AccessBC

September 3, 2021

Members of the Select Standing Committee on Finance and Government Services,

We are a group of young people from around the province concerned with access to prescription contraception. We are calling on you to ensure that universal access to no-cost prescription contraception is included in the upcoming 2022 Budget, as promised by the current government and as previously recommended by your Committee. This letter supplements content from our presentation to the Committee by our member Dr. Ruth Habte.

There is strong evidence to suggest that a program that makes all forms of prescription contraception available to all British Columbians at no cost would be revenue positive, and furthermore, that such a policy would maximize a number of social and health indicators, increase equality, and promote a host of other benefits. Limited access to prescription contraception can lead to unintended pregnancies, which can derail life plans and come with high personal costs. These pregnancies also increase the likelihood of negative health impacts to both the mother and child, and come with significant costs to our health and social services. Consistent use of reliable forms of contraception significantly reduces the chance of an unintended pregnancy.

Access to contraception is recognized as a basic human right;[1] however, there are currently significant barriers preventing people from accessing prescription contraception in BC. Canadian contraceptive care providers identify cost as the single most important barrier to access.[2] An intrauterine device (IUD) can cost between $75 and $380, oral contraceptive pills
can cost $20 per month, and hormone injections can cost as much as $180 per year. Such costs represent a significant barrier, particularly to people with low incomes, youth, and people from marginalized communities.

[1] See for example, United Nations Population Fund. (2012). *By choice, not by chance: Family planning, human rights and development* , vol. viii, New York: United Nations Publication Fund, p.128.
[2] Hulme J, Dunn S, Guilbert E, Soon J, Norman W. (2015). “Barriers and facilitators to family planning access in Canada.” *Healthcare Policy* , *10*(3):48–63; and see Black A. & Guilbert E. (2015, November). “The road to contraceptive consensus.” *Journal of Obstetrics and Gynaecology Canada*, *37*(11), 953-954, p.954.

A Hodgepodge of Programs in BC Leave People Vulnerable

While there are a small number of programs in place that support access to contraception (such as Fair PharmaCare), these programs are largely income-dependent.[3] Cumbersome application processes and paperwork discourage the use of these programs and represent additional barriers for people who are often already vulnerable, time-poor, or unable to navigate complex bureaucracies without assistance.

The Fair PharmaCare program has varying deductibles and rates, which depend on the previous two years' income, family structure, and level of private insurance coverage.[4] This program leaves little clarity or predictability in events such as on-and-off separation, mixed families, and/or fluctuating income. People in these situations are some of the most likely to benefit from the stability that simple access to no-cost contraception can bring, yet they face the most significant barriers.

Furthermore, non-income dependent programs to obtain no-cost contraception seem to be isolated to patients who have recently undergone a surgical or medical abortion.[5] No one should have to pass a means test, face financial burdens, or have to first undergo an abortion, in order to freely exercise their right to make choices about their reproductive health.

With the exception of Plan W for status First Nations People, within government-funded models itself, there are significant restrictions to the contraception options that people can choose from. For example, a newer combined low dose estrogen and progesterone oral contraceptive pill (OCP), Lolo, is a popular option amongst patients wanting to minimize their estrogen exposure. However, Lolo is not available under government-funded plans.[6] For patients unable to take a daily pill, the current government plans do not cover either the combined estrogen and progesterone Evra Patch or the NuvaRing.[7] One year after bringing these deficiencies to the attention of the government, these prescription contraception options remain unavailable under government-funded plans.

Another oversight under the current government plan is the copper IUD, an option for those unable to take hormones or in cases of emergency contraception.[8] There are multiple brands of copper IUDs, but as they are classified as medical devices and not a medication, these are not covered under the government plans. While the special

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[3] Government of British Columbia. (n.d.). "About PharmaCare." Available at https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/about-pharmacare
[4] *Ibid*.
[5] BC Women's Hospital and Health Centre. (n.d.). "Abortion & Contraception." Available at http://www.bcwomens.ca/our-services/gynecology/abortion-contraception#Contraception
[6] Government of British Columbia. n.d.. "PharmaCare Formulary Search." Available at https://pharmacareformularysearch.gov.bc.ca/faces/Search.xhtml.
[7] *Ibid*.
[8] *Ibid*.

approval process is available, it is cumbersome and these requests can ultimately be denied. These deficiencies have been noted by physicians in practice as hindering patient care.

