

Supplemental Statement to the House Human Services Committee

Re: H.663, An act relating to expanding access to contraceptives

February 3, 2020

Submitted by Lucy Leriche, Vice President of Public Affairs, Planned Parenthood of Northern New England

Patients come to Planned Parenthood health centers for high quality, trauma-informed, nonjudgmental, compassionate and confidential care. People of all genders, sexual orientations, ages, races, and incomes, are welcome at Planned Parenthood of Northern New England, and we pride ourselves on care that is expert, respectful, and inclusive.

For many of our patients, the majority of whom are low-income patients, PPNNE is their only health care provider. In Vermont, PPNNE serves approximately 19,000 patients annually, offering contraception, cervical cancer screenings, breast exams, abortion care, sexually transmitted infection tests, and we've recently brought in the organization's first Director of Behavioral Health.

When people have the knowledge and resources they need to make healthy choices about their sexual and reproductive health, whole communities benefit. By expanding access to sex education and health care, PPNNE can improve health and wellness for all. Together, we can create pathways to opportunity.

The mission of PPNNE 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.

With this mission comes a high level of responsibility to our patients. To that end, PPNNE treats caring for minors and following mandated reporting protocols as a top priority.

Mandated Reporting

PPNNE has zero tolerance for employee non-compliance with our policies and procedures for

addressing situations that endanger the welfare of minors, including policies and procedures relating to state mandatory reporting laws. PPNNE trains employees upon hire and annually regarding agency policies and procedures for handling of situations involving conduct that endangers the welfare of minors, including state mandatory reporting requirements. Negligent conduct or intentional or indifferent misconduct that results in failure to comply with these policies and procedures will lead to termination of employment.

All PPNNE staff members providing medical, educational, and outreach services to minors are considered mandated reporters and must understand and comply with the mandatory reporting laws for the state(s) in which they practice. Staff adheres to the following reporting guidelines and procedures: ***“If you reasonably suspect that any minor is being abused, neglected or otherwise exploited, a report must be made to the appropriate state agency within 24 hours. A report is required if it is the first time the abuse has been disclosed to PPNNE staff, even if the patient or parent/guardian states the case has already been reported to the authorities.”***

PPNNE complies with state laws regarding mandated reporting, using definitions of child abuse and neglect published by the [Vermont Department for Children and Families in FSD Policy 50](#).

Staff Training

Staff members providing medical, educational, and outreach services receive training on “Reporting Abuse of Minors and Vulnerable Adults” when they are hired/onboarded, and then annually.

Staff are trained to screen for abuse, sexual abuse, sexual assault, neglect, human trafficking, and child endangerment, to name a few.

Patient Screening

PPNNE has a mandate to protect our young and vulnerable patients. To ensure the safety and health of our patients, PPNNE health center staff discuss intimate partner violence with every patient, asks about the safety of their living situation, and encourages parental/guardian involvement.

Adolescent Counseling is completed with every minor patient visit with the exception of post-op, lab only, and repeat injection. Findings in these counseling sessions become a part of the patient’s medical record.

Adolescent Counseling includes:

- An explanation of the limits of confidentiality
- Encouraging parental/guardian involvement
- A discussion about delaying sexual activity
- A discussion to find out if they are in a safe living situation.

Access to contraceptives in secondary schools

As provided in our testimony on January 23, 2020 to the House Human Services Committee, 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. PPNNE especially appreciates that H.663 directly addresses access to contraception for adolescents, one of the groups identified as being at high risk for unintended pregnancy.

PPNNE supports the passage of H.663, An act relating to expanding access to contraceptives, for reasons including but not limited to:

- It is important to provide preventative health resources to students and contribute to the wellness of the population by making condoms available to students.
- Schools will be one of many places where teenagers can get condoms. An added benefit of providing condoms at school is that the students may feel more comfortable talking with staff that they know (such as the nurses) when they have questions about sexual health.
- The Vermont Department of Health (VDH) and Agency of Education jointly advised schools in 2016 that, "Condom availability should be supported as a key element of comprehensive sex education".
- Results from the 2019 Vermont Youth Risk Behavior Survey, which is an anonymous survey distributed nationally to middle and high school students about various health topics, showed that 40% of high school students are having sexual intercourse. This is an average across all grades and the percentage rises with each grade from 18% in 9th grade to ~60% in 12th grade.
- The 2019 YRBS also shows that only 50% of females and 59% of sexually active males are using condoms which leaves a large percentage of teens unprotected from teen pregnancy and sexually transmitted diseases such as chlamydia and gonorrhea.
- The CDC estimates that nearly 20 million new STDs occur every year in this country, half of those among young people aged 15–24. In our state, over the last 15 years, 80% or more of chlamydia cases diagnosed annually have been among Vermonters aged 24 and younger (VDH.)

We appreciate the bill sponsors, and committee's interest in this issue, and strongly support passage of H.663. Thank you.