

## Public funding for birth control: A smart investment that improves health and saves money



Public funding for birth control results in a wide range of health benefits and substantial cost savings. The evidence shows that these programs help women have equal access to effective birth control that fits their needs.

All women should have the right to choose the birth control method that fits their unique needs. The ability to access and use their chosen contraceptive method is vital for women's health, well-being and life plans.

The UCSF Bixby Center has examined the impact of public funding on women's access to birth control for more than 15 years. Our research shows that these programs result in many benefits, including:

- Significantly reduced health and social service costs.
- Improved health outcomes for women and infants.
- Access to more effective birth control.
- Better quality reproductive health care.

### Significant cost savings

Public funding for birth control substantially reduces government health costs. Our research found that California's Medicaid family planning expansion program resulted in considerable fiscal savings. Over 5 years, the program's prevention of unintended pregnancies **saved the state \$2.2 billion. Each dollar spent on the program saved \$5.33.**<sup>1</sup>

Additionally, our research shows that **public funding for all contraceptives is cost effective.** Oral contraceptives, the ring, injectables, the patch, condoms, emergency contraception, intrauterine devices (IUDs) and implants all saved more than they cost to provide – by reducing public spending on unintended pregnancies.<sup>2</sup> Even after California increased reimbursement for IUDs and implants, these methods remained the most cost-effective.<sup>3</sup>

## Healthier women and infants

Bixby Center research shows that public funding for birth control improves health outcomes. In one year alone, California's Medicaid family planning program **averted more than 200,000 unplanned pregnancies** by providing contraception to women who would not otherwise have access.<sup>4</sup>

Mothers and children also benefit. When women who had recently given birth had access to publicly funded contraception, they were **four times more likely to wait the ideal amount of time before their next pregnancy**.<sup>5</sup> Pregnancies spaced too close together place mothers and infants at increased risk of poor health outcomes, including preterm birth and low birth weight.

Preterm births are a significant cause of newborn illness and death. **Publicly funded birth control programs reduce a woman's odds of a preterm birth** – by more than 1% for each month she's on birth control.<sup>6</sup>

## Women's access to their method of choice

Insurance coverage is crucial for women's access to their preferred birth control method. We've found that **among women who decided to use an IUD or implant, those with Medicaid were over 50%**

**more likely to actually get one**, compared with uninsured women.<sup>7</sup>

## Quality of care

Public funding for family planning services helps enhance the quality of reproductive health care. Title X funding for California's family planning program led to **substantial improvements in clinic services**, such as expanded clinic hours and increased outreach to vulnerable groups.<sup>8</sup> Additionally, overall satisfaction with care through California's family planning program was high, with **99% of patients reporting satisfaction**.<sup>9</sup>

## Smart health and fiscal policy

Public funding for contraceptive programs is good fiscal, public health and ethical policy. These programs remain a critical safety net for women and their families. They are also needed to support provider training and reimbursement for family planning services. Federal and state policymakers supporting these programs save money, improve the health of women and infants, and ensure equal access to birth control.

1. Amaral G, Foster DG, Biggs MA, Jasik CB, Judd S, Brindis C. [Public savings from the prevention of unintended pregnancy: A cost analysis of family planning services in California](#). *Health Services Research* 2007; 42(5): 1960-80.
2. Foster DG, Biggs MA, Malvin J, Bradsberry M, Darney P, Brindis C. [Cost-savings from the provision of specific contraceptive methods in 2009](#). *Women's Health Issues* 2013; 23(4):e265-71.
3. Bixby Center for Global Reproductive Health. University of California, San Francisco. [Family PACT Program Report, FY 07/08](#). Sacramento, CA. 2009
4. Foster DG, Biggs MA, Amaral G, Brindis C, Navarro S, Bradsberry M, Stewart F. [Estimates of pregnancies averted through California's family planning waiver program in 2002](#). *Perspectives on Sexual and Reproductive Health* 2006; 38(3):126-31.
5. Thiel de Bocanegra H, Chang R, Howell M, Darney P. [Interpregnancy intervals: impact of postpartum contraceptive effectiveness and coverage](#). *American Journal of Obstetrics & Gynecology* 2014; 210(4):311.e1-8.
6. Rodriguez MI, Chang R, Thiel de Bocanegra H. [The impact of postpartum contraception on reducing preterm birth: findings from California](#). *American Journal of Obstetrics & Gynecology* 2015; 213(5):703.e1-6.
7. Thompson KM, Rocca C, Kohn J, Goodman S, Stern L, Blum M, Speidel JJ, Darney P, Harper C. [Public funding for contraception, provider training, and use of highly effective contraceptives: A cluster randomized trial](#). *American Journal of Public Health* 2016; 106(3).

8. Cross Riedel J, Thiel de Bocanegra H. [The impact of Title X on publicly funded family planning services in California: Access and quality](#). Bixby Center for Global Reproductive Health. University of California, San Francisco, 2014.
9. Biggs MA, Rostovtseva D, Brindis CD. [Findings from the 2007 Family PACT client exit interviews](#). Bixby Center for Global Reproductive Health, University of California, San Francisco. 2010.



**Bixby Center**  
for Global  
Reproductive  
Health

University of California, San Francisco

Telephone: 415/476-4911

Fax: 415/502-8479

<http://bixbycenter.ucsf.edu>