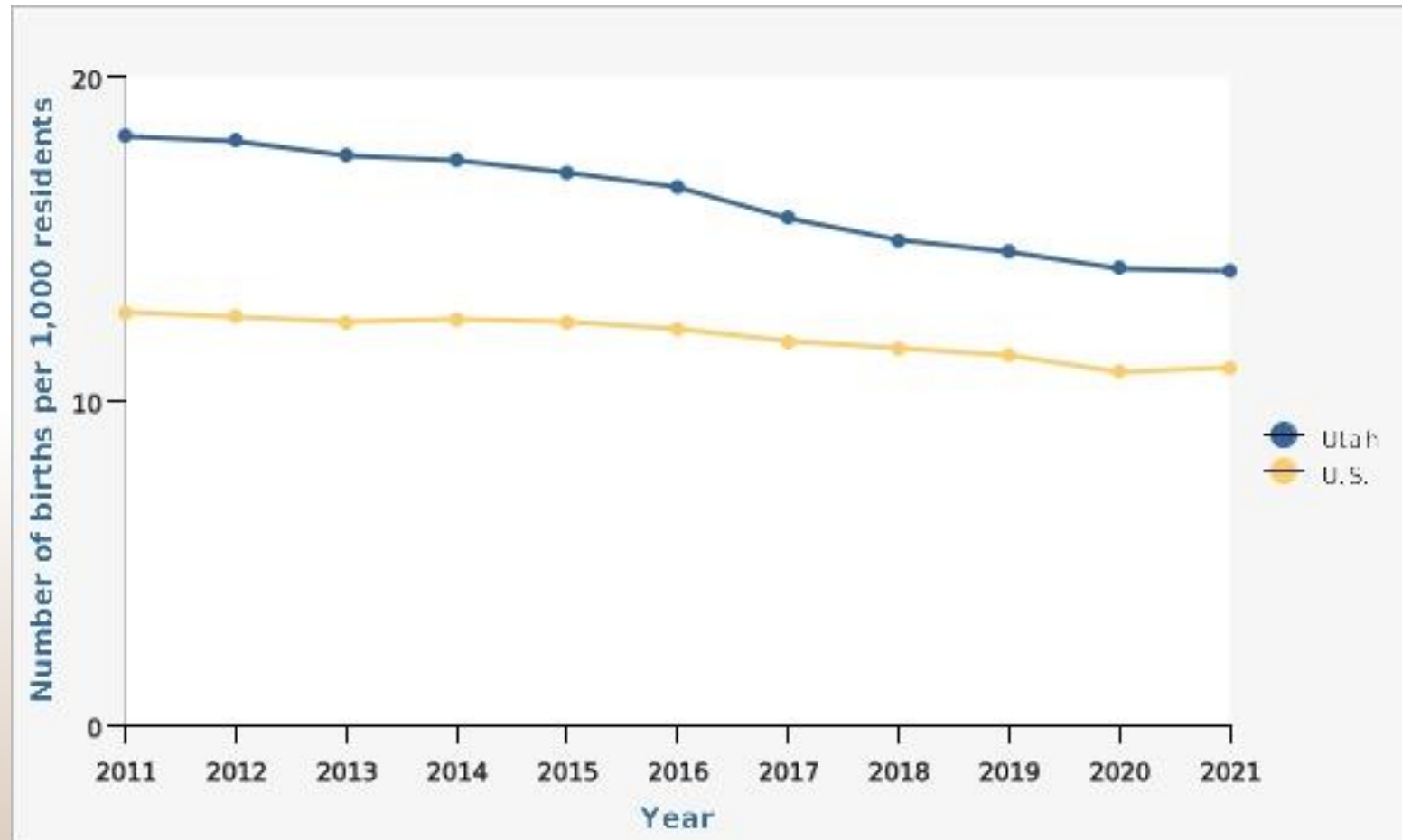




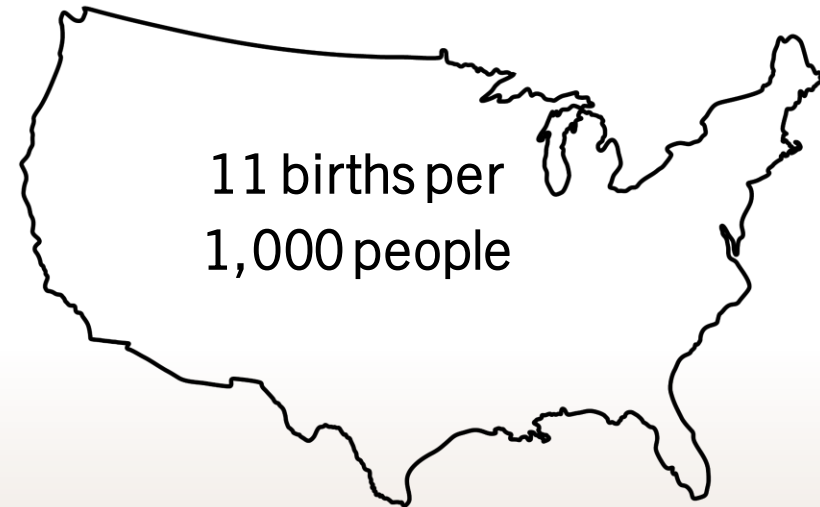
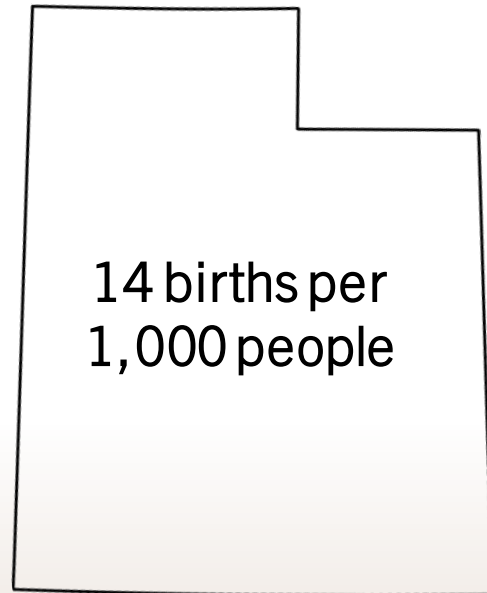
REPRODUCTIVE HEALTH ACCESS IN UTAH

