



Emergency Contraception

Fewer Unintended Pregnancies and Lower Health Care Costs

December 2005

(Update to Study Issued November 2003)

In an effort to reduce the costs of printing, please notify the Office of Budget and Policy Analysis at (518) 473-4333 if you wish your name to be deleted from our mailing list or if your address has changed.

Additional copies of this report may be obtained from:

Office of the State Comptroller
Public Information Office
110 State Street
Albany, New York 12236
(518) 474-4015

Or through the Comptroller's website at: www.osc.state.ny.us

New York State
Office of the State Comptroller
Alan G. Hevesi

Deputy Comptroller Kim Fine
Office of Budget and Policy Analysis
Albany, New York 12236

Table of Contents

EXECUTIVE SUMMARY	3
BACKGROUND	7
UNINTENDED PREGNANCIES.....	11
NEW YORK COSTS ASSOCIATED WITH UNINTENDED PREGNANCIES	13
ESTIMATED COST SAVINGS FROM INCREASED USE OF ECPS	19
METHODOLOGY TO ESTIMATE COST OF UNINTENDED PREGNANCIES.....	23
METHODOLOGY TO ESTIMATE AVERAGE ABORTION AND BIRTH COSTS FOR OTHER STATES	33

Executive Summary

Nationally, 49 percent of all pregnancies (excluding miscarriages) are estimated to be unintended. In New York, the proportion of unintended pregnancies (for 2000) is estimated to be much higher, nearly 58 percent. The Office of the State Comptroller estimates that about 244,321 pregnancies in the State were unintended in that year.

In New York, two-thirds (164,630) of the unintended pregnancies in 2000 ended in abortion. The remaining one-third (79,691) of these unintended pregnancies resulted in birth.

The Office of the State Comptroller estimates, based on 2000 data, the healthcare cost associated with unintended pregnancies in New York State, for abortions as well as births, would be \$1.02 billion in 2004. With this cost in mind, the Office of the State Comptroller has undertaken a preliminary analysis of the fiscal implications of making emergency contraception (EC), which prevents pregnancy, more readily accessible.

This year New York State came close to substantially improving access to EC through approval by both houses of the Legislature of a bill that would have allowed pharmacists and nurses to directly dispense EC through a non-patient specific prescription by a prescriber. It is unfortunate that the Governor vetoed this legislation, denying New Yorkers the social and financial benefits of improved access to EC. The negative implications of this veto were exacerbated on August 26, 2005, when the Food and Drug Administration (FDA) chose to again defer its decision about making EC available over-the-counter to women older than 16 years of age.

A November 2005 report by the Government Accountability Office (GAO) found that the FDA's decision process for the over-the-counter EC application was "unusual." The GAO report cited several concerns including conflicting accounts of whether top officials made the decision before FDA scientists had completed their review of the evidence and that the FDA substantially deviated from the normal processes used in every one of its 67 prior evaluations of drugs for over-the-counter status. As a result, lawmakers have asked the Secretary of the United States Department of Health and Human Services (HHS), responsible for FDA oversight, to renounce the process used by the FDA in its decision not to approve over-the-counter sales of EC and to ensure that the final decision of this product be based on scientific evidence and not ideology. Additionally, the lawmakers requested that the HHS Secretary investigate and take follow-up action, as necessary, after determining whether the FDA violated federal record retention

EXECUTIVE SUMMARY

laws by deleting communications and emails regarding the decision, which hindered the GAO review.

In fiscal terms alone, the actions by the Governor and FDA have prevented annual savings of nearly one-half of the costs associated with unintended pregnancies. Offset by the minimal costs of emergency contraception pill (ECP) treatments, if EC were more widely available, the Office of the State Comptroller estimates that \$261.6 million in savings could be achieved in the State's Medicaid system. Medicaid, which is funded jointly by the federal, State and local governments in New York, has been a substantial strain on government budgets.

The cost currently associated with unintended pregnancies among women enrolled in Medicaid, based on data for 2000 and adjusted for inflation through 2004, is \$567.8 million. This cost is based on the 46,036 unintended Medicaid births and 58,740 Medicaid abortions in 2000. The projected \$261.6 million in savings would be the net result of reducing the 104,776 unintended pregnancies associated with Medicaid-eligible women in 2000 by half. This reduction in unintended Medicaid pregnancies (to 52,388) would result in 23,018 fewer births, with a savings of \$248.8 million, and 29,370 fewer abortions, with a savings of \$12.8 million annually.

System-wide savings would be even greater when potential savings in the health care sector not funded through Medicaid are considered. The Office of the State Comptroller determined that, after adjusting for inflation through 2004, unintended non-Medicaid pregnancies cost an estimated \$447.4 million. A total of 33,655 births and 105,890 abortions accounted for this cost. For the purposes of this report, this category, "Other New York Healthcare Systems" consists of those who have private insurance, self-pay, are enrolled in public non-Medicaid healthcare programs or are uninsured. Reducing the number of unintended non-Medicaid pregnancies by half (to 69,773) would result in 16,828 fewer births, with a savings of \$171.7 million, and 52,945 fewer abortions, with a savings of \$17.7 million. A total savings of \$189.4 million would be realized for unintended non-Medicaid pregnancies, which includes offsetting costs of the ECPs.

ECP products that are widely available and easily accessible would create broad and meaningful benefits through the reduction of unintended pregnancies. In fiscal terms, the benefit would be \$451.0 million; the more significant benefit would be 39,846 fewer unintended births and 82,315 fewer abortions.

With increased accessibility to ECPs, a substantial number of the more than 240,000 unintended pregnancies that do occur each year in New York could be avoided. More specifically, the Office of the State Comptroller projects that 122,161 unintended pregnancies could be avoided if EC is readily available to women.

EXECUTIVE SUMMARY

The Office of the State Comptroller initially released the results of its analysis of this subject in November 2003. The response by groups in other states working toward direct access to EC has been overwhelming. Many groups have expressed an interest in recreating the report's methodology. The Office of the State Comptroller, recognizing the importance of spurring legislative action in other states to provide direct access, particularly in light of the FDA delays, has recently updated its report.

This revised report reflects inflationary increases in health care costs in the State based on historical trends through calendar year 2004. The report also employs a more conservative cost savings methodology utilizing the pregnancy rate associated with EC, as a result of a recommendation from a leading expert in this field after the release of the initial report. Finally, the Office of the State Comptroller has adapted New York's cost data for each state to develop estimates of the average cost of abortion and birth through Medicaid and other healthcare systems. With this information, interested states will be able to develop their own estimates of unintended pregnancy cost. The methodology and calculations used in these estimates, as well as the actual estimates, are found in Appendix 2.

Background

The causes of unintended pregnancy are diverse. Although today's medical technology has given women the ability to plan their pregnancies, that technology is not infallible and women using contraception do, in fact, become pregnant. Some women become pregnant unintentionally because they do not have access to contraception, while others do not consider the possibility that a pregnancy will result from sexual activity and neglect to use contraception. In addition, some women become pregnant as the result of a sexual assault.

The women experiencing these unintended pregnancies and the children born from them face a number of potential negative physical, emotional and financial impacts, such as depression, neglect, abuse and low birth weight, often leading to life-long challenges.

Emergency contraception (EC), if available and accessible, could play a substantial role in addressing the problem of unintended pregnancy and its consequences in New York State by allowing women to avoid pregnancy in the first place. In addition to the considerable impact on women and their families, unintended pregnancies—whether they result in abortion or birth—drive significant costs in both publicly and privately financed health systems.

Many women perceive only two choices when faced with an unintended pregnancy, to terminate or continue the pregnancy. However, increased access to EC would give women potentially facing this difficult situation an important alternative. Emergency contraception pills (ECPs) are a concentrated treatment of the hormones contained in birth control pills. ECPs are used to prevent pregnancy after unprotected intercourse as a method of backup birth control in an emergency situation. ECPs are not intended for use as a regular method of contraception.

The effectiveness of this treatment is about 85 percent when taken up to 120 hours following intercourse, with the greatest efficacy rate for ECPs taken within 24 hours of intercourse.^{1, 2} ECPs prevent pregnancy and act prior to the implantation of a fertilized egg.³ Implantation of a fertilized egg is recognized by the medical community and the federal government as the beginning of pregnancy.⁴ Furthermore, the Food and Drug Administration (FDA) has determined that the treatment is safe and will neither affect nor disrupt an established pregnancy.⁵ ECP use has been supported by many medical organizations, including the American College of Obstetricians and Gynecologists (ACOG) and the American Medical Association (AMA).

BACKGROUND

The FDA first approved the use of ECPs as a dedicated product through prescription in 1998, although physicians were able to prescribe the treatment "off-label" prior to that time. While a second dedicated ECP product was approved by the FDA in 1999, only one dedicated ECP product—Plan B—is currently available in the United States. Despite the fact that dedicated ECP products have been available for several years, information about the products is still not readily supplied to women by their physicians and access to EC remains limited.

In May 2004, the FDA set aside the overwhelmingly favorable recommendations of two advisory panels and rejected the manufacturer's application to sell Plan B (the dedicated ECP product) over-the-counter.⁶ A subsequent application by the manufacturer addressing FDA concerns over teenage use of Plan B remains undecided by the FDA despite missing two deadlines for such action. Under the manufacturer's alternative process, women aged 16 and older, seeking Plan B from a pharmacist would need to provide proof of age and all other women would need to use a prescription to access the drug.

On August 26 2005, the FDA announced that there is, in fact, sufficient scientific data to support the safe use of Plan B as an over-the-counter product, but only for women who are 17 years of age and older. The FDA indicated it needs additional time to resolve policy and regulatory questions relating to drug availability for those 16 and under.⁷

A November 2005 report by the Government Accountability Office (GAO) found that the FDA's decision process for the over-the-counter EC application was "unusual." The GAO report cited four chief concerns over FDA actions surrounding the decision:

- There are conflicting accounts regarding whether the decision to not approve the application was made prior to completion of the associated reviews by FDA scientists.
- The directors of the offices that reviewed the application and would normally be responsible for signing the associated action letter to the manufacturer disagreed with the decision and did not sign the letter. Additionally, the letter was not signed by the Director of the Office of New Drugs, who also disagreed with the outcome.
- High-level FDA management were more involved in review of this over-the-counter application than those of other applications for an over-the-counter switch from prescription.

