The Affordable Care Act requires coverage of all birth control approved by the U.S. Food and Drug Administration (FDA). H.B. 5576 will ensure this promise is carried out by creating a seamless process for women to access the best birth control for them without additional costs. **This critical measure will not increase costs for the state or private insurers, but will instead result in cost savings.**

- **More than half of Illinois pregnancies are unintended.** This creates significant costs for private insurers and the state, which would be reduced by H.B. 5576. In 2010, unintended pregnancies accounted for more than $923 million dollars in public costs, including over $352 million in costs to the state.

- **Research shows that women use birth control more effectively when they have access to the best option for them.** Side effects are a primary reason women stop using birth control and women who are unhappy with their birth control are more likely to use it incorrectly or inconsistently, which makes it less effective and leads to more unintended pregnancies.

- **Removing dispensing limits makes it easier to avoid gaps in protection, which further reduces unintended pregnancies.** Research demonstrates that women who receive a 1-year supply of the birth control pill are much more likely to continue to use it than women who receive enough to cover only one or three months. This leads to a significant reduction in the odds of unintended pregnancy, and reduces costs to private insurers and to the state.

- **When cost barriers to birth control are removed, women choose long-lasting, cost-effective options.** Research shows that all birth control is cost-effective when taking into account the cost savings of avoiding unintended pregnancies. Long-acting options, like intrauterine devices (IUDs), lead to the most significant long-term cost-savings. In a recent study, 67% of women selected long-acting, highly effective birth control when given the opportunity to choose from a range of free options. This resulted in reduced rates of unintended pregnancy.

- **Research and evidence from prior expansions of birth control coverage show that it does not add cost, and in fact leads to cost savings.** The National Business Group on Health has estimated that it costs 15–17% more to **not** provide coverage for birth control. Similarly, the federal government reported that it experienced no increase in costs after Congress required coverage of birth control for federal employees.

- **Public funding for birth control has a proven return on investment of $5.68 in savings for every $1 spent.** H.B. 5576 would align private coverage for birth control with coverage already provided by Medicaid in Illinois.

- **H.B. 5576 would not create a new coverage mandate for vasectomies,** as Illinois’ 2017 chosen benchmark plan already includes this requirement.
The Illinois Contraceptive Coverage Act (H.B. 5576)
Covering Birth Control Saves Money


iv. Dissatisfied users of oral contraception, for example, are more likely to miss pills. Dissatisfied condom users are more likely to report that they do not use a condom every time they have sex. More than 4 in 10 unintended pregnancies occur among women who did not use their method correctly. Frost JJ, Darroch JE, Remez L. Improving Contraceptive Use in the United States. New York: Guttmacher Institute; 2008.


ix. Individuals with Medicaid coverage in Illinois already have access to the full spectrum of contraceptive options at no cost. Publicly funded contraceptive services are highly cost-effective; every dollar invested by the government for contraception saves $5.68 in Medicaid expenses for pregnancy-related care related to births from unintended pregnancies. Furthermore, publicly funded preventive services provided in a typical family planning visit (including birth control, STI/HIV testing and treatment, HPV vaccine, and breast exams) have shown even greater returns, with $7.09 saved for every public dollar. Passing H.B. 5576 is critical so that private insurance coverage in Illinois will be aligned with public insurance and individuals who obtain insurance on the marketplace or through their employment will have the same access to no cost birth control coverage. Frost J, Zolna M, Frohwirth L. Contraceptive Needs and Services 2010. New York, NY: Guttmacher Institute; 2013. Frost JJ et al., Return on investment: A fuller assessment of the benefits and cost savings of the US publicly funded family planning program, The Milbank Quarterly, 2014, 92(4):667-720.


If you have questions or would like to sign on in support of this bill, please contact:
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