MASSACHUSETTS
HEALTH POLICY COMMISSION

Persistent cost-sharing for contraception in Massachusetts, 2017-2020

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About the Health Policy Commission

An independent state agency established by Chapter 224 of the Acts of 2012, the mission of the Massachusetts Health Policy Commission (HPC) is…

> **…to advance a more transparent, accountable, and equitable health care system through its independent policy leadership and innovative investment programs. The HPC's goal is better health and better care – at a lower cost – for all residents across the Commonwealth.**

Introduction

The Affordable Care Act contraceptive mandate has been in effect since 2012, and has contributed to reduced spending and improved access and outcomes for patients.

The ACA preventive care mandate requires commercial insurers to cover without cost-sharing at least one form of contraception in each FDA-approved category as well as related services. This mandate applies to all plans offered by employers or on state marketplaces.[1,2,6]

The mandate has had many benefits for patients nationally, including markedly **reduced cost-sharing** payments, **increased adherence** to contraception, increased use of **highly cost-effective methods**, a decrease **in unintended pregnancies**, and **narrowing income disparities** in unintended pregnancy rates.[3-5]

Prior HPC research has found similar benefits for residents of Massachusetts: from 2011 to 2014, the share of oral contraceptive prescriptions with patient cost sharing dropped from **98.1% to 6.5%.**[7]

1 Kaiser Family Foundation. Preventive Services Covered by Private Health Plans under the Affordable Care Act. August 2015. Available at https://files.kff.org/attachment/preventive-services-covered-by-private-health-plans-under-the-affordable-care-act-fact-sheet# Excludes "grandfathered" plans that were in existence prior to March 23, 2010, and have not substantially changed in terms of benefits, cost-sharing, employer contributions, or other features of coverage since then
2 The Commonwealth Fund. The Latest Legal Challenge to the Affordable Care Act's Preventive Services Guarantee. July 25, 2022. Available at https://www.commonwealthfund.org/publications/explainer/2022/jul/latest-legal-challenge-affordable-care-act-preventive-services#
3 Becker NV, Polsky D. Women Saw Large Decrease In Out-Of-Pocket Spending For Contraceptives After ACA Mandate Removed Cost Sharing. Health Affairs. 2015;34(7):1204-1211. https://doi.org/10.1377/hlthaff.2015.0127
4 Snyder AH, Weisman CS, Liu G, Leslie D, Chuang CH. The Impact of the Affordable Care Act on Contraceptive Use and Costs among Privately Insured Women. Womens Health Issues. 2018;28(3):219-223. https://pubmed.ncbi.nlm.nih.gov/29544988/
5 Dalton VK, Moniz MH, Bailey MJ. Trends in Birth Rates After Elimination of Cost Sharing for Contraception by the Patient Protection and Affordable Care Act. JAMA Network Open. 2020;3(11):e2024398 https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2772565
6 Centers for Medicare & Medicaid Services. Affordable Care Act Implementation FAQs - Set 12. Available at https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12
7 Massachusetts Health Policy Commission. HPC DataPoints Issue 3: Contraception Spending and Utilization. Available at https://www.mass.gov/info-details/hpc-datapoints-issue-3-contraception-spending-and-utilization

Confusion about the mandate persists, and implementation remains imperfect nationally.

HRSA has continually updated guidance on the mandate, including clarifying in 2021 that it covers contraceptive counseling, initiation of contraceptive use, and follow-up care.[1,2] However, confusion has persisted about some aspects of how the mandate is applied, and there have been some gaps in its implementation.[3,4]

During the current time of significant federal policy change on reproductive health,[5] it is important to understand the status of cost-sharing for contraception in Massachusetts and any outstanding access barriers – especially because Massachusetts has made reproductive health service affordability and access a priority.[6]

