



## Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy and Infant Care: Estimates for 2008

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### HIGHLIGHTS

- Nationally, 48% of all U.S. births in 2008 were paid for by public insurance through Medicaid, the Children's Health Insurance Program and the Indian Health Service.
- Public insurance programs paid for 65% of the 1.7 million births resulting from unintended pregnancies that year, compared with 36% of births resulting from intended pregnancies.
- There were 2.0 million publicly funded births in 2008; of those, 1.1 million, or 53%, resulted from unintended pregnancies.
- Government expenditures on births resulting from unintended pregnancies nationwide totaled \$12.5 billion in 2008.
- In the absence of the publicly funded family planning effort, the annual public costs of births from unintended pregnancy would have been twice as high—\$25 billion, rather than the \$12.5 billion estimated in this report.



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# Introduction

Unintended pregnancy has long been acknowledged as an important health, social and economic problem in the United States, one that creates hardships for women and families and threatens the health and well-being of women and their infants.<sup>1-4</sup> Those consequences, in turn, have broad societal impacts, including implications for the national economy and the extent of government expenditures. Rates of unintended pregnancy are far higher among women living at or near the poverty level than among higher-income women—a disparity that grew substantially between 1994 and 2008.<sup>5,6</sup> Most of these poor and low-income women are eligible for public coverage of pregnancy-related care through Medicaid, the Children’s Health Insurance Program (CHIP) or the Indian Health Service (IHS), meaning that a substantial share of the cost burden of unintended pregnancy is likely to fall on the public.

This report provides national and state-level estimates for 2008 for public expenditures on births resulting from unintended pregnancy, as well as for the contribution of public insurance programs in providing essential care to pregnant women and infants. It duplicates the methodology used for the Guttmacher Institute’s 2006 estimates, which were the first to provide state-level data for all 50 states and the District of Columbia.<sup>7</sup> The percentage of pregnancies in each state that were unintended in 2008 is presented elsewhere.<sup>8</sup>

# Methodology

This analysis is based on the methodology used for the Guttmacher Institute's first state-level estimates of the costs of unintended pregnancy for 2006.<sup>7</sup> More details on the methodology can be found in that article.

Our report focuses on the cost of publicly funded births resulting from unintended pregnancies: those births with deliveries paid for by Medicaid or CHIP, including Medicaid and CHIP managed care plans and Medicaid and CHIP programs operating under Section 1115 waivers (which permit states to receive federal funding for programs that do not meet federal Medicaid and CHIP requirements). In a change from 2006, we have also included births paid for by the IHS—a change with little effect nationwide, but with noticeable impact in states with sizable Native American populations, including Alaska, New Mexico and Oklahoma. We include costs of prenatal care, labor and delivery, postpartum care and one year of care for the infant.

To estimate the costs of publicly funded births, we obtained three underlying state-level estimates: the number of births resulting from unintended pregnancies in a given year, the proportion of such births with deliveries paid for by public programs and the cost to programs for each birth. The same three underlying estimates were obtained for intended births and births overall.

## Number of Births

A related Guttmacher Institute analysis estimated 2008 unintended pregnancy rates for all 50 states and the District of Columbia.<sup>8</sup> That analysis utilized birth counts from the U.S. vital statistics system; data on the intendedness of births from the Pregnancy Risk Assessment Monitoring System (PRAMS), a population-based surveillance project of the Centers for Disease Control and Prevention (CDC); data from similar state-conducted surveys; and results from multivariate linear regression analyses for several states for which data were unavailable. We obtained the estimated number of unintended births for each state from unpublished tabulations of the data used in that analysis. Descriptions of and additional notes about those data sources can be found in that report.

## Births Paid for by Public Programs: Survey Data

PRAMS was the primary source for the proportion of births—overall births and those resulting from unintended pregnancies and intended pregnancies—paid for by Medicaid, CHIP and IHS. The core PRAMS questionnaire for 2008 asked how the respondent's delivery was paid for. Possible responses included Medicaid, personal income, private health insurance and up to two additional categories defined by individual states; respondents could also answer "other" and write in additional information.

