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Planned Parenthood Votes Northwest and Hawaii

House Health and Social Services Committee
Alaska State Capitol
Juneau, AK 99801

Re: Testimony on Senate Bill 198

April 19, 2018

Dear committee members,

On behalf of Planned Parenthood Votes Northwest and Hawaii, I write today to comment on Senate Bill 198.

As the nation's leading provider of sexual and reproductive health care services, Planned Parenthood works every day to ensure that people in Alaska have access to the full range of birth control methods. In 2016 we provided Long Acting Reversible Contraception (LARC) to more than 1,000 patients in Alaska and also provided nearly 8,000 units of short acting contraception (pills, patches and rings).

We believe that every woman deserves the ability to access the best birth control method that is right for her, whether that be LARC or another method. Planned Parenthood strongly support efforts to address barriers to access to the full range of birth control methods. We reject efforts to direct people to any particular method solely because it is cost-effective or more effective at preventing pregnancy.

We also share the legislature's interest in improving the health and wellbeing of women and children in our state. We support efforts to evaluate best practices related to women's health and to facilitate the sharing of these best practices across provider networks, as called for in this legislation. Increasing collaboration across our health care system and implementing evidence-based solutions are important tools to improve women's health across our state.

However, we do have concerns about this bill. First and foremost is the long history of coercive practices around provider-controlled contraceptive methods such as LARC. Low-income women and women of color, groups that are disproportionately impacted by substance use disorder, have been particularly harmed by this coercion. Because of this history and the potential for ongoing coercion, nobody should be directed towards any particular method solely because it saves the state money or improves public health metrics.

Birth control methods are not one-size-fits-all: the best birth control method is that which meets an individual's needs, and LARC effectiveness at preventing unintended pregnancy is not the only way a woman might evaluate what would work best for her at any given time in her life. Women consider many factors when making decisions about contraception. This includes side effects, personal comfort or discomfort with a method, and other health concerns such as the need to protect against STIs. Any attempt to expand access to LARC must treat women as whole people with complex and unique needs. Women struggling with substance use disorder are no exception.

Women struggling with substance use disorder deserve the right to make their own reproductive health decisions based on their own unique needs and considerations. Instead of steering women towards

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certain methods without regard for the woman's own preferences or needs, the state should work to ensure that every person receives complete, unbiased information on the full range of birth control methods in order to make the decision that is best for them. The attached *LARC Statement of Principles* from SisterSong outlines crucial considerations for any attempt to expand LARC access. We encourage the legislature to take these principles into account in your efforts and to take a multifaceted approach to improving contraceptive access and women's health.

This includes ensuring that study participants have access to LARC removal both during and after the study. Women who cannot continue using LARC, or who would prefer not to, must have access to the follow-up care needed to discontinue use. This legislation does not take this into account and the accompanying fiscal note does not include the funding necessary to put a process in place. If there is no funding to provide removal services and follow-up care, it simply will not be possible to establish a removal process for all participants, including those who remain uninsured. This issue must be addressed before this legislation moves forward.

As written, this bill does not adequately safeguard the reproductive autonomy of study participants. We cannot simply assume that this and other important concerns will be worked out later. To advance our shared goal of preventing reproductive coercion, we must clarify the bill to make sure there is no doubt about the protections that must be in place. If we all agree on this important principle, there is simply no good reason not to put it in writing.

Additionally, while we strongly support research-driven public policy, the benefits of LARC and contraceptive access generally have already been well documented. It is already well-established that LARC are the most effective methods of contraception in terms of preventing unintended pregnancy, and that there are substantial savings and public health benefits associated with improved access to and funding for family planning services:

- The Centers of Disease Control estimate that typical use of hormonal birth control fails 9 out of 100 times, whereas IUDs have a failure rate of 0.5%.
- Research published in the New England Journal of Medicine found that publicly funded family planning provided at safety-net health centers in Alaska in 2010 helped save over $65 million in public funds.[i]
- An Institute of Medicine Report has identified unintended pregnancy as a risk factor for exposure of the fetus to alcohol and other drugs, as well as a number of other negative outcomes such as inadequate prenatal care and low birth rate.[ii]

In short, we already know that access to family planning services – including LARC and the full range of contraception – reduces unintended pregnancy, saves the state money, and improves maternal and child health.

We are also concerned that this bill requires collaboration with providers who treat women with substance use disorders but does not require similar collaboration with providers who specialize in family planning and contraception, including LARC insertion and removal and unbiased contraceptive counseling. This collaboration is necessary to ensure that study participants receive high-quality, non-coercive care. This is a particularly important consideration given the fact that Alaska has a shortage of

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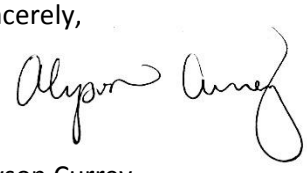
providers who are qualified and willing to both insert and remove all types of LARC.[iii] As written, this legislation does not make clear the need for improved access to training on comprehensive, culturally competent contraceptive counseling, and it does not recognize the need to consult with experts in comprehensive family planning care. Again, we cannot simply assume that this will be addressed later. This requirement must be explicitly added to this legislation to ensure that study participants receive the high-quality contraceptive care they deserve.

We appreciate this committee's thoughtful and careful consideration before moving this bill forward. As written, we cannot support this bill. If it is amended to be clear and explicit about necessary protections for study participants to protect their rights and bodily autonomy, we would need to re-review the bill and decide.

Thank you for the opportunity to comment on this legislation. We look forward to continue working with this committee and the legislature to advance patient-centered, multi-faceted policies that improve maternal and child health in our state.

Sincerely,



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Attachments: SisterSong "LARC Statement of Principles," Guttmacher "Guarding Against Coercion While Ensuring Access: A Delicate Balance"

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[i] Finer LB and Zolna MR, Declines in unintended pregnancies in the United States, 2008–2011, *New England Journal of Medicine*, 2016, 374(9):834–852, http://nejm.org/doi/full/10.1056/NEJMsa1506575.
[ii] Institute of Medicine, *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*, Washington, D.C.: National Academy Press, 1995. https://www.nap.edu/read/4903/chapter/1
[iii] Health Management Associates. "Defunding Planned Parenthood in Alaska: Rural Women to Face Serious Challenges to Access to Care." June 2017.