SUBJECT: Provision of Birth Control Methods and Related Medications in Sexual Health/Well Women Clinics (PH06010) (City Wide)

RECOMMENDATION:

That the Board of Health approve a policy that birth control methods and related medications provided in Public Health Services run Sexual Health/Well-Woman Clinics be provided at cost plus a 10% administration fee.

EXECUTIVE SUMMARY:

On September 3, 2004 the then Public Health & Community Services Committee received report HCS04064 respecting Fees for Sexual Health Clinic Medications. At that time the Committee approved the provision of four new medications in the Sexual Health Clinics at cost plus a 10% administrative fee. We have had recent requests from clients to provide a wider range of birth control methods (e.g. NuvaRing, Cervical cap, Yasmin). The provision of low-cost birth control has the potential to reduce rates of unintended pregnancy.
BACKGROUND:

Clinic services are one component of the Sexual Health Program required under the Mandatory Health Programs and Services Guidelines. Goals of the clinic component of this program include:

- To decrease the rate of pregnancy in women 15-19 years of age
- To increase access to contraception for individuals in need to decrease unplanned pregnancy

On September 3, 2004 the Public Health & Community Services Committee received report HCS04064 respecting Fees for Sexual Health Clinic Medications. At that time the Public Health and Community Services Committee approved the provision of four new medications in the Sexual Health Clinics at cost plus a 10% administrative fee: Depo-Provera\(^1\), EVRA Patch, Metronidazole (Flagyl), and Plan B.

We have had recent requests from clients to provide a wider range of birth control methods (e.g. NuvaRing, Cervical cap, Yasmin) for medical and convenience reasons. The provision of low-cost control has the potential to reduce rates of unintended pregnancy. Charging a small fee to cover the administrative costs associated with providing the medication is a long-standing practice in the Sexual Health Clinics. Historically when a new medication is provided in the clinics a report came to Council. We are requesting that the Board of health adopt a policy that birth control and related medications be provided at cost plus a 10% administrative fee. We will continue with current clinic policy to provide condoms, the Yuzpe (Ovral) method of emergency contraception and the client's first pack of birth pills free of charge.

ANALYSIS/RATIONALE:

By delaying the age and frequency at which a young woman has children, she has a greater opportunity to finish school and find work that will provide her with a viable income. Women with fewer children generally have fewer health problems and healthier children. Some birth control methods not only prevent pregnancy, but also have the benefit of preventing the spread of some sexually transmitted infections (STIs) including HIV/AIDS. Barriers to accessing birth control include lack of knowledge regarding contraception, limited choices, high costs, distance to services, lack of a family physician, and need for confidentiality. The provision of a wide range of birth control options at low-cost has the potential to reduce the rates of unintended pregnancy.

\(^1\) The Public Health Agency of Canada issued a public safety advisory regarding the use of Depo-Provera (particularly in adolescents) after the report in 2004 so it has never been used in our clinics.
ALTENATIVES FOR CONSIDERATION:

We could continue to provide the same type of birth control options (birth control pill, condoms, and EVRA Patch) as previously approved by Council. These options are all effective methods of contraception if used as directed. However, there are several new methods that are being requested by women attending our clinics.

Advantages:
• Improved client satisfaction due to wider choice of birth control options offered
• Improved compliance with using birth control and resulting decrease in unintended pregnancies

Disadvantages
• Larger stock of inventory to maintain

FINANCIAL/STAFFING/LEGAL IMPLICATIONS:

Legal:
Section 58.1 of the Health Protection and Promotion Act provides that a board of health "may charge fees for such services and in such amounts as the Minister may approve", however the wording of section 391 of the Municipal Act, 2001, makes it clear that it applies "despite any other Act". According to the Municipal Act, Boards of Health may charge user fees for mandatory public health programs as long as charging for the service is not specifically prohibited by a regulation under the Municipal Act. The decision to charge user fees for identified services provided by health units is at the discretion of individual boards of health.

In deciding whether to charge user fees, the Ministry of Health and Long-Term Care has encouraged boards of health (in a memo to Medical Officers of Health and Chief Executive Officers dated February 5, 2004) to take the following factors into consideration:
• The public good versus the public harm of doing so
• Recovery of direct costs
• Directing revenue back to public health programs
• Ensuring revenue received exceeds the cost of collection
• Ensuring that the user fee is not deemed to be an indirect tax.  

Financial:
The Sexual Health Clinics currently provide birth control pills, the EVRA Patch, Plan B (emergency contraception) and Metronidazole (Flagyl) at cost plus 10%. This small mark-up covers administrative costs, and extra public health nurse time required for

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client teaching and provision of the medication(s). The drug suppliers accept returns of outdated medications so we do not have wastage.

**POLICIES AFFECTING PROPOSAL:**

Public Health Nurses (PHNs) can provide medications to clients in our sexual health clinics using Medical Directives. Medical Directives enhance timely, flexible client care by defining circumstances under which PHNs may provide frequently required aspects of clinical care without requiring a client-specific medical order from a physician each time. PHNs currently use Medical Directives to provide oral contraceptives, emergency contraception, and STD medications. The Sexual Health Clinic Medical Director is responsible for determining the safety of each medication based on current guidelines. Once a decision has been made to provide a new medication, the Clinic Medical Director also determines if she wishes to delegate authority to the PHNs so they may provide the medication using a Medical Directive. The program manager is responsible for ensuring that each PHN has successfully completed the certification process before s/he may implement the Medical Directive.

**RELEVANT CONSULTATION:**

Legal Services and Finance & Administration were consulted in the preparation of this report specifically regarding the provincial mandate to charge a fee to cover the administrative cost.

**CITY STRATEGIC COMMITMENT:**

- **Community Well-Being is enhanced.** ☑ Yes ☐ No
  - Public services and programs are delivered in an equitable manner, coordinated, efficient, effective and easily accessible to all citizens.

- **Environmental Well-Being is enhanced.** ☐ Yes ☑ No

- **Economic Well-Being is enhanced.** ☑ Yes ☐ No
  - Poverty is reduced

**Does the option you are recommending create value across all three bottom lines?** ☑ Yes ☐ No

The provision of low-cost birth control methods to women has the potential to decrease the rate of unintended pregnancies and therefore improve emotional health and well being. In addition, this will have a positive economic impact by increasing the number of women who complete secondary school and are subsequently able to seek meaningful employment.
Do the options you are recommending make Hamilton a City of choice for high performance public servants?

☑️ Yes  ☐ No

The creation of a respectful, desirable and supportive workplace.