OFFICE OF WOMEN'S HEALTH
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES AND CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Data Points

CWHS

RESULTS FROM THE 2009 CALIFORNIA WOMEN'S HEALTH SURVEY

Who Pays for Contraception? Experience of California Women Ages 18 to 49, 2008-2009

California Department of Public Health
Office of Family Planning
Family PACT Program

In 2008, more than one in five (23.5 percent) women of reproductive-age (18 to 49) in California were without health insurance coverage.[1] Contraception is critical for women of reproductive age, but without health insurance that pays its full cost, many will have significant difficulty paying for coverage. Even women with health insurance coverage may have to pay out of pocket to meet their reproductive health needs if their health insurance does not cover their method of choice. Uninsured, low income women not only lack access to preventive health care services, but also face a great challenge in paying for the contraception they need.

In the 2008 and 2009 California Women's Health Survey, the Office of Family Planning funded the question, *Who pays/paid for birth control?* Respondents chose one main response from the following: health insurance, Medi-Cal, Family PACT[2] and three out of pocket categories – the respondent herself, the respondent's sexual partner, and both the respondent and her partner. Respondents were also asked about their contraceptive use, health insurance coverage, age, and marital status.

This analysis examined the responses on the question about payment source for contraception and women's reports about their health insurance status, which included 2,640 women ages 18 to 49 who were current or previous users of contraception. Responses were weighted by age and race/ethnicity to reflect the 2000 California adult female population. Chi square statistics were used to assess the statistical significance of proportions reported; significant results were based on a *P* value that was less than or equal to .05.

Regarding health insurance coverage, 63.6 percent reported they had private/other insurance, 18.6 percent reported having public coverage, and 17.8 percent reported having no current health insurance coverage. Nearly half (48.3 percent) of women reported that their contraception was paid for out of pocket; of these women, 20.9 percent shared the cost with their partner, 15.7 percent paid themselves, and 11.8 percent reported that their partner paid. Either private or public health insurance paid for contraception for 43.2 percent of women and Family PACT covered this cost for 8.5 percent of women.

The characteristics of reproductive age women using contraception previously or currently and its method of payment are as follows:

- Of women who reported they currently have health insurance coverage (private or public), 47.7 percent said the insurance paid for their contraception, 46.6 percent paid out of pocket, and 5.7 percent said Family PACT paid.[3] However, the distribution of who pays/paid for contraception varied by the type of current health insurance coverage: women with public health insurance were more likely than those with private coverage to report that insurance paid for their contraception (54.7 percent vs. 45.7 percent). Conversely, fewer women with public health insurance reported paying out of pocket than did those with private

Public Health Message:
Contraception is one of the most widely used preventive care services of reproductive age women to avoid unintended pregnancy. A considerable proportion of women with health insurance coverage and an even higher proportion of women without health insurance coverage paid out of pocket for their contraception. Younger women who are most at risk of unintended pregnancy are most likely to have to pay for their contraception out of pocket. Public health insurance coverage appears to invest more in family planning than private insurance, thus helping women who are most likely in need of the services.

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health insurance (32.6 percent vs. 50.7 percent).[4]

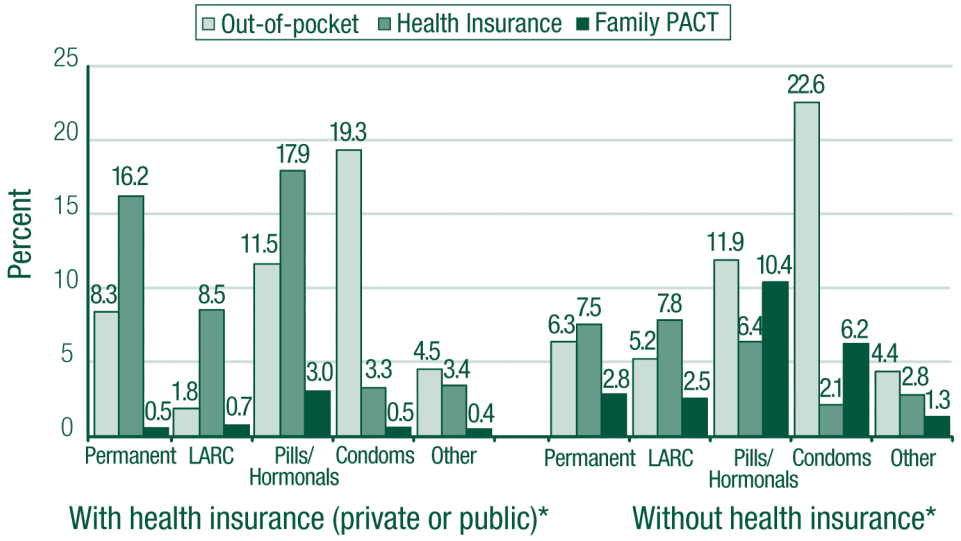
- Among women who reported having neither private nor public health insurance coverage, 55.9 percent reported paying out of pocket for their contraception, 22.5 percent said health insurance[5] paid, and 21.6 percent reported Family PACT paid.[2,6]

- Older women (ages 40 to 49) were more likely to have paid for their contraception through health insurance (40.9 percent) than younger women ages 30 to 39 (34.3 percent) and ages 18 to 29 (30.5 percent).[4]

- Never married women were more likely to have paid for their contraception out of pocket (54.4 percent), followed by divorced/widowed/separated women (50.7 percent), married women (47.3 percent), and those who were cohabiting (38.2 percent).[6]

Figure 1

Health Insurance Coverage Status and Sources of Payment for Current Use of Contraception Among Women Ages 18 to 49, California, 2008-2009



*$P < .001$

Notes: LARC are long-acting reversible contraception methods that include intrauterine contraceptives and implants. The out of pocket category consists of respondents who said their contraception was either paid for by themselves, or their partners, or shared between themselves and their partner. Five percent of women with health insurance coverage reported Family PACT as the source of payment for their contraception. Several reasons may account for this, e.g., gaps in women's health insurance coverage during the year, limited health insurance coverage that does not include prescription medicine, or that women sought confidential sources of contraception.

Source: California Women's Health Survey, 2008-2009

Among current contraceptive users the distribution of the types of contraception and the sources of payment for contraception by health insurance coverage status is shown in Figure 1. In general, the data suggested that regardless of their health insurance coverage, they spend out of pocket to obtain contraception. The data also showed that a considerable proportion of women without health insurance coverage reported Family PACT as their source of payment for their current contraception. For example, of women without health insurance coverage, 10.4 percent reported Family PACT as their source of payment for contraceptive pills or other hormonal types of contraception.

1 University of California, San Francisco analysis of the 2009 Annual Social and Economic Supplement Current Population Survey.

2 Family PACT (Planning, Access, Care, and Treatment) is a state and federally funded program that provides reproductive health care services, including contraception, and is not considered to be a type of health insurance. In contrast, Medi-Cal is full-coverage, public health insurance.

3 This proportion potentially represents women who have had gaps in their health insurance coverage during the year, women who may have limited health insurance coverage that does not include prescription medicine, or women seeking confidential sources of contraception and using Family PACT.

4 X^2, $P < .001$

5 This proportion of women may previously have had health insurance coverage that paid for their contraception.

6 X^2, $P < .01$

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