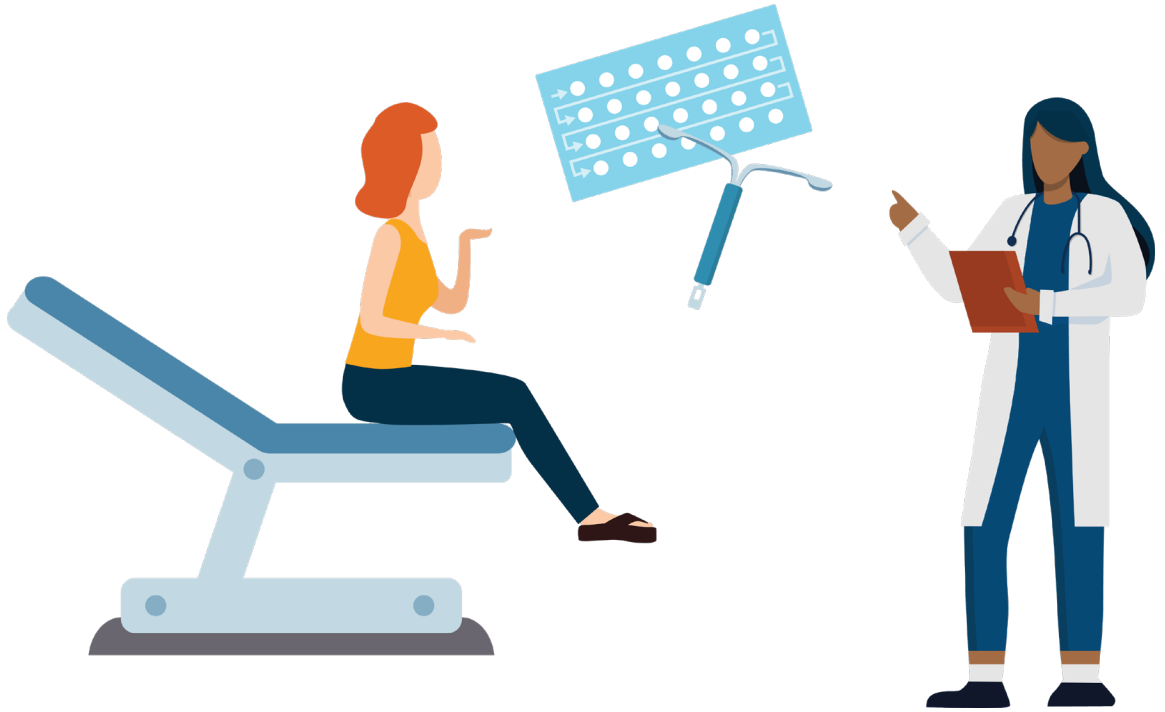
- For example, the 2017 ACCESS Law permits patients to be prescribed a 12-month supply of birth control at a time, without being subject to cost-sharing.[7]

1 Keith K. Federal Officials Clarify Contraceptive Coverage Requirements. Health Affairs Forefront. August 3, 2022. Available at https://www.healthaffairs.org/content/forefront/federal-officials-clarify-contraceptive-coverage-requirements
2 Centers for Medicare & Medicaid Services. FAQs about Affordable Care Act Implementation Part 54. July 28, 2022. Available at https://www.cms.gov/files/document/faqs-part-54.pdf
3 Hall KS, Kottke M, Dalton VK, Hogue CR. Ongoing Implementation Challenges to the Patient Protection and Affordable Care Act's Contraceptive Mandate. American Journal of Preventive Medicine. 2017;53(5):667-670. https://pubmed.ncbi.nlm.nih.gov/27939235/
4 Hughes R, Minnick DR, Peters A. HRSA's Confusing, Out-Of-Date Guidance Undermines Contraceptive Coverage And Access. Health Affairs Forefront. September 28, 2022. Available at https://www.healthaffairs.org/content/forefront/hrsa-s-confusing-out-of-date-guidance-undermines-contraceptive-coverage-and-access
5 Dobbs, State Health Office of the Mississippi Department of Health, et. al. v. Jackson Women's Health Organization et al. https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf
6 e.g, with measures such as the 2017 ACCESS Law, the 2020 ROE Act, and Chapter 127 of the Acts of 2022. See https://www.mass.gov/info-details/information-for-providers-about-access-to-birth-control-and-emergency-contraception; https://www.npr.org/2020/12/29/951259506/massachusetts-senate-overrides-veto-passes-law-expanding-abortion-access; https://malegislature.gov/Laws/SessionLaws/Acts/2022/Chapter127
7 This includes oral contraceptives, transdermal contraceptives (i.e., patches), intra-vaginal contraceptives, and injectables. See https://www.mass.gov/doc/massachusetts-access-law-common-questions-and-answers-qa/download

Study Aim

Investigate out-of-pocket costs for common contraceptive methods and services in the Commonwealth:

- **Prescription oral contraception and services received in encounters with health care providers**, including implant services, IUD services, IUD follow-up care, and contraceptive options counseling.



