



Planned Parenthood Columbia Willamette

To: House Committee on Health Care
From: Stacy Cross, CEO Planned Parenthood of Columbia Willamette
Date: April 2, 2015
Re: Testimony in Support of CCare Funding

Chair Greenlick and the Committee:

My name is Stacy Cross and I am the President and CEO of Planned Parenthood Columbia Willamette. I am here today to testify in support of House Bill 3343, which will provide greater access to birth control and reduce the rate of unintended pregnancy in our great state.

Since 1963, PPCW has successfully carried out its mission of providing, promoting and protecting access to quality reproductive and sexual health care. Each year, approximately 60,000 women and men visit one of PPCW's health centers. We do more to prevent unintended pregnancy than any other organization in the state.

Currently, the Oregon Contraceptive Care Program and the Oregon Health Plan provide patients with a 12 month supply of birth control at one time, but private insurers only provide reimbursement for 30 to 90 days. House Bill 3343 would require all health insurance carriers provide reimbursement for a 12 month supply of birth control at one time. Studies show that dispensing a greater supply of contraceptives at a clinical visit is associated with fewer repeat visits, greater contraceptive continuation, and a reduction in the odds of unintended pregnancy.

In the words of Dr. Diana Greene Foster of the University of California at San Francisco: "Women need to have contraceptives on hand so their use is as automatic as using safety devices in cars. Providing 1 cycle of oral contraceptives at a time is similar to asking people to visit a clinic or pharmacy to renew their seatbelts each month."

Dr. Foster led a study that shows the rates of unintended pregnancy and abortion decrease significantly when women receive a 1-year supply of oral contraceptives. Researchers observed a 30% reduction in the odds of pregnancy and a 46% decrease in the odds of an abortion in women given a 1-year supply of birth control.

According to the Guttmacher Institute, inconsistent use of contraception accounts for 41% of unintended pregnancies. Making contraception more accessible not only reduces the incidence of unintended pregnancy and abortion but it also saves money, according to the researchers. If the 65,000 women in the analysis who received either 1 or 3 packs of pills at a time had experienced the same pregnancy and abortion rates as women who received a 1-year supply, almost 1,300 pregnancies and 300 abortions would have been averted, according to the team.

Not only have numerous studies shown the benefits of 12 month dispensing, but it also reduces barriers for women all over Oregon. Rural Oregonians often have long distances to travel and cannot make it to the pharmacy on a monthly basis. Others may not have a confidential mail box where they feel safe having their birth control delivered. Whatever the reason, we believe there should be no barriers to consistent and effective birth control use.

We also know it is in the best interest of insurers to keep costs down and this bill will reduce costs. The average commercial insurer payment for all maternal and newborn care ranges from \$18,000 to \$28,000. The average hormonal birth control costs range from \$100-\$600 a year. By preventing just one unintended pregnancy, an insurer will save a minimum of \$17,400. That is enough savings to pay for 29 additional years of contraception.

Improving access to contraceptive methods reduces unintended pregnancy and helps women to plan their families. Please join me in supporting House Bill 3343.