



July 5, 2011

Donald Berwick, M.D., Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244  
Attention: CMS—2328—P

Re: Proposed Rule – Medicaid Program; Methods for Assuring Access to Covered Medicaid Services (CMS-2328-P)

Dear Administrator Berwick:

In response to the solicitation from the Department of Health and Human Services for input on the proposed rule for assuring access to covered Medicaid services, The National Campaign to Prevent Teen and Unplanned Pregnancy respectfully submits comments for your consideration.

The National Campaign to Prevent Teen and Unplanned Pregnancy is a research-based, bi-partisan and non-profit group that was founded in 1996. Our mission is to improve the lives and future prospects of children and families, and in particular, to help ensure that children are born into stable families who are committed to and ready for the demanding task of raising the next generation. Our specific strategy is to prevent teen and unplanned pregnancy, especially among single, young adults. We support a combination of responsible values and behavior by both men and women and responsible policies in both the public and private sectors. If we are successful, child and family well-being will improve, there will be less poverty, more opportunities for young men and women to complete their education or achieve other life goals, fewer abortions, and a stronger nation.

Half of all pregnancies in the United States are unplanned as reported by women themselves. In addition to being associated with serious consequences for parents and their children, unplanned pregnancies also lead to substantial direct medical costs. Two recent studies calculated that unplanned pregnancy costs approximately \$11 billion annually. In 2008, 17.4 million women were in need of publicly funded contraceptive services, an increase of six percent, or one million women, since 2000. However, only 40 percent of this need was met by publicly funded clinics in 2008. The need continued to grow during the recession. Between 2008 and 2009, the number of women of reproductive age (15-44) without any insurance at all increased by 1.3 million, to a total of 13.7 million. The result is a strain on women and their families and huge costs to states.


Medicaid, the federal government's largest provider of health care for low-income individuals and families, accounts for approximately 71 percent of all publicly funded family

planning in the United States and covers 41% of all births. In some states Medicaid covers the costs of at least half of all births (AK, AZ, AR, DE, LA, NC, OK, PR, SC, and WV). In 2008, the average national cost for one Medicaid-covered birth (including prenatal care, delivery, postpartum care, and infant care for one year) was \$12,613. In comparison, the annual per-client cost for contraceptive care was an estimated \$257. It is estimated that for every dollar invested in contraception, the nation saves \$3.74 in Medicaid expenditures that otherwise would have been spent for pregnancy related care. In addition to the direct medical cost savings, there are also broader gains to be made by preventing unplanned pregnancy. A recent report from *The New England Journal of Medicine* notes that “unintended pregnancy imposes potentially serious burdens on individuals and families, as well as considerable economic costs on society.”

The Medicaid and CHIP Payment and Access Commission (MACPAC) framework for monitoring Medicaid beneficiaries’ access to care and services, which you have incorporated into the proposed rule, is a good approach for assessing Medicaid rate sufficiency. Given the high costs of unplanned pregnancy to the Medicaid program and the demonstrated cost savings of family planning, we hope that you will encourage states to pay particular attention to the provision of family planning services by monitoring the availability of care and providers and the utilization of these services. It is especially important to assess the unique needs of adolescents with respect to access to Medicaid family planning counseling and contraceptives, and if these needs are being met, by looking at availability and utilization. With teen pregnancy costing the nation at least \$10.9 billion in 2008 alone, it is important to ensure that teens not only have coverage, but have meaningful access to these critical services. For those reasons, we support the more detailed comments submitted by the National Alliance to Advance Adolescent Health.

Thank you again for this opportunity to submit comments. If you have any questions or need additional information, please contact Rachel Fey, Senior Manager of Public Policy at 202-478-8529 or [rfey@thenc.org](mailto:rfey@thenc.org).

Sincerely,

A handwritten signature in black ink that reads "Sarah Brown". The signature is written in a cursive, flowing style.

Sarah S. Brown  
CEO