



Emergency Contraception

*Fewer Unintended Pregnancies
and Lower Health Care Costs*

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Executive Summary

Nationally, 49 percent of all pregnancies (excluding miscarriages) are estimated to be unintended. In New York, the proportion of unintended pregnancies (for 2000) is estimated to be much higher, nearly 58 percent. The Office of the State Comptroller (OSC) estimates that about 244,321 pregnancies in the State were unintended in that year.

The causes of unintended pregnancy are diverse. Although today's medical technology has given women the ability to plan their pregnancies, that technology is not infallible and women using contraception do, in fact, become pregnant. Some women become pregnant unintentionally because they do not have access to contraception, while others do not consider the possibility that a pregnancy will result from sexual activity and neglect to use contraception. In addition, some women become pregnant as the result of a sexual assault.

In New York, two-thirds (164,630) of the unintended pregnancies in 2000 ended in abortion. The overall number of abortions per 1,000 women in New York for 2000 was 39.1. The remaining one-third (79,691) of these unintended pregnancies resulted in birth. The women experiencing these unintended pregnancies and the children born from them face a number of negative physical, emotional and financial impacts, such as depression, neglect, abuse and low birth weight, often leading to life-long challenges.

Emergency contraception, if available and accessible, could play a substantial role in addressing the problem of unintended pregnancy and its consequences in New York State.

In addition to the considerable impact on women and their families, unintended pregnancies – whether they result in abortion or birth – drive significant costs in both publicly and privately financed health systems. OSC estimates, based on 2000 data, the healthcare cost for the abortions, as well as the births associated with unintended pregnancies, in New York State would be \$913.3 million in 2003. With this cost in mind, OSC has undertaken a preliminary analysis of the fiscal implications of making emergency contraception more readily accessible.

For many women, there are seemingly only two choices when faced with an unintended pregnancy, to terminate or continue the pregnancy. However, increased access to emergency contraception would give women potentially facing this difficult situation an important alternative. Emergency contraception pills (ECPs) are a concentrated treatment of the hormones contained in birth control pills. ECPs are used to prevent pregnancy after unprotected intercourse as a method of backup birth control in an emergency situation. ECPs are not intended for use as a regular method of contraception.

The effectiveness of this treatment ranges from almost 75 to 85 percent when taken up to 120 hours following intercourse (depending on which treatment regimen is used), with the greatest efficacy rate for ECPs taken within 24 hours of intercourse.

ECPs prevent pregnancy and act prior to the implantation of a fertilized egg. Implantation of a fertilized egg is recognized by the medical community and the federal government as the beginning of pregnancy. Furthermore, the Food and Drug Administration (FDA) has determined that the treatment is safe and will neither affect nor disrupt an established pregnancy. ECP use has been supported by many medical organizations, including the American College of Obstetricians and Gynecologists (ACOG) and the American Medical Association (AMA).

The FDA first approved the use of ECPs as a dedicated product through prescription in 1998, although physicians were able to prescribe the treatment “off-label” prior to that time. While a second dedicated ECP product was approved by the FDA in 1999, only one dedicated ECP product - Plan-B is currently available in the United States. Despite the fact that dedicated ECP products have been available for seven years, information about the products is still not readily supplied to women by their physicians and access to emergency contraception remains limited.

Use of ECPs is considered to have the potential to reduce unintended pregnancy by half. Therefore, not only would greater accessibility to information about ECPs and the treatment itself ease the social, economic and emotional distress of the woman facing unintended pregnancy, but it would also have a far-reaching, economic impact on public and private healthcare systems in the State.

OSC estimates that nearly one-half of the cost associated with unintended pregnancies could be avoided, offset by the minimal costs of ECP treatments. Preliminary findings by OSC indicate that widely available and easily accessible emergency contraception could result in \$233.1 million in savings for the State’s Medicaid system, which is funded jointly by the federal, State and local governments.

The cost currently associated with unintended pregnancies among women enrolled in Medicaid, based on data for 2000 and adjusted for inflation to June 2003, is \$510.7 million. This cost is based on the 46,036 unintended Medicaid births and 58,740 Medicaid abortions in 2000. The projected \$233.1 million in savings would be the net result of reducing the 104,776 unintended pregnancies associated with Medicaid-eligible women in 2000 by half. This reduction in unintended Medicaid pregnancies (to 52,388) would result in 23,018 fewer births, with a savings of \$222.9 million, and 29,370 fewer abortions, with a savings of \$10.2 million.

