

The Impact of Program Design Changes on Access to Publicly Funded Family Planning Services in California

Background

In 1997, the California Department of Health Services greatly expanded publicly funded family planning and reproductive health services for low-income women and men through Family PACT (Family Planning Access, Care and Treatment). The program features a number of special components, such as increased funding through a federal Medicaid Waiver and the inclusion of private sector providers, which distinguish it from its predecessor. Services include provision of all contraceptive methods, pregnancy testing, diagnosis and treatment of sexually transmitted infections (STIs), HIV screening, and cervical cancer screening. All services are confidential and are provided free of charge; there is no cost-sharing burden borne by clients.

Half of the 900,000 pregnancies in California each year are unintended.¹ Low-income women (at or below twice the Federal Poverty Level) represent 38% of California's women of reproductive age, but account for nearly two-thirds of births in the state.^{2,3} Of 2.34 million women in need of publicly supported family planning services, an estimated 23% receive them through Medi-Cal, California's Medicaid program.⁴ However, a substantial proportion of women cannot access or do not qualify for this coverage; an additional 51% received services through the Family PACT Program in fiscal year (FY) 02/03, compared to 22% in FY 95/96 prior to implementation of the Family PACT Program.

Family PACT Program Description

California's Family PACT Program provides clinical services for family planning and reproductive health to eligible uninsured residents, filling a critical gap in health care for the indigent, low-income, and working poor. Women and men are eligible if they reside in California, are at risk of pregnancy or causing pregnancy, have a gross family income at or below 200% of the Federal Poverty Level, and have no other source of health care coverage for family planning services. The Family PACT Program is administered by the California Department of Health Services, Office of Family Planning.

Family PACT was established by the California legislature in 1996 and implementation began in January 1997. The program includes five key objectives:

1. To reduce the rate of unintended pregnancies
2. To increase access to publicly funded family planning for low-income Californians
3. To increase the use of effective contraceptive methods by clients
4. To promote improved reproductive health
5. To reduce the overall number and cost of unintended pregnancies

Initially funded by the state, California received a federal Health Care Financing Administration (now the Centers for Medicare and Medicaid Services) Medicaid 1115b Waiver in 1999, enabling the program to receive 90% federal reimbursement. In FY 02/03, expenditure for the program was \$414 million, an average of \$264 per client served.

Family PACT represents an innovative approach to expanding access to family planning services, and includes a number of model features:

- **Broad client eligibility criteria:** Eligibility is based on income ($\leq 200\%$ of the Federal Poverty Level) for all California residents who lack another source of care.
- **Immediate on-site enrollment:** Eligibility determination and enrollment in the Family PACT Program occur on-site during a client's first clinical visit, eliminating the need for multiple visits to different locations to enroll and enabling immediate access to services.
- **Public-private partnership:** The Family PACT provider network includes both public/non-profit and private providers, increasing the quantity and choice of providers for clients.
- **Pharmacy distribution sites:** Over-the-counter and prescription drugs are available at both clinics and pharmacies, increasing the accessibility of contraceptive supplies for clients.
- **Fee-for-service reimbursement:** Family PACT is a fee-for-service program that reimburses participating providers for all covered family planning services rendered to enrolled clients.
- **Comprehensive family planning services:** Family PACT offers a three-part package of benefits for reproductive health care that includes:
 1. Initiation and management of all methods of contraception, including emergency contraception and male/female sterilization;
 2. Clinical and preventive services to maintain reproductive health, such as testing and treatment for STIs, breast, cervical and prostate cancer screening, and periodic physical exams;
 3. Individual reproductive health education and counseling.
- **Services for males:** Family PACT eligibility criteria and services for men are comparable to those for women except for appropriate gender differences. Additionally, direct marketing to men and provider training on male issues in clinical practice aim to increase the quantity of male clients as well as the quality of services they receive.
- **Services for adolescents:** Eligibility for adolescents is not based on parental income or insurance coverage, and parental consent is not required.
- **Program standards:** Clinical care standards have been established to address informed consent, confidentiality, availability of options, linguistic and cultural competence, access to care, clinical and preventive services, education, and counseling to ensure high quality of care.

Methods

Five California data sources were examined to determine the impact of the 1997 program design changes on the number and types of providers and clients between 1995 and 2003. These sources included data from client eligibility certification forms, Medi-Cal and Family PACT provider enrollment data, Family PACT paid claims, paid claims for the Clinical Services Contract Program (Family PACT's predecessor), and California Department of Finance population and birth projections. In addition, national and state birth statistics and fertility rates were used to measure the magnitude of the effects of California fertility trends on national rate changes over time, particularly among adolescents.

Results

Family PACT is achieving all five of its objectives by improving access to reproductive health services, reducing rates of unintended pregnancy and abortion, and saving billions of dollars in public expenditures.

