

SOCIAL PLANNING COMMITTEE

*HIS WORSHIP, THE MAYOR
AND COUNCILLORS*

SUBJECT: PROVISION OF FREE PRESCRIPTION CONTRACEPTION IN BC

RECOMMENDATION:

WHEREAS cost is a significant barrier to people accessing contraception, particularly to people with low incomes, youth, and people from marginalized communities;

WHEREAS providing free prescription contraception has been shown to improve health outcomes for parents and infants by reducing the risks associated with unintended pregnancy, and is likely to reduce direct medical costs on the provincial health system;

WHEREAS contraceptive methods targeted at men and those with penes (i.e., condoms or vasectomies) are available at low cost, no cost, or are covered by BC's Medical Services Plan; and

WHEREAS contraceptive methods for people with uteruses (i.e. birth control pills, intra-uterine devices, or hormone injections) have high up-front costs, making access to contraception unequal and gendered;

THEREFORE BE IT RESOLVED THAT Council endorses the resolution for consideration at 2020 Lower Mainland Local Government Association convention, and forward the resolution to the Provincial Minister of Health and Burnaby Members of the Legislated Assembly.

REPORT**1.0 INTRODUCTION**

The Social Planning Committee, at its meeting held on 2020 February 19, received a correspondence from Ms. Nazanin Moghadami, Registered Clinical Counsellor and Member of AccessBC, seeking support for provision of free prescription contraception in BC. Ms. Moghadami advised that the City of Victoria, at its 2020 January 23 Council meeting, adopted a resolution calling on the Provincial Government to provide free prescription contraception. An additional correspondence (Attachment 1) was received

To: His Worship, the Mayor and Councillors
From: Social Planning Committee
Re: Provision of Free Prescription Contraception in BC
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from Ms. Moghadami and Dr. Teale Phelps Bondaroff, Chair and Co-Founder, AccessBC, providing further information on the matter, and a briefing paper outlining the need, barriers, current programs, proposed policy, benefits and endorsements regarding free prescription contraception in BC.

2.0 POLICY SECTION

This report supports the following goals and sub-goals of the City's Corporate Strategic Plan:

- A Connected Community
 - Partnership –
Work collaboratively with businesses, educational institutions, associations, other communities and governments
- A Healthy Community
 - Healthy Life –
Encourages opportunities for healthy living and well-being

3.0 BACKGROUND

AccessBC is a group of young BC residents campaigning to remove barriers to accessing prescription contraception. The organization has conducted research, met with the Members of the Legislated Assembly, organized outreach activities, and consulted with the Provincial Government on this matter.

4.0 RECOMMENDATION

The Committee recommends Council endorses the free prescription contraception resolution for consideration at 2020 Lower Mainland Local Government Association convention, and forwards the resolution to the Provincial Minister of Health and Burnaby Members of the Legislated Assembly.

Respectfully submitted,

Councillor C. Jordan
Chair

Councillor J. Keithley
Vice Chair

Copied to: City Manager Director Corporate Services Director Planning and Building
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From: Wong, Elaine <Elaine.Wong@burnaby.ca>
Sent: Monday, February 17, 2020 6:51 PM
To: Clerks <Clerks@burnaby.ca>
Subject: Fwd: Correspondence from AccessBC: Support No-Cost Prescription Contraception

From: Teale Phelps Bondaroff [REDACTED]
Date: February 17, 2020 at 3:01:47 AM PST
To: Mayor <Mayor@burnaby.ca>, "Calendino, Attilio Pietro" <AttilioPietro.Calendino@burnaby.ca>, "Dhaliwal, Satvinder" <Satvinder.Dhaliwal@burnaby.ca>, "Johnston, Dan" <Dan.Johnston@burnaby.ca>, "Jordan, Colleen" <Colleen.Jordan@burnaby.ca>, "Keithley, Joe" <Joe.Keithley@burnaby.ca>, "McDonell, Paul" <Paul.McDonell@burnaby.ca>, "Volkow, Nick" <Nick.Volkow@burnaby.ca>, "Wang, James" <James.Wang@burnaby.ca>
Subject: Correspondence from AccessBC: Support No-Cost Prescription Contraception

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. If you feel this email is malicious or a scam, please forward it to phishing@burnaby.ca

Dear Burnaby City Council,

We are writing to encourage Burnaby City Council to call on the Provincial Government to make all prescription contraception in BC available at no cost under the Medical Services Plan. We understand that this issue will be discussed at the upcoming Social Planning Committee Meeting (February 19th), and we wanted to encourage Council to pass a motion to either write to the Provincial Government to encourage them to enact this policy, or present a resolution to the Lower Mainland Local Government Association to this effect.