Presented to: Health and
Human Services Interim
Committee, August 9, 2023

BIRTH RATE, UTAH AND US, 2011-2020¹

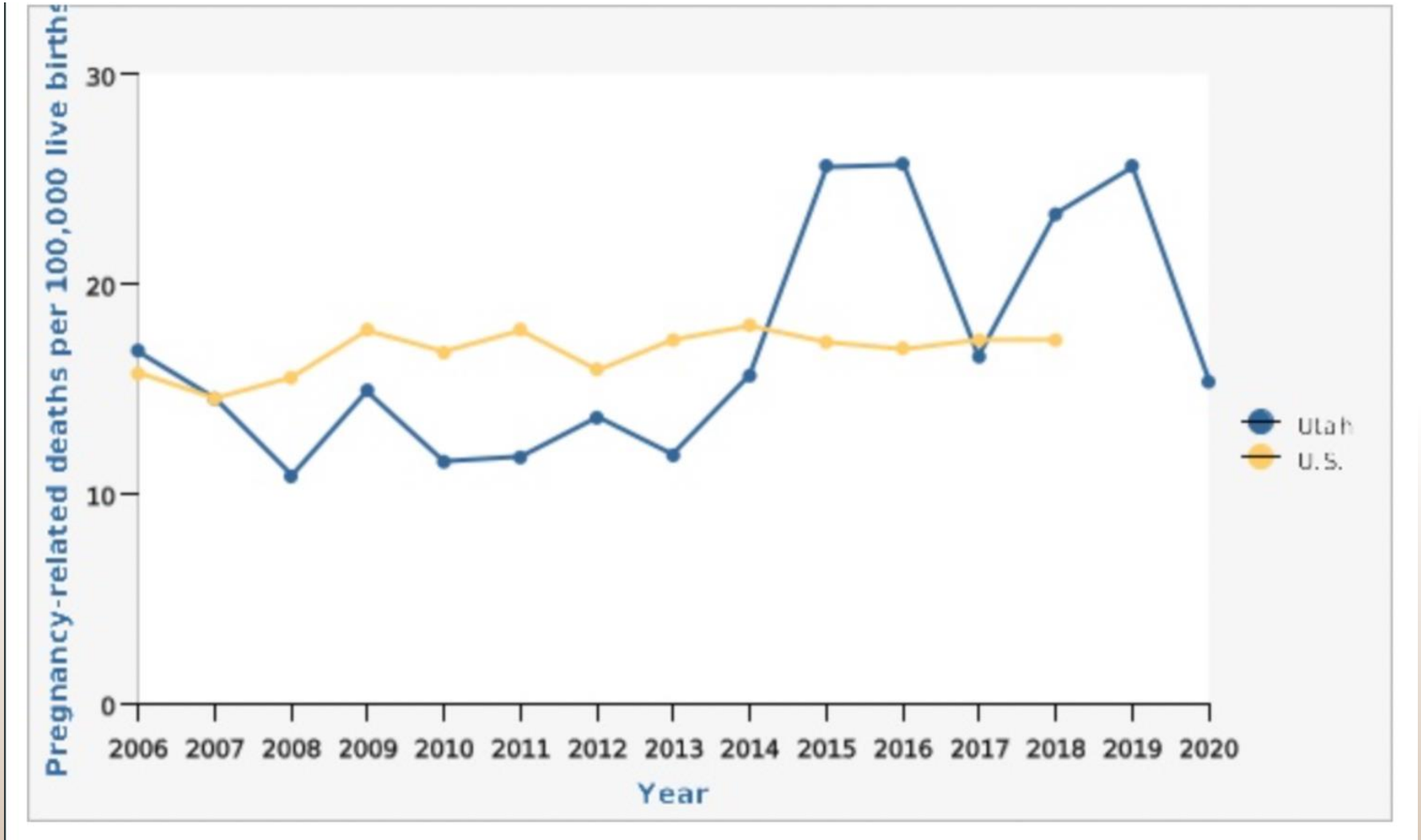


BIRTH RATE: UTAH VERSUS US (2021)¹

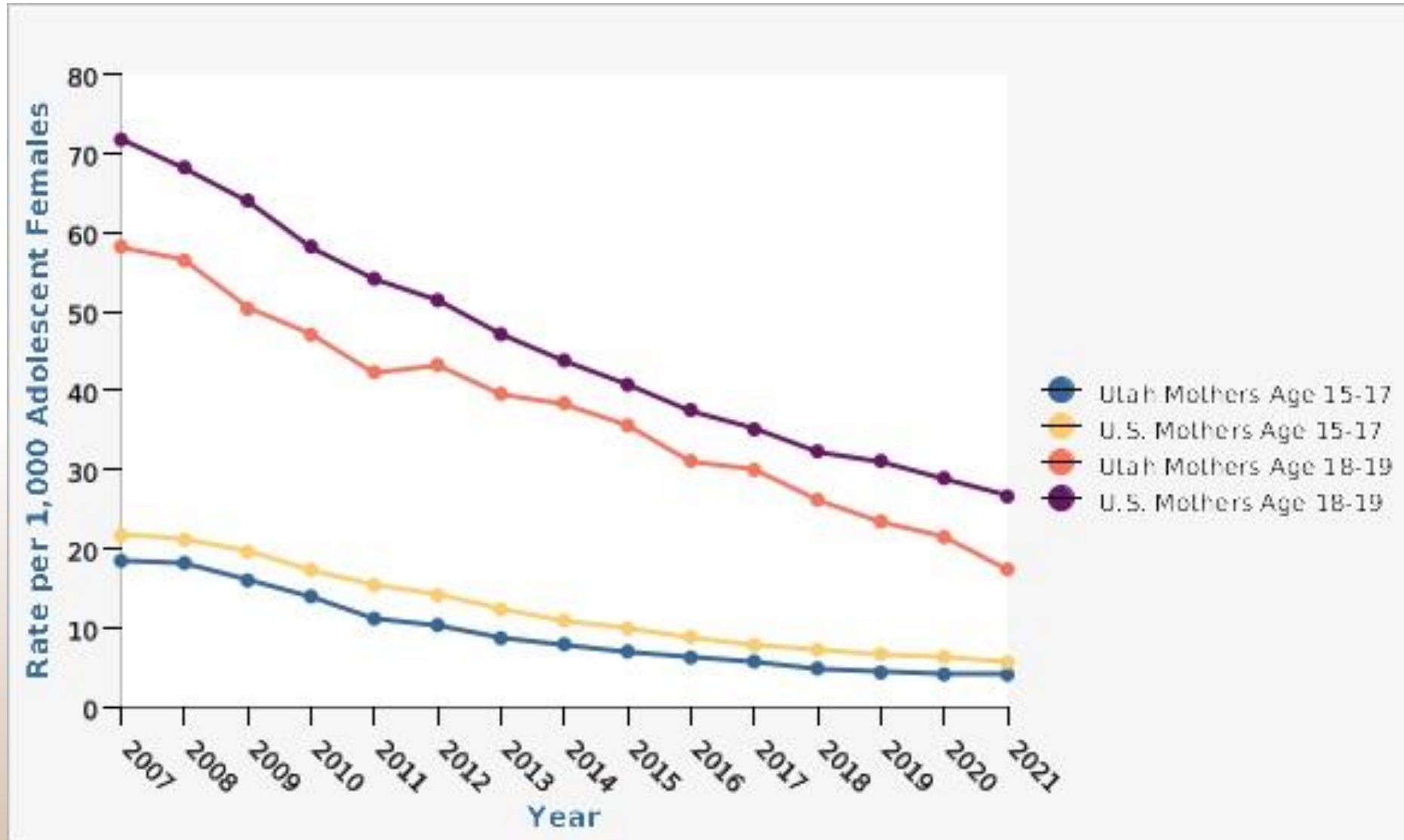


19.6% OF BIRTHS IN UTAH WERE UNINTENDED²

PREGNANCY-RELATED MORTALITY RATION, UTAH AND US, 2006-2020²



ADOLESCENT BIRTH RATE BY AGE OF MOTHER, UTAH AND US, 2007-2021²



PLANNED BIRTHS LEAD TO BETTER OUTCOMES FOR CHILDREN AND THEIR FAMILIES

Women with unintended pregnancies are **LESS likely** to:

- Receive early or adequate prenatal care⁴

- Initiate or maintain breastfeeding⁴

Women with unintended pregnancies are **MORE likely** to:

- Smoke or drink during pregnancy⁴

- Suffer from short- and long-term both negative mental health effects³

- To develop poorer quality parent-child relationships⁴

- Suffer subsequent financial and economic hardship⁵

- Experience anxiety and depression (compared to fathers)⁵

TYPES OF BIRTH CONTROL¹⁰

- Natural rhythm method
- **Barriers:** condoms*, diaphragms, sponge, cervical cap
- **Short-acting hormonal methods:** pill, patch, shot, vaginal ring
- **Long-acting reversible contraceptives (LARCs):** intrauterine devices (IUD), hormonal implants
- **Female and male sterilization:** female tubal ligation or occlusion, male vasectomy