Furthermore, Health Canada approval of the etonorgestrel (Nexplanon) contraceptive implant in August 2020. However, the ability to access this medication has been limited secondary to cost. Unfortunately, it remains unavailable under government-funded plans. Nexplanon highlights the importance of not only availability of no-cost prescription contraception, but also the obligation to ensure future prescription contraceptives do not experience a delay when being adopted under government-funded plans.

High costs of contraception are a significant problem for young people. While young adults may be covered through a parent's plan up to the age of 24 (because a parent is almost always the primary subscriber for health insurance), they are often forced to give up their privacy in order to make choices about their bodies.[9] This is extremely concerning with respect to contraception, given the various stigmas surrounding it, and the potential vulnerability of young people who may be forced to challenge their family's beliefs to access care. Young people should not be forced to choose between their privacy and their healthcare in order to exercise their rights.

COVID-19 and Access to Contraception

The COVID-19 pandemic has exacerbated the impacts of barriers to contraception for people who can get pregnant, and thus, increased the need for no-cost prescription contraception in BC. Nearly half a million Canadian women who lost their jobs as a result of the pandemic, had not returned to work as of January 2021.[10] As the pandemic has caused sweeping layoffs or cuts to hours, it has squeezed personal budgets tighter than before. This, coupled with the already patchwork coverage in our healthcare system, means that patients will continue to fall through the cracks.

In addition to the magnified barrier of cost during the pandemic, family and gender-based violence has increased.[11] Reproductive coercion is among the forms of gender-based violence that have intensified as a consequence of public health restrictions and the new norm of working from home. Public health orders have left

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[9] Government of British Columbia. (n.d.). "About PharmaCare." Available at https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/about-pHarmacare; and see for example Bessett *et al*. (2014). "Barriers to contraceptive access after health care reform: Experiences of young adults in Massachusetts." *Women's Health Issues*, *25*(2), 91-96.

[10] Royal Bank of Canada. (2021). "COVID further Clouded the outlook for Canadian women at risk of disruption." Available at https://thoughtleadership.rbc.com/covid-further-clouded-the-outlook-for-canadian-women-at-risk-of-disruption/?utm_medium=referral&utm_source=media&utm_campaign=special+report

[11] UN Women. (n.d.). "The shadow pandemic: Violence against women during Covid-19." Available at https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19

people who can get pregnant restricted to a space with their abuser, with limited places to go.

For people in relationships where their prescription coverage is dependent on a partner, accessing contraception can put their safety at risk. As many as one in four women accessing sexual and reproductive care have reported not being able to freely make reproductive choices,[12] and reproductive coercion is now well-recognized as a too-common form of gender-based violence that is frequently used by abusers against their intimate partners. Providing safe and free access to contraception gives people in abusive relationships one more tool they can use to keep themselves safe.

Cost Savings from Universal No-Cost Prescription Contraception

From a budget standpoint, programs that offer free prescription contraception have consistently proven to be revenue positive. This is because the cost of providing free prescription contraception is considerably lower than the costs associated with unintended pregnancy. Options for Sexual Health estimated that every $1 spent on contraceptive support can save as much as $90 in public expenditure on social supports.[13] Their 2010 study estimated that the BC government would save up to $95 million annually if it implemented a program of universal access to prescription contraception.[14]
A 2015 study in the Canadian Medical Association Journal estimated that the cost of a national program offering people no-cost prescription contraception would cost $157 million, but result in $320 million in savings from direct medical costs alone. In this way, a national program would save as much as $163 million in direct medical costs - this study did not account for savings in other areas of social spending.[15] Given its particular relevance to BC, we have attached the full 2010 Options for Sexual Health report with this letter. It provides a comprehensive analysis of the benefits of such a policy in BC.