Data and Methods

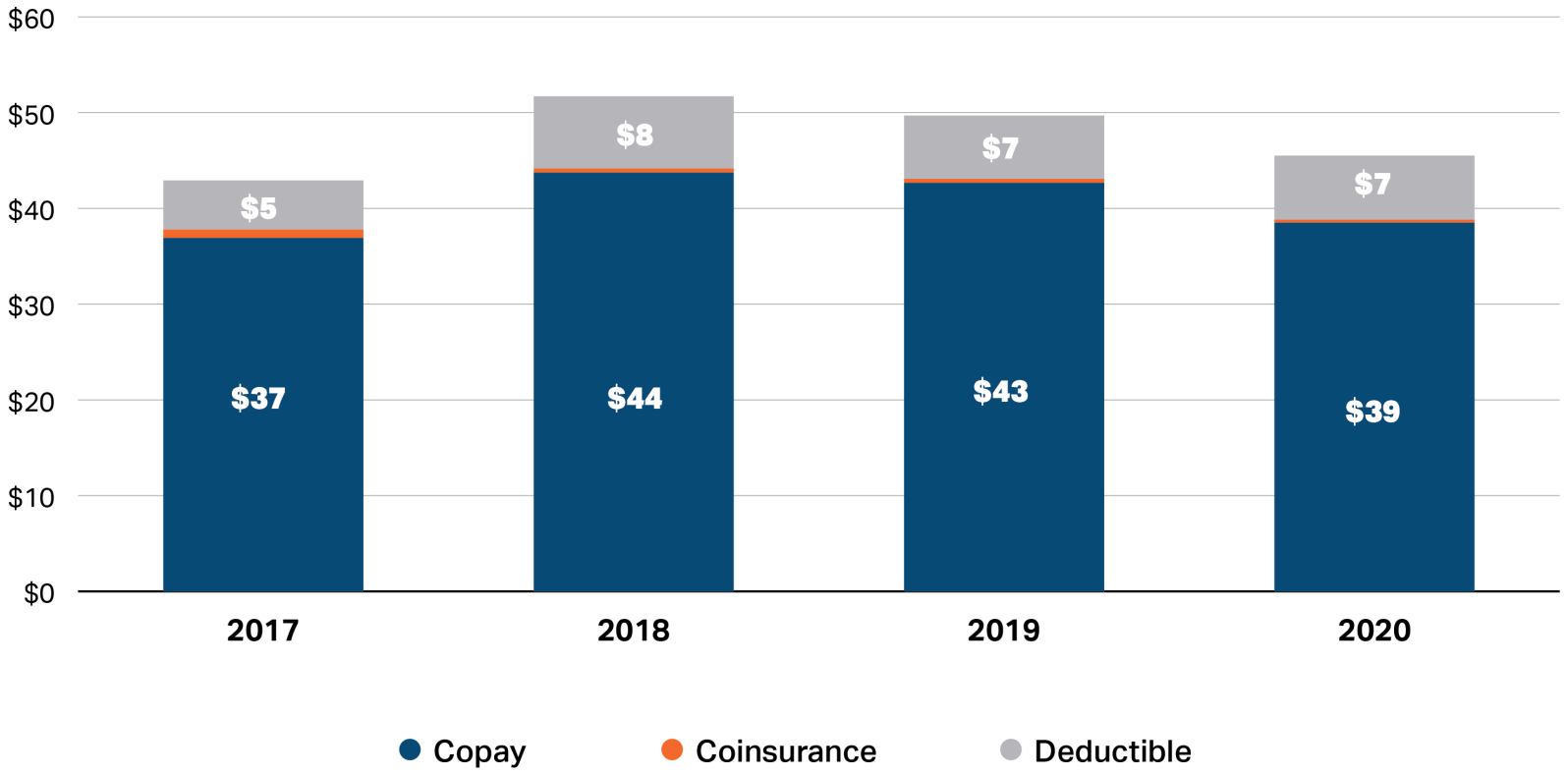
- Analyzed the **Massachusetts All-Payer Claims Database** v10 (MA APCD) for 2017-2020, including medical and pharmacy claims from the five largest commercial payers in MA.[1]
- Retained claims for services provided in ambulatory care settings using professional claims site of service and HCCI codes.[2]
- Identified **oral contraceptive prescriptions** in pharmacy claims using generic and brand names.
- Identified **implant services, intra-uterine device (IUD) services, IUD follow-up care, and contraceptive options counseling** in medical claims using CPT and ICD-10 diagnosis codes.[3]
  - Contraceptive services were measured using encounters which collapsed services provided to the same individual on the same day.
- Analysis includes Massachusetts residents ages 14-45 with 12 months of commercial insurance enrollment and who used at least one of the services of interest, representing 64,000-85,000 individuals each year from 2017-2020.