PRAMS or similar data were used for 41 states. For 29 states, we tabulated weighted estimates of the proportion of births paid by Medicaid, CHIP or IHS from 2008 PRAMS data, obtained from the CDC: Alaska, Arkansas, Colorado, Delaware, Georgia, Hawaii, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Nebraska, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Vermont, Washington, West Virginia, Wisconsin and Wyoming. PRAMS was conducted separately for New York City and for the rest of New York State; data from the two surveys were combined to arrive at figures for the entire state, and because 2008 data were not available for New York City, we used 2007 data instead.

For these 29 states, having access to the individual-level data allowed us to include separately identified CHIP and IHS programs, Medicaid and CHIP managed care plans, and Medicaid and CHIP waiver programs. Many states operate two or more such programs and contract with multiple managed care plans, and the list of programs and plans may change from year to year. For some states, these payment options were included on the PRAMS questionnaire as a response option for the delivery payment question and listed either within the Medicaid payment category or as a separate category.

The IHS was included as a state-specific category in five states in 2008 (Minnesota, Mississippi, Nebraska, Oklahoma and Oregon). In addition, the following state-specific categories were included in this analysis: Alaska (Alaska Native Health Service), Arkansas (ARKids First), Colorado (Child Health Plan Plus), Michigan (Medical

Outpatient Maternity Services), Nebraska (Medicaid managed care), New Jersey (New Jersey FamilyCare), New York (Prenatal Care Assistance Program), Pennsylvania (adultBasic), Rhode Island (RIte Care), Tennessee (Cover Tennessee and TennCare) and Vermont (Dr. Dynasaur).

In addition, the payment-for-delivery question for all states included an “other” response category, allowing respondents to write in other forms of payment. Relevant write-in responses were included for all states in our tabulations. Those included variations and misspellings of Medicaid, CHIP and IHS; alternate program names, including generic ones (e.g., “medical assistance” or “Title XIX”) and state-specific ones (as confirmed on state Web sites); and the names of specific managed care plan issuers that specialize in Medicaid and other public insurance programs (as confirmed on state and issuer Web sites).

In lieu of PRAMS data from the CDC, we obtained weighted tabulations of PRAMS data from the state health departments in Missouri (2008), New Mexico (2008) and Virginia (2007). We also obtained tabulations from PRAMS-like surveys in Idaho (2008 Pregnancy Risk Assessment Tracking System, or PRATS) and Iowa (2006 Barriers to Prenatal Care survey). Only one of these five surveys included any categories for state-specific public health insurance programs relevant to our analysis: New Mexico, for which we were also able to include payment of deliveries by IHS. All five of these surveys did include an “other” write-in category for the payment-for-delivery question. Although the numbers of relevant write-in responses are unknown, the Medicaid category likely captured almost all publicly funded deliveries in those five states. (For example, we were able to obtain tabulations of write-in responses for the 2008 Idaho PRATS; fewer than 10 respondents wrote in a response consistent with a publicly funded program that was not already captured in the “Medicaid” category.)

For seven states, we relied on published reports as the source of estimates for the proportion of overall births paid for by Medicaid. Those reports did not publish estimates for the proportion for births resulting from unintended pregnancies and from intended pregnancies, but we were able to calculate those proportions from other estimates in those reports. That includes published PRAMS estimates from Alabama (using 2008 and 2009 data<sup>9,10</sup>) and from Florida,<sup>11</sup> Kentucky,<sup>12</sup> Louisiana,<sup>13</sup> South Carolina<sup>14</sup> and Texas<sup>15</sup> (all using 2008 data), as well as published estimates from California’s 2006 Maternal and Infant Health Assessment.<sup>16</sup> Estimates from these reports may not include relevant state-specific programs or write-in responses; for example, estimates for Florida do not include that state’s Medipass program.

## **Births Paid for by Public Programs: Multivariate Regression**

For the remaining 10 jurisdictions, PRAMS or similar data were unavailable: Arizona, Connecticut, the District of Columbia, Indiana, Kansas, Montana, Nevada, New Hampshire, North Dakota and South Dakota. For these 10 jurisdictions, we report, in Table 1, estimates from a recent study by Markus and colleagues (2013) on the proportion of all births paid for by Medicaid.<sup>17</sup>

That study, however, does not include estimates for births resulting from unintended or intended pregnancies. Instead, we used a multivariate linear regression analysis to predict estimates of the proportions of unintended and intended births paid for by Medicaid, CHIP or IHS.

