

**Planned Parenthood Federation of America**

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**Public Funding for Contraception Improves Access to Long-Acting Reversible Contraception (LARC)**

**Washington, D.C.** — Women who visit a health care provider that receives state Medicaid family planning funds are almost twice as likely to use highly effective forms of birth control, like IUDs and implants, than women who visit similar providers that do not receive those funds, according to a new study conducted by researchers from the University of California, San Francisco (UCSF) Bixby Center for Global Reproductive Health and Planned Parenthood Federation of America.

The [study](#), just published in the *American Journal of Public Health*, was conducted in 40 Planned Parenthood health centers to determine whether public funding for contraception was associated with the use of long-acting reversible contraceptives (LARCs). LARCs, including IUDs and implants, have been demonstrated to reduce unintended pregnancies — a national goal of Healthy People 2020. The study ensured women had access to information about the full range of birth control options, including IUDs and implants, so they could make the best decision for themselves.

The study found that women who visited health centers that receive state Medicaid family planning funds were twice as likely to use an IUD or implant, compared with women who visited providers that did not have this funding. LARC initiation was also higher among participants with public health insurance, compared to those who were uninsured or had private insurance. This demonstrates that public funding reduces the high upfront costs of some methods, which is critical to increase access to birth control, especially for low-income and uninsured women who wish to use these methods.

“More than one in three women in the United States have incomes below 200% of the federal poverty level and struggle to make ends meet,” lead study author Kirsten Thompson of the UCSF Bixby Center said. “Public funding for birth control is essential to help women manage their health and have healthy families.”

The study was conducted in conjunction with a training program to give health care providers tools to educate young women about LARCs. The study found that the rate of LARC use was 43% higher among women who visited providers with the training, compared to women who visited providers that did not receive the training

Every woman deserves the right to choose the birth control method that best fits her unique needs, which requires meaningful access to the full range of FDA-approved birth control methods — including IUDs and implants. Without health insurance, LARC methods can cost up to \$1,000 and can be unattainable. Reducing costs is critical in creating equal access to all birth control methods.

“Research shows that when women have access to the full range of birth control methods, they are more likely to choose a method that meets their individual needs and preferences, and therefore, are more likely to continue their method of choice,” says study co-author Julia Kohn, of Planned Parenthood Federation of America.

This study adds to other research showing a wide range of benefits associated with public funding for birth control programs. Previous research demonstrates that programs like Medicaid and Title X lead to [significantly reduced health and social service costs](#), improved [health outcomes for women and infants](#), and [enhanced quality of reproductive health care](#).

The researchers examined LARC initiation at Planned Parenthood health centers across the country. Of the 40 health centers, 63% participated in a Medicaid family planning expansion program, and 58% received Title X funds. Title X alone does not have sufficient funds to provide every low-income woman contraceptive services and the program is needed in conjunction with Medicaid; Title X funds were not associated with LARC use in this particular study.

To be eligible for the study, women had to be between ages 18 and 25, receive contraceptive counseling, and not want to become pregnant in the coming year. Ultimately, 1,500 women were included in the study. Of the participants, 38% reported having no health insurance, 30% had private insurance, and 28% had public health insurance.

While this study was conducted prior to the implementation of the Affordable Care Act (ACA), health care reform will not remove the need for public health insurance programs and funding for contraception. In fact, 32 states have expanded Medicaid coverage so that more low-income individuals can receive coverage, including coverage for family planning services and supplies. As more women gain coverage, it is essential that they have equal access to all birth control methods -- including IUDs and implants.

Authors of the study include Kirsten Thompson, MPH, Corinne Rocca, PhD, Suzan Goodman, MD, Maya Blum, MPH, Joseph Speidel, MD, Philip Darney, MD, and Cynthia Harper, PhD, of the UCSF Bixby Center; Julia Kohn, PhD, MPA, and Lisa Stern, MSN of Planned Parenthood Federation of America. This study was funded by the William and Flora Hewlett Foundation.