

**To: Senate Committee on Health Care**  
**From: Dr. Skye Frome, RN, FNP-BC, MN, DNP**  
**Date: May 14, 2015**  
**Re: Testimony in Support of HB 3343**

Chair Monnes Anderson and the Committee:

My name is Dr. Skye Frome and I am a family nurse practitioner at 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. I have worked in our health centers for just over 7 years and have talked to thousands of women regarding their contraceptive needs. I have seen firsthand how removing barriers to access can improve women's lives.

Currently, the Oregon Contraceptive Care Program provides 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 private 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.

A study done at the University of California at San Francisco 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.

Women take their birth control needs seriously. I commonly see patients who have gone out of their way to come back for their birth control refill, whether it is scheduling appointments on their school break or taking time off work. For patients who receive a 12 month supply, we have seen numbers from the CCare program that show that women do not waste their birth control. Data from over 50,000

patients who received a 12 month supply of contraception showed that only 1.2% of clients received more than a standard supply.

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.

As a health professional I know this issue is about lowered health costs and best practices, but I also know the real life impact it will have for the patients I see every day. I came to testify on this bill today because as a provider, it is frustrating to me to have to treat patients differently depending on their insurance. I meet with women every day who are ecstatic to finally receive a supply of birth control that allows them to manage their lives in the most healthy and responsible way possible. When I have to restrict access to something as effective as birth control to certain patients and not others simply because of insurance coverage it goes against all my medical and ethical education and training. This committee has a chance to fix that.

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