



To: Senate Finance Committee

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**Re: National Campaign Comments on the Senate Finance Committee's, "Expanding Health Care Coverage: Proposals to Provide Affordable Coverage to All Americans"**

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At present, fully one-half of all pregnancies in the United States are unplanned,<sup>1</sup> and those unplanned pregnancies that result in a birth have significant health-related costs and consequences including late entry into prenatal care, absence of preconception health care, and an increased risk of both low infant birth weight and infant mortality. Unplanned pregnancy also lies behind the vast majority of abortions.

Health reform is an important opportunity to improve pregnancy planning and prevention by expanding access to quality, affordable family planning services—a critical part of basic health care. Family planning services are a cornerstone of health promotion. They emphasize wellness and prevention, and they are a cornerstone of basic health care for women especially. Indeed, the Centers for Disease Control and Prevention cite family planning as one of the top ten public health achievements in the 20th century.

By expanding access to these services, more men and women will have access to high quality information, care and services that will reduce unplanned pregnancies; maternal, infant and family health will improve; taxpayers, employers, and government alike will enjoy significant savings; and the need for abortion will decline. To that end, the National Campaign to Prevent Teen and Unplanned Pregnancy offers the following recommendations to ensure that opportunities for promoting pregnancy planning and prevention are fully integrated into the proposal *Expanding Health Care Coverage: Proposals to Provide Affordable Coverage to All Americans*.

We are available to provide more information about these recommendations as well as about unplanned pregnancy and family planning services and supplies more generally. If you have any questions or need additional information, please do not hesitate to contact Lisa Shuger at (202) 478-8576 or by email at [lishuger@thenc.org](mailto:lishuger@thenc.org) or Jessica Swafford at (202) 478-8529 or by email at [jswafford@thenc.org](mailto:jswafford@thenc.org).

## **CAMPAIGN RECOMMENDATIONS:**

### ***Section II: Making Coverage Affordable***

#### **The Committee Proposed Benefit Options**

The Committee's proposal requires all health insurance plans in the non-group and small group market, at a minimum, to provide a broad range of medical benefits, including but not limited to preventive and primary care, emergency services, physician services, outpatient services, prescription drugs and other services.

**Campaign Recommendation 1:** The National Campaign recommends that all plans—high, medium, and low options—include family planning services and supplies among the broad range of medical benefits covered. This includes coverage for the full range of FDA-approved contraceptive drugs and devices, counseling and related outpatient services. To ensure that family planning is among the services covered by any standard benefits package, the National Campaign supports the following strategies:

- 1) Establishing an independent health commission—with adequate representation from the family planning and women's health fields—which would enumerate the range of medical benefits to be covered under these health insurance plans; or
- 2) Referencing an existing plan that currently provides adequate coverage for these services as the model for a basic package of benefits, such as the Blue Cross Blue Shield standard option or the Federal Employees Health Benefits Plan (FEHBP).

#### **Key Supporting Facts:**

- The typical American woman spends 30 years<sup>2</sup> trying to avoid pregnancy, and the overwhelming majority (98 percent)<sup>3</sup> of sexually-experienced women has used at least one contraceptive method.
- Family planning is broadly supported: 88 percent<sup>4</sup> of voters support women's access to contraception. In fact, a recent poll found that 72 percent of Republicans and Independents favor legislation that would make it easier for people at all income levels to obtain contraception.<sup>5</sup>
- Congress has a long history of recognizing the value of family planning services by including it as a core part of its public health programs. For example, family planning services are a required primary care service under Medicaid, at federally qualified health centers, and under the Indian Health Service. In addition, Congress passed legislation in 1998 that requires contraceptive coverage for federal employees who are insured through the Federal Employees Health Benefits Plan (FEHBP).<sup>6</sup>

**Campaign Recommendation 2:** In the event that Congress creates less comprehensive health insurance plans to address the needs of young adults and other populations that need a more affordable option, it is important that contraceptive coverage remains included as a covered benefit.

**Key Supporting Facts:**

- Young adults between 19 and 29 are more likely than any other age group to be uninsured. It is also the case that young adults account for nearly one-third (1.1 million) of the 3 million unplanned pregnancies annually.
- In a study on how health reform in Massachusetts has affected young adults' access to contraception since the individual mandate went into effect in July 2007, preliminary findings suggest that information about health plans specifically designed for young adults is often difficult to navigate and details about contraceptive coverage are often either unstated or unclear.<sup>7</sup> In fact, several state-approved Young Adult Plans lacked any prescription drug coverage—a benefit central to the ability to obtain contraception and prevent pregnancy.

***Section IV: Role of Public Programs*****The Committee Proposed Options for Medicaid Family Planning Services and Supplies and Other Improvements to Medicaid**

The Committee's proposal gives states the option to expand Medicaid family planning services by creating a new categorically needy group with eligibility for these services at the same level as a state's eligibility level for pregnancy-related care. States with existing Medicaid family planning waivers where the eligibility level exceeds that of the state's level for pregnancy-related care would be allowed to continue to extend this benefit to women currently eligible for services through the waiver. In addition, the proposal includes a requirement to raise income eligibility for pregnant women, children, and parents to 150 percent of the Federal Poverty Level (FPL) and to ensure alignment for Medicaid and eligibility for tax credits to purchase coverage through the Health Insurance Exchange as defined in legislation.

