

Testimony to the **House Human Services Committee**  
Thursday, January 23, 2020  
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Planned Parenthood Northern New England

**It is my privilege to be here today to voice PPNNE's support for H.663.**

**PPNNE is the largest reproductive health care and sexuality education provider in northern New England, where we serve more than 45,000 patients each year across Vermont, New Hampshire, and Maine. Our mission is to provide, promote, and protect access to reproductive health care and sexuality education so that all people can make voluntary choices about their reproductive and sexual health.**

**In Vermont, there are 12 Planned Parenthood health centers and we provide health services to more than 19,000 patients annually. Approximately eighty-seven percent (87%) of our patients identify as women, and 89 percent (89%) of them are under the age of 39.**

**Patients come to Planned Parenthood for high quality, trauma-informed, nonjudgmental, compassionate and confidential care.**

**In 2019, PPNNE in Vermont provided:**

- a. Contraception to nearly 18,000 patients;**
- b. Nearly 4,800 pregnancy tests;**
- c. More than 2,000 cervical cancer screenings;**
- d. More than 3,000 breast exams;**
- e. More than 34,000 sexually transmitted infection tests;**
- f. And approximately 1,100 abortions.**

The care we provide our patients is primary care, and for many of our patients, PPNNE is their only health care provider. PPNNE was forced out of the federal Title X family planning grant program last year but with the support of the legislature and Governor Scott, we were able to continue to deliver care regardless of a patient's ability to pay.

### **Vermont's rate of unintended pregnancy**

According to the Vermont Department of Health, in 2017 an estimated 43 percent of all pregnancies were unintended. Vermont's Pregnancy Risk Assessment Monitoring System (PRAMS) shows that young people (age 24 or younger), people who are low income, and people with less education are more likely to have births resulting from unintended pregnancy. PPNNE's Department of Public Health is actively engaged in strategies to help reduce the rate of unintended pregnancy through data collection and analysis of need, engaging partners and stakeholders in the health care ecosystem, and through sex education.

### **PPNNE's Peer Education Program**

PPNNE runs a high school student peer education program that equips youth with knowledge and decision-making skills to achieve and promote sexual and reproductive health for themselves, their peers, and their communities. This program is open to any high school age youth who applies with parent permission and is selected. Peer educators complete 22.5 hours of training in

sexuality education and health promotion and then act as resources and experts for their peers. They also lead the annual Vermont Youth Sex Education Summit (2019 was the first) hosted by PPNNE that invites high school youth from around the state to attend and receive leadership training to expand access to sex education statewide and to increase young people's knowledge of and access to sexual and reproductive health care.

We operate one peer ed group in Chittenden County open to any youth who is interested. We currently have 9 active peer educators from 5 schools (Chittenden and Addison Counties are represented). Recruitment is ongoing right now for our Winter training.

PPNNE supports H.663 because it would expand access to contraception and counseling for Vermonters and consequently help to reduce the rate of unintended pregnancy. We know the unintended pregnancy rate is roughly 43% in Vermont. Of that 43%, however, some are very happy to become pregnant and see it as a wonderful surprise. It is important therefore, that we do not use unintended pregnancy as a proxy for unwanted pregnancy. Still, there is plenty of room for improvement in reducing rates of unintended pregnancy.

We especially appreciate H.663 directly addresses access for youth, one of the groups identified as being at high risk for unintended pregnancy. The bill also holds the potential of reaching other high risk groups by including other

stakeholders among the groups the VDH is charged with coordinating with. As I mentioned, other high risk groups are people who are low income, and people with less education.

While we enthusiastically support the spirit of what the bill hopes to accomplish in terms of reducing unintended pregnancy, we do have one concern surrounding prescription drug costs and the provision's potential to increase the use of name brand drugs and dilute the use of generics. At PPNNE, we strive to provide the highest quality care in a cost-effective manor. We do have some concern that the provisions in Section 1 of the bill could result in increasing the costs of prescription drugs. We ask the committee to fully examine this issue to ensure the final version will not result in increased costs to the consumer and health care system as a whole. We appreciate the bill sponsors, and committee's interest in this issue, and strongly support passage of H.663. Thank you!