WHEREAS, the American Academy of Family Physicians (AAFP) Policy on Contraceptive Advice states, “The American Academy of Family Physicians is concerned about the sexual health of adults and believes physicians should provide patient education and counseling to both men and women to decrease the number of unwanted pregnancies;”¹ and

WHEREAS, the AAFP Policy on Reproductive Decisions states, “The American Academy of Family Physicians believes physicians should seek to, through extensive patient education and counseling, decrease the number of unwanted pregnancies;”² and

WHEREAS, California and the nation are preparing to move toward comprehensive health care reform that emphasizes preventive health care as the lynchpin to harnessing the exponential costs of health care; and

WHEREAS, the current economic reality of health care delivery has created incentives for the dispensing of minimal amounts of medication at one time by a pharmacy in order for it to receive added revenue per prescription, such as a stocking fee or dispensing fee, each time the medication is dispensed, which adds burden and decreases access to our patients; and

WHEREAS, in the United States, about half of all pregnancies are unintended,³ and comprehensive family planning services are among the most effective preventive health care programs to decrease unintended pregnancy in teen and adult women; and

WHEREAS, the use of contraceptive services in California’s Family PACT program averted an estimated 205,000 unintended pregnancies during 2002 and saved $1.1 billion in public costs ⁴; and

WHEREAS, a study evaluating the impact of Family PACT showed that dispensing 12 months of contraceptives at a time increases patient continuation and lowers cost compared to receiving one or three months of contraceptives. In addition, women dispensed 12 months are more likely to receive additional preventative health services (Pap and Chlamydia testing), and less likely to need pregnancy testing during that time, suggesting that it will decrease unintended pregnancy;⁵ and

WHEREAS, evidence has shown that the third leading cause reported for missed oral contraceptive pills is “no new pill pack”, after “being away from home” and “forgot to take it”;⁶ now, therefore be it

RESOLVED, that all California insurers should provide coverage for the full array of available contraceptive methods, including both devices and insertion of IUD and contraceptive implants; and be it further

RESOLVED, that the CAFP will encourage all California insurers including Medi-Cal to cover a minimum of 12-month supply of the full array of contraceptives at retail pharmacies in one
visit, unless there are medical contraindications to doing so, in which case a patient should receive at least a 90-day supply; and be it further

**RESOLVED**, that the CAFP instruct its delegates to the American Academy of Family Physicians to introduce this resolution at the AAFP Congress of Delegates in San Diego in September 2008 in an effort to urge the national Academy to help other states address this problem for all women, including Medicaid recipients, across the country.

NOTE: TEACH worked with AAFP to send a letter to all state Medicaid and insurance programs encouraging these actions.