In the model, each of the 41 states with data represented an observation. The dependent variable was the proportion of births following unintended pregnancies or intended pregnancies for which the delivery was covered by public insurance. Independent variables, measured at the state level, were measures of the demographic composition of women aged 15–44, overall birthrate, birthrate associated with unintended pregnancies, proportion of all births paid for by Medicaid, and income-eligibility threshold for pregnancy-related care under Medicaid and CHIP. The demographic measures included in the model included the percentage of women of reproductive age in the state who were in a particular age-group (15–19, 20–24 and 25–34), race or ethnicity category (non-Hispanic white, non-Hispanic black, Hispanic, and American Indian or Alaskan Native), poverty status category (proportion below the poverty line) and insurance category (Medicaid/CHIP and uninsured). Respectively, the reference categories, excluded to prevent overspecification of the model, were: 35 or older, non-Hispanic other, proportion at or above the poverty line and proportion with private insurance.

This model was almost identical to the model used for the 2006 study.<sup>7</sup> The only changes we made for 2008 were adding the proportion of *all* births paid for by Medicaid as an additional independent variable for the 10 jurisdictions without PRAMS or similar data, drawing from the estimate provided by Markus and colleagues (2013),<sup>17</sup> and adding the proportion of the state population that was American Indian or Alaskan Native as an independent variable.

The  $R^2$  of the final model indicated that 95% of the variation in the proportion of unintended births that were publicly covered and 96% of the variation in the proportion of intended births that were publicly covered could be accounted for by the independent variables. The  $R^2$  values of these models are substantially higher than they were for the 2006 model (77% and 80%, respectively), primar-

ily because of the additional independent variables we included.

Standard errors for the 10 predicted values of the proportion of unintended births that were publicly funded ranged from 0.01 to 0.04, except for in the District of Columbia (0.07), which is somewhat unlikely to conform to a model in which all the other observations are states, as opposed to cities. Standard errors for the 10 predicted values of the proportion of intended births that were publicly funded ranged from 0.01 to 0.04 (0.06 for the District of Columbia). These standard errors were somewhat smaller than for the 2006 regressions, although we would expect this result because of the additional independent variables we included.

### **Cost per Publicly Funded Birth**

State-level data on the average cost of a Medicaid-funded birth were drawn from an earlier Guttmacher Institute report.<sup>18</sup> Data on the cost of a CHIP- or IHS-funded birth were not available but are assumed for the current analysis to be the same as for a Medicaid-funded birth. Briefly, data on these costs are not consistently collected for all states, but were available in applications or evaluations completed by 24 states that have sought a federal waiver to expand Medicaid eligibility specifically for family planning services. For the remaining states, the authors obtained estimates by averaging the available data and adjusting for differences among states in their Medicaid payment rates for physicians.

For the current analysis, we separated the average cost of a Medicaid-funded birth for each state into state and federal costs, on the basis of the state's FY 2008 federal medical assistance percentage (the proportion of medical costs under Medicaid for which states receive reimbursement from the federal government).<sup>19</sup> We multiplied the number of births resulting from unintended pregnancies in each state by the proportion of such births paid for by public programs to arrive at each state's number of publicly funded births from unintended pregnancies. That figure was then multiplied by the average cost of a Medicaid-funded birth in the state to arrive at a total cost for the state. The same process was used for the cost of all publicly funded births in each state (including those from intended pregnancies, which we subsequently calculated by subtraction).

### **National Totals**

According to the National Survey of Family Growth (NSFG), an estimated 1.67 million births resulted from unintended pregnancies in the United States in 2008;<sup>20</sup> by comparison, the state-specific estimates we use in this analysis sum to 1.81 million births from unintended pregnancies that year. To account for this difference, we present both unadjusted U.S. totals (summed from the state-level data) and adjusted U.S. totals (for births from unintended pregnancies, that is calculated as 92.5%—1.67 million divided by 1.81 million—of the unadjusted totals). We refer throughout this article exclusively to adjusted totals when discussing national estimates.

### **Limitations**

Our estimates are subject to a number of limitations, many of which are inherent to the array of sources we draw upon and have been discussed previously.<sup>21,22</sup> Several others are important to highlight here.

