

Unplanned pregnancies are closely linked to a number of negative health, social and economic consequences. Enhancing access to family planning counseling, services, and prescription drugs and devices is a cost-effective way to make progress on preventing unplanned pregnancy and improving health outcomes for women and families. To that end, the following are The National Campaign to Prevent Teen and Unplanned Pregnancy's health reform priorities:

#### **I. PREVENTION**

Family planning should be classified as a *preventive* benefit in any essential benefit package that is created within health reform. Despite not yet having been evaluated by the US Preventive Services Task Force, it should be afforded the same cost-sharing protections as other preventive benefits such as mammograms and diabetes screenings. The final Senate draft should include the Senate HELP Committee provision authored by Senator Mikulski that creates a fourth category of covered preventive services for women of childbearing age, to be determined by guidelines developed by HRSA. Additionally, if Congress creates a medical advisory council to determine what preventive services, procedures, and medications should be covered by private or public insurance plans, a pregnancy prevention expert should be appointed as a member.

#### **II. ACCESS TO AFFORDABLE DRUGS AND DEVICES**

If a public or private health insurance plan provides coverage for prescription drugs, devices, or outpatient health care services, it should provide affordable coverage for any FDA-approved prescription contraceptive drugs, devices and outpatient contraceptive services (including long-acting reversible contraceptives that are highly effective at preventing pregnancy).

#### **III. STRENGTHENING THE SAFETY NET**

The National Campaign applauds the Senate Finance Committee for expanding eligibility for Medicaid coverage for childless adults who earn up to 133 percent FPL. This expansion will lead to increased access to family planning services, particularly for single, young adults. We recognize the tremendous budget pressures states face and also applaud the Committee's efforts to provide assistance through increased FMAP percentages and additional federal cost-sharing to cover newly-eligible individuals. The Committee should ensure that newly-eligible individuals have access to family planning services by 1) allowing those under age 21 to receive the full benefits package currently available to all categorically needy beneficiaries (which includes EPSDT services) and 2) by ensuring Medicaid benchmark or benchmark equivalent plans cover family planning, as is required in the full Medicaid benefits packages.

The Committee should also adopt the Medicaid Family Planning State Optional Amendment included in H.R. 3200, which would allow states that want to expand family planning eligibility to the same eligibility as pregnancy-related care to do so through a state option rather than a waiver. The Congressional Budget Office previously scored a similar provision as saving \$700 million over 10 years nationwide; the provision in H.R. 3200 has scored as budget neutral.

Finally, Congress should ensure that essential community providers are included within any health exchange that is created.

#### **IV. GRANTS TO STATES FOR QUALITY HOME VISITATION PROGRAMS**

The National Campaign applauds the Committee for including grants to states for the establishment and expansion of voluntary home visitation programs for families with young children and families expecting children. Research has demonstrated that high quality, evidence-based programs, such as the Nurse Family Partnership model, improve health and social outcomes for children, women, and their families through improved prenatal health, fewer childhood injuries, fewer subsequent unplanned pregnancies, increased intervals between births, increased maternal employment, and improved school readiness for children.

#### **V. PROVIDER TRAINING AND INCENTIVES**

The National Campaign applauds the Committee for including efforts to improve and expand the public health workforce. Both the creation of a National Workforce Strategy and funding demonstration grants to address health workforce shortages will help prepare a range of providers, including primary care physicians, family physicians, nurses, and nurse practitioners, to meet the challenges of Americans' evolving health needs. The Senate should also adopt provisions to attract valuable talent to the public health workforce by providing loan repayment and scholarship opportunities.

#### **VI. YOUNG ADULT PLANS**

The National Campaign applauds the Committee for addressing the affordability of health insurance for healthy, young adults who tend to consume less health care. However, the "Young Invincible" plans available to individuals under 25 that offer low premiums for catastrophic-only coverage often have high-deductibles that could make some routine, preventive health care – such as some primary care and family planning services – difficult and expensive to obtain. While the Committee has provided cost-sharing protection for certain preventive benefits, such as services that have received an 'A' or 'B' recommendation from the USPSTF, the out-of-pocket costs for other important medical services that this population needs may be prohibitive and have a negative effect on young adults' ability to access necessary care. **For these reasons, The National Campaign strongly recommends that the Senate Finance Committee strike this provision.**