The Vermont Medical Society, American Academy of Pediatrics Vermont Chapter, and the Vermont Academy of Family Physician strongly support H.620.

The importance of access to contraceptives for both men and women is undeniable and imperative to preventing unwanted pregnancies, but we must reduce barriers.

Long-acting reversible contraceptive (LARC) methods are safe and highly effective forms of contraception.  However, the acquisition costs of these devices are significantly higher than all other contraceptives. Insurance coverage of LARC has improved in recent years, making these methods more affordable for many women. However, the pricing inequity continues to pose coverage and reimbursement challenges.  In turn, these obstacles create access barriers for women seeking LARC. Both patients and providers identify cost as the most significant barrier to accessing LARC methods.

This bill would also change the unfair practice of only covering female contraception and extend coverage to male contraceptives.  Compared to tubal ligation, vasectomy is equally effective in preventing pregnancy; however, vasectomy is simpler, faster, safer and less expensive. Vasectomy is one of the most cost-effective of all methods of contraception; its cost is about one-fourth of the cost of tuba lligation.  Vasectomy requires less time off work, requires only local rather than general anesthesia and is usually performed in a doctor's office or clinic. The potential complications of vasectomy are less serious than those of tubal ligation.  This bill would allow individuals to choose vasectomies as their contraceptive choice and have it covered by insurance.

Another benefit of this bill would be to allow filling 13 months of oral contraceptives instead of the 1-3 months now.  History has proven that the fewer barriers you put in place the more likely it is that patients will stay compliant with the contraception, and avoid unintended pregnancies.

This bill is important to assuring the path to contraceptive equity and continuing the building blocks implemented by the ACA.