Our method of attributing costs to state and federal governments has shortcomings. There are two potential ways our method could understate federal contributions: We do not account for enhanced federal reimbursement to states for pregnant women enrolled in CHIP, rather than Medicaid; nor do we assign costs paid for by the IHS entirely to federal expenditures (IHS does not have a state matching component). In another potential way, however, our method could overstate federal contributions: We do not reduce federal expenditures to account for the typically lower reimbursement rate to states for women covered by Medicaid only for labor and delivery on an emergency basis (e.g., for undocumented immigrants). The number of births affected by all three of these limitations, however, are relatively small, compared with the group for whom states receive reimbursement at their standard federal medical assistance percentage. For example, the proportion of all births paid for by the IHS surpassed 1% in only three states for which we had data in 2008: 6% in Alaska and 3% in both Oklahoma and New Mexico.

# Findings

## Publicly Funded Births

- Nationally, 65% of the 1.7 million births resulting from unintended pregnancies in 2008 were paid for by public insurance programs, compared with 48% of all births and 36% of births resulting from intended pregnancies (Table 1).
- There were 2.0 million publicly funded births in 2008; of those, 1.1 million, or 53%, resulted from unintended pregnancies. (By comparison, 1.7 million out of 4.2 million births nationwide—39%—resulted from unintended pregnancies.)
- In 15 jurisdictions, at least 70% of births resulting from unintended pregnancies were paid for by public programs. Mississippi was the state with the highest proportion (83%), and the District of Columbia's proportion was 90%. All but three of those 15 jurisdictions are in the South (as categorized by the U.S. Census Bureau), a region with high levels of poverty.
- In eight states, the proportion paid for by public programs was below 50%; North Dakota had the lowest proportion (38%). The eight states with the lowest proportions follow no clear geographic pattern.
- State-level patterns for public coverage of all births and births following intended pregnancies were very similar. Mississippi had the highest proportions (72% of all births and 57% of births resulting from intended pregnancies); other southern states followed closely. Kansas had the lowest proportions paid for by public coverage (26% of all births and 16% of births resulting from intended pregnancies).

## Public-Sector Costs

- Government expenditures on births resulting from unintended pregnancies nationwide totaled \$12.5 billion in 2008; of that, \$7.3 billion were federal expenditures and \$5.2 billion were state expenditures (Table 2).
- On average, a publicly funded birth cost \$12,613 in prenatal care, labor and delivery, postpartum care and one year of care for the infant.
- To put these figures in perspective, the federal and state governments together spent an average of \$201 on maternity and infant care related to births from unin-

tended pregnancies for every woman aged 15–44 in the country.

- In seven states, public costs related to births from unintended pregnancies exceeded half a billion dollars. California (\$1.5 billion) and Texas (\$1.3 billion) spent the most.
- The average public spending on births from unintended pregnancies per woman aged 15–44 in each state ranged from \$116 in Oregon to \$507 in Alaska. These numbers vary across states for a number of reasons, including variations in medical costs, the proportions of women who are poor and on Medicaid, the proportions of all births that are unintended and the overall fertility rate of women in the state.
- The federal and state governments spent \$11.3 billion for births from intended pregnancies in 2008; when added to the \$12.5 billion for births from unintended pregnancies, the total for all publicly funded births was \$23.8 billion (Table 3).
- Thus, 53% of government expenditures on births in 2008 were spent on births following unintended pregnancies (\$12.5 billion of \$23.8 billion).
- According to prior Guttmacher Institute research, the public investment in family planning services resulted in \$12.7 billion in gross savings in 2010 from helping women avoid unintended pregnancies and the births that follow.<sup>23</sup> Putting that in the context of the findings of this study, in the absence of the publicly funded family planning effort, the annual public costs of births from unintended pregnancy would double, from \$12.5 billion to more than \$25 billion.

