

H.620 Testimony

Hello my name is Anne Burmeister, Vermont Public Affairs, 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 27,000 visits a year

I'm here to talk with you about a problem we are working very hard to prevent. Currently in Vermont one in two pregnancies are not planned for, making our state's unintended pregnancy rate at 50%. We fully support H.620, because it will improve access to the full range of contraceptive methods approved by the Food and Drug Administration (FDA). This legislation builds on current state and federal law to further Vermont's leadership in expanding access to birth control, help the state meet important public health goals, and save the state money.

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.

The Vermont Department of Health cites the Guttmacher Institute and the Medicaid Maternal & Infant Health Initiative 2015, Brandeis Report 2014:

- 74% of the unplanned births are publicly funded in VT
- VT spends \$30 million per year on unintended pregnancies
- Pregnancy and delivery services yield highest potentially avoidable costs

In 2013, the VT Department of Health published Healthy Vermonters 2020, which recognized the importance of access to family planning as a critical public health measure and calls for reducing the unintended pregnancy rate to 35% by the year 2020. We believe this goal is possible if this will help facilitate reaching it.

Vermont has long recognized the central role that contraception plays in women's health and lives and has led efforts to expand access to contraception. In 1999, the Vermont Legislature passed H. 189: Reproductive Health Equity in Health Insurance Coverage an important first step toward contraceptive equity.

The Affordable Care Act (ACA) recognizes birth control is essential, preventative health care for women. As such, the ACA created the Birth Control Benefit, which guarantees that women receive health insurance coverage for all FDA-approved methods of birth control, sterilization, and related education and counseling without cost-sharing – which means without deductibles

or co-pays. This benefit has been a tremendous step forward for access of women's health, removing barriers to critical health care for the over 55 million women who already benefit from it.

Despite Vermont's commitment to contraceptive equity and the implementation of the ACA's Birth Control Benefit, both women and men in Vermont continue to face barriers in accessing contraceptive care. This legislation seeks to eliminate these barriers by codifying the ACA's Birth Control Benefit for Vermont as well as enhancing its relevant provisions in three important ways:

1. Expands the federal birth control benefit to include vasectomies, bringing men's insurance coverage in line with the benefits enjoyed by women. Vasectomy is among the most effective contraceptive method available – second only to the implant and slightly superior to hormonal and copper IUDs and female sterilization. Vasectomy is also most cost-effective; by the third year of use, beating IUDs and the implant, and four times more cost effective than female sterilization.
2. Allows individuals on both private and public insurance to obtain up to twelve months of hormonal contraceptive methods during one visit, improving the chances of consistent use and decreasing the likelihood of unintended pregnancy.

In fact, studies show that dispensing a 12 month supply of birth control at one time has numerous benefits: reduces rate of unintended pregnancy by 30%, increases continuation rate, and decreases cost per client to insurers by reducing the number of pregnancy tests and pregnancies.

According to the Guttmacher Institute, inconsistent use of contraception accounts for 41% of unintended pregnancies.

Not surprisingly, the 2013 CDC Recommendations included dispensing contraception for 12 months.

3. In Vermont, we are still providing health care in a fee for service system. This legislation gives us the opportunity to dip our toe into the water of change, to test out a system that promotes quality not quantity. That's what a value based system encourages and creates, a system more closely related to the best clinical health outcomes

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 unintended pregnancy.

We were excited to see in budget adjustment something similar related to LARCs. DVHA changed the way hospitals are reimbursed to promote good health outcomes and increase financial savings. Now let's make that option available for all Vermont women.

