

Remarks to IOM Committee on Preventive Services for Women
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My name is Robin Summers and I am the Director of Program and Policy Analysis with the National Family Planning and Reproductive Health Association (NFPRHA). NFPRHA represents administrators and clinicians in publicly supported family planning programs throughout the country.

Title X-supported systems serve more than five million low-income women and men each year. The majority of patients seen in these systems have incomes under \$21,600 a year, and their care is subsidized on a sliding fee scale. Our systems offer a range of preventive health services including education and counseling about sexual health; breast and pelvic examinations; breast and cervical cancer screening according to nationally recognized standards of care; STD and HIV prevention education, counseling, testing and referral; and pregnancy diagnosis and counseling. As you examine the important preventive health benefits of family planning, NFPRHA asks that you evaluate the full range of the services offered, including the visit, the contraceptive method and the counseling associated with the visit.

The work of this panel will have tremendous implications for health insurance coverage of family planning care. Today, NFPRHA asks you to consider the impact that cost-sharing and cost has on individuals' ability to access family planning services. Studies show that even nominal cost-sharing negatively influences access – and when patients can't afford prevention, our society sees increased rates of unintended pregnancies and fewer breast and cervical cancer screens.^[i]

To help ensure that they are choosing the most appropriate method of preventing pregnancy and infection, patients need access to a wide range of contraceptive methods that are proven to be effective – including short-term, long-term reversible, and permanent methods. However, cost is too often the determining factor when choosing a method. Many long-acting reversible and irreversible methods are so expensive they are out of reach for our systems and for patients.

Reducing barriers to family planning care make sense for the public health and the public purse. Thank you for the opportunity to comment as you begin this important work.

^[i] Hudman, J. and O'Malley, M. Health Insurance Premiums and Cost-Sharing: Findings from Research on Low-Income Populations, Kaiser Commission on Medicaid and the Uninsured, 2003, <http://www.kff.org/medicaid/upload/Health-Insurance-Premiums-and-Cost-Sharing-Findings-from-the-Research-on-Low-Income-Populations-Policy-Brief.pdf> [accessed September 8, 2010].