

Comments on Key Policy Issues Related to the HFS Coordinated Care Program
Pamela A. Sutherland, Vice President of Public Policy
June 24, 2011

Planned Parenthood of Illinois is pleased to have the opportunity to provide comments to the Department on the Coordinated Care Program. Rather than go into detail on the entire program, I will limit our comments to our concerns regarding access to reproductive health care services.

Planned Parenthood of Illinois (PPIL) is a non-profit health care provider with 18 health centers throughout Illinois that provide basic reproductive health care to low income individuals. Less than 10% of our patient population is insured. The majority of our patients are receiving some sort of government assistance for their health care, including Medicaid and Illinois Healthy Women. The implementation of Medicaid reforms, including coordinated care, carries with it important implications for our patient population.

Just last week, as required by the Affordable Care Act, the National Prevention, Health Promotion, and Public Health Council released its report “National Prevention Strategy: America’s Plan for Better Health and Wellness” in order to promote a plan for “moving from a system of sick care to one based on wellness and prevention”. Included in the Council’s priorities is reproductive and sexual health. The Council calls for state and local governments to “increase access to comprehensive preconception and prenatal care, especially for low-income and at-risk women”. It also calls for strengthening “delivery of quality reproductive and sexual health care services (e.g. family planning, HIV/STI testing)”.

The implementation of coordinated care in the Illinois Medicaid Program provides us with an opportunity to implement much of the Council’s plan regarding reproductive and sexual health. However, in order to make coordinated care successful when it comes to reproductive health, certain concerns must be properly addressed.

Planned Parenthood urges the Department to include the following when implementing coordination of care:

- 1. Coverage for comprehensive reproductive health care including a full range of FDA approved contraceptive methods;**
- 2. Patient provider choice and direct access, without prior approval, for family planning services;**
- 3. Networks that include an adequate number of reproductive health care providers that offer a full range of contraceptive methods; and**
- 4. Networks that include Essential Community Providers (ECP’s).**

It is imperative that access to quality and comprehensive reproductive health care is maintained in Medicaid during the implementation of coordinated care. We take this position as an advocate for our patients who need easy access to such care, but also because we know that when patients

have easy access to such care, they have improved health outcomes which saves the State millions in taxpayer dollars. One of the most important issues related to access to reproductive health care is patient choice of provider. Currently, under Medicaid, the State allows patient choice when it comes to accessing family planning services even when they are enrolled in a managed care program. **With the implementation of coordinated care, enrollees must retain the right to choose their preferred family planning provider even if that provider is not within the network in which they are enrolled.**

Currently, the Illinois Medicaid Program provides its enrollees with coverage for a wide range of reproductive health care services including family planning, prenatal care, and labor and delivery care. Family planning services are basic health services for women of reproductive age. Family planning includes annual physical exams, Pap tests, breast exams, testing and treatment for sexually transmitted infections including HIV, contraception, as well as education and counseling.

Contraception has been proven to have many health benefits. Various hormonal methods have been used for decades to treat a number of health conditions such as anemia, endometriosis, and dysmenorrhea. If left untreated, these conditions can be seriously debilitating to women and impair their ability to complete education or maintain employment. Certain contraceptives play an important role in preventing the transmission of STI's and HIV. Clearly, for an individual's overall health, preventing these diseases is a far better alternative to treating them.

Another important benefit of contraception is that it enables women to plan and space their pregnancies. The typical American woman, who wants two children, spends about five years pregnant, postpartum or trying to become pregnant, and three decades trying to avoid pregnancy. Unfortunately, about half of all pregnancies in the United States each year are unintended (either unwanted or mistimed). In part, this is due to a lack of access to affordable birth control services. Pregnancies that are too close together can result in poor health outcomes for both the mother and infant. Closely spaced pregnancies are more likely to result in low birth weight, premature birth, and delivery complications. Ideally, pregnancies should be spaced approximately two years apart or even longer for some women. Well spaced pregnancies allow the woman to be both physically and emotionally prepared for the next pregnancy. In addition, avoiding pregnancy during times of adverse health is important for the physical well being of the woman. A woman who is ill or has a health condition when she becomes pregnant is more likely to have a poor birth outcome and the health of her child will be adversely affected.

