

Good morning and thank you for having me today.

I am Stephanie Winters, Deputy Director of the Vermont Medical Society. I am here today to speak in support of H.404, which would remove a barrier to women receiving long-acting reversible contraceptive (LARC) during their post-partum hospital stay.

Increasing access to long-acting reversible contraception (LARC) not only reduces the health repercussions associated with unintended or mistimed pregnancies, but can also lower the economic costs to both individuals and governments. A 2013 Women's Health Issues study estimated that every dollar spent on LARC devices saved \$5 in public expenditures.

The current add on payment of \$800 barely covers the lowest cost device and is a net loss on others. Currently providers do not get paid for the placement of a LARC in the inpatient setting. If the LARC is placed in the outpatient setting, practitioners are reimbursed for the professional service associated with insertion, in addition to the payment for the device.

The current payment methodology is a disincentive to providing LARC placement and a disservice to Vermont patients. Practitioners should be reimbursed regardless of where they do the insertion.

Steps such as this are supported by both the American College of Obstetrics and Gynecology as well as the American Academy of Family Physicians. H.404 moves us in the directions of providing best practice in LARC placement regardless of setting.

Thank you.