



WREN's Position on 12 Month Supply of Contraception

Overview

Contraceptives allow women and couples to decide if and when to become pregnant. Greater control over childbearing reduces rates of unintended pregnancy; contributes to healthier pregnancies; and increases the opportunities that women have to pursue education, advance their careers, and participate in public life.

Without consistent and continuous access to contraception, however, the benefits to individuals and society are limited. South Carolina can remove a significant barrier to access by adopting a policy that requires insurance cover one-year's supply of birth control at a time.

Defining the Problem

A woman's ability to choose whether and when to become pregnant has a direct impact on her health and well-being, as well as that of her children. Yet, South Carolina's rate of unintended pregnancy hovers around 50 percent.¹

Consistent use of birth control is the most effective method of preventing unintended pregnancy among sexually active women. Among American women who use contraception correctly and consistently, account for only five percent of unintended pregnancies. In contrast, American women who do not use contraception consistently account for 41 percent of all unintended pregnancies.²

Inconsistent use of contraception can occur for a myriad of reasons, including lack of access. Today, most women must refill their birth control prescriptions each month which can prove to be a burden for women who lack transportation, live in rural areas,

¹ Kost K. "Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002." New York: Guttmacher Institute, 2015.

² "Analysis of California Senate Bill (SB) 999 Contraceptives: Annual Supply." California Health Benefits Review Program, 2016.

move frequently, or struggle to balance hectic schedules. One in four women say they have missed birth control pills because they could not get the next pack in time.³

Dispensing one year's supply of birth control at a time removes a significant barrier to dependable birth control access. Studies show women who receive a one year supply of contraception were 30 percent less likely to have an unintended pregnancy and were also less likely to obtain an abortion compared to women who received only a one to three month supply.⁴

In addition, access to a greater supply of birth control at one time has been associated with cost savings and improved access to preventative care. One study found that dispensing a one-year supply of contraceptives reduced costs to Medicaid by reducing total visits to healthcare providers each year. Despite the fewer total visits to healthcare providers during the year, women receiving a one-year supply were more likely to have a Pap test and STI testing during the year compared to women dispensed fewer cycles of birth control.²

Policy Recommendations

South Carolina can curtail high rates of unintended pregnancy by following the lead of the seven states (California, Oregon, Illinois, Hawaii, Maryland Vermont and Virginia) and the District of Columbia that have already enacted legislation requiring that the Medicaid program and private insurance plans cover one year's supply of self-administered contraceptives at a time. By providing for long-term uninterrupted access to contraception, the legislation would remove a significant barrier to women's consistent use of birth control and improve health and economic outcomes for both women and children.

³ Foster, Diana et al. Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies. *Obstetrics and Gynecology*: Mar 2011: Vol 117, Iss 3 pp 556-572.

⁴ "Oral Contraceptive Pills." The Henry J. Kaiser Family Foundation, 2016.