- **Family PACT serves growing numbers of clients each year, and its provider base continues to expand.** From FY 95/96 to 02/03, the number of clients receiving Family PACT services nearly tripled (from 525,000 to 1.57 million); the number of participating providers increased nearly five-fold (from 450 to 2,121).
- **Special populations, such as adolescents and men, are increasingly receiving Family PACT services.** The number of adolescents served by Family PACT has more than tripled (from 100,000 in FY 95/96 to nearly 307,000 in FY 02/03), and male participation in the program has increased more than 26-fold (from 7,800 in FY 95/96 to 203,500 in FY 02/03).
- **Clients receive a diverse array of reproductive health services.** In FY 02/03, 71% of Family PACT clients received a contraceptive method, 62% received tests for one or more sexually transmitted infections (STIs), and 2.3% received fertility evaluation services. Among female clients, 55% were tested for pregnancy and 52% received at least one Pap smear.
- **Family PACT is reducing unmet need for reproductive health services.** Of the estimated 2.34 million women in need of publicly funded family planning services in FY 02/03, 51% were served by Family PACT, more than double the 22% served by the predecessor program in FY 95/96. With an estimated 23% served by Medi-Cal, unmet need has been reduced to about 26%.
- **Unintended pregnancy has decreased substantially under Family PACT.** The contraceptive services provided to females in FY 02/03 averted an estimated 205,000 unintended pregnancies. These pregnancies would have resulted in 100,000 unintended births, 74,000 induced abortions, 29,000 miscarriages, and 2,000 ectopic pregnancies.⁵
- **Family PACT saves money.** In FY 02/03, Family PACT cost \$414 million, but the 205,000 pregnancies prevented during this time would have cost \$2.2 billion in public expenditures over the five years following birth. Cost-benefit analysis indicates that every dollar spent on Family PACT services saves an estimated \$5.33 in medical and social services costs.⁶
- **The adolescent fertility rate in California is now below the national rate.** The state experienced a 16.3 percent reduction in the adolescent fertility rate from 1999 to 2002, with births per 1,000 adolescent females falling from 49.1 to 41.1. In comparison, the US as a whole saw a drop of 11.9 percent in adolescent fertility, decreasing from 48.8 in 1999 to 43.0 in 2002.^{7,8}

Conclusion

California's population is expected to grow by 53% over the next four decades, from approximately 34 million to nearly 52 million.⁹ With more than one-third of California's non-elderly population uninsured,¹⁰ and high unintended birth rates, the need for publicly funded reproductive health services persists among low-income women and men. The Family PACT Program offers an innovative approach to filling this critical gap in health care, and has made substantial progress in reducing unmet need for family planning care to about 26%. Special features of the program, such as broad client eligibility criteria, on-site enrollment, and inclusion of private providers and pharmacies have improved access to and quality of services. As a result, Family PACT has achieved a reduction in unintended pregnancy and saved billions of dollars in public expenses. The program provides a cost-saving model for other states to consider in improving access to reproductive health services for low-income populations.

¹ The Alan Guttmacher Institute. Contraception Counts: California. 2004. Available at: http://www.guttmacher.org/pubs/state_data/states/california.html. Accessed July 2, 2004.

² State of California, Department of Finance, Demographic Research Unit. CPS 1997 age by sex by poverty level of persons 15-44. Sacramento, CA, September 29, 1999.

³ Braveman P, Egerter S, Marchi K. The Prevalence of Low Income among Childbearing Women in California: Implications for the Private and Public Sectors. *Am J Public Health*. 1999;89:868-874.

⁴ Greene D, Bley J, Mikanda J, Darnay P, Stewart F. 2003. Access to Family Planning Services in the Era of Welfare Reform – Impact of the California Program. Paper presented at the Annual Meeting of the Population Association of America. Minneapolis, MN May 1-3, 2003.

⁵ Family PACT 2004 cost-benefit analysis, unpublished data.

⁶ Ibid.

⁷ Hamilton BE, Sutton PD, Ventura SJ. Revised Birth and Fertility Rates for the 1990s and New Rates for Hispanic Populations, 2000 and 2001: United States. *National Vital Statistics Reports*. 2003;51(12).

⁸ Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Munson ML. Births: Final Data for 2002. *National Vital Statistics Reports*. 2003;52(10).

⁹ State of California, Department of Finance, *Population Projections by Race/Ethnicity for California and Its Counties 2000-2050*, Sacramento, California, May 2004.

¹⁰ Families USA. *One in Three: Non-Elderly Americans without Health Insurance, 2002-2003*. Washington, DC; 2004. Available at: <http://www.familiesusa.org>. Accessed July 9, 2004.