

Revised Medicaid policy could reduce unintended pregnancies, save millions in health costs

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A revised Medicaid sterilization policy that removes logistical barriers, including a mandatory 30-day waiting period, could potentially honor women's reproductive decisions, reduce the number of unintended pregnancies and save \$215 million in public health costs each year, according to researchers at the University of Pittsburgh School of Medicine. Their findings, published today in the journal *Contraception*, support growing evidence for the need to revisit a national policy that disproportionately affects low-income and minority women at high risk for unintended pregnancies.

Female [sterilization](#), commonly called tubal ligation, is a permanent form of birth control performed as a surgical procedure to block a woman's [fallopian tubes](#). According to the National Center for Health Statistics, it is the second-most commonly used contraceptive method in the United States. Each year, about 250,000 women request publicly funded sterilization through Medicaid, yet only 53 percent are able to have their sterilization requests fulfilled. Past research suggests that Medicaid regulations present significant obstacles because they mandate a 30-day waiting period between the time of written consent and the actual procedure and require that a physical copy of the form be present at the time of delivery for women undergoing post-partum sterilization.

"It's become evident that women who request federally funded sterilization are subject to a set of [policy](#) barriers that impede their

reproductive autonomy," explained Sonya Borrero, M.D., M.S., assistant professor of medicine, Pitt School of Medicine, and lead author of the study. "The implementation of this policy during the 1970s was well-intentioned, erected in response to a history of coercive, non-consensual procedures mostly performed on low-income and [minority women](#). However, there is now a body of evidence that indicates that the policy is not only incapable of serving its intended purpose, but also prevents the very same vulnerable population from obtaining a desired procedure, putting them at high risk for future unintended pregnancies."

To understand the cost savings that might result from a change in Medicaid sterilization policy, the researchers used existing data on the costs of Medicaid-funded sterilizations and Medicaid-covered births to construct a one-year cost effectiveness model from the health care payer's perspective. The model included all women who request Medicaid-funded post-partum sterilization and assumed that all pregnancies resulting after an unfulfilled sterilization request were unintended. The researchers then compared the costs of the existing policy to a hypothetically revised policy that removed logistical barriers.

They calculated that a revised Medicaid sterilization policy, including removal of the mandatory 30-day waiting period, would result in 29,000 fewer [unintended pregnancies](#) each year and thus lead to a cost savings of \$215 million in taxpayer dollars.

The study suggested ways in which a modified policy could ensure patient comprehension, including improved readability of the consent form and decision-support tools to ensure that women are making fully informed decisions.

"Our study shows that existing federal policy should be modified to support both informed decision making and equitable access to a desired sterilization," advocated Dr. Borrero.

More information: [\(13\)00550-7/abstract](http://www.contraceptionjournal.org/a...)

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