

# Submission to the House of Commons Standing Committee on Health

# The Urgent Need for Universal Coverage of Prescription Contraception

Submitted by the Society of Obstetricians and Gynaecologists of Canada

Please address any correspondence related to this brief to Heather Olszewski at <a href="mailto:holszewski@sogc.com">holszewski@sogc.com</a>



# Purpose

This brief describes the urgent need for universal coverage of prescription contraception in Canada. With approximately 40% of pregnancies in Canada being unplanned<sup>1</sup>, there is a significant and measurable cost burden to the health care systems that is quite preventable.

#### Introduction

As a national professional organization of experts in women's health, The Society of Obstetricians and Gynaecologists of Canada (SOGC) believes that access to contraception is essential for gender equity. Contraception allows women to have a reproductive life plan and to time their pregnancies. This in turn means that they are more likely to complete their educational goals, participate more fully in the workforce, enjoy more economic stability which benefits other children in the home, and have healthy pregnancies and carry to term when they do choose to have children. Financial barriers can limit the choice of contraception, leaving individuals to choose the cheapest method - not necessarily the most effective - or to use no method of contraception at all.

## What does this cost the health care system?

Most unintended pregnancies do not result in abortion; approximately 57% will result in a birth<sup>1</sup>. The direct cost of unintended pregnancies in Canada is \$320 million per year<sup>2</sup>. This analysis does not take into consideration any downstream costs to the individual and society. The SOGC, with the support of several national medical organizations, strongly recommends universal contraception coverage for all Canadians.

### Current state of contraception coverage in Canada

Sterilization, such as vasectomies and tubal ligations, is covered by provincial health insurance plans. However, these procedures are only appropriate for people and couples who are done growing their families.

Canada is the only country worldwide with universal healthcare that lacks coverage for prescription drugs. The Government of Canada has committed to the implementation of a national pharmacare program. A federal policy for the universal coverage of prescription contraception in Canada is an important, immediate, and symbolic first step in the implementation this program and an affirmation of the Government's ongoing commitment to the protection of reproductive rights and the advancement of gender equality.

British Columbia became the first Canadian province to make prescription birth control free to women as of April 1, 2023. Since then, about 188,000 people have accessed free contraceptive methods<sup>3</sup>. Manitoba's recently elected provincial government indicated their intent to make all prescription birth control free in their Throne Speech on November 21, 2023. And currently in Ontario, the NDP presented a private members' bill for coverage of prescription contraception on November 29, 2023. It is clear that the provinces understand the need for this coverage.



However, this policy would be best at a federal level. A person's ability to access effective contraception and plan their family should never depend on their postal code. This policy is too important to be left to the changing priorities of provincial and territorial governments. Given the current government's commitment to a national Pharmacare program, this would be an important and meaningful first step towards that goal.

## Unintended pregnancies in Canada, by the numbers

- Women spend approximately 35 years of their lives being fertile. For a woman who plans to have two children, she will spend, on average, 5 years trying to conceive, being pregnant, and postpartum. This means that Canadian women spend 30 years of their lives, on average, trying not to get pregnant<sup>4</sup>.
- Approximately 40% of pregnancies in Canada are unintended, resulting in 160,000 unintended pregnancies every year<sup>1</sup>.
- While some of these pregnancies will result in abortion, most result in a birth.
- Every year in Canada, one-third of births (90,000) are unintended<sup>1</sup>.
- Most taxpayer-funded healthcare plans in Canada do not cover contraception, apart from sterilization.
- The estimated direct health care costs of unintended pregnancies in Canada is \$320 million annually<sup>2</sup>.
- Cost modelling was done in British Columbia to estimate the costs of this program showed cost neutrality partway through Year 2 of funding<sup>5</sup>.
- Estimates have been done in both the US and the UK for Return on Investment (ROI). The US modelling showed a \$7 USD ROI<sup>6</sup>, and the UK modelling estimated a £9 ROI<sup>7</sup>.
- The most effective forms of contraception (long-acting reversible contraceptives, or LARCs) are also the most expensive. Intra-uterine devices or subdermal implants have high up-front costs (typically \$300-\$500).