1 Blue Cross Blue Shield, Harvard Pilgrim Health Care, AllWays, Tufts, or Anthem. Anthem omitted from prescription analysis due to pharmacy carveouts.
2 Dropped professional claims site of service 13, 14, 21, 31, 33, 34, 51, and 61; dropped outpatient facility claims for emergency department services.
3 Implant insertion, removal, and device identified with CPT codes 11981-11983, 11976, J7306, J7307. IUD insertion, removal, and device identified with CPT codes 58300, 58301, J7296-J7298, J7300-J7302, S4989. IUD follow-up care identified with ICD-10 code Z30.431. Contraceptive options counseling identified with CPT codes 99401-99404 and ICD-10 code Z30.09

Results

Under 2% of oral contraceptive prescriptions have had cost-sharing in recent years. For the minority of prescriptions that do have cost-sharing, patients paid about $40-$50 on average for a one-month supply.

Mean copay, coinsurance, and deductible spending per one-month supply of oral contraceptives with cost-sharing, 2017-2020



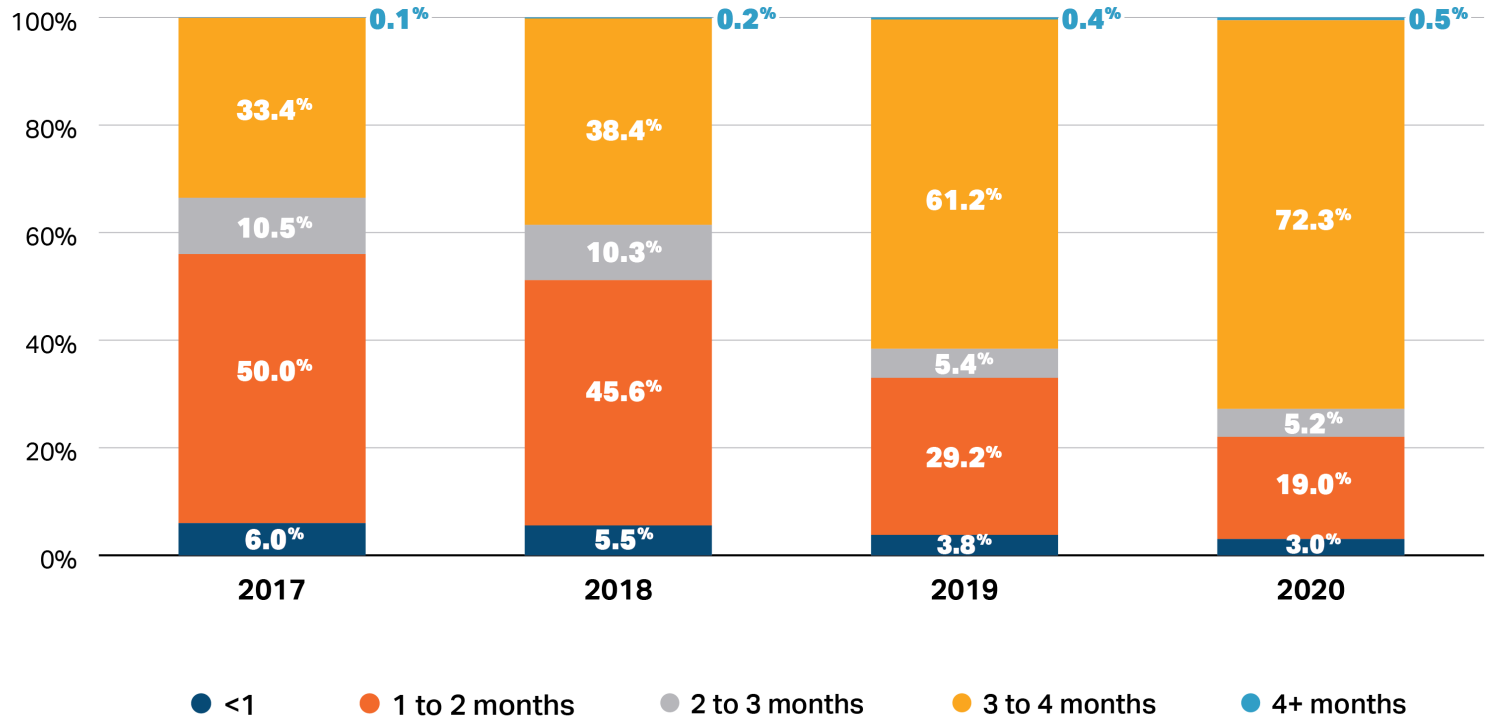
Each year from 2018-2020, 80% of the small subset of birth control prescriptions with cost-sharing were branded drugs.

