Key Findings

Analysis of California Assembly Bill 1904
Pelvic Floor Physical Therapy Coverage

Summary to the 2019–2020 California State Legislature, May 5, 2020

CALIFORNIA HEALTH BENEFITS REVIEW PROGRAM

AT A GLANCE

The version of California Assembly Bill (AB) 1904 analyzed by CHBRP would require all state-regulated health insurance plans and policies to cover pelvic floor physical therapy, also referred to as pelvic floor muscle training (PFMT), for enrollees and beneficiaries after pregnancy.

1. CHBRP estimates that, in 2020, of the 21.7 million Californians enrolled in state-regulated health insurance, 21.7 million of them would have insurance subject to AB 1904.
2. **Benefit coverage**. CHBRP estimates that AB 1904 would increase statewide benefit coverage by 0.1% The bill's coverage would be unlikely to exceed the essential health benefits (EHBs).
3. **Utilization.** Due to 99.9% baseline coverage for pelvic floor physical therapy, CHBRP estimates there would be an increase of 100 enrollees utilizing pelvic floor muscle training after pregnancy.
4. **Expenditures**. CHBRP estimates a 0.0001% increase in expenditures as a result of increase in utilization.
5. **Medical effectiveness.** There is inconclusive evidence that PFMT is effective at treating ***urinary incontinence*** in women up to 12 months postpartum, and a preponderance of evidence that PFMT is effective at treating urinary incontinence in nonpostpartum women. There is limited evidence that PFMT is not effective at treating ***fecal incontinence*** in women, limited evidence that PFMT is effective at reducing some symptoms of ***pelvic organ prolapse***, insufficient evidence to suggest that PFMT is effective/not effective at treating ***pelvic pain*** in postpartum women, and limited evidence that PFMT is effective at reducing pelvic pain in nonpostpartum women.
6. **Public health.** Because utilization per 1,000 covered enrollees is not expected to change, CHBRP estimates no measurable public health impact.
7. **Long-term impacts.** It appears unlikely that AB 1904 would have long-term cost or public health impacts due to existing coverage for PFMT.

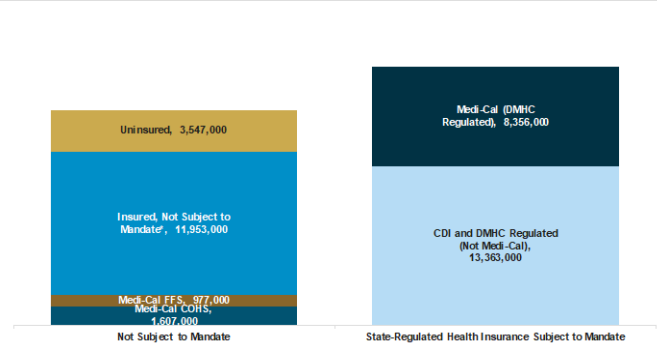
CONTEXT

Pelvic floor physical therapy, also referred to as pelvic floor muscle training (PFMT), refers to a set of modalities that are used to prevent and treat pelvic floor dysfunction (PFD). Symptoms of PFD include urinary incontinence, fecal incontinence, pelvic organ prolapse, and pelvic pain. Primary risk factors for PFD include childbirth, which increases with number of births, and aging (menopause).

BILL SUMMARY

AB 1904 would require all state-regulated health insurance, including Medi-Cal managed care, to cover pelvic floor physical therapy after pregnancy. Figure A notes how many Californians have health insurance that would be subject to AB 1904, those with insurance coverage not subject to AB 1904, and Californians that are uninsured. The full text of AB 1904 can be found in Appendix A.

Figure A. Health Insurance in CA and AB 1904



Source: California Health Benefits Review Program, 2020.

Notes: *Medicare beneficiaries, enrollees in self-insured products, etc.

IMPACTS

Benefit Coverage, Utilization, and Cost

Benefit Coverage

CHBRP estimates that 99.9% of enrollees with insurance that would be subject to AB 1904 already have coverage for pelvic floor physical therapy. The 0.1% of the population subject to AB 1904 who do not have benefit coverage for pelvic floor physical therapy are a segment of those enrolled in CDI-regulated grandfathered individual market policies.