#### Recommendations

The SOGC strongly recommends a universal policy for coverage of prescription contraception for all women in Canada. This funding should cover all forms of prescription contraception, for all women in Canada. These would include:

- Hormonal contraceptive pill, patch or ring
- Depo medroxyprogesterone acetate (DMPA "the shot")
- Subdermal implants
- Intrauterine contraceptives (copper or levonorgestrel-releasing)

### Summary and Supporters

In every province and territory in Canada right now, the healthcare system is under tremendous pressure. Unintended pregnancies place incredible strains on women, their families, and add to stresses on the healthcare system. While most of these can be prevented with a reliable method of



contraception, it should be noted that contraception offers much more than preventing pregnancies - it allows women to make a reproductive life plan.

When women plan their pregnancies, they are more likely to finish their education, have financial resources to care for their children, and participate more in the workforce. Far from simple cost savings, this policy also makes society stronger.

The SOGC has been working alongside several other groups to petition the federal government to consider this important policy. These supporters are:

- The Contraception and Abortion Research Team at the University of British Columbia
- Project <u>EmpowHER</u>, a grassroots organization founded by Dr. Rupinder Toor of Calgary
- Action Canada for Sexual Health & Rights

## About the Society of Obstetricians and Gynaecologists of Canada (SOGC)

The SOGC is one of Canada's oldest national medical specialty organizations. Established in 1944, the Society's mission is to lead the advancement of women's health through excellence and collaborative professional practice.

The SOGC has grown to include several thousand members, comprised of obstetricians, gynaecologists, family physicians, nurses, midwives, and allied health professionals working in the field of women's sexual and reproductive health.

The SOGC produces Clinical Practice Guidelines for both public and medical education, which are published in the acclaimed *Journal of Obstetrics and Gynaecology Canada* (JOGC). The Society is also a Continuing Professional Development provider for physicians and health care providers in Canada and offers a comprehensive suite of Continuing Medical Education events, including an Annual Clinical and Scientific Conference (ACSC), three regional conferences, online courses and the popular Advances in Labour and Risk Management (ALARM) program.

#### References

- Contraception Access Research Team. Canadian Sexual Health Survey: BC 2015 Sexual Health Indicators. Accessed at: <a href="https://med-fom-cart-grac.sites.olt.ubc.ca/files/2020/12/2015-BC-Sexual-Health-Indicators-CART-CSHS">https://med-fom-cart-grac.sites.olt.ubc.ca/files/2020/12/2015-BC-Sexual-Health-Indicators-CART-CSHS</a> 2017-06-15.pdf (2017).
- 2. Black, A., Guilbert, E., Hassan, F., Chatziheofilou, I., Lowin, J., Jeddi, M., Filonenko, A., Trussell, J. 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. J Obstet Gynaecol Can 2015;37(12):1086–1097.
- 3. Staff at the Canadian Press. <a href="https://globalnews.ca/news/10158381/high-uptake-bc-free-contraception/">https://globalnews.ca/news/10158381/high-uptake-bc-free-contraception/</a>. Global News. 2023. Accessed on Dec 11, 2023.
- 4. Norman WV, Shaw D, Davies C. Contraception & Abortion in BC: Experience, Guiding Research, Guiding Care Report of proceedings, May 5, 2014 UBC Library Open Collections.
- Contraception Access Research Team. Contraception Cost-Effectiveness in British Columbia. Accessed at: <a href="https://med-fom-cart-grac.sites.olt.ubc.ca/files/2023/02/Contraception-Cost-Effectiveness">https://med-fom-cart-grac.sites.olt.ubc.ca/files/2023/02/Contraception-Cost-Effectiveness</a> CART-Report 2018-06-21.pdf (2018).



- 6. Frost JJ, Sonfield A, Zolna MR, et al. Return on investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program. Milbank Quarterly. 2014 Dec;92(4):696-749. doi: 10.1111/1468-0009.12080.
- 7. Public Health England. Contraception: Economic Analysis Estimation of the Return on Investment (ROI) for publicly funded contraception in England. Accessed at: <a href="https://assets.publishing.service.gov.uk/media/5b5ee5b1ed915d0b66bc375d/contraception\_ret\_urn\_on\_investment\_report.pdf">https://assets.publishing.service.gov.uk/media/5b5ee5b1ed915d0b66bc375d/contraception\_ret\_urn\_on\_investment\_report.pdf</a> (2018).