**TABLE 1. Number of births, and percentage and number that were publicly funded, by pregnancy intention status, 2008**

	No. of births			% that were publicly funded			No. that were publicly funded		
	All	Unintended	Intended	All	Unintended	Intended	All	Unintended	Intended
<b>U.S. total</b>									
Adjusted	4,247,700	1,669,700	2,578,000	48.1	64.5	35.9	2,042,200	1,077,000	965,200
Unadjusted	4,247,700	1,805,600	2,442,100	48.1	64.5	35.9	2,042,200	1,164,700	877,600
<b>State</b>									
Alabama	64,500	29,000	35,600	50.9	65.3	39.2	32,900	18,900	13,900
Alaska	11,400	4,500	6,900	51.8	65.2	43.0	5,900	3,000	3,000
Arizona	99,400	42,500 *	57,000	52.5	64.5 †	44.4 †	52,200	27,400	24,800
Arkansas	40,700	21,100	19,600	60.2	73.1	46.4	24,500	15,400	9,100
California	551,800	246,000	305,700	49.8	62.0	40.6	275,000	152,600	122,400
Colorado	70,000	25,800	44,200	41.3	60.6	30.0	28,900	15,700	13,300
Connecticut	40,400	14,000	26,400	28.2	46.5 †	17.6 †	11,400	6,500	4,900
Delaware	12,100	5,600	6,500	50.7	68.8	34.9	6,100	3,900	2,300
District of Columbia	9,100	2,200 *	6,900	71.6	90.4 †	49.9 †	6,500	2,000	4,600
Florida	231,400	109,700	121,700	50.0	64.7	36.8	115,700	70,900	44,800
Georgia	146,600	69,200	77,400	58.3	77.1	41.5	85,500	53,300	32,100
Hawaii	19,500	8,400	11,000	35.5	46.0	27.6	6,900	3,900	3,000
Idaho	25,100	8,700	16,400	37.2	56.8	28.9	9,400	5,000	4,400
Illinois	176,800	73,000	103,800	51.5	72.5	36.8	91,100	52,900	38,200
Indiana	88,700	38,700 *	50,100	43.8	62.0 †	31.1 †	38,900	24,000	14,900
Iowa	40,200	14,800	25,400	38.0	56.8	20.4	15,300	8,400	6,900
Kansas	41,800	17,900 *	24,000	25.6	38.5 †	16.3 †	10,700	6,900	3,800
Kentucky	58,400	23,800	34,600	52.6	76.5	36.2	30,700	18,200	12,500
Louisiana	65,300	36,400	28,800	66.3	80.4	48.5	43,300	29,300	14,000
Maine	13,600	5,000	8,600	51.7	69.7	41.4	7,000	3,500	3,600
Maryland	77,300	32,800	44,500	35.6	51.1	24.5	27,600	16,800	10,800
Massachusetts	77,000	25,900	51,100	36.8	54.0	28.1	28,300	14,000	14,300
Michigan	121,100	52,000	69,200	46.8	64.5	33.6	56,700	33,500	23,200
Minnesota	72,400	26,600	45,800	36.9	58.1	24.6	26,700	15,500	11,300
Mississippi	44,900	26,200	18,700	72.2	83.2	56.7	32,400	21,800	10,600
Missouri	81,000	36,600	44,400	50.2	69.4	35.3	40,600	25,400	15,200
Montana	12,600	5,400 *	7,200	30.1	40.1 †	21.8 †	3,800	2,200	1,600
Nebraska	27,000	11,000	16,000	44.8	65.6	30.5	12,100	7,200	4,800
Nevada	39,500	14,000 *	25,500	37.5	53.0 †	28.6 †	14,800	7,400	7,400
New Hampshire	13,700	5,700 *	8,000	28.1	47.8 †	18.6 †	3,800	2,700	1,100
New Jersey	112,700	40,900	71,800	35.8	50.4	27.4	40,300	20,600	19,700
New Mexico	30,200	12,800	17,400	62.8	73.5	54.8	18,900	9,400	9,500
New York	250,400	80,800	169,500	46.7	66.4	37.1	117,000	53,700	63,300
North Carolina	130,800	57,400	73,400	54.2	75.4	37.4	70,900	43,300	27,500
North Dakota	8,900	4,000 *	5,000	28.4	38.2 †	17.6 †	2,500	1,500	1,000
Ohio	148,800	71,000	77,800	42.4	56.9	29.3	63,100	40,400	22,800
Oklahoma	54,800	27,600	27,200	61.2	76.0	46.2	33,500	20,900	12,600
Oregon	49,100	20,000	29,100	47.8	63.4	37.1	23,500	12,700	10,800
Pennsylvania	149,300	59,700	89,600	36.7	55.5	24.2	54,700	33,100	21,600
Rhode Island	12,000	5,000	7,100	46.5	62.3	35.5	5,600	3,100	2,500
South Carolina	63,100	30,500	32,600	61.2	75.6	47.7	38,600	23,000	15,600
South Dakota	12,100	5,600 *	6,500	33.9	45.8 †	24.1 †	4,100	2,600	1,500
Tennessee	85,600	42,400	43,100	53.8	70.5	37.3	46,000	29,900	16,100
Texas	405,600	179,300	226,300	59.0	71.0	49.5	239,300	127,300	112,000
Utah	55,600	18,400	37,300	32.7	51.3	23.6	18,200	9,400	8,800
Vermont	6,300	2,200	4,100	48.0	71.8	35.5	3,000	1,600	1,500
Virginia	106,700	45,000	61,700	29.5	44.6	19.2	31,500	20,100	11,400
Washington	90,300	33,100	57,200	48.4	67.7	37.2	43,700	22,500	21,300
West Virginia	21,500	9,900	11,600	59.3	72.1	48.4	12,700	7,100	5,600
Wisconsin	72,300	24,400	47,900	36.7	51.3	29.3	26,500	12,500	14,000
Wyoming	8,000	3,200	4,800	43.5	58.5	33.3	3,500	1,900	1,600