Current coverage of pelvic floor physical therapy was determined by a survey of the largest (by enrollment) health insurers in California. Responses to this survey represent 62% of enrollees with health insurance subject to state benefit mandates.

Utilization

At baseline, CHBRP estimates that 74,200 enrollees will utilize pelvic floor muscle training after pregnancy. CHBRP estimates utilization would increase by 100 enrollees following enactment of AB 1904.

Expenditures

AB 1904 would result in a $73,000 (0.0001%) increase in total net annual expenditures, premiums, or enrollee expenses for covered and/or noncovered benefits.

Medi-Cal

Among publicly funded DMHC-regulated health plans, CHBRP estimates no impact on Medi-Cal Managed Care because all Medi-Cal managed care plans currenly provide coverage for PFPT. Because AB 1904 does not apply to Medi-Cal Fee-for-Service or Medi-Cal County Organized Health Systems, CHBRP estimates no impact on these market segments.

CalPERS

CHBRP estimates no measurable impact projected on CalPERS plans because baseline coverage among enrollees in these plans is 99.9%.

Number of Uninsured in California

CHBRP estimates no measurable impact on the number of people who are uninsured in California

Because the change in average premiums does not exceed 1% for any market segment, CHBRP would expect no measurable change in the number of uninsured persons due to the enactment of AB 1904.

Medical Effectiveness

CHBRP examined the medical effectiveness of pelvic floor physical therapy (referred to widely in the medical literature as “pelvic floor muscle training” or PFMT) as a treatment modality (encompassing all techniques) for symptoms of PFD, known as pelvic floor disorders. These disorders include incontinence (urinary and fecal), pelvic organ prolapse, and pelvic pain after pregnancy, as well as any harms associated with PFMT.

CHBRP found:

- There is *inconclusive evidence*[1] that PFMT is effective at treating urinary incontinence in postpartum women (0–12 months after delivery);
- There is a *preponderance of evidence*[2] that PFMT is effective at treating urinary incontinence in nonpostpartum women;
- There is *limited evidence*[3] that PFMT is not effective at treating fecal incontinence in women;
- There is *limited evidence* that PFMT is effective at treating pelvic organ prolapse in postpartum or nonpostpartum women;
- There is *insufficient evidence*[4] as to whether PFMT is effective at treating pelvic pain in postpartum women (0–12 months after delivery);

[1] *Inconclusive evidence* indicates that although some studies included in the medical effectiveness review find that a treatment is effective, a similar number of studies of equal quality suggest the treatment is not effective.
[2] *Preponderance of evidence* indicates that the majority of the studies reviewed are consistent in their findings that treatment is either effective or not effective.
[3] *Limited evidence* indicates that the studies have limited generalizability to the population of interest and/or the studies have a fatal flaw in research design or implementation.
[4] *Insufficient evidence* indicates that there is not enough evidence available to know whether or not a treatment is effective, either because there are too few studies of the treatment or because the available studies are not of high quality. It does not indicate that a treatment is not effective.

- There is *limited evidence* that PFMT is effective at treating pelvic pain in nonpostpartum women, and;
- No trials reported harmful effects of PFMT.

Public Health

Despite some evidence of effectiveness of PFMT, CHBRP concludes that the passage of AB 1904 would have no short-term public health impact due to 99.9% baseline coverage for PFMT. However, health outcomes may improve for the 100 enrollees who would newly utilize PFMT under AB 1904.

Long-Term Impacts

CHBRP estimates no measurable long-term utilization, cost, or public health impacts due to 99.9% baseline coverage.

At the time of this CHBRP analysis, there is substantial uncertainty regarding the impact of the COVID-19 pandemic on premium rates and health plan enrollment, including how the pandemic will impact healthcare costs in 2021. Because the variance of potential outcomes is significant, CHBRP does not take these effects into account as any projections at this point would be speculative, subject to federal and state decisions and guidance currently being developed and released. In addition, insurers', providers', and consumers' responses are uncertain and rapidly evolving to the public health emergency and market dynamics.