In order to achieve the best outcomes and serve the particular needs of Medicaid clients, the Medicaid Program should cover all FDA approved methods of contraception, including emergency contraception, and both male and female condoms. Unfortunately, many medical providers only offer a few, limited methods of contraception. This does not serve the medical or lifestyle needs of all patients. Certain contraceptive methods are not appropriate for certain patients. Some contraceptives are contra-indicated for some medical conditions. Some women are more likely to effectively use certain methods over other methods. Correct use of contraception is fundamental for preventing unintended pregnancy. If a patient is not going to reliably use a particular method, another should be available. For these reasons, **Medicaid clients must have access to providers who offer a wide range of contraceptive methods.**

The primary goal of providing reproductive health care and access to contraception through Medicaid is to ensure the health and well being of the enrollee and their families. However, there is also a financial benefit to the State which cannot be ignored. In a time of budget crisis, the State must not be short sighted. It must look to the savings that come out of access to essential health care that includes prevention. According to the Guttmacher Institute, every \$1.00 invested in helping women avoid pregnancies they did not want to have saves \$3.74 in Medicaid expenditures that otherwise would have been needed. **By investing in reproductive health care that includes access to contraception, the State will enable its Medicaid enrollees to have a greater chance of improved health outcomes for both themselves and their families and thus save the State precious tax dollars.**

If the goal is both improved health outcomes and cost savings, we must give the option of choosing their reproductive health care provider and ensuring that barriers to access are eliminated. As I stated above, one of the most important factors in whether or not a woman will be successful in her efforts to plan her family is the effective use of contraception. Provider access and choice has a large influence on this. If a woman faces barriers accessing care and receiving contraceptive services, she may forgo using contraception, use it improperly, or use a less effective method, all of which put her at risk of unintended pregnancy. Therefore, she must have an adequate choice of family planning providers available to her. Moreover, she must have direct access to her family planning provider without prior approval so that there is no delay in care which would put her at increased risk for unintended pregnancy.

In addition, because of the personal and intimate nature of family planning care, the patient must feel comfortable with the provider she sees. If a woman is uncomfortable with a provider or does not feel she can openly discuss sexual health issues with her provider, she is more likely to misuse or forgo use of contraception. Again, this puts her at risk of unintended pregnancy. **Therefore, the State must continue to allow Medicaid enrollees to choose their family planning provider even if it means going outside of a preferred provider network or managed care plan.**

The Affordable Care Act recognizes the need for patient choice when it comes to family planning providers. This is why the Act included an insurance reform that requires direct access to OB-GYN care without prior approval. The principals behind this insurance provision are valid for Medicaid clients as well because they recognize that direct access improves quality of care and outcomes.

One of the hardest barriers to health care for low income individuals is a shortage of providers, particularly in the area of reproductive health care. The Affordable Care Act requires states to make sure there are adequate networks with a sufficient choice of providers that include “essential community providers” (ECP’s). ECP’s are safety net health care providers that serve predominantly low income, medically underserved individuals. **We encourage the Department to include as many ECP’s as possible in its coordinated care plans.**

ECP’s are well positioned to participate in the upcoming changes in Medicaid. The Medicaid program may have a difficult time recruiting reproductive health care providers for coordinated

care. We already know that in many areas of the state, there is a shortage of private OB-GYN practices that are willing to take Medicaid clients. Unlike many private providers who are inexperienced or unwilling to deal with a low income population, ECP's have experience in low income patient care, education, and outreach. They already are established in low income communities and can help with the increase in Medicaid population in 2014. Because many of the newly eligible for Medicaid in 2014 will be in an income range which may have them switching back and forth between Medicaid and insurance coverage in the Exchange, it is important that the networks are adequate to preserve continuity of care, especially family planning care. Requiring ECP's to be included in both Medicaid and Exchange networks will help ensure that provider networks are adequate and that care remains coordinated.

Thank you again for this opportunity to provide our input as the Department implements coordinated care.