Source: HPC analysis of Center for Health Information and Analysis All-Payer Claims Database v10, 2017-2020

The share of oral contraceptive prescriptions filled for 3-4 months' supply has steadily increased.

However, there appears to be little uptake of 12-month supplies in the years immediately following the 2017 ACCESS law.[1]

Share of oral contraceptive prescriptions each year by number of months' supply, 2017-2020

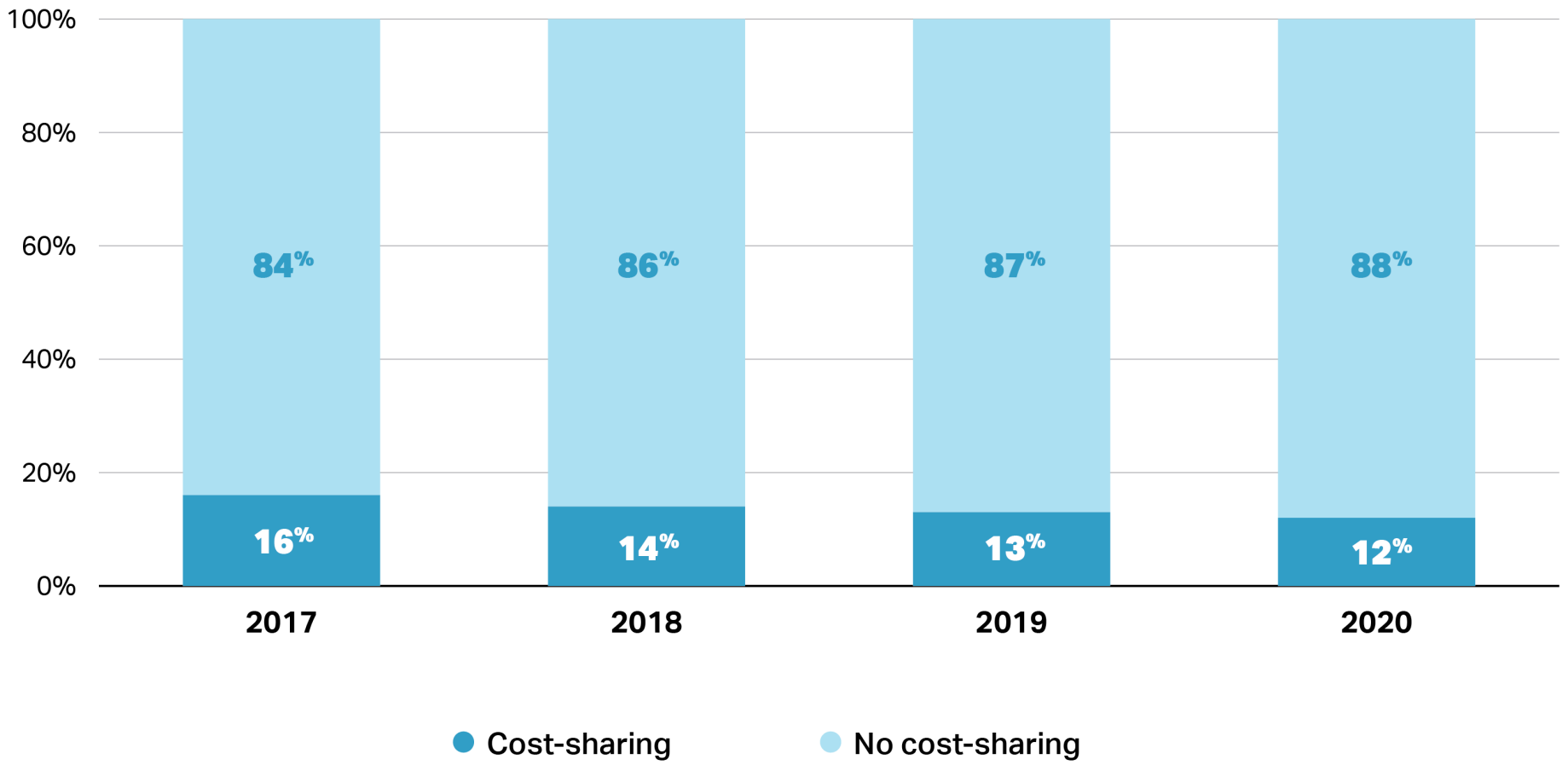


Notes: All categories mutually exclusive: 1 to 2 months includes ≥1 and <2 months, 2 to 3 months includes ≥2 and <3 months, 3 to 4 months includes ≥3 and <4 months.
Source: HPC analysis of Center for Health Information and Analysis All-Payer Claims Database v10, 2017-2020

1 Massachusetts Department of Public Health. Information for providers about ACCESS to birth control and emergency contraception. Available at: https://www.mass.gov/info-details/information-for-providers-about-access-to-birth-control-and-emergency-contraception

Over 10% of individuals continue to pay cost-sharing for encounters with health care providers for IUD, implant, contraceptive counseling, or follow-up care.