\*Births from unintended pregnancies estimated by regression analyses. †Proportion of unintended and intended publicly funded births estimated by regression analyses. Notes: Unadjusted U.S. total is the sum of individual state-level data. Adjusted U.S. total has been adjusted to match the 1.67 million births from unintended pregnancies estimated in the National Survey of Family Growth (calculated as 92.5% of the unadjusted total for births from unintended pregnancy).



**TABLE 2. Cost per publicly funded birth and total public costs for births resulting from unintended pregnancies, 2008**

	Cost per publicly funded birth	Public costs for births resulting from unintended pregnancies			
		All (in millions)	Federal (in millions)	State (in millions)	Per woman 15–44
<b>U.S total</b>					
Adjusted	\$12,613	\$12,536.2	\$7,342.6	\$5,193.6	\$201
Unadjusted	12,613	13,556.6	7,940.3	5,616.3	217
<b>State</b>					
Alabama	9,379	177.6	120.1	57.5	185
Alaska	24,088	71.4	37.5	33.9	507
Arizona	10,697	292.9	193.9	99.0	233
Arkansas	11,956	184.5	134.6	49.9	324
California	9,679	1,477.3	738.6	738.6	189
Colorado	10,376	162.5	81.2	81.2	160
Connecticut	14,307	92.7	46.4	46.4	133
Delaware	13,430	52.1	26.0	26.0	289
District of Columbia	12,861	25.4	17.8	7.6	166
Florida	10,074	714.6	406.1	308.5	200
Georgia	14,218	758.0	478.3	279.7	366
Hawaii	11,448	44.4	25.1	19.3	170
Idaho	15,628	77.5	54.1	23.3	254
Illinois	10,784	570.6	285.3	285.3	215
Indiana	12,041	288.7	181.0	107.7	223
Iowa	15,669	132.1	81.5	50.6	228
Kansas	10,792	74.1	44.1	30.1	134
Kentucky	14,452	262.7	183.3	79.4	305
Louisiana	15,728	460.8	333.9	126.8	501
Maine	9,518	32.9	20.8	12.1	132
Maryland	14,006	234.7	117.4	117.4	196
Massachusetts	13,884	193.9	97.0	97.0	143
Michigan	9,528	319.5	185.6	133.9	162
Minnesota	9,929	153.4	76.7	76.7	145
Mississippi	6,645	145.0	110.6	34.4	238
Missouri	11,539	293.1	182.9	110.1	247
Montana	12,259	26.5	18.2	8.3	146
Nebraska	14,570	105.5	61.2	44.3	298
Nevada	9,998	74.0	38.9	35.0	135
New Hampshire	12,948	35.2	17.6	17.6	137
New Jersey	15,233	314.3	157.2	157.2	179
New Mexico	10,988	103.3	73.4	29.9	260
New York	14,475	777.0	388.5	388.5	191
North Carolina	13,926	603.2	386.4	216.9	312
North Dakota	15,740	24.0	15.3	8.7	188
Ohio	11,977	483.5	293.9	189.6	213
Oklahoma	10,216	213.9	143.5	70.4	294
Oregon	6,855	86.8	52.8	34.0	116
Pennsylvania	10,325	342.3	185.1	157.2	139
Rhode Island	12,444	38.6	20.3	18.4	177
South Carolina	11,381	262.3	183.0	79.2	283
South Dakota	13,983	35.7	21.4	14.3	235
Tennessee	12,613	377.6	240.6	137.0	296
Texas	10,535	1,341.1	811.8	529.3	257
Utah	11,317	106.6	76.4	30.3	182
Vermont	14,688	23.1	13.6	9.5	191
Virginia	15,883	319.2	159.6	159.6	194
Washington	13,218	296.7	152.9	143.9	221
West Virginia	11,911	85.1	63.2	21.9	246
Wisconsin	11,874	148.3	85.4	62.8	133
Wyoming	21,268	40.4	20.2	20.2	387