*prevents against STIs

BIRTH CONTROL EFFECTIVENESS¹⁰

MOST EFFECTIVE

Implant (0.05%), Intrauterine device (IUD) (0.2-0.8%), Sterilization (0.15-0.5%)

EFFECTIVE

Injection (6%), Pill (9%), Patch (9%), Vaginal Ring (9%), Diaphragm (12%), Male Condom* (18%), Female Condom* (21%), Cervical Cap (17-23%), Sponge (12-24%)

LESS EFFECTIVE

Rhythm Method (24%), Spermicide (28%)

*Prevents against STIs

LONG-ACTING REVERSIBLE CONTRACEPTIVES (LARCS)

- LARCs are highly effective methods of birth control that can be placed for 3-10 years depending on the type of device
- Include both IUDs and implants
- Require placement by a medical provider
 - OB/GYN, Certified nurse midwife, and other reproductive health care providers
 - Family practice physician, primary care provider
- Price without insurance can range from \$500-1300 for an IUD, \$300 for implant, plus cost of provider visit¹³
- Some providers, especially in rural areas, may not stock devices in-house, requiring an extra visit for patient for placement

BIRTH CONTROL PILLS

- Short-acting hormonal birth control, can be very effective if used with no error
- Taken daily, same time every day
 - Becomes less effective when taken on different time each day or with skipped days
- Dispensing of hormonal contraceptives limited to a 3-month supply
- Out-of-pocket cost up to \$50 per month, plus cost of prescribing visit

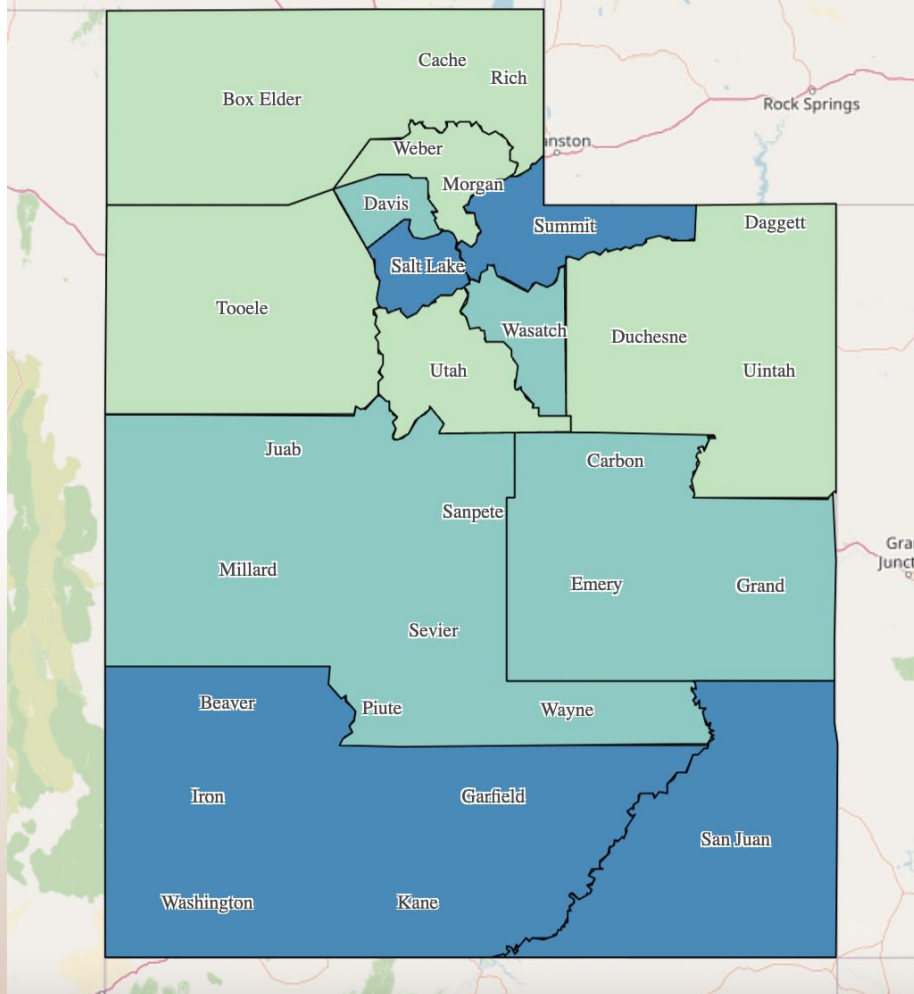
Soon to be available for over-the-counter purchase (no prescription needed), which will likely lower cost and eliminate concern about receiving refills late