BACKGROUND

- The rationale for the decision of the FDA's Acting Director on the application was novel and did not follow the FDA's traditional practices. In deciding on this application, the FDA substantially deviated from the normal processes used in every one of its 67 prior evaluations of drugs for over-the-counter status.⁸

As a result, lawmakers have asked the Secretary of the United States Department of Health and Human Services (HHS), responsible for FDA oversight, to renounce the process used by the FDA in its decision not to approve over-the-counter sales of EC and to ensure that the final decision of this product be made based on scientific evidence and not ideology. Additionally, the lawmakers requested that the HHS Secretary investigate and take follow-up action, as necessary, after determining whether the FDA violated federal record retention laws by deleting communications and emails regarding the decision, which hindered the GAO review.⁹

Given the ongoing delays in over-the-counter approval, State actions to legislatively provide direct access of EC are more important than ever. Around the nation, states have been working to increase access to ECPs as an interim step prior to over-the-counter approval so the treatment is available when women need it. One way that some states have found to do this is by discarding requirements for individual prescriptions, thus making ECPs available "behind-the-counter," through collaborative drug therapy agreements (collaborative agreements). Under collaborative agreements, pharmacists are allowed to prescribe ECPs by signing a protocol for ECP prescription with a collaborating licensed prescriber, such as a physician. Collaborative agreements have been used successfully for other drug therapies and in other states, often in instances of chronic or long-term illness.¹⁰

A similar approach that other states are exploring to increase access to ECPs is through the use of state approved non-patient specific prescriptions. Non-patient specific prescriptions authorize nurses and pharmacists to dispense ECPs pursuant to a non-patient specific prescription written by a licensed prescriber, such as a physician, nurse practitioner or midwife. Currently, eight states have achieved direct access of ECPs.¹¹

In 2005, New York State came close to substantially improving access to emergency contraception. The Legislature approved The Unintended Pregnancy Prevention Act (A.116, Paulin; S.3661, Spano), which would have authorized pharmacists and registered nurses to directly dispense ECPs through non-patient specific regimen prescriptions. Participating pharmacists would have been required to undergo training to provide appropriate ECP counseling information and reproductive care referral to women requesting ECPs. However, the Governor vetoed this legislation, ignoring the social and financial arguments in favor of improving access, and cited concern that the measure would not prevent

BACKGROUND

minors from getting the drug before consulting a doctor or other medical professional.

Efforts from publicly funded family planning clinics are already credited with preventing more than 95,000 unintended pregnancies every year in New York.¹² Recent activities in New York City should further help in this effort. In June 2005, New York City became the first city in the nation to make EC readily available to all women who want it. Under the "Healthy Women/Healthy Babies Initiative to Reduce Unintended Pregnancies," City government partnerships with the community and health care organizations and providers will provide increased ECP access and education to women at higher risk of unintended pregnancy and pharmacists in targeted neighborhoods. Additionally, City-operated health facilities will offer advance EC prescriptions to women.¹³

Use of ECPs is considered to have the potential to reduce unintended pregnancy by half. Therefore, not only would greater accessibility to information about ECPs and the treatment itself ease the social, economic and emotional distress of the woman facing unintended pregnancy, but it would also have a far-reaching, economic impact on public and private healthcare systems in the State.

Unintended Pregnancies

The United States is considered to have among the highest levels of both unintended pregnancy and teenage pregnancy of all industrialized nations.¹⁴ The vast majority of sexually active women wanting to avoid pregnancy, 90 percent, use a contraceptive method.¹⁵ Despite the widespread use of contraception, however, as of 1994 (most current data available), 49 percent of pregnancies (excluding miscarriages) are estimated to be unintended. Fifty-four percent of these unplanned pregnancies end in abortion.¹⁶

The Alan Guttmacher Institute (AGI) estimates that 53 percent of pregnancies in New York result in live births, 33 percent in abortions and the remainder in miscarriages.¹⁷ It is generally accepted that all abortions represent unintended pregnancies, although a small number may have resulted from pregnancies that were initially intended. According to Henshaw, based on a study by Torres and Darroch-Forrest, the abortion may have occurred due to health problems experienced by the mother or fetus, or because the woman experienced a change in circumstances, "resulting from the loss of her partner or lack of support."¹⁸ The 1994 national estimate is that 30.8 percent of births are unintended (excluding miscarriages).¹⁹ Using this information, the Office of the State Comptroller estimates that for 2000, 57.7 percent of all pregnancies (excluding miscarriages), or about 244,321 pregnancies, in New York were unintended.²⁰

New York State Estimated Unintended Pregnancies by Outcome in 2000

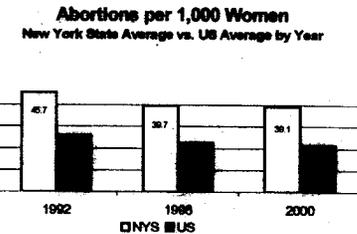
Category	Total	Percent Unintended	Number Unintended
Abortions	164,630 ²¹	100.0%	164,630
Births	258,737 ²²	30.8%	79,691
Total Pregnancies	423,367	57.7%	244,321

According to Kaiser Family Foundation's interpretation of AGI data, the rate of unintended pregnancy is surprisingly high, since nationally, nine out of ten women of childbearing age who are sexually active and do not want to become pregnant do use contraception.²³ The fact that birth control methods are not 100 percent effective, and that the people using them are not infallible, explains why over half of unintended pregnancies occur in situations where contraceptives were not effectively used. The remaining half of unintended pregnancies is attributable to the small percentage of women, less than 10 percent, who do not use contraception.²⁴

UNINTENDED PREGNANCIES

According to a national study of women having an abortion who used a contraceptive method, the male condom was the most commonly reported method among all women, followed by the pill.²⁵ Forty-two percent of the women whose partner used a condom cited condom breakage or slippage as a reason for pregnancy. Seventy-six percent of women who used pills and 49 percent of women whose partner used a condom, however, cited inconsistent method use as the main cause of pregnancy.²⁶ In the study, 46 percent of women having an abortion in 2000 had not used a contraceptive method in the month they conceived, mainly because of perceived low risk of pregnancy and concerns about contraception.²⁷

Even though the rate of unintended pregnancy is high, between 1992 and 2000, the number of abortions per 1,000 women (known as the abortion rate) declined significantly in the United States from 25.7 abortions per 1,000 women to 21.3. Similarly, New York also experienced a significant decline for this period, with the abortion rate decreasing from 45.7 abortions per 1,000 women to 39.1. However, even with this decline, New York had the highest abortion rate of any state in the nation in 2000.²⁸



New York Costs Associated with Unintended Pregnancies

According to the Centers for Medicare and Medicaid Services, total public and private spending on healthcare in New York State in 2000 (most current annual data available) was \$94.8 billion, representing a 5.4 percent increase from 1999.²⁹ While more recent total expenditure data is not yet available, it is well known that healthcare systems continue to experience significant year-to-year spending increases. For example, in the New York State Medicaid program (funded by the federal, State and local governments), claim payment expenditures increased 8.1 percent to \$39.3 billion from State fiscal year 2003-04 through 2004-05.³⁰

The tremendous increases in healthcare costs experienced in New York State and around the nation are the focus of much research as the public and private sectors work to identify the causes in order to develop and implement actions to reduce costs without compromising quality. Medical costs associated with the 164,630 abortions and 79,691 births resulting from unintended pregnancies in New York for 2000 are an important component of these costs to the State's healthcare systems. The Office of the State Comptroller estimates the cost of unintended pregnancies resulting in abortions or births for the calendar year 2000 at \$825.6 million among the State's public and private healthcare systems. When adjusted for inflation through 2004, these costs increase to \$1.02 billion.³¹

These abortions and births also have resulted in important, long-lasting implications for women and our State. The Office of the State Comptroller has undertaken this study to identify costs associated with unintended pregnancies, and the potential effects that increased awareness and access to EC could have on reducing unintended pregnancies, and costs associated with them. Any proposals that have the potential to improve women's reproductive care and mitigate the strain of increasing healthcare costs by controlling and reducing the number of unintended pregnancies in New York deserves consideration by State policymakers.

In addition to the consequences of unintended pregnancies noted above, studies show that the children resulting from unintended pregnancies often face life-long challenges and interaction with public service agencies. For example, many of these children experience foster care and/or require special education. Their families often live at income levels near or below the federal poverty level, requiring, at times, reliance on public assistance. In addition, these children are at increased risk of interacting with law enforcement agencies. Accordingly, there are

NEW YORK COSTS ASSOCIATED WITH UNINTENDED PREGNANCIES

costs associated with all of these interactions between public service agencies and children of unintended pregnancies. Reliable data on such secondary impact costs is not readily available; therefore, these costs have not been factored into efforts to quantify benefits of ECP access in this study.

Medicaid Costs

The Medicaid program was created in 1965 as a joint federal and state program to provide health insurance for low-income, single-parent families with children, low-income elderly people and people with disabilities. New York has since expanded benefits to include low-income, childless adults. Unlike most other states, New York requires county governments to share the costs of the Medicaid program.

The high cost of Medicaid is a chief concern for county governments. Between 1993 and 2003, Medicaid expenditures have increased at a significantly higher rate (7.4 percent average annual growth) than property tax levies (1.1 percent average annual growth). Statewide, outside of New York City, local Medicaid expenditures of \$2.3 billion in 2003 represented an average 77 percent of the total property tax levy for all counties (for Columbia County, 2002 data was substituted due to the unavailability of 2003 data). Ten years earlier, in 1993, Medicaid expenditures for counties outside of New York City (\$1.1 billion) constituted an average of only 43 percent of the total county property levy. On a county-by-county basis, Medicaid costs exceeded the property tax levy in nine counties for 2003, while in 1993, no county's Medicaid costs exceeded the property tax levy.³²

The federal government mandates coverage of certain health services and gives states the option of providing others. New York has elected to cover essentially all optional services. For most Medicaid services, the federal government reimburses the State 50 percent of costs; however, family planning services receive a 90 percent federal match.