Notes: Unadjusted U.S. total is the sum of individual state-level data. Adjusted U.S. total has been adjusted to match the 1.67 million births from unintended pregnancies estimated in the National Survey of Family Growth (calculated as 92.5% of the unadjusted total for births from unintended pregnancy).

**TABLE 3. Costs for all publicly funded births and for those resulting from intended pregnancies, 2008**

	All publicly funded births (in millions)			Publicly funded births resulting from intended pregnancies (in millions)		
	All	Federal	State	All	Federal	State
<b>U.S. total</b>						
Adjusted	\$23,791.6	\$13,860.7	\$9,930.9	\$11,255.4	\$6,518.1	\$4,737.3
Unadjusted	23,791.6	13,860.7	9,930.9	10,235.1	5,920.5	4,314.6
<b>State</b>						
Alabama	308.3	208.5	99.8	130.7	88.4	42.3
Alaska	142.8	74.9	67.8	71.4	37.5	33.9
Arizona	558.4	369.6	188.7	265.5	175.7	89.7
Arkansas	292.9	213.7	79.3	108.5	79.1	29.3
California	2,661.8	1,330.9	1,330.9	1,184.5	592.3	592.3
Colorado	300.2	150.1	150.1	137.8	68.9	68.9
Connecticut	163.0	81.5	81.5	70.3	35.2	35.2
Delaware	82.4	41.2	41.2	30.3	15.2	15.2
District of Columbia	84.0	58.8	25.2	58.6	41.0	17.6
Florida	1,165.8	662.5	503.3	451.1	256.4	194.8
Georgia	1,215.0	766.7	448.3	457.0	288.4	168.6
Hawaii	79.3	44.8	34.5	34.9	19.7	15.2
Idaho	146.2	102.2	44.1	68.7	48.0	20.7
Illinois	982.7	491.4	491.4	412.2	206.1	206.1
Indiana	468.0	293.4	174.6	179.3	112.4	66.9
Iowa	239.7	148.0	91.7	107.6	66.4	41.2
Kansas	115.4	68.6	46.8	41.3	24.5	16.7
Kentucky	443.7	309.6	134.1	181.0	126.3	54.7
Louisiana	680.6	493.2	187.4	219.8	159.3	60.5
Maine	66.9	42.4	24.6	34.0	21.5	12.5
Maryland	385.9	192.9	192.9	151.2	75.6	75.6
Massachusetts	393.1	196.5	196.5	199.1	99.6	99.6
Michigan	540.6	314.1	226.5	221.1	128.5	92.6
Minnesota	265.3	132.6	132.6	111.9	55.9	55.9
Mississippi	215.5	164.4	51.1	70.6	53.9	16.7
Missouri	469.0	292.7	176.2	175.9	109.8	66.1
Montana	46.5	31.9	14.6	20.0	13.7	6.3
Nebraska	176.1	102.2	73.9	70.6	40.9	29.6
Nevada	148.1	78.0	70.1	74.1	39.0	35.1
New Hampshire	49.7	24.8	24.8	14.4	7.2	7.2
New Jersey	613.9	307.0	307.0	299.6	149.8	149.8
New Mexico	208.0	147.8	60.2	104.8	74.4	30.3
New York	1,693.5	846.7	846.7	916.5	458.2	458.2
North Carolina	986.8	632.0	354.7	383.5	245.7	137.9
North Dakota	40.0	25.5	14.5	16.0	10.2	5.8
Ohio	756.2	459.7	296.5	272.7	165.8	106.9
Oklahoma	342.4	229.8	112.7	128.5	86.2	42.3
Oregon	160.9	97.9	63.0	74.1	45.1	29.0
Pennsylvania	565.1	305.6	259.5	222.8	120.5	102.3
Rhode Island	69.7	36.6	33.1	31.1	16.3	14.8
South Carolina	439.3	306.6	132.7	177.0	123.6	53.5
South Dakota	57.3	34.4	22.9	21.6	12.9	8.6
Tennessee	580.4	369.8	210.6	202.8	129.2	73.6
Texas	2,520.8	1,525.9	995.0	1,179.7	714.1	465.6
Utah	206.2	147.7	58.5	99.6	71.3	28.2
Vermont	44.7	26.4	18.3	21.6	12.7	8.8
Virginia	500.4	250.2	250.2	181.2	90.6	90.6
Washington	578.2	297.9	280.3	281.5	145.0	136.5
West Virginia	151.8	112.7	39.1	66.7	49.6	17.2
Wisconsin	314.6	181.2	133.3	166.3	95.8	70.5
Wyoming	74.3	37.2	37.2	34.0	17.0	17.0