Cost remains a significant barrier to people accessing contraception. 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. These costs are a significant barrier, particularly to people with low incomes, youth, and people from marginalized communities.

While there are a small number of programs in place to support access to contraception (such as Fair PharmaCare), these programs are largely income-dependent. No one should have to pass a means test or face financial burdens in order to make the best choices for their reproductive health. Cumbersome application processes and paperwork further discourage the use of these programs.

Access to contraception is a matter of equity. Vasectomies, a permanent method of contraception, are already covered by the province, and free condoms are easy to come by. No BC resident should be forced to pay more to exercise their rights simply because they happen to have a uterus.

Providing free prescription contraception is good health policy - it has been shown to 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.

Referred to: [Social Planning Committee \(2020.02.19\)](#)

Copied to:

City Manager

Dir. Corporate Services

Dir. Planning and Building

Many other countries already subsidize universal access to contraception, in full or in part, including the UK, France, Spain, Sweden, Denmark, the Netherlands, Italy and Germany. These countries have done so because the personal, public health, and social benefits far outweigh the costs.

We know that those benefits would also apply in BC - a [2010 study](#) from Options for Sexual Health estimated that providing universal, no-cost contraception coverage in BC would save nearly twice per year as the program would cost. A separate [2015 study in the Canadian Association Medical Journal](#) estimated that the cost of delivering universal contraception across in Canada would be \$157 million, but the savings - for direct medical costs of unintended pregnancy alone - would be approximately \$320 million.

Please find a short briefing paper with more information on the subject attached. We hope that you will add your voice to support this important motion. Please get in touch if you have any questions about the issue.

It's time for all prescription contraception in BC to be free.

Sincerely,



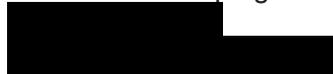
Dr. Teale Phelps Bondaroff
Chair and Co-Founder
AccessBC Campaign
www.accessbc.org



(Formerly of Clinton St. Burnaby)



Nazanin Moghadami
Registered Clinical Counsellor
AccessBC Campaign Member





Universal Access to No-Cost Prescription Contraception in BC

Information Sheet

The Need

Access to contraception is recognized as a basic human right,¹ but unfortunately many people in BC can't access this right. A 2016 study published in the Canadian Medical Association Journal found that one in five Canadian women had had an unplanned pregnancy,² and as many as 61% of Canadian women have had unintended pregnancy.³ Across Canada, 59,000 young people under the age of 24 had unintended pregnancies in 2014.⁴

More than 25% of youth who do not wish to be pregnant report that they do not use contraception at every act of intercourse and some never use it at all.⁵ Consistent contraception use substantially reduces risk for unintended pregnancy.

Unintended pregnancy can:

- Derail life plans and come with high personal costs.
- Are at higher risks to negative health impacts for both the mother and child.
- Have significant costs to our health and social services systems.

The Barriers

Cost remains a significant barrier to women accessing contraception.⁶ A recent UBC study concluded that "young, low-income women in Canada are less likely to use more effective methods of birth control like the pill, and more likely to use no contraception or condoms only."⁷

An intra-uterine device (IUD) can cost between \$75 and \$380, oral contraceptive pills can cost \$20 per month, and hormone injection can cost as much as \$180 per year.⁸ These costs fall disproportionately on women and people with uteruses, and cost represents a significant barrier, particularly to women with low incomes, youth, and people from marginalized communities.

Canadian contraceptive care providers identify cost as the single most important barrier to access, and youth as the population most disproportionately affected by this barrier.⁹ A recent and pilot study from Paediatrics & Child Health found that 10% of young people (14-21) could not access contraception they wanted or chose to stop using it due to cost.¹⁰

The most reliable methods of contraception, long-acting reversible contraceptives (LARCs) like IUDs, also have the highest upfront costs. Because of high upfront costs, many people turn to less reliable methods, like condoms.¹¹ Studies have found that when cost is removed as a factor, people increasingly chose LARCs,¹² and that "improving access to affordable contraception may decrease the number of young women at risk of unintended pregnancy due to financial barriers."¹³

The Current System

While there is currently a hodgepodge of programs and sporadic coverage for people in BC (such as Fair PharmaCare in BC), these programs are largely income dependent. Women should not have to pass a means test or face financial burdens in order to freely exercise their right make choices about their reproductive health.