STERILIZATION

- Permanent, highly effective form of birth control, tubal sterilization for women, vasectomy for men
- Requires consent in advance of surgery, may require prior authorization from insurance
- Not covered by all insurance
- Tubal sterilization out-of-pocket cost: \$500-5,000+
- Vasectomy out-of-pocket cost: up to \$1,000

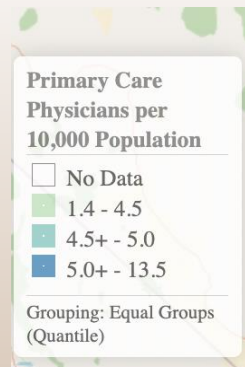
**IMPORTANCE OF WORKFORCE TO
ADEQUATE REPRODUCTIVE CARE**

PRIMARY CARE PHYSICIANS PER 10,000 POPULATION BY COUNTY¹¹



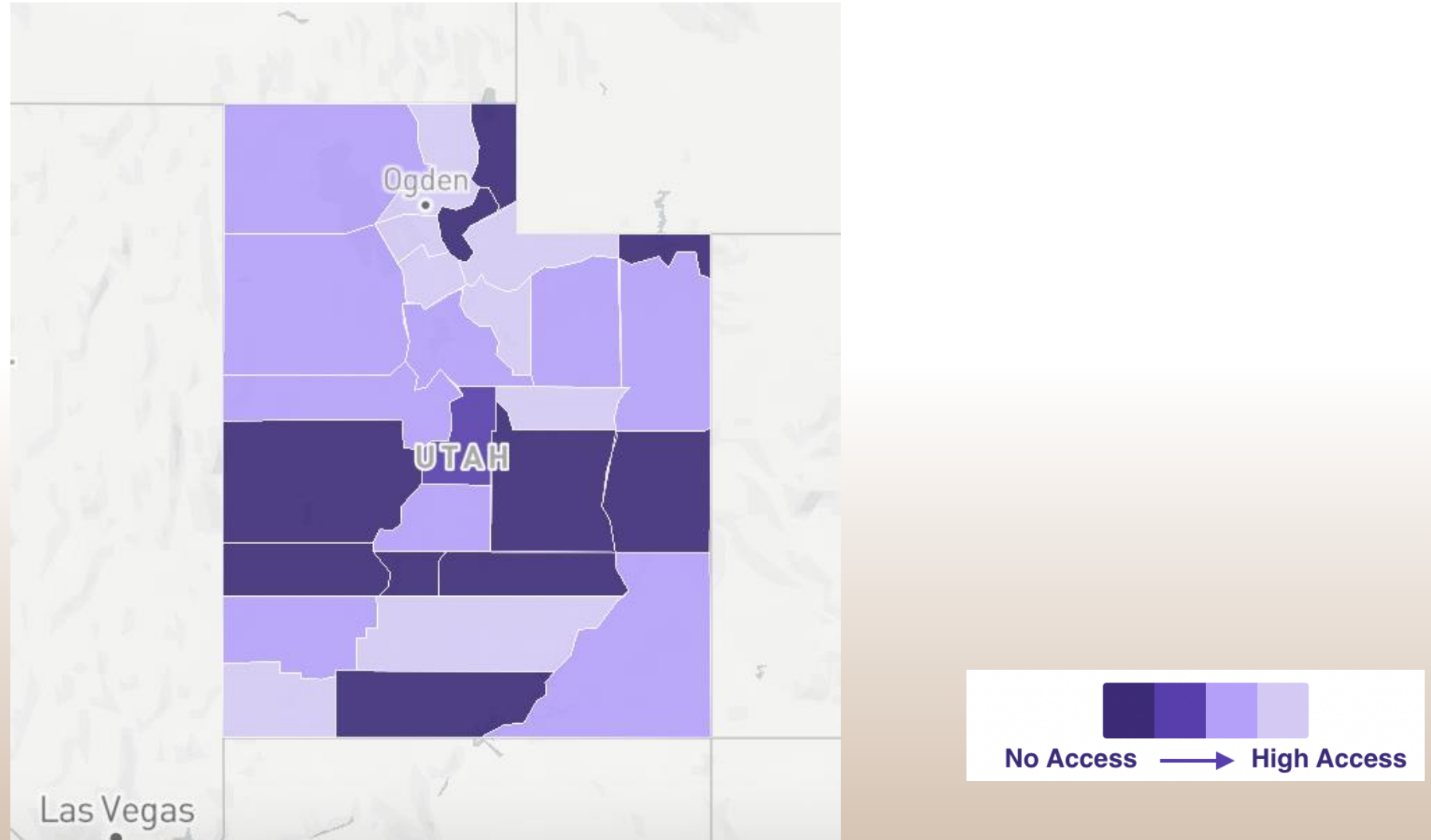
UTAH RANKS **LAST** IN THE NATION FOR
PRIMARY CARE PHYSICIAN PER 100,000 PEOPLE.