Notes: Unadjusted U.S. total is the sum of individual state-level data. Adjusted U.S. total has been adjusted to match the 1.67 million births from unintended pregnancies estimated in the National Survey of Family Growth (calculated as 92.5% of the unadjusted total for births from unintended pregnancy).

# Conclusions

This analysis demonstrates the continuing importance of Medicaid and other public health insurance programs (CHIP and IHS) for helping American women and families afford the expense of pregnancy and childbirth: These programs paid for 48% of all U.S. births in 2008, including 65% of unplanned births. The role of Medicaid in funding U.S. births increased dramatically as a result of nationwide expansions in Medicaid eligibility for pregnant women in the mid-1980s. In 1985, Medicaid paid for 15% of U.S. births; by 1991, that figure had more than doubled, to 32%.<sup>24</sup> The role of these programs in funding U.S. births can be expected to expand further starting in 2014, when the Affordable Care Act's major expansion to Medicaid—eligibility for all U.S. citizens and long-time legal residents with incomes up to 138% of the federal poverty level—starts up in many states.

In addition to the health, social and economic consequences of unintended pregnancies for women and families, these pregnancies are a substantial budgetary cost for federal and state governments—\$12.5 billion in a single year. These costs, however, represent potential government savings, if the unintended pregnancies can be prevented. Indeed, we know that prevention is possible, because the current public investment in family planning services helped avert \$12.7 billion in costs related to unintended pregnancies in 2010.<sup>23</sup> In the absence of that investment, the annual public costs of births from unintended pregnancy would double, to more than \$25 billion.

Moreover, the true public costs of unintended pregnancy go well beyond the \$12.5 billion estimated here. Among the many uncounted costs are those from children's medical care beyond their first year; pregnancy-related care paid for by other public health programs, including indigent care programs that subsidize hospitals' uncompensated care; and other government benefits, such as food stamps and welfare payments. Also excluded are public costs related to abortion and miscarriage, although such costs are relatively small. Because the average cost of an abortion is far lower than the average cost of a birth (\$450 for an abortion at 10 weeks' gestation<sup>25</sup> vs. \$12,600 for a publicly funded birth), and because most states do not pay for abortions except in the most extreme circumstances,<sup>26</sup> government spending on abortion was just \$68 million in

FY 2010.<sup>27</sup> One study estimated that the public costs of miscarriage were between \$146 million and \$305 million in 2006.<sup>28</sup>

Reducing the current \$12.5 billion in public costs and achieving public savings would require substantial new public investments in family planning services and comprehensive sex education. The Affordable Care Act has the potential to provide much of that needed investment, with its broad expansions of public and private insurance coverage and the federal requirement for most private health plans to cover the full range of contraceptive methods and services without out-of-pocket costs for patients. However, family planning funding and providers have also suffered over the past several years from political attacks at the federal and state levels.<sup>29</sup> In fact, appropriations for the Title X national family planning program are 67% lower today than they were in FY 1980, accounting for inflation.<sup>30</sup> This report provides further evidence that withdrawing support for family planning programs can be shortsighted, and that additional program cuts in such preventive care may actually increase the need for public expenditures on births from unintended pregnancies.

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