Cumbersome application processes and paperwork further discourage the use of these programs and represent additional barriers.¹⁴ Programs where individuals pay upfront and then get reimbursed is both a cost and confidentiality barrier.

High costs of contraception significantly impact young people. While young adults may be covered through their parent's plans, because a parent is almost always the primary subscriber for health insurance, a young person is therefore often forced to give up their privacy in order to make choices about their bodies.¹⁵ Depending on their situation, doing so could also put their safety in jeopardy.

The Proposed Policy

We propose that BC adopt a policy where no-cost prescription contraception is universally available to all residents. This policy could be delivered using a similar method to Mifegymiso, the abortion pill that was made universally available at no cost in January 2018.¹⁶

Many other countries already subsidize universal access to contraception, in full or in part; these include UK, France, Spain, Sweden, Denmark, the Netherlands, Italy and Germany.¹⁷ These countries have done so because the personal, public health, and social benefits far outstrip the costs.

In fact, programs that offer free prescription contraception to women have been found to be revenue positive! This is because the cost of providing free prescription contraception to women is considerably lower than the costs associated with unintended pregnancy.

Options for Sexual Health (2010) estimated that every \$1 spent on contraceptive support for a woman can save as much as \$90 in public expenditure on social supports.¹⁸ This study estimated that the BC government could save as much as \$95 million annually if it implemented a program of universal access to prescription contraception.¹⁹

A 2015 study in the Canadian Association Medical Journal estimated cost of delivering universal contraception in Canada at \$157 million, but the savings, in the form of direct medical costs of unintended pregnancy, have been estimated at \$320 million.²⁰

When Colorado implemented a program offering free IUDs to young people (43,713 at a cost of \$28 million), this program reduced teen pregnancies by 54% and teen abortion rates by 64% over the course of eight years, and saved the government an estimated \$70 million.²¹

The Benefits

- Empowers people:
 - Money should never be a barrier to someone accessing their rights;
 - Exercising their right to say what happens to their body, and to decide when, and whether or not, they have children.
- Promotes equality:
 - Condoms are freely available in clinics, campuses, and other locations.
 - The costs of prescription contraception fall disproportionately on women and people with uteruses.
- Promotes health outcomes:
 - Unintended pregnancies can be the most risky for mothers and babies.
- Good education policy:
 - This policy helps normalize conversations about sex, sexual and reproductive health.
- Saves money:
 - Those who can't afford contraception, likely can't afford to raise a child.
 - This policy is revenue positive, saving the BC Government millions.

We are urging the BC Government to make the provision of no-cost prescription contraception in the 2020 budget as expansive as possible. The most straightforward and maximally effective policy would be to make no-cost prescription contraception available to everyone. If the government wishes to take a more 'targeted' approach, we are advocating for a policy which would offer no-cost prescription contraception to all people 25 and younger.

Endorsements

Programs that offer no-cost universal access to contraception have been called for by the:

- The Canadian Medical Association.²²
- The Society of Obstetricians and Gynaecologists of Canada.²³
- The Canadian Pediatric Society.²⁴

Our campaign has been endorsed by a growing number of groups across BC,²⁵ including:

- The Vancouver District Labour Council (DVLC).
- The Victoria Labour Council.
- The University of Victoria Students' Society.
- The Camosun College Students' Society.
- West Coast Leaf.
- Baobab: Inclusive Empowerment Society.