Gender Equity

Lastly, access to prescription contraception is a gender equality issue. Reproductive options targeted towards men and people with penises are easily accessible, low-cost, and often free. External condoms are available at every pharmacy and distributed for free in many community centres, health clinics, and schools. Vasectomy costs are

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[12] Rowlands S, & Walker S. (2019). “Reproductive control by others: means, perpetrators and effects.” *BMJ Sexual & Reproductive Health*, *45*, 61-67.
[13] Options for Sexual Health. (2010). “Universal access to publicly funded contraception in British Columbia.” Available at https://www.accessbc.org/osh-2010-study, p.5.
[14] *Ibid.*
[15] Morgan SG, Law M, Daw JR, Abraham L, & Martin D. (20150. “Estimated cost of universal public coverage of prescription drugs in Canada.” *CMAJ*, *187*(7):491–7; and see Black A.Y., *et al*.(2015). “The cost of unintended pregnancies in Canada: Estimating direct cost, role of imperfect adherence, and the potential impact of increased use of long-acting reversible contraceptives.” Journal of Obstetrics and Gynaecology Canada, *37*(12):1086–97.

covered by BC's provincial health plan. Contraception targeting women and people with uteruses is much more expensive and complicated, too often putting it out of reach.

Many of the aforementioned costs fall disproportionately on people who can get pregnant. When we talk about these costs, we are not only talking about the direct cost of purchasing prescription contraception itself, but also a host of other indirect costs. For example, a person seeking prescription contraception needs to take time off work or school for a doctor's appointment, and also need to cover travel costs and time to attend appointments. Childcare may be needed while a person is attending a medical appointment for either a prescription, consultation, or insertion. All of these costs in both money and time add up, and fall disproportionately on people who can get pregnant.

Conclusion

To summarize, offering no-cost prescription contraception to all British Columbians is:

- Good social policy: removing all barriers to accessing contraception is a powerful affirmation of gender equality, and specifically of the right of all people to determine for themselves when and whether to become pregnant and bear children, a right supported in both federal and provincial arenas;
- Good health policy: universal access to prescription contraception will improve health outcomes for parents and infants by reducing the risks associated with unintended pregnancy, particularly among adolescents, and will maximize the health benefits and outcomes of preparing for planned pregnancy. Moreover, not all prescription contraception is prescribed in order to prevent pregnancy, meaning this policy will also promote other related health benefits.
- Good economic policy: the investment required to provide universal access to prescription contraceptives will yield significant returns in reduced public expenditures.
- Good education policy: the availability of publicly-funded contraception will have a significant impact on normalizing the conversation about sexual and reproductive health and rights, and on increasing the likelihood that school sexual health curricula include comprehensive, factual and non-judgmental information on contraceptive use.

It is for these reasons, and others, that the Canadian Medical Association (2012), the Society of Obstetricians and Gynaecologists of Canada (2015), and the Canadian Paediatric Society (2019) have all called for universal access to contraceptives. It is also why 29 BC municipalities and districts, including Vancouver (March 2020), Burnaby (February 2020), and Victoria (January 2020) have all passed motions endorsing universal access to prescription contraception,[16] and why an overwhelming majority of

[16] For a full list of municipal and district endorsements, see AccessBC. (n.d.). "Municipal endorsements." Available at https://www.accessbc.org/municipal-endorsements

delegates at the 2020 UBCM Convention voted to adopt two motions calling for free prescription contraception.[17]

The benefits of universal no-cost prescription contraception have previously been recognized by your Committee and by the government, which included free contraception in their 2020 election platform,[18] and in Health Minister Dix's mandate letter.[19]

We are therefore writing to urge you to include universal access to no-cost prescription contraception for all British Columbians in the 2022 Budget and in your recommendations, as this policy is long overdue.

Sincerely,

The Organizing Committee of the AccessBC Campaign for free prescription contraception in BC

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[17] See AccessBC. (2020, September 25). "Union of British Columbia Municipalities supports free prescription contraception." Available at https://www.accessbc.org/ubcm-endorsement
[18] BCNDP. (2020). "Working For You: John Horgan's Commitments to BC." p.14. Available at https://www.bcndp.ca/sites/default/files/bcndp_platform2020_final4.pdf.
[19] John Horgan. (2020, November 26). Available at https://news.gov.bc.ca/files/HLTH-Dix-mandate.pdf