THE IMPACT OF THE ACA’S PREVENTIVE COVERAGE MANDATE ON SPENDING AND UTILIZATION OF CONTRACEPTION IN MASSACHUSETTS

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INTRODUCTION

The Patient Protection and Affordable Care Act of 2010 (ACA) established requirements for health plans to cover certain preventative services without patient cost sharing. The Health Resources and Services Administration (HRSA) interpreted preventive services so as to include contraceptive devices and services. With the possibility of Congressional repeal of some of the ACA’s provisions or a substantial broadening of exceptions to those provisions for employers or insurers by the Trump Administration, states may play a larger role in determining coverage requirements for these services for their populations. The Massachusetts Health Policy Commission (HPC) investigated the impact of these ACA provisions on spending and utilization of contraception in the Commonwealth.

OBJECTIVES

The HPC sought to quantify the impact of the ACA’s preventive services requirements on outcomes in Massachusetts in the years following the ACA’s passage, including:

- Total spending and out-of-pocket spending on all prescription drugs
- Total spending and out-of-pocket spending on contraceptive drugs and intrauterine devices (IUDs)
- Utilization of contraceptive drugs and IUDs

STUDY DESIGN

We used the Massachusetts All-Payer Claims Database (APCD) to calculate average spending and cost sharing for prescription drugs and medical procedures from 2011 to 2014. We analyzed insurance claims for members of the three largest commercial insurers in the Commonwealth: Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, and Tufts Health Plan.

Spending includes total payment and patient contributions. Cost sharing or out-of-pocket spending is defined as the sum of any patient copayment, coinsurance, and deductible spending. Averages are calculated across members in the pharmacy and medical claims who used these services in the calendar year.

To identify prescription contraception claims, we compiled national drug codes (NDCs) from the National Committee for Quality Assurance’s (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) tables. We used data from the Kaiser Family Foundation’s (KFF) Civilian Health and Disability Survey (CHDS) and state level data to monitor trends in these measures following periods of national health care legislation remain uncertain, these findings can provide context for discussions about main-