

Testimony for HB620

Provided By: Meagan Gallagher, PPNNE

March 8, 2016

Hello my name is Meagan Gallagher. I am the President & CEO of Planned Parenthood of Northern New England (PPNNE). We provide high quality sexual and reproductive health care at twelve health centers across Vermont through more than 26,000 visits a year.

I'm here to talk with you about a problem we work every day to address. Currently one in two pregnancies in Vermont is not planned. The implications of a 50% unintended pregnancy rate are far reaching, particularly because low income women are disproportionately impacted by unintended pregnancy:

- Unintended pregnancy derails women's educational and career goals impacting their ability to break the cycles of poverty;
- Unintended pregnancy is associated with adverse maternal and child health outcomes due to delayed prenatal services and increases health care costs;

We must do better and now we can. As a result of significant advancements in contraceptive technology and the policy opportunity represented in HB620, we have an opportunity to significantly impact the unintended pregnancy rate. We fully support this bill, because it will ensure contraceptive access, it will ensure that all women benefit from advancements in contraceptive technology, it will improve the public health and it will save the state money.

First, this bill ensures access to birth control in two ways:

- The bill codifies the birth control benefit in the Affordable Care Act that enables women to access birth control services at no cost, which will ensure that Vermont women get this benefit and have access to contraception regardless of the political environment at the federal level. This is critical to ensuring that women have access to Long Acting Reversible Contraceptive methods or LARCs, the most expensive and most effective birth control.
- The bill allows individuals on private and public insurance to obtain up to 13 months of monthly contraceptive methods at one visit, saving them regular trips to their pharmacy or health care provider and increasing the likelihood of consistent use and the overall effectiveness of these methods.

Second, this bill expands the birth control benefit to include vasectomies, ensuring gender parity of the birth control benefit.

Finally, this bill aligns reimbursement for birth control with public health outcomes by increasing Medicaid reimbursement for LARCs, again, the most effective birth control methods but also the most expensive for providers to stock. Increased reimbursement

will make it easier for providers to manage the high cost of LARCs and thus increase patient access.

Research shows that policy measures like these will decrease unintended pregnancy rates and reduce the cost associated with the 74% of publicly funded unplanned VT births and \$30M spent on unintended pregnancies each year, according to the Guttmacher Institute. Furthermore, a lower unintended pregnancy rate will help address what the Medicaid Maternal & Infant Health Initiative report from Brandeis identifies as the highest potentially avoidable costs in health care—costs associated with pregnancy and delivery.

This is an opportunity to implement a reimbursement structure that creates value by compensating for services related to good clinical outcomes that are shown to reduce cost. For similar reasons, this year's budget adjustment included a change to hospital reimbursement for post-partum LARC insertions.

The VT Department of Health's Healthy Vermonters 2020 establishes a goal of reducing the unintended pregnancy rate to 35% by 2020. Making this legislation law will significantly advance the state's efforts toward that goal by increasing access and aligning reimbursement with health outcomes.