**Campaign Recommendation 3:** The National Campaign fully supports the Committee's proposal to allow states the option to align eligibility for family planning services with its current eligibility level for pregnancy-related care. It is an important first step; however, given the Committee's focus on expanding coverage to more individuals, more can be done to further increase access to these important services and to ensure that this provision truly captures those in need of this benefit. The National Campaign recommends the following options:

- 1) Allow states the option to expand eligibility for Medicaid family planning services up to 200 percent FPL, as proposed in the President's FY2010 budget.
- 2) For states whose eligibility level for pregnancy-related care currently exceeds 200 percent FPL, allow the option to align eligibility for family planning services with the states eligibility level for pregnancy-related care.

In addition, more states should be encouraged to include men in the Medicaid family planning expansions (eight states currently cover men through waivers)<sup>8</sup>.

**Key Supporting Facts:**

- Allowing states to expand eligibility for family planning to match eligibility for pregnancy-related care through a state optional amendment rather than through a waiver would lead to an estimated savings of \$700 million over 10 years nationwide, according to a recent Congressional Budget Office (CBO) estimate.<sup>9</sup>

- Currently, Medicaid is the largest public funding source for family planning, accounting for 71 percent of all state and federal dollars spent on family planning in 2006.<sup>10</sup>
- Twenty-seven states have completed the waiver process and have received federal approval to expand eligibility for Medicaid family planning services. These expansions have clearly demonstrated they are cost-effective.<sup>11</sup>
- In 2006, 17.5 million women were in need of publicly funded family planning services yet Medicaid and other publicly supported health centers were only able to serve 54 percent (9.4 million women).<sup>12</sup>
- As a result of the services supported by public funding, it is estimated that in 2006, 1.94 million unplanned pregnancies were avoided, thereby averting 860,000 unintended births and 810,000 abortions.<sup>13</sup>
- For every \$1 spent on publicly provided family planning services, \$4.02 are saved in Medicaid pregnancy-related care costs.<sup>14</sup>

### **The Committee Proposed Children Health Insurance Program (CHIP) Options**

The Committee proposal specifies that states would be prohibited from decreasing income eligibility for currently eligible child populations until the end of the current authorization period or when the Health Insurance Exchange is fully operational, whichever is later. After that point, the CHIP income eligibility would be increased to 275 percent FPL

**Campaign Recommendation 4:** The National Campaign supports the Committee’s proposal to increase the CHIP income eligibility level to 275 percent FPL. This expansion will result in greater access to and coverage for family planning services in states that currently offer contraceptive services. In addition, given the Committee’s focus on expanding access to coverage, the National Campaign supports expanding the age eligibility for CHIP up to age 24 or 25.

#### **Key Supporting Facts:**

- Currently, states have the option to provide family planning services to enrollees in the CHIP state program, and only a few states have opted *not* to provide these services.
- Young adults between 19 and 29 are more likely than any other age group to be uninsured. It is also the case that young adults account for nearly one-third (1.1 million) of the 3 million unplanned pregnancies annually.

## ***Section VI: Options to Improve Access to Preventive Services and Encourage Healthy Lifestyles***

### **The Committee Proposed Promotion of Prevention and Wellness in Medicaid Options**

The Committee’s proposal includes incentives for employers to provide a “qualified wellness program.” In order for a program to be a qualified wellness program, it must contain several components, including health awareness, which in turn includes health education, preventive screenings and health risk assessment.

**Campaign Recommendation 5:** An important goal discussed in health reform involves both lowering costs for services and ensuring greater access to coverage by reducing the acute needs of patients through the adoption of a broad array of preventive services. Too often, discussions and policies focused on prevention and wellness—that is, health promotion—exclude pregnancy prevention by focusing exclusively on prevention or management of chronic diseases or conditions as well as the behavior that leads to the disease (such as obesity or smoking). The National Campaign recommends that family planning information and education is included as an allowable activity within qualified wellness programs.

**Campaign Recommendation 6:** In an effort to expand awareness and personal responsibility regarding pregnancy planning and prevention, the National Campaign recommends that Congress consider one of the following options:

- 1) Directing both the US Preventive Services Task Force and the Community Preventive Services Task Force to review specific family planning and contraceptive interventions in addition to counseling as part of their overall focus on preventive service recommendations; or
- 2) Deferring family planning recommendations to other evidence-based entities, including specialty societies.

Additionally, should Congress assume coverage of preventive services based on “A” or “B” recommendations put out the US Preventive Services Task Force, the National Campaign recommends that any “A” or “B” recommendations that have been included in previous versions of the guide, such as the 1996 recommendation for period counseling to prevent unintended pregnancy, should also be considered eligible services. If it is apparent that insufficient evidence is available to assess the value of family planning care, either in whole or in part, then Congress should direct HHS to fund the evaluation studies needed to bolster the evidentiary base for this cluster of critical services.

