



Date: April 15, 2015

TO: The Honorable Mitch Greenlick, Chair
House Committee on Health Care

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SUBJECT: HB 3343 Requiring 12-month coverage of prescription contraceptives.

Chair Mitch Greenlick and members of the committee, I am pleased to provide information about the Oregon ContraceptiveCare (CCare) Program and its contraceptive coverage policies as they relate to provisions outlined in HB 3343.

CCare (formerly known as the Family Planning Expansion Project or FPEP) is an 1115 Medicaid family planning demonstration waiver, first implemented in 1999. Leveraging a 9:1 federal match, CCare expands Medicaid coverage for a defined set of family planning services and supplies for otherwise eligible individuals not enrolled in the Oregon Health Plan and with incomes at or below 250 percent of the federal poverty level (FPL). National research has highlighted how family planning Medicaid waiver programs have increased access to essential preventive reproductive health services, reduced unintended pregnancy rates and teen pregnancy rates, and achieved substantial government savings.¹ Oregon's CCare Program has been found to be particularly effective; during fiscal year 2014, CCare averted nearly 7,000 unintended pregnancies and saved \$12.4 million dollars in state expenditures.²

The CCare Program has a longstanding emphasis on standards of care related to prescription contraceptive coverage. Since its inception, CCare has required enrolled CCare providers to dispense, onsite, up to a full-year's supply of a broad range of FDA-approved methods, as clinically indicated. The recently released Centers for Disease

¹ Sonfield A & Gold RB. *Medicaid Family Planning Expansions: Lessons Learned and Implications for the Future*. Guttmacher Institute, December 2011, <http://www.guttmacher.org/pubs/Medicaid-Expansions.pdf>.

² Oregon Reproductive Health Information System, DMAP Actuarial Services Unit, and DMAP DSSURS Warehouse Data, 2014.

Control report, “Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs” reinforces this standard. The report explicitly recommends providing or prescribing multiple cycles (ideally a full year’s supply) of oral contraceptive pills, the patch, or the ring to minimize the number of times a client has to return to the service site.³

Research from California’s family planning Medicaid expansion program, Family PACT, has demonstrated the impact of contraceptive coverage policies encouraging expanded dispensing practices. Specifically, researchers found that dispensing a 1-year supply of oral contraceptives was associated with a significant reduction in the odds of conceiving an unplanned pregnancy compared with dispensing just one or three packs.⁴

Administrative claims data from CCare in 2013 and 2014 suggest that clients are highly unlikely to obtain more cycles of contraceptive supplies than actually needed. Regardless of whether a client received one method (e.g. oral contraceptive only) or multiple methods (e.g. oral contraceptive, then the ring) over the two-year period, the overall percentage of clients receiving an excessive quantity (i.e. more than a two-year supply) was almost negligible (1.2%).⁵ Thus, there is little evidence of waste in contraceptive supply dispensing.

Through the CCare Program, the Public Health Division’s Reproductive Health Program remains committed to ensuring that all Oregonians receive access to quality family planning services and supplies in order to prevent unintended pregnancy and improve reproductive health outcomes. Thank you for the opportunity to provide information. I am happy to serve as a future resource to the committee as needed.

³ Gavin L, Moskosky MS, Carter M, et al. Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR 2014: 63(4).

⁴ Foster DG, Hulett D, Bradsberry M, Darney P, & Policar M. Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies. *Obstetrics and Gynecology*, 2011: 117(3), 566-572.

⁵ Oregon Reproductive Health Information System (CCare Claims Data), 2013 & 2014.

