

HB 77 - Medication for Inmates

Chief Sponsor: Rep. Jen Dailey-Provost

Senate Sponsor: Sen. Luz Escamilla

This bill removes the sunset period from a bill passed in 2021 that requires a jail to provide an incarcerated person with the option of continuing to use certain previously prescribed methods of contraception while incarcerated.

Background:

Utah Code and the 8th Amendment to the US Constitution require that people who are incarcerated receive adequate health care. Despite their constitutionally protected right to medical care, interpretations of state statute have meant that people entering Utah jails are often forced to discontinue their contraceptive method. In 2021, the Legislature passed HB 102, which explicitly clarified that people who have previously been prescribed a contraceptive method can continue using their contraception while incarcerated.

Talking points:

- **Contraceptive care is medical care.**
 - Contraceptive methods are used to treat and manage a [wide range](#) of medical conditions that have a substantial impact on quality of life.
 - *Oral Contraceptives*
 - Regulating menses
 - Dysmenorrhea
 - PMS or PMDD
 - Prevention of menstrual migraines
 - Acne
 - PCOS
 - Primary Ovarian Insufficiency
 - *Implant*
 - Dysmenorrhea
 - Endometriosis
 - *Injectable long-acting (shot)*
 - Menorrhagia
 - Dysmenorrhea
 - Reduce frequency of seizures
 - Reduce sickle cell disease symptoms
 - *Hormonal IUD*
 - Menorrhagia
 - Dysmenorrhea
 - Endometriosis
 - Chronic pelvic pain
 - **Contraceptives prevent cancer deaths** - Oral contraceptives have consistently [been found](#) to be associated with a reduced risk of ovarian, colorectal, and endometrial cancers
 - Currently, about 62% of all women of reproductive age in the U.S. are using a contraceptive method.
 - 18% of women in a Utah jail in 2018 used a short-acting hormonal method of contraception in the year before arrest

- **Currently, Utah jails fall below the standards set by the National Commission on Correctional Health Care.** The American Public Health Association and the National Commission on Correctional Health Care agree that contraceptive healthcare should be made available as part of carceral care.
- **Losing access to contraceptive care, even for a short time, impacts a person's health**
 - Average jail stays are 27 days. Nearly half of all women who enter jail are released within 72 hours. Disrupting access to contraception for even a few days can diminish the medication's efficiency. It may take up to a week to regain effectiveness after restarting an oral contraceptive.
 - More than **half of women who had abortions** in 2016 were **using contraception**, despite contraception's nearly 100% efficacy rate when used correctly. Ineffective use is largely caused by **lack of access** to contraceptive care.
 - The increased risk of pregnancy is a large **source of stress** for incarcerated women. While women typically do not get pregnant while they are in jail, the discontinuation of their birth control creates the risk of getting pregnant from intercourse occurring shortly before or after their time in jail
- **People deserve the opportunity to start their family when the time is right time for them.**
 - 72% of American women who are incarcerated are impacted by poverty, and marginalized populations are overrepresented in jails.
 - This means incarcerated women often lack access to critical health care and other basic needs.
- **Funding contraceptive care is fiscally responsible.**
 - Family planning has a return on investment of \$7.09 for every public dollar spent
 - Emergency Medicaid costs of complex births that require NICU care can be upwards of **\$100,000**.
 - Medicaid finances 48% of all births in the United States, at a cost approaching approximately **\$13,000 per birth**, whereas the annual cost of providing publicly funded contraception for a woman was only **\$239.23**.
 - Nationally, Medicaid spends **\$1.5 billion per year** on pregnancies and childbirth with complications related to substance use disorder.
- **In Utah, providing contraception to 2,500 women would prevent:**
 - **540 unintended pregnancies**
 - 250 unplanned births
 - **180 abortions**
 - 100 miscarriages
 - 30 unplanned pre-term low-weight births

Additional Resources:

<https://www.aafp.org/afp/2010/0915/p621.html>

<https://www.aafp.org/afp/2010/0801/p288.html>

<https://www.reproductivefacts.org/news-and-publications/patient-fact-sheets-and-booklets/documents/fact-sheets-and-info-booklets/noncontraceptive-benefits-of-birth-control-pills/>

<https://www.uptodate.com/contents/polycystic-ovary-syndrome-pcos-beyond-the-basics#H15>

<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/05/hormone-therapy-in-primary-ovarian-insufficiency>

<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/05/gynecologic-management-of-adolescents-and-young-women-with-seizure-disorders>