

Access to Birth Control Bill Testimony
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Good afternoon, my name is Dr. Erica Gibson and I am an Assistant Clinical Professor of Adolescent Medicine at the University of Vermont Children's Hospital. I have spent the last decade of my career focusing on adolescent sexual and reproductive health care including prevention of unintended teen pregnancy. I come before you today to describe how The Access to Birth Control Act can help us to fight the close to 50% unintended pregnancy rates that we have here in the state of Vermont. As you may or may not know unintended pregnancy refers to mistimed or unwanted pregnancies and are linked to adverse maternal and child health, social and economic outcomes. In 2013 the pregnancy rate in Vermont was 61.2 pregnancies per 1,000 women age 15 to 44. The teen pregnancy rate was 21.9 pregnancies per 1,000 women age 15 to 19 years. About half of these pregnancies were unintended. This unintended pregnancy rate, while similar to the rate in the United States overall, is almost twice that of other developed nations. 74% of unplanned births are publicly funded here in Vermont and the state spends 30 million dollars per year on unintended pregnancies. In terms of teen birth rates in young women aged 15-19yo here in Vermont we currently have 2-4x the birth rate of other developed nations such as the Netherlands, Japan and Italy. The reasons for our higher unintended pregnancy rate and teen birth rate are complex and multifactorial but chief among them are barriers to accessing highly effective contraceptive methods like LARCS, which stands for Long Acting Reversible Contraception. Overall we divide contraceptive methods into 4 different categories, highly effective, very effective, moderately effective and less effective methods. Previous to the Affordable Care Act highly effective long lasting contraceptive methods such as LARC were not routinely covered by insurance companies leaving women to have to pay hundreds of dollars out of pocket if they wanted to use them. As a result many women often had to rely on the less effective prescription contraceptive methods like the pill, patch, ring and shot. Here in Vermont, thanks to our our bi-ennial Youth Risk Behavior Survey we know that only 47% of young people ages 15-19yo used a prescription birth control method at last sex, among those we know that only 6% of them used a highly effective method such as a LARC.

So what are LARCs exactly? They consist of two general types of methods, intrauterine devices or IUDs and implants which are small hormone containing rods that are inserted into the upper forearm of the patient. These devices are inserted and removed by medical professionals and prevent pregnancy for 3 to 10 years depending on the device. Their 99% effectiveness at preventing pregnancy is due to these long term one time placements that do not depend on daily, weekly or monthly use like the other less effective methods. One 5 year IUD can take the place of 1,820 daily birth control pills. LARCs are very safe to use in almost all women of reproductive age and their use is supported by numerous international and national

organizations such as the World Health Organization (WHO), the Centers for Disease Control (CDC), the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG). The AAP and ACOG have actually published specific recommendations that LARCs should be considered as first line contraceptive methods for all adolescents.

So what do we know about LARC acceptability and use amongst women who have free access to use them? Luckily we have a large amount of data and many publications from The Contraceptive Choice Project (<http://www.choiceproject.wustl.edu>) which was conducted by a team at the University of Washington in St. Louis Missouri between 2006 and 2011. The Contraceptive Choice Project offered almost 10,000 women ages 14-45 the choice of a full range of free prescription contraceptive methods ranging from LARCs to less effective methods. In this study with the payment barrier removed approximately 75% of all women chose LARC methods; in addition the women who chose LARC methods had much higher continuation rates and satisfaction rates than those who chose less effective and shorter acting methods. When the specific teen pregnancy outcomes of the project were closely examined and compared to national data the Contraceptive Choice Project intervention reflected a 64% reduction in teen pregnancy rates, a 63% reduction in teen birth rates and a 65% reduction in teen abortion rates. On a national level the data from the Contraceptive Choice Project data predicted that if all women had routine access to LARC methods we could potentially prevent 1, 060, 370 unplanned pregnancies and 873, 250 abortions per year. As we in the fields of medicine, public health and education continue to work on education and training for patients and providers regarding LARC methods we need your assistance via this Access to Birth Control Act to ensure ongoing and increased access and affordability of these methods.

Thank you,

Erica J. Gibson, MD