The Select Standing Committee on Finance and Government Services released its 'Report on the Budget 2020 Consultation,' Recommendation 50, called for the 2020 Budget to "explore the provision of free contraception in a targeted and incremental manner."²⁶

For More Information, Contact:

AccessBC Campaign for Free Prescription Contraception

Dr. Teale Phelps Bondaroff

Campaign Chair

www.accessbc.org

778-678-8325

tealepb@gmail.com



Sources:

- ¹United 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.
- ²Vogel L. (2017, July 10). "[Canadian Women Opting for Less Effective Birth Control](#)." *Canadian Medical Association Journal*, 189:27, E-921-E922.
- ³Laucius J. (2017, June 19). "[Oops! 61 Per Cent of Canadian Women Have an 'Unintended' Pregnancy, says Survey](#)." *Ottawa Citizen*.
- ⁴Di Meglio G. & Yorke E. (2019). "[Universal Access to No-Cost Contraception for Youth in Canada](#)." *Paediatric & Child Health*, 24:3, 160-164.
- ⁵Black A., Yang Q., Wu Wen S., Lalonde A.B., Guilbert E., Fisher W. (2009). "[Contraceptive use Among Canadian Women of Reproductive Age: Results of a National Survey](#)." *Journal of Obstetrics and Gynaecology Canada*, 31:7, 627-640.
- ⁶Black A. & Guilbert E. (2015, November). "[The Road to Contraceptive Consensus](#)." *Journal of Obstetrics and Gynaecology Canada*, 37:11, 953-954, p. 954; and see Hulme *et al.* (2015). "[Barriers and Facilitators to Family Planning Access in Canada](#)." *Healthcare Policy*, 10:3, p.54-55, 50.
- ⁷Nethery, E., Schummers, L., Maginley, S., Dunn, S, & Norman W.V. (2019). "[Household income and contraceptive methods among female youth: A cross-sectional study using the Canadian Community Health Survey \(2009-2010 and 2013-2014\)](#)." *CMAJ Open*, 7:43, E646-653.
- ⁸Aging Out. (n.d.). "[Birth Control Options](#)"; and see Options for Sexual Health (2010). "[Universal Access to Publicly Funded Contraception in British Columbia](#)," p.5.
- ⁹Hulme J. *et al.* 2015.
- ¹⁰Di Meglio, Yeats & Seidman. (2019, May). "[Can Youth get the Contraception they Want? Results of a Pilot Study in the Province of Quebec](#)."
- ¹¹Dr. A. Black, SOGC's Contraception Awareness Program Working Group, quoted by Vogel L. (2017, July 10). "[Canadian Women Opting for Less Effective Birth Control](#)." *Canadian Medical Association Journal*, 189:27, E-921-E922.
- ¹²Secura G.M., Madden T., McNicholas C., *et al.*(2014). "[Provision of No-Cost, Long-Acting Contraception and Teenage Pregnancy](#)." *The New England Journal of Medicine*, 371:14, 1316-1323.
- ¹³Nethery *et al.* 2019.
- ¹⁴Options for Sexual Health 2010:9-10.
- ¹⁵Bessett *et al.* 2014:94.
- ¹⁶BC Government. (2018, July 20). "[Universal, No-Cost Coverage for Mifegymiso in B.C. to Start on Jan. 15, 2018](#)."
- ¹⁷Centre for Reproductive Rights 2009, cited by Options for Sexual Health 2010:10; and see Hulme *et al.* 2015:60.
- ¹⁸Options for Sexual Health 2010:5.
- ¹⁹Options for Sexual Health 2010:6.
- ²⁰Morgan S.G., Law M., Daw J.R., Abraham L., & Martin D. (2015). "[Estimated Cost of Universal Public Coverage of Prescription Drugs in Canada](#)." *Canadian Medical Association Journal*, 187:7, 491-7; and see Black *et al.* 2015.
- ²¹Colorado Department of Public Health and Environment (2017, January). "[Taking the Unintended Out of Pregnancy: Colorado's Success with Long-Acting Reversible Contraception](#)"; and see Stewart B., (2019, May 29). "[Former Gov. Hickenlooper Unveils Plan to Expand Access to Women's Contraception](#)." *ABC News*.
- ²²CBC News (2012, August 16). "[Canadian Doctors Want Ottawa to Pay for Birth Control](#)."
- ²³Black A., Guilbert E., Costescu D., *et al.* (2015). "[Canadian Contraception Consensus \(Part 1 of 4\)](#)." *Journal of Obstetrics and Gynaecology Canada*, 37:10, 936-942.
- ²⁴Di Meglio & Yorke 2019.
- ²⁵For full list, see AccessBC, "[Allies](#)."
- ²⁶Legislative Assembly of BC. (2016, August). "[Select Standing Committee on Finance and Government Services: Report on the Budget 2020 Consultation](#)."