



To: Obama-Biden Transition Team

From: Sarah S. Brown, CEO

Date: December 18, 2008

Re: Health Reform Recommendations

Recognizing that health reform will be a top priority for the new Administration and given the health and economic benefits of pregnancy planning and prevention, the National Campaign to Prevent Teen and Unplanned Pregnancy offers a number of recommendations for improving pregnancy prevention and planning within the context of health reform efforts.

We are available to provide additional information about any of these ideas, as well as about the issue of teen pregnancy and unplanned pregnancy more generally. For more information, please contact Andrea Kane, Senior Director of Policy and Partnerships, at (202) 478-8554 or by email at akane@thenc.org or Jessica Swafford, Senior Manager of Public Policy, at (202) 478-8529 or by email at jswafford@thenc.org. For more information about The National Campaign, please visit: www.thenationalcampaign.org.

OVERVIEW

At present, fully half of all pregnancies in the United States are unplanned. Unplanned pregnancies are closely linked to a number of negative health, social and economic consequences for women, children, families and communities; and unplanned pregnancy also lies behind the vast majority of the nation's abortions. Enhancing access to family planning counseling, services, and coverage for a full range of FDA-approved family planning methods, including prescription drugs and devices, can help ensure that more care and intentionality surround pregnancy, childbearing, and family formation. Preventing unplanned pregnancy is a cost-effective investment that will reduce health care costs. For example, CBO has scored a provision allowing more states to expand eligibility for Medicaid family planning as saving at least \$400 million over 10 years.

I. PREVENTION

Pregnancy prevention should be an integral component of any preventive benefit considered in the context of health reform; that is, it should be on a par with such other preventive benefits as mammograms, diabetes screenings, and smoking cessation. The National Campaign recommends the following actions:

- A. If Congress creates an advisory board to determine what preventive services, procedures, and medications should be covered by private insurance or public insurance plans, then an expert on family planning and/or pregnancy planning and prevention should be appointed as a voting member.
- B. A clinician specializing in family planning should also be appointed as a voting member of the United States Preventive Services Task Force (USPSTF), the leading independent panel of private-sector experts in prevention and primary care.
- C. The USPSTF should adopt specific recommendations regarding effective family planning methods.
- D. The Centers for Disease Control (CDC) should oversee efforts to analyze and address the overall lack of improvement in rates of unintended pregnancy, with special attention to those groups whose rates are higher than the national average and/or whose rates have increased.

- E. Congress should fund an innovative public health, digital media campaign coordinated by the CDC to help young adults with pregnancy planning and prevention.

II. ACCESS TO AFFORDABLE DRUGS AND DEVICES

- A. If a public or private health insurance plan provides coverage for prescription drugs, devices, or outpatient health care services, it must provide affordable coverage for any Food and Drug Administration-approved prescription contraceptive drugs, devices and outpatient contraceptive services (including long-acting reversible contraceptives such as implants and intrauterine devices).

III. INCENTIVES FOR AND EDUCATION TO PROVIDERS

- A. An adequate reimbursement structure must be developed, not only to cover drugs and devices, but to provide appropriate incentives so that a range of health care professionals will include family planning services and counseling in their ongoing interactions with patients.
- B. Providers should also receive appropriate incentives for the innovative use of technology (i.e. e-prescribing and electronic record-keeping) to reduce costs and improve access to care.
- C. Health care providers need ongoing education about new and effective methods of contraception, including long acting methods. Support should be given to higher education institutions to provide students in the health and medical field with evidence-based information on the latest contraceptive methods. Grants should be available so that health care providers can pursue ongoing continuing medical education on the latest contraceptive methods.

IV. STRENGTHENING THE SAFETY NET

The National Campaign recommends the following improvements to strengthen our country's safety net programs and providers, which are critical to reducing unplanned pregnancies among low-income and other high-risk populations:

A. Medicaid:

- i. **Family Planning State Optional Amendment:** 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. CBO has scored a similar provision as saving \$400 million over 10 years nationwide.
- ii. **Repeal or Ameliorate Citizenship Documentation Requirement:** Repeal citizenship documentation requirements for individuals receiving Medicaid services to avoid the chilling effect these have on access to family planning services.
- iii. **Immigrant Children's Health Improvement Act (ICHIA):** Allow states the option to offer Medicaid and SCHIP to otherwise eligible legal immigrant children and pregnant women to improve access to vital family planning services.
- iv. **Nominal Drug Pricing:** Define a fourth category of safety-net providers to include college clinics and clinics that serve low-income populations in order to provide discount contraceptives.

B. State Children's Health Insurance Program (SCHIP):

- i. **Restore state flexibility to cover parents:** Ensure adequate block grant funding to support states' continued flexibility to offer parental coverage under SCHIP and to encourage coverage of family planning services.

C. Title X:

- i. **Increase Funding for Title X to \$700 million in the FY10 budget request:** Investing \$700 million would make a substantial contribution toward addressing (a) the number of women who are not eligible for Medicaid or another payment source and thus must rely entirely on Title X for family planning; (b) the unmet need for support services not financed by Medicaid and/or other sources of funding, such as translators and health education; and (c) the unmet need for the family planning training, research and information/education programs that only Title X provides.

V. **DEPENDENT COVERAGE**

- A. **Encourage Family Planning Services for Youth Aging Out of Foster Care:** Provide technical assistance to state independent living programs and caseworkers in agencies that are charged with developing transition plans on how they can incorporate pregnancy prevention education and services into plans for youth aging out of foster care, including access to Medicaid family planning.
- B. **Provide Incentives for Coverage up to Age 24 or 25:** Provide incentives for state governments to maintain or develop policies allowing dependents to receive insurance coverage up to age 24 or 25. Note that young adults between 19 and 29 have the highest levels of being uninsured of any age cohort.