Medicaid covers family planning and reproductive health services, such as contraception (birth control pills, intrauterine devices, Norplant, Depo-Provera, sterilization, condoms, diaphragms and EC), screening and treatment for sexually transmitted diseases, screening for anemia, cervical cancer and other diseases, abortions in certain cases, and any educational and counseling services necessary to provide these services effectively.

Federal reimbursement for abortion services, though, is restricted pursuant to the "Hyde Amendment" that prohibits the federal government from providing reimbursement for abortions, except when the pregnancy is the result of rape or incest, when a woman suffers from certain physical problems or the woman's life is in danger. However, in the 1980s, the State opted not to seek any federal funds for these types of abortions and, as a result, the cost of these abortions is shared

NEW YORK COSTS ASSOCIATED WITH UNINTENDED PREGNANCIES

by the State and local governments. New York State is one of only 13 states to pay for all medically necessary abortions through its Medicaid program.

In October 2002, New York received permission from the federal government to implement a family planning waiver program that expanded Medicaid eligibility for family planning services to men and women with income below 200 percent of the federal poverty level. This waiver covers the family planning and reproductive services listed above, but it excludes abortion services that are not deemed medically necessary or are not necessitated as the result of rape or incest.

The Office of the State Comptroller estimates that there were 166,050 pregnancies among women receiving Medicaid services in New York State for 2000, resulting in 58,740 abortions and 107,310 births, as shown in the table below. As noted earlier, all abortions are considered unintended pregnancies. However, the proportion of Medicaid births that were unintended, as estimated by the Office of the State Comptroller, was 42.9 percent, instead of the 30.8 percent that was applied to the State as a whole.³³ The higher proportion was used to reflect a higher level of unintended pregnancies for women whose income levels would be low enough to qualify for Medicaid.³⁴ Accordingly, the Office of the State Comptroller estimates that the Medicaid costs for healthcare expenses associated with the 104,776 unintended pregnancies (63.1 percent of total Medicaid pregnancies) totaled \$461.8 million in 2000, increasing to \$567.8 million when adjusted for inflation through 2004.³⁵ Of these costs, \$50.5 million is associated with all 58,740 abortions and \$517.3 million is associated with 46,036 unintended births, after adjusting for inflation through 2004. The methodology and calculations used in these estimates are described in more detail in Appendix 1.

**New York State Medicaid
Estimated Adjusted Cost of Unintended Pregnancies in 2000
By Outcome
(dollars in millions)**

Category	Total	Percent Unintended	Number Unintended	Total Unintended Costs
Abortions	58,740	100.0%	58,740	\$50.5
Births	107,310	42.9%	46,036	\$517.3
Total	166,050	63.1%	104,776	\$567.8

Other New York Healthcare Systems Costs

Since the Office of the State Comptroller was able to identify the actual number of births and abortions for the State's Medicaid population, the remaining births and abortions in the State are associated with those who have private insurance, self-pay medical costs, are enrolled in public non-Medicaid healthcare programs (such

NEW YORK COSTS ASSOCIATED WITH UNINTENDED PREGNANCIES

as Child Health Plus), or are uninsured. While the costs of unintended births and abortions for this population are paid for by private and public sector sources, they reflect an overall cost to the healthcare system in New York, and for the purposes of this report will be considered as "Other New York Healthcare Systems" costs.

The Office of the State Comptroller estimates that there were 257,317 pregnancies in the State for 2000, associated with Other New York Healthcare Systems. These pregnancies resulted in 105,890 abortions and 151,427 births, as shown in the table below. The 105,890 abortions attributed to the Other New York Healthcare Systems were determined by taking the difference between the total number of abortions in New York State (164,630) and the number of Medicaid abortions (58,740). Similarly, the 151,427 births attributed to the Other New York Healthcare Systems were determined by taking the difference of the total number of births in the State (258,737) and the number of Medicaid births (107,310).

There were 139,545 unintended pregnancies associated with the Other New York Healthcare Systems, reflecting a projected 54.2 percent of pregnancies that were unintended. There were 33,655 unintended births attributed to the Other New York Healthcare Systems for 2000, as estimated by the Office of the State Comptroller. These births were determined by taking the difference between the total number of unintended births in the State (79,691) and the number of unintended Medicaid births (46,036). The estimated proportion of unintended births among women with income high enough to disqualify them from receiving Medicaid is based on previous research showing that higher income women have a lower proportion of unintended births than do lower income women.³⁶ All 105,890 abortions are considered unintended.

The Office of the State Comptroller estimates that costs to the Other New York Healthcare Systems for these 139,545 unintended pregnancies totaled \$363.9 million for 2000. After adjusting for inflation through 2004, these costs would be \$447.4 million.³⁷ Of these costs, \$87.5 million are associated with 105,890 abortions and \$359.9 million are associated with 33,655 unintended births, after adjusting for inflation through 2004. The methodology and calculations used in these estimates are described in more detail in Appendix 1.

**NEW YORK COSTS ASSOCIATED WITH
UNINTENDED PREGNANCIES**

**Other New York Healthcare Systems:
Estimated Adjusted Cost of Unintended Pregnancies in 2000
By Outcome
(dollars in millions)**

Outcome	Total Number	Percent Unintended	Number Unintended	Total Adjusted Unintended Costs
Abortions	105,890	100.0%	105,890	\$ 87.5
Births	151,427	22.2%	33,655	\$359.9
Total	257,317	54.2%	139,545	\$447.4

Estimated Cost Savings from Increased Use of ECPs

With increased awareness of and access to ECPs, it is considered that unintended pregnancies can be reduced by up to half.³⁸ As noted earlier, using healthcare data for calendar year 2000, adjusted for inflation through 2004, a total of \$1.02 billion was paid for 164,630 abortions and 79,691 births resulting from 244,321 unintended pregnancies in New York. Decreasing these unintended pregnancies by half would have a meaningful societal and fiscal impact on New York. Using the methodologies employed in the studies above, the Office of the State Comptroller projects that such a decrease (using 2000 data) would result in 82,315 fewer abortions with associated savings of \$30.5 million and 39,846 fewer births with associated savings of \$420.5 million. The total potential adjusted savings to all of the healthcare systems in New York (including Medicaid) would be \$451.0 million, reflecting a reduction of 122,161 unintended pregnancies.

The calculation of potential savings incorporates the costs associated with the number of ECP treatments that would be needed to achieve such a decrease, based on an 82 percent rate of ECP effectiveness. As reported in a November 2004 study on cost-savings associated with ECP use in Australia by Trussell and Cababretto, a recent WHO clinical trial in Australia of an EC treatment identical to Plan B found that among 1,000 women treated with a single 1.5 mg dose of the drug Postinor-2 within 120 hours after unprotected intercourse, 15 women become pregnant despite treatment, whereas 82 would have become pregnant without treatment.^{39, 40} As a result, 67 pregnancies are avoided among every 1,000 women treated, representing an 82 percent reduction in the risk of pregnancy. Therefore, the number of ECP treatments needed for each pregnancy avoided would be 14.9 (1,000/67=14.9). Using this methodology, about 1.8 million ECP treatments would be needed. The Office of the State Comptroller's estimate considered that ECP treatments would be provided under non-patient specific prescriptions. It is assumed that under this process, women would not need to visit a physician solely to obtain ECPs, thereby saving costs associated with such a physician's visit.

In considering whether to account for costs related to potential serious side effects resulting from the use of ECPs, the Office of the State Comptroller relied on the information in the ACOG ECP practice bulletin regarding the lack of adverse events reported in published studies using evidence-based criteria. The Office of the State Comptroller believes that should some additional costs arise from adverse events of ECP use, the potential savings identified in this report would

ESTIMATED COST SAVINGS FROM INCREASED USE OF ECPs

not be significantly affected based on the conservative methodology employed by the Office of the State Comptroller in estimating the cost of unintended pregnancy. Should Plan B receive FDA over-the-counter status, additional savings would be realized.

New York: Estimated Potential Decrease in Unintended Births and Abortions Through Increased Use of ECPs (dollars in millions)

Outcome	Number Reduced from ECPs	Potential Savings from ECPs	Cost of ECPs	Net Potential Savings from ECPs
Births	39,846	\$438.6	\$18.0	\$420.5
Abortions	82,315	\$69.0	\$38.6	\$30.5
Total	122,161	\$507.6	\$56.6	\$451.0

Medicaid

Reducing unintended Medicaid pregnancies by half (52,388) would result in 23,018 fewer births and 29,370 fewer abortions among Medicaid recipients. The Office of the State Comptroller estimates the fiscal impact of the decrease in births to be \$248.9 million in 2004. The fiscal impact associated with the reduction in abortions would be \$12.8 million. Total Medicaid potential savings from reducing Medicaid unintended pregnancies by 52,388, due to greater use of ECPs, would be \$261.6 million. As noted above, this dollar impact is based on 2000 data and has been adjusted for inflation through 2004.

In calculating the cost for ECPs, the Office of the State Comptroller used \$28.50, the current Medicaid price (including a pharmacist dispensing fee) reimbursed for Plan B. To achieve these savings, about 781,000 treatments of ECPs would be needed based on an 82 percent effective rate in preventing pregnancy.

Other New York Healthcare Systems

Our model estimates that reducing unintended pregnancies associated with the Other New York Healthcare Systems by half (69,773) would result in 16,828 fewer births and 52,945 fewer abortions. The fiscal impact of the decrease in births would be \$171.7 million. Similarly, the decrease in abortions would result in a fiscal impact of \$17.7 million. As a result, the net savings to the Other New York Healthcare Systems that could result from a decrease of 69,773 unintended pregnancies through increased use of ECPs is \$189.4 million. The dollar impact was based on 2000 data that was adjusted for inflation through 2004.