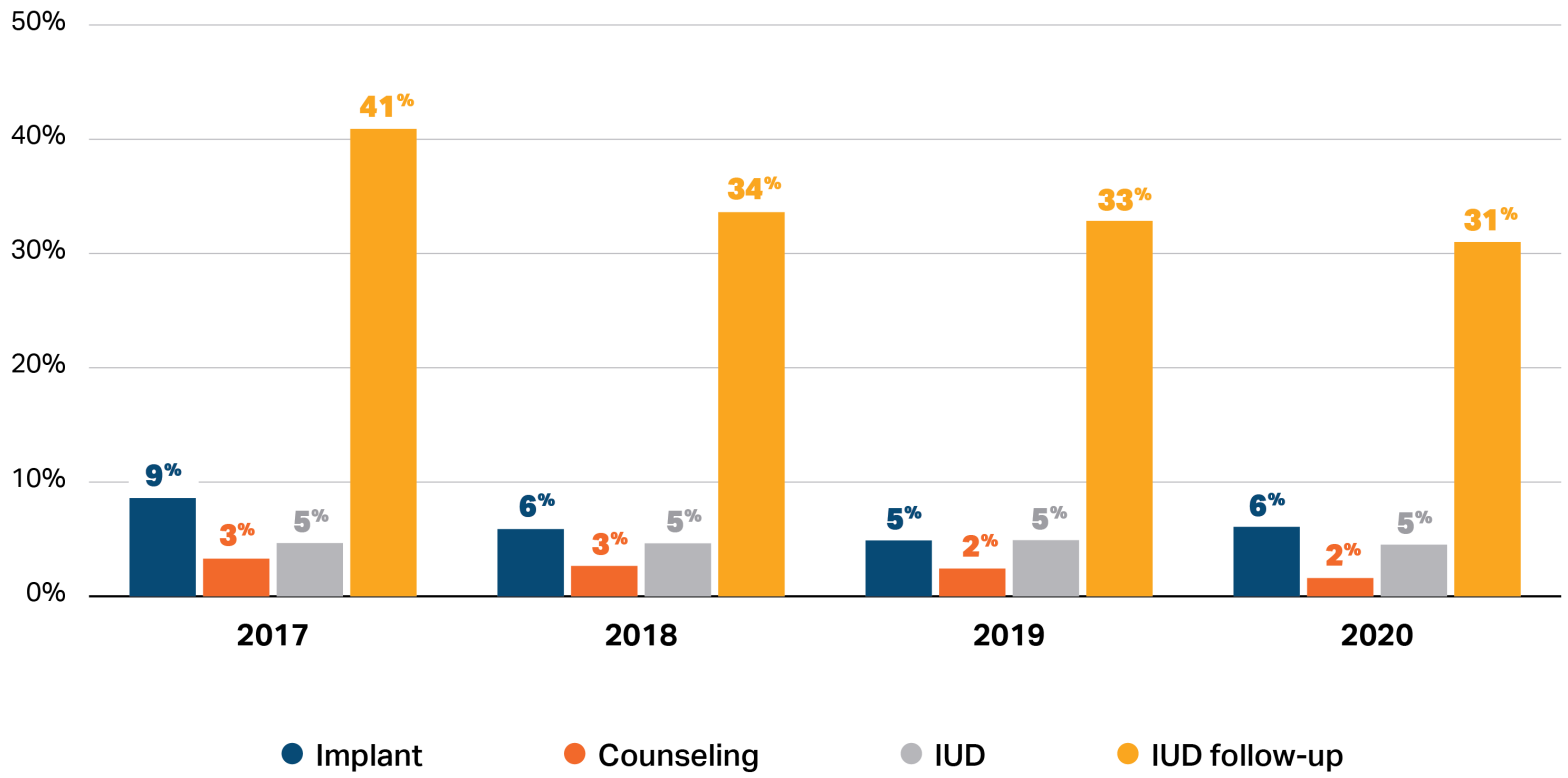
Share of commercially insured individuals with and without out-of-pocket costs for contraceptive encounters, 2017-2020



Source: HPC analysis of Center for Health Information and Analysis All-Payer Claims Database v10, 2017-2020

Most encounters that involve cost-sharing are for IUD follow-up care.

Share of encounters for IUD, implant, counseling, and follow-up services with out-of-pocket costs, 2017-2020

