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The Opinion Pages | OP-ED CONTRIBUTOR

What States Can Do on Birth Control

By JACK A. MARKELL APRIL 12, 2016

Dover, Del. — DURING my years of working in public life, I have witnessed countless ways in which unplanned pregnancy disrupts people's lives. So one of the best ideas I've seen for how to help everyone reach the next rung on the ladder is providing access to effective contraception. Enabling women to become pregnant only when they want to is a shortcut to prosperity.

According to new data, there are 6.1 million pregnancies a year in the United States. Of these, nearly half (2.8 million) are unplanned. In Delaware, that proportion is even higher, at 57 percent — partly because, like others, we haven't focused on the issue until now, and partly because of poor access to good contraception.

According to the Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics, the new generation of intrauterine devices and implants known as long-acting reversible contraception are the most effective female contraceptive methods. They also have higher patient satisfaction rates than other methods, and one study showed that they are 20 times less likely to fail than the pill, patch or ring (the most common forms of contraception offered to women).

Research also shows that making these new devices, along with other forms of birth control, easily available to patients without cost, combined with good counseling, could reduce national abortion rates by 62 percent to 78 percent. Yet, fewer than 10 percent of American women of reproductive age use these methods. In

Western Europe, for example, where their use is higher, rates of unplanned pregnancies are much lower.

Why doesn't the American system prioritize good reproductive health care?

Unintended pregnancy is associated with a wide variety of negative health, economic, educational and psychological outcomes, for children and for parents. When women have unplanned pregnancies, they don't go for prenatal care as often as recommended. Research also shows that children born in such circumstances are less likely to experience success in school and later life.

Right now, Delaware's health care system is not prepared to make long-acting reversible contraceptive methods easily available to women. Many providers are not trained to place I.U.D.s and implants; nor are systems here set up to bill and code for them properly. There are also misunderstandings about medical eligibility that deprives women of same-day access to the full range of options.

In a national survey, fewer than 20 percent of respondents said that their community health centers (on which many low-income women rely) offer the full range of contraceptive methods. And unplanned pregnancy rates among women at or below the poverty level are more than five times as high as among the most affluent women.

To address these problems, Delaware has formed a public-private partnership with Upstream USA, a nonprofit group that provides training and advice to health centers to improve reproductive health care and access to contraception. The initiative has raised millions of dollars from philanthropic sources, while the state has reallocated about $1.75 million from the Division of Public Health budget for the project. By the end of 2017, we will ensure that the nearly 200,000 women of reproductive age in our state have access to the full range of methods.

When Colorado pioneered a similar program, in three years it saw savings of $5.85 in Medicaid costs for every $1 invested, because mothers and babies ended up healthier. Although the State Legislature's failure to pass a bill providing further funding has hampered Colorado's efforts, the program's benefits — better birth outcomes, a reduced teenage birthrate and millions of dollars saved — are cause for

celebration. With luck, the Legislature will change course this year.

Delaware's initiative will be subject to a rigorous evaluation process that will not only track pregnancy and birth outcomes, but also assess its impact on birth-related spending in Medicaid and private insurance plans. Changes in reimbursement policy can help.

In most states, Medicaid pays a bundled rate for many services, including for labor and delivery. That fee doesn't allow for the cost of putting contraceptive devices in place immediately after women give birth, even though we know that effective postpartum contraception enables greater birth spacing. Delaware has now joined states including Texas, New York, Alabama and Illinois that have changed their Medicaid policies so that the cost of placing an intrauterine device or implant directly after delivery, if a woman wants one, gets bundled with the hospital's charge for obstetric care.

Others should consider initiatives like this: State governments have few ways to get such results. By helping women choose when to become pregnant, we can improve health, save millions of dollars and help restore economic opportunity to more of our citizens.

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