**ESTIMATED COST SAVINGS FROM
INCREASED USE OF ECPs**

In calculating the cost for ECPs, the Office of the State Comptroller used \$33, a reasonable estimate of the regular consumer purchase price of Plan B. These savings could be realized through the use of 1.0 million treatments of ECPs, also based on an 82 percent effective rate in preventing pregnancy.

Public Health Education Campaign

As noted above, advocates have worked long and hard to promote the use of ECPs. However, in order to reduce the rate of unintended pregnancy in New York in a meaningful way, more action needs to be taken. A portion of the savings to all of the State's healthcare systems from the increased use of ECPs could be used to offset costs for a statewide public health education campaign on ECPs that targets women of childbearing age and the medical community, as well. In addition, public awareness of ECPs would be aided through passage of the federal "Prevention First Act," proposed by Reid/Slaughter.

Estimate of Abortion and Birth Costs for Other States

Since the release of the Office of the State Comptroller's November 2003 report on the cost of unintended pregnancies, there has been an overwhelming response by groups in other states working toward direct access of EC which are interested in recreating the report's methodology. The interest in this report has been further heightened by inaction on the federal level. The FDA continues to delay a final decision on making EC available over-the-counter. The Office of the State Comptroller, recognizing the importance of spurring legislative action in other states to provide direct access, has recently updated its report.

In addition to reflecting inflationary increases in health care costs through calendar year 2004, the Office of the State Comptroller has adapted New York's cost data for each state to develop estimates of the average cost of abortion and birth through Medicaid and other healthcare systems. With this information, interested states will be able to develop their own estimates of unintended pregnancy cost. The methodology and calculations used in these estimates, as well as the actual estimates, are found in Appendix 2.

Methodology to Estimate Cost of Unintended Pregnancies

Medicaid Cost

To estimate the cost of unintended Medicaid pregnancies, the Office of the State Comptroller identified actual costs for medical services associated with all Medicaid reported births and abortions. These costs were based on paid claims submitted by medical providers and processed through the Medicaid Management Information System (MMIS) administered by the New York State Department of Health.

The Office of the State Comptroller took into consideration that Medicaid recipients receive health care through one of two models: fee-for-service or managed care. Under the fee-for-service model, participating Medicaid providers render services to eligible recipients and directly bill and receive payment from the Medicaid program. Under Medicaid managed care, recipients enroll with managed care organizations (MCOs). The MCOs ensure that each enrollee has a primary care provider and adequate access to a full continuum of 24-hour health care. In return, the Medicaid program pays a monthly premium payment to the MCOs for each enrollee.

Unintended Medicaid Birth Cost

According to Henshaw's 1998 study of unintended pregnancies, the proportion of births that were unintended for women with income below the federal poverty level was 44.8 percent, and 37.2 percent for women with income between 100 and 200 percent of poverty.⁴¹ Using data from the Urban Institute's National Survey of America's Families, 1999, the Office of the State Comptroller estimates that of women of child-bearing age on Medicaid, about 75 percent have income below 100 percent of the federal poverty level and 25 percent have income between 100 and 200 percent of poverty.⁴² The Office of the State Comptroller used this information to construct a weighted average of 42.9 percent for use in estimating the number of unintended births among Medicaid recipients in New York State.

To calculate the cost of unintended Medicaid births, the Office of the State Comptroller collected data from MMIS on all birth costs. For these calculations, birth costs included all prenatal care and the birth cost for mother and child from birth to discharge from the hospital, as well as the costs for any associated ancillary care. The Office of the State Comptroller's calculation of birth costs did

METHODOLOGY TO ESTIMATE COST OF UNINTENDED PREGNANCIES

not include subsequent or continuing hospitalizations of newborns arising from complications, such as premature birth. Accordingly, had these additional costs been included, the cost of unintended births would be higher. The unintended birth information was calculated by applying the 42.9 percent weighted average of unintended Medicaid births to the total number of Medicaid births for 2000. Similarly, the Office of the State Comptroller applied the 42.9 percent to the total cost of the associated Medicaid births. To determine the Medicaid births costs, the Office of the State Comptroller separated services to the mother and the newborn.

Mothers' Cost

The Office of the State Comptroller identified a total of 98,494 women receiving their health care through Medicaid who gave birth in 2000. In contrast, there were 107,310 Medicaid births for the same period. The difference between the number of mothers and births is attributed to the following factors:

- Multiple births - In New York for 2000, the Department of Health reported that due to multiple births, there were 98.16 mothers for every 100 births. As a result, for the 107,310 Medicaid births identified, there were 105,331 mothers.⁴³
- Expanded Eligibility for Infants - Eligibility for children (aged 1-18) on Child Health Plus B is 250 percent of the federal poverty level. Eligibility for Child Health Plus A (Medicaid) for children (aged 1-18) is 133 percent of the federal poverty level and 200 percent of the federal poverty level for infants and pregnant women. As a result, these could be adolescents on Child Health Plus B that gave birth and stayed in Child Health Plus B, but the infant was enrolled in Medicaid. In these instances, the mother's cost would be incurred by the Other New York Healthcare Systems.
- Incomplete Medicaid Managed Care Encounter Data - Encounter data is information submitted by MCOs that identifies details on health care services provided to enrollees. MCOs do not receive reimbursement for encounter data and, as a result, this information is sometimes underreported. In the Office of the State Comptroller's audit report *Medicaid Managed Care Encounter Data (2000-S-54)*, which covered the two-years ending December 31, 2000, the Department of Health estimated that encounter data was underreported by 8-18 percent. However, this audit found that encounter data was underreported 34 percent for a judgment sample of 200 enrollees.

Since the Office of the State Comptroller is unable to reconcile the precise difference in Medicaid reported mothers and births attributed to expanded

**METHODOLOGY TO ESTIMATE COST
OF UNINTENDED PREGNANCIES**

eligibility and underreported encounter data, the Office of the State Comptroller has conservatively included in this estimate only the costs for the 98,494 mothers whose pregnancy and childbirth information was reported to MMIS. Accordingly, had reconciliation and inclusion of the costs for these additional mothers been factored into this estimate, associated Medicaid costs and costs to the Other New York Healthcare Systems would be higher.

In calculating the portion of Medicaid fee-for-service birth costs associated with the mother (mothers' costs), the Office of the State Comptroller first totaled paid fee-for-service claims for prenatal care, associated ancillary services and the hospitalization for the birth, as well as the costs for any other associated hospitalization. There were 76,151 women identified as giving birth in 2000 while under fee-for-service Medicaid. The average cost for these mothers was \$5,511, with a median cost of \$5,192.

The remaining 22,343 women who gave birth in 2000 received health care services through Medicaid managed care. Since there is no other available information to associate costs for women in Medicaid managed care with a resulting birth, the Office of the State Comptroller used the average Medicaid fee-for-service mother's cost (\$5,511) to estimate these expenses. As a result, the estimated cost for the 98,494 women that gave birth in 2000 under Medicaid fee-for-service and Medicaid managed care is \$542.8 million.

▪ **Newborn Cost**

There were a total of 107,310 Medicaid births in 2000. In calculating the Medicaid fee-for-service costs for newborns, the Office of the State Comptroller totaled newborn hospitalization costs along with any associated ancillary costs up to the point of birth-discharge from the hospital. There were 81,126 Medicaid fee-for-service newborns for 2000, and the average cost for these newborns was \$4,496. The median cost was \$1,839.

Under Medicaid managed care, a special payment is made to the MCO for each newborn to cover birth costs. This payment is known as the kick payment. The Office of the State Comptroller identified managed care newborns for 2000 by using paid kick payment information. Accordingly, there were 26,184 newborns under Medicaid managed care. The average kick payment cost for these newborns was \$2,794 and the median cost was \$2,948. By totaling the average fee-for-service and managed care costs for newborns, the Office of the State Comptroller estimates that the Medicaid cost for the newborn portion of these 107,310 births was \$437.9 million.

**METHODOLOGY TO ESTIMATE COST
OF UNINTENDED PREGNANCIES**

▪ **Total Costs of Unintended Medicaid Births**

The total Medicaid average cost per birth in 2000 was \$9,139. The Office of the State Comptroller used the 42.9 percent weighted average rate of unintended Medicaid births, noted above, to estimate the total cost of unintended Medicaid births. As a result, the Office of the State Comptroller estimates for 2000 that unintended pregnancies resulted in 46,036 births that cost the Medicaid program \$420.7 million. When adjusted for inflation through 2004, these unintended Medicaid births cost \$517.3 million.⁴⁴

**New York State Medicaid: Estimated Unadjusted Cost
of Unintended Births in 2000**

Payment Type	Number	Total Cost (in millions)	Average Cost	Median Cost
Mother	42,254	\$232.8	\$5,511	\$5,192
Newborn - FFS	34,803	\$156.5	\$4,496	\$1,839
Newborn - MC	11,233	\$31.4	\$2,794	\$2,948
Total Birth	46,036	\$420.7 *	\$9,139	

FFS - Fee-for-Service, MC-Managed Care
* \$517.3 million after inflationary adjustment.

Cost of Medicaid Abortions

As noted above, all abortions are considered unintended pregnancies. To develop this estimate of the cost of the 58,740 Medicaid abortions identified through MMIS, the Office of the State Comptroller totaled paid fee-for-service abortion claims for 2000, as well as any associated prenatal and ancillary service claims. There were 55,479 Medicaid fee-for-service abortions for 2000. The average cost for 52,143 of these abortions performed in a clinic or physician setting was \$532, with a median cost of \$489. The average cost for the remaining 3,336 abortions, which occurred in an inpatient hospital setting, was \$3,387, with a median cost of \$3,170.

The Office of the State Comptroller identified 3,261 Medicaid abortions for managed care recipients in 2000. Of these, 3,146 abortions were performed in a clinic or physician setting and 115 abortions occurred in an inpatient hospital. To estimate the cost of these abortions, the average fee-for-service abortion costs for clinic/physician abortions and inpatient abortions noted above were used.

