

# Gov't advisers: No copays for contraceptives

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(AP) -- Millions of women stand to gain free access to a broad menu of birth control methods, thanks to a recommendation issued Tuesday by health experts advising the government.

An Institute of Medicine panel recommended that the government require health insurance companies to cover birth control for women as preventive care, without copayments. Contraception - along with such care as diabetes tests during pregnancy and screening for the virus that causes cervical cancer - was one of eight recommended preventive services for women.

"Unintended pregnancies carry health consequences for the mother - psychological, emotional and physical - and also consequences for the newborn," said Dr. Linda Rosenstock, panel chairwoman and dean of public health at the University of California, Los Angeles. "The overwhelming evidence was strongly supportive of the health benefit" of contraception.

A half century after the introduction of the birth control pill, the panel's recommendations may help to usher in another revolution. Medical experts say easier access could start a shift to more reliable forms of long-acting birth control, such as implants or IUDs, which are gaining acceptance in other economically developed countries.

President Barack Obama's health care law already requires most health plans to provide standard preventive care for people of both sexes at no

additional charge to patients. Women's health recommendations were considered new and politically sensitive territory, so the nonpartisan institute was asked to examine the issue. The institute advises the government on complex matters related to medical science and health care policy.

Nonetheless, a fight over social mores is still likely. Catholic bishops and other religious and social conservatives say pregnancy is a healthy condition and the government should not require insurance coverage of drugs and other methods that prevent it. (Most health plans already cover contraception.)

Short of repealing part of the health care law, it's unclear what opponents can do to block the recommendations. A final decision by Health and Human Services Secretary Kathleen Sebelius is expected around Aug. 1.

Sebelius called the recommendations "historic," and said they are based on science. "I appreciate the hard work and thoughtful analysis that went into this report," she said.

Under the law, the earliest the final requirements would take effect is next year. In many cases, it's likely to be Jan. 1, 2013.

"We are one step closer to saying goodbye to an era when simply being a woman was treated as a pre-existing condition," said Sen. Barbara Mikulski, D-Md., who sponsored the women's health amendment.

Birth control use is "virtually universal" in the United States, according to a government report last year. Generic versions of the pill are available for as little as \$9 a month at big drug store chains.

Yet about half of all pregnancies are unplanned. Many occur among women using some form of contraception, and forgetting to use it is a

major reason. Experts say a shift to longer acting forms of birth control would help.

Contraception is about more than simply preventing pregnancy - it can help make a woman's next pregnancy healthier by spacing births far enough apart, generally 18 months to two years. Research links closely spaced births to a risk of such problems as prematurity, low birth weight, even autism.

Other preventive services recommended by the IOM panel include:

- At least one "well-woman" preventive care visit annually.
- Annual HIV counseling and screening for sexually active women.
- Screening for and counseling about domestic violence.
- Annual counseling on sexually transmitted infections for sexually active women.
- Support for breast feeding mothers, including the cost of renting pumps.

The screening for the virus that causes cervical cancer is for women starting at age 30, no more frequently than every three years. As for the pregnancy diabetes check, it should come at the first prenatal visit for high-risk women, and between 24 and 28 weeks for all others.

Although the services will be free of any additional charge to patients, somebody has to pay. The cost is likely to be spread among other people with health insurance, resulting in slightly higher premiums.

It's unclear how easy it will be to take advantage of the no-copay rule in

the doctor's office. Consider: A woman sees the doctor about pain in her hip - paying the required the copay - but during the same visit, receives her overdue screening for cervical cancer.

The Health and Human Services Department should require that the woman not be charged lab fees for that cervical test even though it wasn't scheduled separately as a preventive-care visit, said Cynthia Pearson of the National Women's Health Network.

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