System-wide savings will be even greater when potential savings in the health care sector not funded through Medicaid are considered. OSC determined that, after adjusting for inflation to June 2003, unintended non-Medicaid pregnancies in the year 2000 cost \$402.5 million. A total of 33,655 births and 105,890 abortions accounted for this cost. For the purposes of this report, this category, “Other New York Healthcare Systems” consists of those who have private insurance, self-pay, are enrolled in public non-Medicaid healthcare programs or are uninsured. Reducing the number of unintended non-Medicaid pregnancies by half (to 69,772) would result in 16,828 fewer births, with a savings of \$153.6 million, and 52,945 fewer abortions, with a savings of \$13.4 million.

A total savings of \$167.0 million would be realized for unintended non-Medicaid pregnancies, which includes offsetting costs of the ECPs.

When considering both Medicaid and non-Medicaid unintended pregnancies, ECP products that are widely available and easily accessible would create a meaningful net savings by reducing the total number of unintended pregnancies. In fiscal terms, that benefit would be \$400.1 million; the benefit to society would be 39,846 fewer unintended births and 82,315 fewer abortions.

In a 2003 survey to determine current availability of ECPs within New York State, OSC found that 54 percent of 59 pharmacies surveyed had at least one of the two dedicated emergency contraception products in stock that could be made available to patients with a prescription. While 90 percent of the pharmacies surveyed in New York City had the pills in stock, only 27 percent of pharmacies surveyed in Buffalo and 38 percent of the pharmacies surveyed in Syracuse had the pills in stock. However, of the pharmacies surveyed, only 32 percent had both of the emergency contraception pill products in stock, leaving women with little choice over which product to use. In addition, OSC also found discrepancies between chain and non-chain pharmacies, with chain stores upstate more likely to stock emergency contraceptives. Currently, across New York State, ECPs are most consistently available through non-profit family planning clinics.

Publicly funded family planning efforts are already credited with preventing more than 95,000 unintended pregnancies every year in New York. With increased accessibility to ECPs, a substantial number of the more than 240,000 unintended pregnancies that do occur each year in New York could also be avoided. More specifically, OSC projects that 122,161 unintended pregnancies could be avoided if emergency contraception is readily available to women. Steps, however, must be taken to ensure that ECP products are available to women in a timely manner so that unintended pregnancy may be avoided. OSC has identified several factors that hinder availability and offers several recommendations to reduce the number of unintended pregnancies:

- **Provide ECP access through advance prescriptions and requests for telephone prescription.** During routine healthcare visits, including visits to college campus health centers, licensed prescribers, such as physicians, nurse practitioners and midwives, should provide women with counseling and advance prescriptions for ECPs. In addition, since a physical exam and pregnancy test are not necessary prior to using ECPs, licensed prescribers should allow access to ECPs through telephone prescription. This would ensure women the opportunity to obtain emergency contraception when needed.
- **State policymakers should support legislation for ECP non-patient specific prescriptions.** This legislation would allow pharmacists and nurses to directly dispense ECPs pursuant to a prescription and order of a non-patient specific prescription by a prescriber. Access to ECPs for women seeking to prevent

unintended pregnancy after unprotected intercourse or sexual assault would be significantly improved through this type of direct access. Direct provision of ECPs has been successfully implemented in other states. This would also serve as a meaningful measure while awaiting FDA approval of over-the-counter status for ECPs and, even if one dedicated product attains over-the-counter status, continue to offer women a choice of product.

- **State policymakers should support the establishment of a statewide ECP public health education program.** Such a program would target not only women of childbearing age, but also the healthcare community to focus awareness on all those in a position to provide women with reproductive information and access to ECPs. The cost of such a program would be negligible in the context of considerable savings associated with the decrease in unintended pregnancy that would result.
- **FDA approval of over-the-counter status for ECPs should be achieved.** Earlier this year, Women's Capital Corporation, manufacturer of Plan B, submitted necessary materials to the FDA to achieve over-the-counter status. This move has been widely supported by ACOG, the AMA and Physicians for Reproductive Choice and Health, as well as many other organizations that support women's reproductive health care. This move, perhaps more than any other, would help women in preventing unintended pregnancies.
- **State and federal policymakers should support approval of the "Prevention First Act," proposed by Senator Harry Reid (D-Nevada).** This federal legislation would expand access to preventive health care services to help reduce unintended pregnancy, reduce the number of abortions and improve access to women's health care. Title IV of this proposed legislation concerns emergency contraception education and information. Accordingly, this bill would provide \$10 million a year for five years to establish a public education and awareness program that would provide women with information on the availability of safe and effective emergency contraceptives. Its passage would result in more women knowing about emergency contraception and understanding how to access it when needed.