As a result, the Office of the State Comptroller estimates that the 58,740 Medicaid fee-for-service and managed care abortions for 2000 cost \$41.1 million. This

**METHODOLOGY TO ESTIMATE COST
OF UNINTENDED PREGNANCIES**

reflects a total average cost of \$699. When adjusted for inflation through 2004, the cost for Medicaid abortions rises to \$50.5 million.⁴⁵

**New York State Medicaid:
Estimated Unadjusted Cost of Abortions in 2000**

Abortion Setting	Number of Abortions	Total Cost (in millions)	Average Cost	Median Cost
Clinic	55,289	\$29.4	\$ 532	\$ 489
Inpatient	3,451	\$11.7	\$3,387	\$3,170
Total	58,740	\$41.1 *	\$699	

* \$50.5 million after inflationary adjustment.

Total Cost of Medicaid Unintended Pregnancies

Combining the costs for unintended Medicaid births and abortions results in total costs of \$461.8 million for 104,776 unintended Medicaid pregnancies in 2000. These costs increase to \$567.8 million when adjusted for inflation through 2004.⁴⁶

**New York State Medicaid:
Estimated Adjusted Cost of Unintended Pregnancies in 2000
By Outcome
(dollars in millions)**

Category	Total	Percent Unintended	Number Unintended	Total Adjusted Unintended Costs
Abortions	58,740	100.0%	58,740	\$50.5
Births	107,310	42.9%	46,036	\$517.3
Total	166,050	63.1%	104,776	\$567.8

Other New York Healthcare Systems' Cost

To develop the estimated cost of unintended pregnancies affecting the Other New York Healthcare Systems, the Office of the State Comptroller used data from the New York State Health Insurance Program (NYSHIP). NYSHIP is one of the largest group health insurance programs in the United States, providing hospital and surgical services and other medical and drug coverage to more than 790,000 active and retired State employees and their dependents. This program also provides coverage for more than 376,000 active or retired employees of participating local government units and school districts, and dependents of such employees. Specifically, the Office of the State Comptroller used data from the

**METHODOLOGY TO ESTIMATE COST
OF UNINTENDED PREGNANCIES**

Empire Plan, an indemnity plan that is NYSHIP's primary health benefits program, providing services to almost one million individuals at an annual cost of more than \$2.5 billion.

Similar to the estimated cost of unintended Medicaid pregnancies, the Office of the State Comptroller identified the actual cost for medical services associated with all births and abortions paid through the Empire Plan for 2000. In addition, to give appropriate consideration to both the high percentage and cost of self-paid abortions, the Office of the State Comptroller used data from both Henshaw and Finer's report—"The Accessibility of U.S. Abortion Services in the United States, 2001"—and the Department of Health.⁴⁷ All of this information was used to develop and then apply average costs for unintended births and abortions for these estimates.

The Office of the State Comptroller was able to identify the total number of unintended births and abortions for New York State overall using birth data from the National Center for Health Statistics, abortion data from Finer and Henshaw's study on abortion services in 2000 and the unintended pregnancy rate from Henshaw's study of unintended pregnancy in the United States.⁴⁸ In addition, the Office of the State Comptroller used information from MMIS to identify unintended births and abortions for the State's Medicaid population.

The Office of the State Comptroller estimates that there were 257,317 pregnancies in the State for 2000, associated with Other New York Healthcare Systems. These pregnancies resulted in 105,890 abortions and 151,427 births, as shown in the table below. The 105,890 abortions attributed to the Other New York Healthcare Systems were estimated by taking the difference of the total number of abortions in New York State (164,630) and the number of Medicaid abortions (58,740). Similarly, the 151,427 births attributed to the Other New York Healthcare Systems were estimated by taking the difference of the total number of births in the State (258,737) and the number of Medicaid births (107,310).

There were an estimated 139,545 unintended pregnancies associated with the Other New York Healthcare Systems, reflecting a projected 54.2 percent of pregnancies that were unintended. There were 33,655 unintended births attributed to the Other New York Healthcare Systems for 2000 as estimated by the Office of the State Comptroller. These births were estimated by taking the difference of the total number of unintended births in the State (79,691) and the number of unintended Medicaid births (46,036). The estimated proportion of unintended births among women with income high enough to disqualify them from receiving Medicaid is based on previous research showing that higher income women have a lower proportion of unintended births than do lower income women.⁴⁹ All 105,890 abortions are considered unintended. As a result, the remaining unintended births and abortions in the State are associated with the

**METHODOLOGY TO ESTIMATE COST
OF UNINTENDED PREGNANCIES**

Other New York Healthcare Systems. Therefore, 33,655 births and 105,890 abortions, totaling 139,545 unintended pregnancies are associated with the Other New York Healthcare Systems.

**Distribution of New York
Unintended Births and Abortions in 2000**

Outcome	Total State - Unintended	Medicaid - Unintended	Other NY - Unintended
Abortions	164,630	58,740	105,890
Births	79,691	46,036	33,655
Total Pregnancies	244,321	104,776	139,545

Other New York Healthcare Systems' Unintended Birth Cost

To estimate Other New York Healthcare Systems' cost for the 33,655 unintended births, the Office of the State Comptroller developed an average cost based on Empire Plan claims paid in 2000 that included prenatal care, the birth cost for mother and newborn from birth to discharge from the hospital, as well as costs for any associated ancillary care. Birth costs did not include subsequent or continuing hospitalizations of the newborn arising from complications, such as premature birth. Accordingly, had these costs been included, the cost of unintended births would be higher.

▪ **Mothers' Cost**

Using aggregate Empire Plan paid claim information for 2000, the Office of the State Comptroller determined that the average cost for the mother associated with a birth was \$6,872. The median cost was \$6,158. Using State Department of Health reported information on the distribution of resident births by plurality to account for multiple births, there were an estimated 33,034 mothers for the 33,655 newborns resulting from unintended pregnancies for the Other New York Healthcare Systems.⁵⁰ Based on the average cost above, the Office of the State Comptroller estimates the birth-related costs for these mothers to be \$227 million.

▪ **Newborn Cost**

Similarly, the Office of the State Comptroller used aggregate paid Empire Plan claim information for 2000, and calculated that the average newborn cost was \$1,952. The median cost was \$1,140. As a result, the estimated newborn-related costs for these 33,655 births were \$65.7 million, based on the average cost above.

**METHODOLOGY TO ESTIMATE COST
OF UNINTENDED PREGNANCIES**

▪ **Total Costs of Unintended Other New York Healthcare Systems' Births**

The Office of the State Comptroller estimates that the 33,655 unintended births in 2000 associated with the Other New York Healthcare Systems' cost \$292.7 million. The total average cost for these births was \$8,697. After adjusting for inflation through 2004, these unintended birth costs rise to \$359.9 million.⁵¹

**Other New York Healthcare Systems:
Estimated Unadjusted Cost of Unintended Births in 2000**

Payment for	Number	Total Unintended Costs (in millions)	Average Cost	Median Cost
Mother	33,034	\$227.0	\$6,872	\$6,158
Newborn	33,655	\$65.7	\$1,952	\$1,140
Total Births	33,655	\$292.7 *	\$8,697	

* \$359.9 million after inflationary adjustment

Cost of Other New York Healthcare Systems' Abortions

Vital statistics information reported by the Department of Health for 2000 indicates that women self-paid for 64 percent of non-Medicaid abortions. The remaining 36 percent of non-Medicaid abortions was paid by other insurance.⁵²

▪ **Cost of Self-Pay Abortions**

In developing an estimate of the cost for self-pay abortions, it is important to consider statistics relating to the number of weeks at which the pregnancy was aborted (gestational age), since abortions are generally more expensive as the gestational age increases. For example, data from the 2001-2002 Alan Guttmacher Institute (AGI) abortion provider survey indicates that for 2001, a self-pay abortion in New York at 12 weeks gestational age costs \$385. In contrast, at a gestational age of 16 weeks and 20 weeks, a self-pay abortion in New York costs \$741 and \$1,120, respectively, during the same period.⁵³

The Department of Health reported that for 2000, almost 93 percent of self-pay abortions in the State occurred at, or before, 12 weeks gestational age. Six percent of self-pay abortions during the same period occurred from a gestational age of 13 to 19 weeks, and about 1 percent were performed at 20 or more weeks.⁵⁴

**METHODOLOGY TO ESTIMATE COST
OF UNINTENDED PREGNANCIES**

Using the abortion cost data from the AGI survey and information from the Department of Health on gestational age for self-pay abortions, the Office of the State Comptroller developed a weighted average cost for self-pay abortions. As part of this calculation, the weighted average cost for 2001 was adjusted down to 2000. Consequently, the weighted average cost for self-pay abortions in 2000 was \$394. Therefore, the 67,907 self-pay abortions occurring in 2000 in New York are estimated to have cost \$26.8 million, or \$32.9 million when adjusted for inflation through 2004.⁵⁵

▪ **Cost of Other Insurance Abortions**

Nearly all abortions in 2000 took place in a clinic, physician or hospital outpatient setting.⁵⁶ To develop the estimate of the cost of abortions that were paid by other insurance, the Office of the State Comptroller used aggregate Empire Plan paid claim information for 2000. The estimated total cost for the 37,983 other insurance abortions for 2000 was \$44.4 million. This estimate reflects an average cost of \$1,170, which in addition to the actual abortion cost, included any associated prenatal and ancillary service claims. The median cost was \$912. After adjusting for inflation through 2004, the estimated cost for these abortions is \$54.6 million.⁵⁷

▪ **Total Costs of Other New York Healthcare Systems' Abortions**

The Office of the State Comptroller estimates that for 2000, abortions cost the Other New York Healthcare Systems \$71.2 million for 105,890 abortions, all of which are considered unintended. The overall average cost for these abortions was \$672. When adjusted for inflation through 2004, these costs total \$87.5 million.⁵⁸

**Other New York Healthcare Systems:
Estimated Unadjusted Cost of Abortions in 2004**

Payment Method	Number of Abortions	Average Cost	Total Cost (in millions)
Self-Pay	67,907	\$484	\$32.9
Private Insurance	37,983	\$1,438	\$54.6
Total	105,890	\$826	\$87.5*

* \$87.5 million after inflationary adjustment.

