

My name is Meagan Gallagher; I am the President & CEO of Planned Parenthood of Northern New England. I am here to testify on the Budget Adjustment and am asking for a \$65k full fiscal year adjustment related to the implementation of Act 120, the Access to Birth Control Law. Thank you for the opportunity. Section 2 of the Act, Value Based Payments for Long Acting Reversible Contraceptives (LARCs), states that The Department of Vermont Health Access shall establish and implement value-based payments to health care providers for the insertion and removal of LARCs. The payments shall reflect the high efficacy rate of LARCs in reducing unintended pregnancies and the correlating decrease in costs to the State as a result of fewer unintended pregnancies. The payments shall create parity between the fees for insertion and removal of LARCS and those for oral contraceptives.

DVHA implemented this part of the law by increasing LARC device reimbursement 20%. This does not create parity between reimbursement for oral contraceptives and LARCs. Over the period of time that a LARC is effective, reimbursement for pills continues to be higher than reimbursement for LARCs. For instance, for the most common IUD at PPNNE, our reimbursement is \$371 while reimbursement for pills over the same time period is \$469. This reimbursement structure does not reflect LARCs' high efficacy rate and crucial role in reducing unintended pregnancies.

Since 2013, PPNNE has seen a 77% increase in LARC utilization, resulting in the high performance on the indicators toward VT's Healthy Vermonters 2020 goal of increasing intended pregnancies to 65% of all pregnancies. In the same period of time, VT Medicaid reimbursement for LARCs has decreased 25% or \$150,000, resulting in reduced health center hours.

This requested increase will help mitigate the impact of the reduced reimbursement and enable us to move toward expanding access.

Thank you again for the opportunity to present this testimony.

Respectfully submitted,

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