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Original research article

Are women benefiting from the Affordable Care Act? A real-world evaluation of the impact of the Affordable Care Act on out-of-pocket costs for contraceptives☆,☆☆

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Abstract

Objectives: The Affordable Care Act (ACA) mandated that, starting between August 1, 2012 and July 31, 2013, health plans cover most Food and Drug Administration (FDA)-approved contraceptive methods for women without cost sharing. This study examined the impact of the ACA on out-of-pocket expenses for contraceptives.
Study design: Women (ages 15–44 years) with claims for any contraceptives in years 2011, 2012 and 2013 were identified from the MarketScan Commercial database. The proportions of women using contraceptives [including permanent contraceptives (PCs) and non-PCs: oral contraceptives (OCs), injectables, patches, rings, implants and intrauterine devices (IUDs)] in study years were determined, as well as changes in out-of-pocket expenses for contraceptives during 2011–2013. Demographics, including age, U.S. geographic region of residence and health plan type, were also evaluated.
Results: The number of women identified with any contraceptive usage in 2011 was 2,447,316 (mean age: 27.6 years), in 2012 was 2,515,296 (mean age: 27.4 years) and in 2013 was 2,243,253 (mean age: 27.4 years). In 2011, 2012 and 2013, the proportions of women with any contraceptive usage were 26.3%, 26.2% and 26.9%, respectively. Over the three study years, mean total out-of-pocket expenses for PCs and non-PCs decreased from $298 to $82 and from $94 to $30, respectively. For non-PCs, mean total out-of-pocket expenses for OCs and IUDs decreased from $86 to $26 and from $83 to $20.
Conclusions: Implementation of the ACA has saved women a substantial amount in out-of-pocket expenses for contraceptives.
Implications: Mean total out-of-pocket expenses for FDA-approved contraceptives decreased approximately 70% from 2011 to 2013. Implementation of the ACA has saved women a substantial amount in out-of-pocket expenses for contraceptives. Longer-term studies, including clinical outcomes, are warranted.

Keywords: Contraceptives; Out-of-pocket expenses; Cost-savings; Affordable Care Act

1. Introduction

The Affordable Care Act (ACA) health insurance reform legislation was signed into law on March 23, 2010 in the U.S. [1]. Beginning on August 1, 2012, the ACA mandated that health plans must cover most Food and Drug Administration (FDA)-approved contraceptive methods and sterilization procedures [oral contraceptives (OCs), injectables, contraceptive rings, contraceptive patches, contraceptive implants, intrauterine devices (IUDs), diaphragms, cervical caps and permanent contraceptive (PC) methods, like tubal ligation] and patient education and counseling for all women with reproductive capacity without cost sharing (i.e., copayment, coinsurance or deductible) [1,2]. These regulations were included in the recommendations of the Institute of Medicine, which concluded that access to contraception is medically necessary "to ensure women's health and well-being" [3]. Although phased in during 2012, the ACA provision of contraceptive coverage

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did not affect health plans widely until January 2013 when most initiated their new plan year.

The IMS Institute for Healthcare Informatics conducted a study in years 2012 and 2013 that found the number of women who filled prescriptions for OCs with no copay increased from 1.2 million in 2012 to 5.1 million in 2013 [4,5]. The IMS study did not focus on changes in contraceptive use and only reported on overall OC use and costs [4]. Three other studies have evaluated changes in out-of-pocket costs for contraceptives between periods of time before and after implementation of the ACA contraceptive provision among women in the U.S. [6–8]. Based on a 10% sample of claims in the Optum claims database, a database of one national insurer, Becker et al. reported declines in out-of-pocket costs for contraceptives among 790,895 women in the first 6 months of 2013 from the first 6 months in 2012 [6]. Bereak et al. reported a decline in out-of-pocket costs specifically for IUDs among 417,221 women in the U.S. between January 2012 and March 2014 [7]. Sonfield et al. reported significant declines in out-of-pocket costs for contraceptives based on a patient survey of 892 women insured commercially between the fall of 2012 and spring of 2014 [8]. Although some studies have already evaluated the impact of the ACA contraceptive provision on out-of-pocket costs for contraceptives among women in the U.S., we sought to provide a more comprehensive analysis of the cost-savings for most FDA-approved contraceptives among women insured by multiple commercial health plan types by identifying women with contraceptive usage in years 2011, 2012 and 2013 from a large commercial claims database.

2. Materials and methods

2.1. Study population inclusion criteria

Women (15–44 years of age) with any contraceptive usage and pharmacy and medical coverage in years 2011, 2012 and 2013 were identified from the Truven Health MarketScan® Commercial claims database. This claims database encompasses >60 million unique deidentified patients that include active employees, early retirees, COBRA continuers and their dependents insured by employer-sponsored plans located in all 10 U.S. census regions. The database consists of healthcare claims data from >100 different health insurance companies and self-insured employers. In compliance with the Health Insurance Portability and Accountability Act of 1996, it consists of fully deidentified data sets. Women were placed into three separate cross-sectional study populations for years 2011, 2012 and 2013. As this was a cross-sectional study with measurements evaluated in each year, the populations in the 2011, 2012 and 2013 cohorts may overlap with each other.

2.2. Measurements

The number and proportions of women with one or more claims for any contraceptive, including PCs (postpartum tubal ligations, interval tubal ligations, hysteroscopic sterilizations and minilapartomies) and any non-PCs (OCs, injectables, patches, rings, implants and IUDs) in years 2011, 2012 and 2013, were determined using the medial service claims records or prescription drug claims records in the database. A woman receiving multiple prescriptions of the same contraceptive type was counted only once in the category of "any contraceptive usage", and thus, no double counting occurred. If a woman received multiple types of contraceptives (i.e., switching from OC to ring) in the same year, the woman was counted once for each contraceptive type. Costs of contraceptives for any contraceptives and by each contraceptive type, including total payment (both health plan and patient payment), patient copay and out-of-pocket payment (sum of copay, coinsurance and deductible), were determined during years 2011–2013. Such above-described cost data were measured on two different levels: cost per contraceptive healthcare claim and total annual cost per woman with contraceptives. Demographics, including age, U.S. geographic region of residence and health plan type, were also evaluated.

2.3. Statistical analyses

Descriptive statistics were used to measure and describe contraceptive use, costs for contraceptives and demographics information for study populations in years 2011, 2012 and 2013. All statistical analyses were carried out using SAS 9.3.

3. Results

3.1. Study populations and proportions with contraceptive usage

The total populations of women ages 15–44 years with claims in the MarketScan Commercial database included 9,320,237 in year 2011, 9,599,891 in year 2012 and 8,348,898 in year 2013. The number of women (aged 15–44 years) identified with any contraceptive usage in 2011 was 2,447,316 (mean age: 27.6 years), in 2012 was 2,515,296 (mean age: 27.4 years) and in 2013 was 2,243,253 (mean age: 27.4 years). Demographics of the study populations are presented in Table 1. Of all women with claims in the database, the proportions with any contraceptive usage in years 2011, 2012 and 2013 were 26.3%, 26.2% and 26.9%, respectively (Fig. 1). Among women with any contraceptive usage, those who were aged 20–24 years were of the greatest proportions in years 2011, 2012 and 2013, followed by women aged 25–29 years. All U.S. geographic regions were well represented in the study populations from each year, with the highest proportions of women living in the South and North Central regions of the U.S.

OCs were the predominant contraceptive type used with ~22% of all women using contraceptives in the claims database receiving them in all three study years (Fig. 1).