**METHODOLOGY TO ESTIMATE COST
OF UNINTENDED PREGNANCIES**

Other New York Healthcare Systems' Cost of Unintended Pregnancies

The Office of the State Comptroller estimates that costs to the Other New York Healthcare Systems for unintended pregnancies totaled \$363.9 million for 2000. When adjusted for inflation, these costs increase to \$447.4 million.⁵⁹ This reflects a projected unintended pregnancy rate of 54.2 percent or the 139,545 unintended non-Medicaid pregnancies that resulted in 33,655 births and 105,890 abortions.

**Other New York Healthcare Systems:
Estimated Adjusted Cost of Unintended Pregnancies in 2000
By Outcome
(dollars in millions)**

Outcome	Total Number	Percent Unintended	Number Unintended	Total Adjusted Unintended Costs
Abortions	105,890	100.0%	105,890	\$ 87.5
Births	151,427	22.3%	33,655	\$359.9
Total	257,317	54.2%	139,545	\$447.4

Methodology to Estimate Average Abortion and Birth Costs for Other States

The work of the New York State Office of the State Comptroller in estimating the cost of unintended pregnancies and the potential savings that could be achieved through increased access to EC can be adapted for use by other states. These costs and savings use three components: 1) an estimation of the number of unintended pregnancies, 2) an estimation of the average cost for births and abortions, and 3) the number and cost of EC treatments needed to reduce each instance of unintended pregnancy.

While the number of unintended pregnancies (abortions and births by Medicaid and other healthcare systems), and needed EC treatments estimated for New York can be adapted for other states by applying the methodology and data sources described earlier in this report, data to compute each state's average cost of Medicaid and other healthcare abortions and births are often difficult to access. Therefore, the Office of the State Comptroller has developed an estimate by state of the average Medicaid and other healthcare cost for each abortion and birth. Having this information (as shown in the tables below) will facilitate other states working to identify and reduce the cost of unintended pregnancy. The following explains the process the Office of the State Comptroller used to develop these estimates for each state.

The average cost estimates developed in this report are based on health care data from New York State's Medicaid program and the New York State Health Insurance Plan from calendar year 2000. In order to adapt these costs for other states, the Office of the State Comptroller used 1998 data from the Center for Medicare and Medicaid Services (CMS) identifying individual state per capita all payer spending on personal health care.¹ This CMS report includes data for 1991-98 and identifies state average annual growth rates for this period. The Office of the State Comptroller used the state average annual growth rates to bring the per capita all payer spending on personal health care to 2000. The Office of the State Comptroller then used this data to identify the variance of individual state costs to those for New York State.

¹ Centers for Medicare & Medicaid Services. "1998 State Estimates (State Residence) -- All Payers -- Per Capita Personal Health Care." <<http://www.cms.hhs.gov/statistics/nhe/state-estimates-residence/us-per-capita10.asp>>.

METHODOLOGY TO ESTIMATE AVERAGE ABORTION AND BIRTH COSTS FOR OTHER STATES

The Office of the State Comptroller then applied each state variance to the average New York State Medicaid and other healthcare system cost for births and abortions, resulting in the 2000 average state cost for these services. Finally, the Office of the State Comptroller used each state's average annual growth rate to adjust these costs for inflation through 2004. Those interested in developing estimates of the cost of unintended pregnancy for other states would just multiply these costs by the number of identified Medicaid and other healthcare abortions and births as discussed earlier in the report.

METHODOLOGY TO ESTIMATE AVERAGE
ABORTION AND BIRTH COSTS FOR
OTHER STATES

Estimated State 2004 Medicaid Average Birth and Abortion Cost (Adjusted Based on New York State Estimate)			
Region	State	Average Medicaid Birth Cost	Average Medicaid Abortion Cost
New England	Connecticut	\$10,866.66	\$851.06
	Maine	\$10,738.34	\$764.12
	Massachusetts	\$11,549.91	\$883.40
	New Hampshire	\$9,788.33	\$742.16
	Rhode Island	\$11,289.52	\$864.25
	Vermont	\$9,181.33	\$702.24
Atlantic	Delaware	\$10,489.47	\$800.00
	District of Columbia	\$15,622.09	\$1,194.86
	Maryland	\$8,877.80	\$679.02
	New Jersey	\$9,997.07	\$757.75
	New York	\$11,286.01	\$859.39
	Pennsylvania	\$9,726.81	\$743.96
	Region	\$8,713.66	\$666.31
	Virginia	\$8,819.74	\$674.58
Great Lakes	Illinois	\$8,465.76	\$647.51
	Indiana	\$8,529.69	\$652.40
	Michigan	\$8,644.78	\$661.20
	Ohio	\$9,391.55	\$718.51
	Region	\$8,381.02	\$641.39
	Wisconsin	\$8,890.81	\$676.96
Plains	Minnesota	\$10,072.26	\$770.38
	Missouri	\$9,117.33	\$697.34
	Nebraska	\$9,113.49	\$697.05
	North Dakota	\$9,751.71	\$745.86
	Region	\$9,171.28	\$701.47
	South Dakota	\$9,171.28	\$701.47
	Region	\$9,171.28	\$701.47
	Region	\$9,171.28	\$701.47

METHODOLOGY TO ESTIMATE AVERAGE
ABORTION AND BIRTH COSTS FOR
OTHER STATES

Region	State	Average Medicaid Birth Cost	Average Medicaid Abortion Cost
Southeast	Alabama	\$8,548.66	\$655.38
	Arkansas	\$8,644.56	\$661.34
	Florida	\$9,228.13	\$705.82
	Georgia	\$8,132.91	\$622.05
	Kentucky	\$9,377.36	\$717.23
	Louisiana	\$8,883.58	\$679.46
	Mississippi	\$9,028.16	\$690.60
	North Carolina	\$9,033.94	\$690.96
	South Carolina	\$9,018.60	\$689.79
	Tennessee	\$9,248.48	\$707.37
	Virginia	\$7,576.58	\$579.50
	West Virginia	\$10,451.72	\$799.40
	Southwest	Arizona	\$6,751.87
New Mexico		\$7,531.74	\$576.07
Oklahoma		\$7,972.99	\$609.82
Texas		\$8,064.55	\$616.82
Rocky Mountains	Region	\$7,229.22	\$558.22
	Colorado	\$7,510.53	\$574.45
	Idaho	\$7,329.32	\$560.59
	Montana	\$7,912.48	\$605.19
	Utah	\$6,336.94	\$484.68
	Wyoming	\$8,447.49	\$646.11
Far West	Region	\$7,478.90	\$572.03
	Alaska	\$8,032.56	\$614.57
	California	\$7,382.43	\$564.65
	Hawaii	\$8,950.06	\$684.55
	Nevada	\$6,974.08	\$533.42
	Oregon	\$7,914.98	\$605.38
	Washington	\$7,538.21	\$576.56

METHODOLOGY TO ESTIMATE AVERAGE
ABORTION AND BIRTH COSTS FOR
OTHER STATES

Estimated State 2004 Other Healthsystem System Average Birth and Abortion Cost (Adjusted Based on New York State Estimate)					
Region	State	Average Birth Cost	Average Self Pay Abortion Cost	Average Private Insurance Abortion Cost	Total Weighted Average Abortion Cost *
United States				\$1,123.06	\$648.14
New England	Region		\$498.83	\$1,492.68	\$806.19
	Connecticut	\$10,340.15	\$468.44	\$1,391.05	\$798.96
	Maine	\$9,861.87	\$466.77	\$1,326.71	\$762.01
	Massachusetts	\$10,991.31	\$497.94	\$1,478.65	\$849.28
	New Hampshire	\$9,234.04	\$418.33	\$1,242.25	\$713.50
	Rhode Island	\$10,753.03	\$487.14	\$1,446.60	\$830.87
Midwest	Vermont	\$8,737.28	\$395.82	\$1,175.42	\$675.11
	Region	\$8,194.37	\$488.89	\$1,317.90	\$756.95
	Delaware	\$9,953.61	\$458.88	\$1,339.05	\$769.10
	District of Columbia	\$14,866.54	\$673.50	\$1,999.98	\$1,148.71
	Maryland	\$8,448.43	\$382.74	\$1,136.56	\$652.79
	New Jersey	\$9,427.92	\$427.11	\$1,268.33	\$728.48
Great Lakes	New York	\$10,692.99	\$484.41	\$1,438.47	\$826.20
	Pennsylvania	\$9,256.39	\$419.34	\$1,245.25	\$715.22
	Region	\$8,286.33	\$375.38	\$1,115.29	\$640.58
	Illinois	\$8,393.18	\$380.24	\$1,129.13	\$648.52
	Indiana	\$8,056.32	\$364.98	\$1,083.81	\$622.50
	Michigan	\$8,117.16	\$367.73	\$1,091.99	\$627.20
Southwest	Ohio	\$8,226.68	\$372.69	\$1,106.73	\$635.66
	Wisconsin	\$8,937.32	\$404.89	\$1,202.33	\$690.57