**Key Supporting Facts:**

- Pregnancy planning and prevention is one of the few preventive interventions that can be scored. A recent study has shown that contraceptive use saves nearly \$19 billion in direct medical costs each year.<sup>15</sup> Moreover, the Congressional Budget Office has scored public sector family planning expansions to save the federal government \$700 million over ten years.<sup>16</sup>
- The Centers for Disease Control and Prevention credited family planning as one of the top ten public health achievements in the 20th century.
- Improving pregnancy planning and spacing and preventing unintended pregnancy is one goal of Healthy People 2010.
- In its 1996 *Guide to Clinical Preventive Services*, the US Preventive Services Task Force included a “B” recommendation for counseling about effective contraceptive methods to all women and men at risk for unintended pregnancy.
- CDC is currently working towards adopting medical eligibility criteria for contraceptive use from evidence-based recommendations.

## ***Section VIII: Options to Address Health Disparities***

### **The Committee Proposed Elimination of Five-Year Waiting Period for Non-Pregnant Adults Options**

The Committee's proposal adds non-pregnant adults who are lawfully present in the United States, and are otherwise eligible for coverage to the list of Medicaid beneficiaries for whom states would be permitted to waive the five-year bar to extend Medicaid coverage. This would be in addition to pregnant women and children who are lawfully residing in the United States, and are otherwise eligible for coverage.

**Campaign Recommendation 7:** The National Campaign supports the elimination of the five-year waiting period for all immigrants who are lawfully present, and are otherwise eligible for Medicaid coverage. In addition, we recommend that all barriers to accessing Medicaid services be removed to allow states the flexibility to determine what documentation is sufficient for establishing eligibility for family planning and other health services.

### **The Committee Proposed Reduction in Infant Mortality and Improved Maternal Well-Being Options**

The Committee proposes to authorize funding through Title V of the Maternal and Child Health Services Block Grant to states, tribes, and territories to develop targeted approaches to reduce infant mortality. Awards will be based on the applicants' ability to demonstrate the capacity to engage in one or more types of evidence-based approaches to reduce infant mortality and its related causes and consequences, such as preterm births, infant and child disability, reduced health status of women during their childbearing years, and maternal mortality. The Committee further proposes to assess projects for their potential to improve health care practice, eliminate health disparities, and improve health care system quality, efficiencies, and reduce costs.

**Campaign Recommendation 8:** Given the close association of unplanned pregnancy, late entry into prenatal care, and the risk of preterm births, low infant birth weight and infant mortality, the National Campaign supports the authorization of MCH grants to develop targeted approaches to reduce infant mortality. In particular, The National Campaign recommends that legislative language include that an allowable use of funds for this grant would include strategies to address unplanned pregnancy.

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1 National Campaign to Prevent Teen and Unplanned Pregnancy. (2007). *Unplanned Pregnancy Among 20-Somethings: The Full Story*. Washington, DC: Author.

2 Gold, R.B. et al., *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System*, New York: Guttmacher Institute, 2009.

3 Chandra A et al. Fertility, family planning and reproductive health of U.S. women: data from the 2002 National Survey of Family Growth, *Vital Health Statistics*, 2005, Series 23, No. 25.

4 National Family Planning and Reproductive Health Association (2008).

[http://www.nfprha.org/main/family\\_planning.cfm?Category=Public\\_Support&Section=Access\\_Poll](http://www.nfprha.org/main/family_planning.cfm?Category=Public_Support&Section=Access_Poll) accessed March 2, 2009.

5 National Women's Law Center (2009) <http://www.nwlc.org/details.cfm?id=3456&section=newsroom> accessed March 2, 2009.

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- 6 FY99 Omnibus Consolidated and Emergency Appropriations (October 1998).  
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- 7 REaDY? Initiative (May 2009)
- 8 Guttmacher Institute (2009) State Policies in Brief: State Medicaid Family Planning Eligibility Expansions as of February 1, 2009,< [http://www.guttmacher.org/statecenter/spibs/spib\\_SMFPE.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf)> accessed March 2, 2009.
- 9 Congressional Budget Office (2009) Preliminary Estimate of the Effects on Direct Spending of Title V of the Energy and Commerce Stimulus Draft (Based on legislative language “EC-HEALTHV-SUB\_001 as provided January 22, 2009).
- 10 Gold, R.B. et al., Next Steps for America’s Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System, New York: Guttmacher Institute, 2009.
- 11 IBID.
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- 13 IBID.
- 14 Frost, JJ, Finer, LB, and Tapales, A (2008). The Impact of Publicly Funded Family Planning Clinic Services on Unintended Pregnancies and Government Cost Savings, *Journal of Health Care for the Poor and Underserved*, 19: 778-796.
- 15 Trussell, J (2007) The Cost of Unintended Pregnancy in the United States, *Contraception*, 75: 168-170.
- 16 Congressional Budget Office (2009) Preliminary Estimate of the Effects on Direct Spending of Title V of the Energy and Commerce Stimulus Draft (Based on legislative language “EC-HEALTHV-SUB\_001 as provided January 22, 2009).