

## Birth control often not covered by Canadian insurers

Should birth control be covered by health insurance plans? In the United States, where certain religious employers' plans are exempt from covering contraception, even though it is mandated under the Affordable Care Act (ACA), that question made it all the way to the Supreme Court. With no such legislation in Canada, insurance coverage for contraceptives is patchy and sometimes non-existent.

Provincial health insurance plans typically don't cover most drugs and devices, except for certain groups, such as those who are poor or older, or people in health care facilities. Many Canadians get the cost of drugs covered through supplemental insurance from their employer. But unlike in the US, where almost all plans are now required to cover all available contraceptives — including barrier methods like diaphragms and sponges, hormonal methods like pills and rings, and implanted methods like intrauterine devices (IUDs) — in Canada, there are no such requirements.

Group plan offerings in Canada vary widely. Some are fairly comprehensive. The city of Toronto's group plan, for instance, covers oral contraceptives, IUDs and diaphragms. Others, however, are less encompassing. Canada Post's plan (Great-West Life) does not cover diaphragms and covers only some IUDs. The Public Service Health Care Plan, which provides coverage for federal government employees through Sun Life, states that it pays for no form of birth control other than oral contraceptives. (The same plan reimburses annual costs up to \$500 for erectile dysfunction drugs, \$300 for massage therapy and \$300 for the services of a naturopath.)

A few plans, such as the one for employees of Save-on-Foods, a large western grocery store chain owned by Overwaitea Food Group, appear to exclude birth control altogether, according to a summary of its benefits package posted online. (The company's employ-



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**Many employee insurers do not routinely cover the cost of birth control, such as intrauterine devices.**

ees are not covered by the benefits plan of their union, the Christian Labour Association of Canada, which offers generous contraceptive coverage, but instead get benefits through the United Food & Commercial Workers union.) Overwaitea Foods declined to comment.

Employer-sponsored drug plans were first introduced in the 1960s, says Joan Weir, director of health and dental policy at the Canadian Life and Health Insurance Association, an industry trade group. To increase their competitiveness, companies began covering devices in the 1970s and 80s, such as prescription eyewear, orthotics and hearing aids. But contraceptive devices, like IUDs, rings and patches, have not been routinely added. It is at the discretion of the employer and its insurer to decide which drugs and devices to cover, she says.

Some employers commit to providing items that are “medically necessary for the treatment of sickness or injury.” Preventing pregnancy is neither. When covered, contraceptives are sometimes referred to as “preventives,” alongside items such as elective vaccines.

Some contraceptives, such as the Mirena IUD and the birth control pill, have medical uses outside preventing pregnancy — to control heavy bleeding, for instance. Dr. Monica Kidd, a family physician in Alberta, was “gob-smacked” when a patient requested the contraceptive pill, but said her insurance wouldn't cover it unless it was for something medical. The patient requested that Kidd fudge why she needed it.

“It seems quite shocking to me,” said Kidd. “Pregnancy is a risk for some people.”

Weir confirms that employers have the right to make this distinction between treatment and prevention, and it usually involves a “prior approval” form signed by a physician to verify the condition exists. Canada Post's plan outright excludes “contraceptive implants or appliances normally used for contraception whether or not prescribed for a medical reason,” according to its union.

“Insurers are taking a very narrow scope,” laments Dr. Wendy Norman, a

physician at the University of British Columbia, whose focus is on family planning. The choice to not cover birth control is a bad one, she says, both for the company and for the woman. In North America, about 48% of pregnancies are unwanted, according to the International Federation of Gynecology and Obstetrics. Numerous studies, by the Guttmacher Institute and others, says Norman, have found that women with unplanned children are less likely to finish their education and less likely to advance in their careers.

Norman also thinks that covering only the birth control pill and exclud-

ing devices is wrong-headed. In the real world, she says, the pill has a failure rate of 9%, whereas so-called “set and forget” methods, like the IUD, have only a 1% failure rate. “It’s phenomenal that insurance plans cover these mid-effective methods but not highly effective methods,” she says.

“Maybe it’s time to revisit this,” says Weir. “Plans are not keeping up with the way treatment is delivered.” She notes that there hasn’t been much concern raised about lack of birth control coverage. “People need to make those wishes known.”

Canada is the only country in the world with universal health care, but no pharmacare, which is “outrageous,” says Colleen Flood, a health law professor at the University of Ottawa. “My hope is that we’ll bring some pharmaceuticals and devices into the public plan. We need a rational process.”

Pregnancy remains the world’s second biggest killer of reproductive-age women, according to the World Health Organization, resulting in the deaths of some 300 000 women each year. — Alison Motluk, Toronto, Ont.

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## Larger claims push CMPA fees up

Larger and larger claim settlements are pushing up fees doctors pay to the Canadian Medical Protective Association (CMPA), a not-for-profit medical mutual defence organization serving 92 000 physicians. The exception is in Quebec, where fees are substantially lower than in CMPA’s three other regions because cases have historically resulted in lower awards.

Executive Director Dr. Hartley Stern outlined the 2017 fee schedule at the CMPA’s recent annual meeting in Vancouver.

The aggregate fee for Ontario physicians will rise 1.4% (or \$138) to \$9991, while in Quebec, the aggregate fee will drop 13% (\$531) to \$3596.

Fees also rose for the British Columbia/Alberta region by 7.1% (or \$450) to \$6785 and by 12% (or \$428) for the Prairies/Atlantic Canada/Territories region to an aggregate \$3988.

Fees levied by the CMPA are based on the cost of anticipated claims against doctors in the year they occurred and an actuarial calculation of future costs, offset by anticipated revenue from the association’s investment fund, which last year had a net asset value of \$3.51 billion.

There is no cross-subsidization among the regions. However, provincial governments subsidize fees to varying degrees.

Fees charged to individual physicians are based on the relative risk of their type of practice. In Ontario, for



**CMPA fees are up across Canada, except in Quebec, where claim settlements are historically lower.**

example, a dermatologist next year will pay \$7092, while an obstetrician will pay \$99 072.

While the cost of settlements fluctuates from year to year, Stern noted that it has gone up steadily in the last decade. This doesn’t reflect an increase in complaints so much as an increase in the size of the awards.

The median compensation payment to Ontario patients last year was \$236 800, compared with \$136 100 in Quebec, stated CMPA’s Supervisor, Public Affairs Joel Baglole in an email.

“While some regional variance is to be expected, the CMPA believes the

difference in compensation payments is larger than warranted by cost of living differentials or other factors,” she stated. “Working collaboratively with the Ontario Medical Association, the CMPA has consistently urged the Ontario government to adopt improvements to the medical liability system that would reduce costs without negatively impacting appropriate compensation for patients.”

Baglole wouldn’t speculate on what factors might cause Quebec awards to be consistently lower than those in Ontario. — Steve Mertl, Vancouver, BC

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