METHODOLOGY TO ESTIMATE AVERAGE
ABORTION AND BIRTH COSTS FOR
OTHER STATES

Region	State	Average Birth Cost	Average Self Pay Abortion Cost	Average Private Insurance Abortion Cost	Total Weighted Average Abortion Cost *
Plains	Region		\$400.99	\$1,190.74	\$683.91
	Iowa	\$8,851.19	\$381.58	\$1,133.10	\$650.81
	Kansas	\$8,422.74	\$434.23	\$1,289.48	\$740.62
	Minnesota	\$9,585.12	\$393.07	\$1,167.23	\$670.41
	Missouri	\$8,676.38	\$392.90	\$1,166.73	\$670.12
	Nebraska	\$8,672.72	\$420.42	\$1,248.44	\$717.05
	North Dakota	\$9,280.06	\$395.39	\$1,174.13	\$674.37
	South Dakota	\$8,727.72			
Southeast	Alabama	\$8,154.24	\$369.41	\$1,096.98	\$630.06
	Arkansas	\$8,228.97	\$372.77	\$1,106.96	\$635.79
	Florida	\$8,781.82	\$397.84	\$1,181.41	\$678.55
	Georgia	\$7,739.56	\$350.63	\$1,041.20	\$598.02
	Kentucky	\$8,923.83	\$404.28	\$1,200.52	\$689.53
	Louisiana	\$8,453.94	\$382.99	\$1,137.30	\$653.22
	Mississippi	\$8,592.47	\$389.26	\$1,155.94	\$663.92
	North Carolina	\$8,597.02	\$389.47	\$1,156.55	\$664.27
	South Carolina	\$8,582.43	\$388.81	\$1,154.59	\$663.15
	Tennessee	\$8,801.19	\$398.72	\$1,184.02	\$680.05
	Virginia	\$7,210.15	\$326.64	\$969.97	\$557.11
	West Virginia	\$9,946.23	\$450.59	\$1,338.06	\$768.53
Southwest	Arizona	\$6,423.32	\$291.09	\$864.39	\$496.47
	New Mexico	\$7,167.48	\$324.71	\$964.23	\$553.82
	Oklahoma	\$7,587.39	\$343.73	\$1,020.72	\$586.26
	Texas	\$7,674.51	\$347.68	\$1,032.45	\$592.99

**METHODOLOGY TO ESTIMATE AVERAGE
ABORTION AND BIRTH COSTS FOR
OTHER STATES**

Region	State	Average Birth Cost	Average Self Pay Abortion Cost	Average Private Insurance Abortion Cost	Total Weighted Average Abortion Cost *
Rocky Mountains	Colorado	\$7,147.29	\$323.79	\$961.52	\$552.26
	Idaho	\$6,974.84	\$315.98	\$938.32	\$538.99
	Montana	\$7,528.80	\$341.12	\$1,012.98	\$581.81
	Utah	\$6,098.46	\$273.20	\$811.27	\$465.96
	Wyoming	\$8,038.93	\$364.19	\$1,081.47	\$621.15
	Region		\$7,117.19	\$322.43	\$937.47
	Alaska	\$7,644.07	\$346.30	\$1,028.35	\$590.64
	California	\$7,025.39	\$318.27	\$945.12	\$542.84
	Hawaii	\$8,517.20	\$385.85	\$1,148.81	\$638.11
	Nevada	\$6,436.78	\$300.67	\$892.84	\$512.81
	Oregon	\$7,532.18	\$341.23	\$1,013.30	\$582.00
	Washington	\$7,173.63	\$324.99	\$965.06	\$554.29

* The weighted average of self pay and private insurance abortion costs are based on the number of self pay and private insurance abortions in New York State. Accordingly, this weighted average may vary state to state.

Endnotes

¹ Ellertson, Chadotte, Margaret Evans, Sue Ferden, Clare Leadbetter, et al. "Extending the Time Limit for Starting the Yuzpe Regimen of Emergency Contraception to 120 hours." *Obstetrics and Gynecology* 101.6 (June 2003): 1168-1171; von Hertzen, H., Poggio G., Ding J., Chen J., Song S., et al. "Low Dose Mifepristone and Two Regimens of Levonogestrel for Emergency Contraception: a WHO Multicentre Randomised Trial." *Lancet* 360 (December 7, 2002): 1803.

² Grimes, David A., and Elizabeth G. Raymond. "Emergency Contraception." *Annals of Internal Medicine* 137.3 (August 6, 2002): E-182.

³ Dailard, Cynthia. "Increased Awareness Needed to Reach Full Potential of Emergency Contraception." *The Guttmacher Report on Public Policy* 4.3 (June 2001): 2.

⁴ Protection of human subjects. 45 C.F.R. Sect. 46 (1983).

⁵ <http://www.go2ec.org/pdfs/FDA_1997ECFederalRegister.doc>. November 15, 2005.

⁶ "FDA Rejects Over-the-Counter Status for Emergency Contraceptive Plan B." *Kaiser Daily Reproductive Health Report*. May 7, 2004. <http://www.go2ec.org/pdfs/FDA_KaiserArticle.pdf>.

⁷ *New York Times*. "U.S. Again Delays Decision on Sale of Next-Day Pill." Harris, Gardiner. August 27, 2005.

⁸ United States Government Accountability Office. Report to Congressional Requesters. *Food and Drug Administration: Decision Process to Deny Initial Application for Over-the-Counter Marketing of the Emergency Contraception Drug Plan B Was Unusual*. GAO-06-109. November 2005.

⁹ Letter to United States Department of Health and Human Services Secretary Michael Leavitt from Members of Congress Henry Waxman, John Dingell, et al. November 14, 2005. <<http://www.democrats reform.house.gov/Documents/20051114120610-98065.pdf>>. November 15, 2005.

¹⁰ Hayes, Maxine, Jane Hutchings and Pamela Hayes. "Reducing Unintended Pregnancy by Increasing Access to Emergency Contraceptive Pills." *Maternal and Child Health Journal* 4.3 (2000): 205.

¹¹ <<http://www.go2ec.org/StateProfiles.htm>>. November 15, 2005.

¹² *Contraception in the '90s*. Kaiser Family Foundation. June 2003. <<http://www.kff.org/content/archive/1270/contr90Ehtml>>.

¹³ "Mayor Michael R. Bloomberg Announces Healthy Women/Healthy Babies Initiative to Reduce Unintended Pregnancies." April 21, 2005. <<http://www.nyc.gov/html/doh/html/pr/mr149-05.shtml>>.

¹⁴ *Contraception Counts, New York*. Alan Guttmacher Institute. 2004. <http://www.guttmacher.org/pubs/state_data/states/new_york.html>.

¹⁵ *Ibid.*

¹⁶ Henshaw, Stanley K. "Unintended Pregnancy in the United States." *Family Planning Perspectives* 30.1 (January/February 1998): 26.

¹⁷ *Contraception Counts, New York*. Alan Guttmacher Institute. 2004. <http://www.guttmacher.org/pubs/state_data/states/new_york.html>.

¹⁸ Henshaw, Stanley K. "Unintended Pregnancy in the United States." *Family Planning Perspectives* 30.1 (January/February 1998): 25.

¹⁹ Henshaw, Stanley K. "Unintended Pregnancy in the United States." *Family Planning Perspectives* 30.1 (January/February 1998): 26. As done by Henshaw, except where otherwise noted, we excluded miscarriages from all calculations of the number of pregnancies and of pregnancy related rates in an effort to reflect actual decisions to terminate or continue pregnancies. Henshaw notes that "the number of miscarriages after six-seven weeks of pregnancy—the point at which miscarriages are likely to be noted by the woman—can be estimated by adding 20 percent of births to 10 percent of abortions. Miscarriages may also be estimated using National Survey of Family Growth data."

²⁰ Trussell, James, Jacqueline Koenig, Chadotte Ellertson and Felicia Stewart. "Preventing Unintended Pregnancy: The Cost-Effectiveness of Three Methods of Emergency Contraception." *American Journal of Public Health* 87.6 (June 1997): 933. According to Trussell, only 31 percent of unintended births are unwanted in the sense that they would not occur at a later time, and the remainder are timing failures. Timing failures represent births that occur sooner than intended.

²¹ Finet, Lawrence B. and Stanley K. Henshaw. "Abortion Incidence and Services in the United States in 2000." *Perspectives on Sexual and Reproductive Health* 35.1 (January/February 2003): 9.

²² National Center for Health Statistics. "Table 10. Number of births, birth rates, fertility rates, total fertility rates, and birth rates for teenagers 15-19 years by age of mother: United States, each State and territory, 2000." *National Vital Statistics Report*. 50.5 (Revised May 15, 2002): 40.

²³ *Contraception in the '90s*. Kaiser Family Foundation. June 2003. <<http://www.kff.org/content/archive/1270/contr90Ehtml>>.

²⁴ *Contraception Counts, New York*. Alan Guttmacher Institute. 2004.
<http://www.guttmacher.org/pubs/state_data/states/new_york.html>.

²⁵ Jones, Rachel K., Jacqueline E. Darroch and Stanley K. Henshaw. "Contraceptive Use Among U.S. Women Having Abortions in 2000-2001." *Perspectives on Sexual and Reproductive Health* 34.6 (November/December 2002): 296.

²⁶ Jones, Rachel K., Jacqueline E. Darroch and Stanley K. Henshaw. "Contraceptive Use Among U.S. Women Having Abortions in 2000-2001." *Perspectives on Sexual and Reproductive Health* 34.6 (November/December 2002): 299.

²⁷ Jones, Rachel K., Jacqueline E. Darroch and Stanley K. Henshaw. "Contraceptive Use Among U.S. Women Having Abortions in 2000-2001." *Perspectives on Sexual and Reproductive Health* 34.6 (November/December 2002): 297.

²⁸ Fines, Lawrence B. and Stanley K. Henshaw. "Abortion Incidence and Services in the United States in 2000." *Perspectives on Sexual and Reproductive Health* 35.1 (January/February 2003): 9.

²⁹ Centers for Medicare and Medicaid Services. "United States Personal Health Care Expenditures." November 14, 2005. 68. <<http://www.cms.hhs.gov/statistics/nhe/state-estimates-provider/2000/states.pdf>>.

³⁰ Department of Health. eMedNY Data Warehouse. *Total Medicaid Expenditures Report*. June 10, 2005.

³¹ Centers for Medicare and Medicaid Services. "1998 State Estimates (State Residence)—All Payers—Per Capita Personal Health Care." <<http://www.cms.hhs.gov/statistics/nhe/state-estimates-residence/us-per-capita10.asp>>. The Office of the State Comptroller applied the average annual growth percentage experienced by New York State from 1991-1998 (5.3 percent).

