

To: House Health Care Committee
From: Harry Chen MD, Commissioner, Vermont Department of Health
Re: Written testimony demonstrating the Vermont Department of Health's support of H.620, a bill related to health insurance and Medicaid coverage for contraceptives.
Date: March 8, 2016

Unintended pregnancy is associated with poorer preconception health, delayed prenatal care, reduced birth spacing and increased risk of preterm birth and low birth weight. Vermont data show that of the 6007 births in 2012, only 50.3% were intended pregnancies (PRAMS and Vital Statistics). Increasing the use of long acting reversible contraception (LARC) by removing access barriers is an important strategy to improve pregnancy planning and spacing, and prevent unintended pregnancy. By helping women time and space their pregnancies through increased access to LARC, Vermont can prevent unintended pregnancies, improve health and well-being, and generate savings for state agencies. Codifying the ACA's birth control benefit in Vermont will ensure comprehensive, accessible, high quality family planning services for all Vermonters. The Health Department supports H.620 for the following reasons:

- **Long-acting reversible contraception methods are highly effective in preventing pregnancy.** During the first year of typical use, fewer than 1 in 100 women using an IUD or an implant will become pregnant. Comparatively, oral contraceptives have a higher failure rate (9 pregnancies per 100 women per year). Over the long term, LARC methods are 20 times more effective than other moderately effective methods (birth control pills, the patch, or the ring). LARC methods are safe and have high acceptability.
- **Major professional medical societies and prominent health organizations endorse making LARCs readily available to women and teens.** The Centers for Medicare and Medicaid Services (CMS) and Children's Health Insurance Program (CHIP) recognize LARCs as a critical tool for reducing unintended pregnancies. The American College of Obstetricians and Gynecologists (ACOG) recommends that LARC methods be available to women without unnecessary burdens or delays. ACOG advises health care providers to offer same-day LARC insertion whenever possible to best meet patients' needs. Both ACOG and the American Academy of Pediatrics (AAP) endorse LARCs for teens.
- **The Centers for Disease Control and Prevention (CDC) recommends preventing unintended pregnancy by removing barriers to LARC use by reimbursing providers for the full range of contraceptive services** (e.g., screening for pregnancy intention; tiered contraception counseling; insertion, removal, replacement, or reinsertion of long-acting reversible contraceptives or other contraceptive devices; and follow-up) for women of child-bearing age.
- **Most women choose a LARC when they have affordable access to and knowledge about all contraceptive methods.** It is essential for women to have affordable access to the full range of contraceptive methods so that women can choose the methods that best meet their needs.
- **Expanding the ACA's coverage of vasectomies, as one of the most effective contraceptive methods,** will help increase men's involvement in family planning.