- Roughly 1/3 of physicians in the state provide primary care
- To maintain current rates of utilization, Utah will need an additional 1,095 primary care physicians by 2030⁸
- Rural communities tend to have a higher number of FTE primary care physicians, but these physicians are more likely to be 65 years or older



MATERNAL/REPRODUCTIVE HEALTH PROVIDER SHORTAGES IN UTAH⁶

64% of Utah's counties have low access to maternity care:



MATERNAL/REPRODUCTIVE HEALTH PROVIDER SHORTAGES IN UTAH

- 50% of Utah OB/GYN practices are at or above capacity
- 21-day average wait time for new patients at OB/GYN practices
- Over 40% of practicing OB/GYNs in Utah were over 55

- Utah 2018 OB/GYN shortage = 70⁷
- Utah Anticipated 2030 OB/GYN shortage = 200⁸

CERTIFIED NURSE MIDWIVES PROJECTED SHORTAGE

Figure 38: CNM 10 Year Projection



Based on our workforce projections and the assumed population growth over the next 10 years, the CNM workforce will need 118 FTEs to meet the demand of population growth, but is on track to have only 81—a deficit of 37 FTEs.

CNMs can be utilized to provide reproductive and maternal health care in areas with low access to care, but are projected to have a growing shortage in the state.

ADDITIONAL WOMEN'S HEALTH DATA

- Cervical cancer screening rates in Utah have dropped by over 10 percentage points since 2010¹²
 - 62.9% up-to-date on pap smear in UT versus 68.8% nationally
 - Utah's cervical cancer screening rates decrease significantly when looking at women living in areas with maternal health and OB/GYN shortages and low-income and/or uninsured patients.
- Utah matches the national HPV vaccination rate, ranking 33rd in the US¹⁵
- Rising incidence of preventable STIs (Chlamydia, Gonorrhea)¹³

S U M M A R Y

Utah has many opportunities to increase the utilization and accessibility of highly effective birth control methods, but must ensure they retain and grow their maternal, reproductive, and primary care workforce to reach this goal.

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