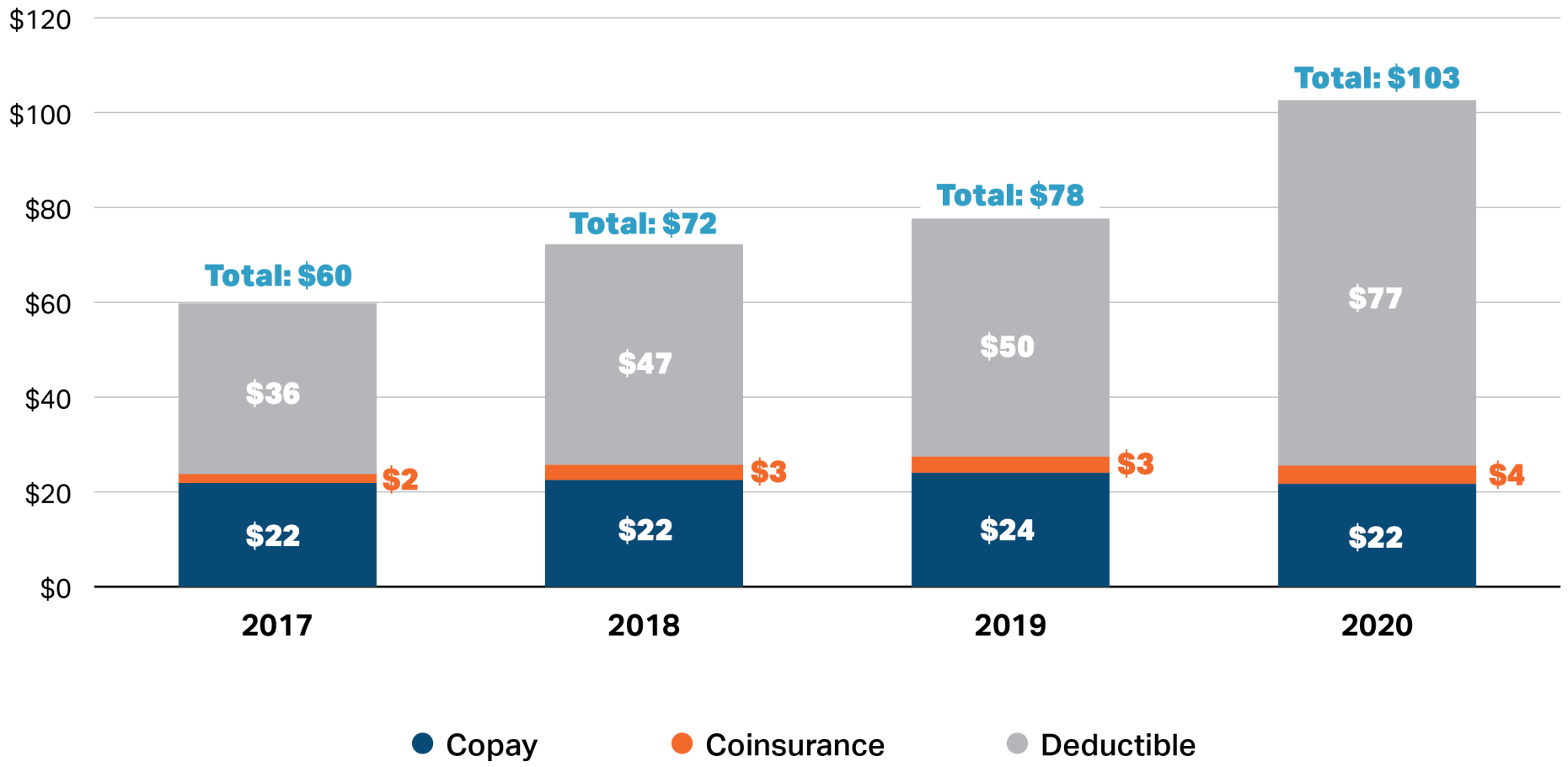


Over 60% of all encounters that have cost-sharing each year involve IUD follow-up care.

Notes: Encounters including multiple services are counted more than once (e.g., an encounter including both options counseling and IUD services will appear in both the Counseling and IUD bars in the exhibit)
Source: HPC analysis of Center for Health Information and Analysis All-Payer Claims Database v10, 2017-2020

Per-person out-of-pocket costs for contraceptive encounters with cost-sharing have risen over time due to rising deductible payment amounts.

Mean per-person contraceptive encounter copay, coinsurance, deductible, and total cost sharing amounts among those with any out-of-pocket costs for contraceptive encounters, and share of total out-of-pocket costs represented by deductibles, 2017-2020



Source: HPC analysis of Center for Health Information and Analysis All-Payer Claims Database v10, 2017-2020

Discussion

Discussion and Recommendations

- A decreasing share of Massachusetts residents pay out-of-pocket costs for contraception, but those who do face cost-sharing are paying more over time due to rising deductible payment amounts.
- Cost-sharing is most likely to occur for IUD follow-up care, where nearly one-third of visits had cost-sharing as of 2020.
- Even when appropriate under the ACA, persistent cost-sharing may limit access to contraception.
- Rising cost-sharing payments due to rising spending on deductibles may reflect growing enrollment in high-deductible health plans, driven by the increasing unaffordability of health insurance premiums in Massachusetts.
- Providers and payers should ensure that they are following the latest guidance on services covered under the mandate, and should ensure that their patients have up-to-date information about their rights and options, so that contraception is covered as intended.

Thank you!

For the full study, visit: tinyurl.com/datapoints-24

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