³² Yneggs, Yvonne. "Medicaid vs. Prop Tax Levy." Office of the State Comptroller, Division of Local Government Services and Economic Development. Email to Gabriel Deyo. June 15, 2005.

³³ Centers for Disease Control and Prevention. "Prevalence of Selected Maternal Behaviors and Experiences, Pregnancy Risk Assessment Monitoring System (PRAMS), 1999." *Morbidity and Mortality Weekly Report*, 51.SS-2 (April 26, 2002): 5. The PRAMS report shows that in 1999 the prevalence of unintended pregnancy among women delivering a live-born infant for New York State was 35.3 percent. This data does not include New York City. If such data were available, it is likely that the rate of unintended births would be higher, considering the increased rate of poverty in New York City - 21.2 percent for individuals, versus 12.4 percent statewide. U.S. Census Bureau. *American FactFinder*. "New York City, New York Highlights from the Census 2000 Demographic Profiles." November 3, 2003. <http://factfinder.census.gov/servlet/SAFFacts?_event=Search&geo_id=16000US3651000&_geoContext=&_street=&_county=&_cityTown=&_state=04000US36&_zip=&_lang=en&_sse=on>. U.S. Census Bureau. *American FactFinder*. "New York State Highlights from the Census 2000 Demographic Profiles." November 3, 2003.

<http://factfinder.census.gov/servlet/SAFFacts?_event=ChangeGeoContext&geo_id=16000US3651000&_geoContext=&_street=&_county=&_cityTown=new+york&_state=04000US36&_zip=&_lang=en&_sse=on>.

³⁴ Henshaw, Stanley K. "Unintended Pregnancy in the United States." *Family Planning Perspectives* 30.1 (January/February 1998): 26.

³⁵ Centers for Medicare & Medicaid Services. "1998 State Estimates (State Residence)—All Payers—Per Capita Personal Health Care." <<http://www.cms.hhs.gov/statistics/nhe/state-estimates-residence/us-per-capita10.asp>>. The Office of the State Comptroller applied the average annual growth percentage experienced by New York State from 1991-1998 (5.3 percent).

³⁶ Henshaw, Stanley K. "Unintended Pregnancy in the United States." *Family Planning Perspectives* 30.1 (January/February 1998): 26.

³⁷ Centers for Medicare & Medicaid Services. "1998 State Estimates (State Residence)—All Payers—Per Capita Personal Health Care." <<http://www.cms.hhs.gov/statistics/nhe/state-estimates-residence/us-per-capita10.asp>>. The Office of the State Comptroller applied the average annual growth percentage experienced by New York State from 1991-1998 (5.3 percent).

³⁸ Trussell, James, Felicia Stewart, Felicia Guest and Robert A. Hatcher. "Emergency Contraceptive Pills: A Simple Proposal to Reduce Unintended Pregnancies." *Family Planning Perspectives* 24.6 (November/December 1992): 269-270.

³⁹ Trussell, James and Helen Calabretto. "Cost-Savings from Use of Emergency Contraceptive Pills in Australia." (November 29, 2004): 2.

⁴⁰ von Hertzen Helena, Gilda Piaggio, Johong Ding, Junling Chen, et al. "Low dose mifepristone and two regimens of levonorgestrel for emergency contraception: a WHO multicentre randomized trial." *Lancet* 360 (December 7, 2002): 1803-1810.

⁴¹ Henshaw, Stanley K. "Unintended Pregnancy in the United States." *Family Planning Perspectives* 30.1 (January/February 1998): 26.

⁴² "Table 13a. Characteristics of Low-Income Medicaid/SCHIP/State Enrollees in New York." Urban Institute tabulations of the National Survey of America's Families (NSAF) 1999. June 2003. <<http://www.urban.org/Content/Research/NewFederalism/NSAF/Overview/NSAFOverview.htm>>. The survey provides quantitative measures of child, adult and family well-being in America, with an emphasis on persons in low-income families. The survey draws on data from 13 states, including New York, which account for more than half of the nation's population.

⁴³ "Table 5. Live Birth Summary by Mother's Age." *2000 Vital Statistics*. September 2002. Department of Health. June 5, 2003.

<http://www.health.state.ny.us/nysdoh/vital_statistics/2000/table5.htm>. The Office of the State Comptroller used this data to calculate rate of mothers for every 100 births.

⁴⁴ Centers for Medicare & Medicaid Services. "1998 State Estimates (State Residence)—All Payers—Per Capita Personal Health Care." <<http://www.cms.hhs.gov/statistics/nhe/state-estimates-residence/us-per-capita10.asp>>. The Office of the State Comptroller applied the average annual growth percentage experienced by New York State from 1991-1998 (5.3 percent).

⁴⁵ *Ibid.*

⁴⁶ *Ibid.*

⁴⁷ Henshaw, Stanley K. and Lawrence B. Finer. "The Accessibility of U.S. Abortion Services in the United States, 2001." *Perspectives on Sexual and Reproductive Health* 35.1 (January/February 2003): 16-24. Henshaw provided New York specific data on self-pay abortions that was identified from the 13th Alan Guttmacher Institute survey of all known U.S. abortion providers; "Table 24. Induced Abortions by Resident County and Financial Coverage." *2000 Vital Statistics*, November 2002. Department of Health. October 2003. <http://www.health.state.ny.us/nysdoh/vital_statistics/2000/table24.htm>.

⁴⁸ National Center for Health Statistics. "Table 10. Number of births, birth rates, fertility rates, total fertility rates, and birth rates for teenagers 15-19 years by age of mother: United States, each State and territory, 2000." *National Vital Statistics Report*, 50.5 (Revised May 15, 2002): 40; Finer, Lawrence B. and Stanley K. Henshaw. "Abortion Incidence and Services in the United States in 2000." *Perspectives on Sexual and Reproductive Health* 35.1 (January/February 2003): 9; Henshaw, Stanley K. "Unintended Pregnancy in the United States." *Family Planning Perspective* 30.1 (January/February 1998): 26.

⁴⁹ Henshaw, Stanley K. "Unintended Pregnancy in the United States." *Family Planning Perspective* 30.1 (January/February 1998): 26.

⁵⁰ "Table 5. Live Birth Summary by Mother's Age." *2000 Vital Statistics*. September 2002. Department of Health. June 5, 2003. <http://www.health.state.ny.us/nysdoh/vital_statistics/2000/table5.htm>. The Office of the State Comptroller used this data to calculate rate of mothers for every 100 births. Department of Health.

⁵¹ Centers for Medicare & Medicaid Services. "1998 State Estimates (State Residence)—All Payers—Per Capita Personal Health Care." <<http://www.cms.hhs.gov/statistics/nhe/state-estimates-residence/us-per-capita10.asp>>. The Office of the State Comptroller applied the average annual growth percentage experienced by New York State from 1991-1998 (5.3 percent).

⁵² "Table 24. Induced Abortions by Resident County and Financial Coverage." *2000 Vital Statistics*, November 2002. Department of Health. October 21, 2003. <http://www.health.state.ny.us/nysdoh/vital_statistics/2000/table24.htm>. After adjusting for those instances where the financial coverage for the induced abortion was not stated.

⁵³ Henshaw, Stanley K. and Lawrence B. Finer. "The Accessibility of U.S. Abortion Services in the United States, 2001." *Perspectives on Sexual and Reproductive Health* 35.1 (January/February 2003): 16-24. Henshaw provided New York specific data on self-pay abortions that was identified from the 13th Alan Guttmacher Institute survey of all known U.S. abortion providers; Department of Health. "Table 24. Induced Abortions by Resident County and Financial Coverage." *2000 Vital Statistics*, November 2002. Department of Health. October 21, 2003. <http://www.health.state.ny.us/nysdoh/vital_statistics/2000/table24.htm>; Herzfeld, Peter. "Table of Abortion by Gestation Age and Payer." Department of Health, Office of Vital Statistics. Email to Gabriel Deyo. September 15, 2003.

⁵⁴ Herzfeld, Peter. "Table of Abortion by Gestation Age and Payer." Department of Health, Office of Vital Statistics. Email to Gabriel Deyo. September 15, 2003. After adjusting for those instances where the gestational age was not stated.

⁵⁵ Centers for Medicare & Medicaid Services. "1998 State Estimates (State Residence)—All Payers—Per Capita Personal Health Care." <<http://www.cms.hhs.gov/statistics/nhe/state-estimates-residence/us-per-capita10.asp>>. The Office of the State Comptroller applied the average annual growth percentage experienced by New York State from 1991-1998 (5.3 percent).

⁵⁶ Finer, Lawrence B. and Stanley K. Henshaw. "Abortion Incidence and Services in the United States in 2000." *Perspectives on Sexual and Reproductive Health* 35.1 (January/February 2003): 12.

⁵⁷ Centers for Medicare & Medicaid Services. "1998 State Estimates (State Residence)—All Payers—Per Capita Personal Health Care." <<http://www.cms.hhs.gov/statistics/nhe/state-estimates-residence/us-per-capita10.asp>>. The Office of the State Comptroller applied the average annual growth percentage experienced by New York State from 1991-1998 (5.3 percent).

⁵⁸ *Ibid.*

⁵⁹ *Ibid.*

Major contributors to this report included:

Kim Fine	Deputy Comptroller
Gabriel Deyo	Director
Jody Dixon	Policy Research Analyst
Meredith Chadwick	Policy Research Analyst
Kathleen Kerwin	Research Assistant

The Office of the State Comptroller would like to thank the Alan Guttmacher Institute (AGI) for its work on the topic of unintended pregnancy in the United States and for the assistance provided by its staff during this study. In particular, the Office of the State Comptroller thanks Stanley Henshaw, Lawrence Finer and Rachel Jones of AGI. The Office of the State Comptroller also appreciates the time and effort of the Emergency Contraception Access Campaign and representatives of the Kaiser Family Foundation and the American College of Obstetricians and Gynecologists, District II-NY, who offered helpful feedback on the initial draft report. Finally, the Office of the State Comptroller would like to thank James Trussell, Director of the Office of Population Research at Princeton University for his guidance on the updated report and for his work on emergency contraception.