Argument in Favor of HB 620
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Chairman Lippert, and members of the committee,

I am Donna Burkett, a family physician and Medical Director for Planned Parenthood of Northern New England. I have been working in women's health care for twenty years and have devoted my career to the prevention of unintended reproductive health outcomes and to the promotion of sexual health.

I am here today in support of the Access to Birth Control Act, House Bill 620 and will address, specifically, why you should support the 13-pack dispensing provision and the increased reimbursement for Long-acting reversible methods.

First, I'd like to tell you about the Contraceptive Choice Project, a study out of St. Louis, in which all reversible contraceptive methods were made freely available to women presenting to family planning clinics. They were counseled on all methods based on efficacy, with the most effective methods presented first. The researchers there observed that many, many women chose the most effective methods (Long-acting, reversible methods like the IUD or the implant,) in fact 75% of the women chose these methods, whereas only 8-10% of women chose them in similar settings across the country. The study showed population level reductions in teen pregnancy and repeat abortion rates. We are still learning more about these women and what they chose and their health following this simple intervention, but I'd like to focus today on discontinuation rates.

Of the women in the study who did not choose one of these methods, only 55% of them were still on the method a year later. Of the women who chose and implant or hormonal IUD, 83% and 88% of them, respectively, remained on the methods a year later. We also saw that they were more satisfied a year later than their counterparts.

Why this difference? Part is about ease of use, as well as overall satisfaction. Remember that in order to get her monthly prescription for birth control in the traditional way (and many insurance companies still require this,) a woman has to 1) plan ahead, 2) call the pharmacy, and 3) go to the pharmacy to pick up the prescription. If she's a few days early on this because she's a good planner or is going out of town, she will be denied by her insurance company. Multiple studies have shown that dispensing more pill packs leads to better continuation of the method at one year, and prevents unintended pregnancy.

Another very practical practice has shown that starting a method at the first visit to the health provider's office helps prevent unintended pregnancy – we call this "Quick Start." Studies have shown time and again that if a woman doesn't start her birth control at the time that she comes to the office for it, she is more likely not to start it at all, or that she has a big gap in contraceptive coverage, and this gap is an opportunity for an unintended pregnancy to occur. No longer should a woman wait until the Sunday after her period starts to begin her pill pack.
Similarly, a woman should be able to begin her IUD or implant on the day she presents for it. But there are many, many barriers to this best practice. Across the country, and indeed, right here in Vermont, providers tell me that the reimbursement for the contraceptive device is not high enough and the up-front cost is too high, to warrant stocking the device in their health centers. Instead, what they are forced to do is see the patient, order the device through the pharmacy, using the

patient's insurance and then hope the patient comes back. When the patient does come back, and is still not pregnant, all is well, but if she doesn't, the device sits on the shelf and sometimes is never used at all. An Illinois policy change in 2012 backfired when Medicaid tried to push the stocking of IUDs from the pharmacy to the medical providers. Some small clinics stopped providing the service altogether, and the policy was ultimately reversed. A survey, published in 2014 showed that a third of Ob-Gyns not providing these methods say they would do so if the reimbursement were better. My whole career, I have heard providers struggle with this issue of inadequate reimbursement, largely from private practices and FQHCs, but also, and quite unbelievably, from some who work in dedicated family planning centers. Wouldn't it be exciting to fix this problem once and for all here in Vermont? I urge you to support this ground-breaking act so that Vermont women and families can have the highest level access to these life-changing methods of birth control.

References:

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