

Original research article

# Impact of the federal contraceptive coverage guarantee on out-of-pocket payments for contraceptives: 2014 update ☆,☆☆

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## Abstract

**Background:** The Affordable Care Act requires most private health plans to cover contraceptive methods, services and counseling, without any out-of-pocket costs to patients; that requirement took effect for millions of Americans in January 2013.

**Study design:** Data for this study come from a subset of the 1842 women aged 18–39 years who responded to all four waves of a national longitudinal survey. This analysis focuses on the 892 women who had private health insurance and who used a prescription contraceptive method during any of the four study periods. Women were asked about the amount they paid out of pocket in an average month for their method of choice.

**Results:** Between fall 2012 and spring 2014, the proportion of privately insured women paying zero dollars out of pocket for oral contraceptives increased substantially, from 15% to 67%. Similar changes occurred among privately insured women using injectable contraception, the vaginal ring and the intrauterine device.

**Conclusions:** The implementation of the federal contraceptive coverage requirement appears to have had a notable impact on the out-of-pocket costs paid by privately insured women, and that impact has increased over time.

**Implications:** This study measures the out-of-pocket costs for women with private insurance prior to the federal contraceptive coverage requirement and after it took effect; in doing so, it highlights areas of progress in eliminating these costs.

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*Keywords:* Contraception; Oral contraceptive pills; Insurance; Health reform; Out-of-pocket costs

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## 1. Introduction

One high-profile provision of the Affordable Care Act is a requirement that private health plans cover contraceptive methods, services and counseling for women, without any copayments, deductibles or other patient out-of-pocket costs [1]. This federal contraceptive coverage guarantee — part of a broader provision requiring coverage without cost sharing

for dozens of recommended preventive care services — was phased in starting in August 2012 and began affecting health plans widely in January 2013.

Even before that requirement took effect, coverage of a wide range of contraceptive methods was standard in U.S. private health plans [2]. Where the federal requirement broke new ground, at least for private health plans, was in its prohibition on patient cost sharing. That change brought with it the potential to eliminate cost as a reason for choosing one method of contraception over another, a change that could be particularly important for low-income women and women considering methods with substantial upfront costs.

This report provides new, national-level data about the reach and impact of the contraceptive coverage requirement. It utilizes information collected from a longitudinal survey of women, comparing women's responses in fall 2012, before the contraceptive coverage requirement would

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have taken effect for most women, with their responses to three subsequent rounds of the survey (at 6-month intervals) that were fielded after the requirement was implemented for millions.

An earlier analysis, using just the first two waves of this survey (fall 2012 and spring 2013), was published in December 2013 and found substantial increases in the proportions of privately insured women paying zero dollars out of pocket for oral contraceptives and the vaginal ring over just the first few months of the federal guarantee [3]. An April 2014 report from the IMS Institute for Healthcare Informatics found similar trends and estimated that women saved nearly half a billion dollars in out-of-pocket costs for contraception in 2013 in the wake of the guarantee [4]. Our report provides more up-to-date information to bolster this body of knowledge.

## 2. Materials and Methods

Data for this analysis come from all four waves of the Guttmacher Institute's Continuity and Change in Contraceptive Use Study, which surveyed women about their contraceptive use repeatedly over an 18-month time period. This analysis is based on the methodology used for the Guttmacher Institute's first analysis described above [3]. More details on the methodology can be found in that article, but we provide a brief description below.

The survey was administered online to a national sample of women aged 18–39 years. It was administered by the market research firm GfK using their KnowledgePanel, a national household panel recruited using a probability-based methodology.

The survey was conducted over 3-week periods in fall 2012, spring 2013, fall 2013 and spring 2014. Of the 4634 women who participated in the baseline study, 3207 participated at Wave 2, 2398 participated at Wave 3 and 1842 participated at Wave 4, resulting in between-survey response rates of 69%, 75% and 77%, respectively. The sample for the current analysis was limited to women who participated in all four waves of the study or 40% of the baseline sample. The sample used for this analysis was further limited to women who had private health insurance *and* used a prescription contraceptive method during any of the four study periods (892 women).

In this analysis, we focused on survey questions about out-of-pocket payments for contraception among women who used hormonal methods in the last 30 days or obtained an intrauterine device (IUD) between surveys. We examined the percentage of women who reported paying nothing, as well as the mean and median amounts that women paid for the pill; the number of women paying for methods other than the pill was too small for an analysis of means and medians.

Women who reported that they used the pill, injectable or vaginal ring during the last 30 days were asked how much they paid for the method out of pocket each month. We

assessed change over time in cross-tabulations using Rao-Scott-corrected  $\chi^2$  tests in order to include as many women as possible in all analyses while also taking into account the clustering of data within individuals. Our focus is change over time, and  $\chi^2$  statistics allow us to assess differences across all waves at once rather than whether specific waves are statistically different from each other. Our analysis is based on a total of 1916 observations of pill use, 107 observations of injectable use and 151 observations of ring use as reported by 892 women; some women contributed up to four observations per method, while others only contributed one.

IUD users were only asked about cost the first time they reported use of the method. Because we captured relatively few new IUD users covered by private health insurance in waves two through four ( $n=45$ ), we used  $t$  tests to assess for differences between the proportions who paid nothing for the method at Wave 1 compared to the users at Waves 2, 3 and 4 grouped together. Our analysis is based on 165 IUD users. We did not ask about type of IUD — copper vs. hormonal — and both are grouped together.

The number of users of the patch and implant were too small to be reliable; thus, those methods were excluded from this analysis. Analyses were performed using Stata 13. All findings presented were statistically significant at the  $p<.05$  level.

## 3. Results

Among women who reported using the pill and having private health insurance, the proportion who did not pay anything out of pocket increased from 15% to 67% between Waves 1 and 4 (Fig. 1). The most substantial increase occurred between Wave 1 and Wave 2 (from 15% to 44%<sup>1</sup>), but there was a continuing upward trend over the 18-month time period.

We conducted a sensitivity analysis that examined changes in out-of-pocket costs when the sample was restricted to women who were privately insured *and* using the pill during *all four waves* ( $n=308$ , obs=1227). The proportions paying US\$0 were virtually the same, 15%, 45%, 57% and 69% ( $p<.001$ ), respectively (data not shown). In addition, we also examined these changes when the sample was restricted to women who were privately insured and using the pill at both Waves 1 and 4 ( $n=350$ ). The proportions paying US\$0 were 16% and 69%, and a paired  $t$  test indicated that the difference was significant at  $p<.001$

<sup>1</sup> The previously published article in *Contraception* reported that 40% of pill users paid nothing out of pocket during Wave 2. The difference is because the prior study restricted analyses to women who were privately insured and using the pill at both points in time, while the current study incorporated women who may have experienced changes in insurance coverage or method use. Moreover, respondents included in the earlier analyses who failed to participate in subsequent waves are excluded from the current study.

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