

# SPEAK UP. NO MATTER WHAT.

## LB 120 - Family Planning Access Expansion

LB 120 presents an important opportunity for Nebraskans to take advantage of a 90/10 accelerated federal funding match for purposes of extending family planning services to all Nebraskans living at or below 185% of the federal poverty level.<sup>1</sup> Nebraska stands to save \$7.09 for every government dollar invested, which would result in savings of as much as \$40+ million annually.

This bill defines Family Planning Services in a very comprehensive way in order to include coverage for all FDA-approved family planning methods including drug or device, provision or insertion, and removal; screening and treatment for cervical and breast cancer, including cancer preventing vaccinations; interpersonal violence screening and prevention; and follow-up appointments and counseling.

LB 120 also appropriates \$1,000,000 over two fiscal years for increased funding for the Every Woman Matters program, a preventive health screening program for women aged 40-74 that ranges in services from mammograms to cervical cancer screenings.<sup>2</sup>

Twenty-eight (28) other states have successfully leveraged these federal funds to expand access to family planning services, including regional neighbors such as Colorado, Missouri and Wyoming.<sup>3</sup> Let's make Nebraska #29!

**It is fiscally responsible! At a time when Nebraska is facing a deficit approaching \$1 billion, policymakers should adopt all policies that save the state money and expand access to health care.**

- This bill is **common sense and fiscally responsible**. Failing to take advantage of free federal money (the 90/10 match) is bad policy and harmful to Nebraskans. After the initial investment in Year 1, the State realizes **millions of dollars of savings, at least \$7.09 for every \$1 invested**, annually<sup>4</sup>.
- A quick study of the Colorado family planning initiative demonstrates the significance of the economic impact. Colorado realized between \$49 million and \$111 million in cost savings just from the removal of Medicaid birth-related costs (those births that did not occur because the unintended pregnancy never occurred).<sup>5</sup>
- It costs, on average, \$12,770 when a woman receiving Medicaid has an unintended pregnancy and subsequent birth.<sup>6</sup> In Nebraska, as of 2010, this accounted for \$133.6 million dollars in public funds.<sup>7</sup>

<sup>1</sup> [LB 120](#), Section 1 (5), Senator Schumacher, Nebraska. Jan 4, 2017.

<sup>2</sup> Department of Health and Human Services, [Nebraska Women's & Men's Health Program Fact Sheet](#), June 30, 2014. [http://dhhs.ne.gov/publichealth/Documents/WMH\\_Fact\\_Sheet.pdf](http://dhhs.ne.gov/publichealth/Documents/WMH_Fact_Sheet.pdf)

<sup>3</sup> Guttmacher Institute, *State Policies in Brief, Medicaid Family Planning Eligibility Expansion*, Aug. 1, 2012. [http://www.guttmacher.org/statecenter/spibs/spib\\_SMFPE.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf)

<sup>4</sup> Finer L, Frost J, Sonfield A, et al. Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program. *The Milbank Quarterly*. 2014; 92 (4), pg. 696.

<sup>5</sup> Colorado Department of Public Health and Environment, *Unintended Pregnancy and Reducing Abortion*, Accessed February 17, 2016. [http://www.colorado.gov/pacific/sites/default/files/HPF\\_FP\\_UP-Reducing-Abortion.pdf](http://www.colorado.gov/pacific/sites/default/files/HPF_FP_UP-Reducing-Abortion.pdf).

<sup>6</sup> Finer L, Frost J, Sonfield A, et al. Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program. *The Milbank Quarterly*. 2014; 92 (4), pg. 688.

<sup>7</sup> Guttmacher Institute. State Facts on Publicly Funded Family Planning Services: Nebraska. September 2016: 1.

## Nothing prevents abortions *better* than access to contraceptives

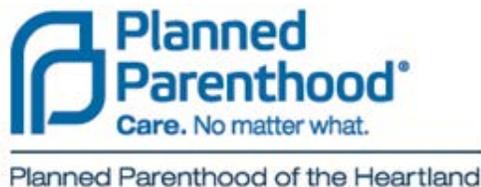
- LB 120 is designed to **reduce unintended pregnancies** and protect and **improve maternal and child health** by empowering people to choose if and when they want to become pregnant. Maternal health and birth outcomes improve when children are adequately spaced and when a woman is secure in her education, career and financial situation before starting or expanding her family<sup>8</sup>.
- The typical American woman spends more than three-quarters of her reproductive life – about 30 years – trying to prevent pregnancy<sup>9</sup>; access to safe and effective birth control methods is crucial to this prevention. In 2014, **118,170 Nebraska women needed public assistance for contraceptive services**<sup>10</sup>.
- A woman is twice as likely to use highly effective, long-lasting, user-friendly forms of birth control such as an IUD, and thereby minimize the likelihood of unintended pregnancy, when she has some form of coverage for contraceptives<sup>11</sup>. When long acting reversible contraceptives, like IUDs, became more accessible in Colorado under a similar plan, unintended pregnancies that would have resulted in abortion fell 42% among women ages 15-19 and 18% among those ages 20-24<sup>12</sup>. **Expanding access decreases unintended pregnancy and Medicaid costs to the state.**

## Nebraskans support *greater* accessibility to family planning services for low-income families

- A September 2010 poll of Nebraska voters revealed that 64 percent support changing the standard of eligibility for family planning services to those living at or below 185 percent of the federal poverty level, with 41 percent 'strongly supporting' the policy<sup>13</sup>.

For more information, contact

Meg Mikolajczyk, 402-202-7955, [Meg.Mikolajczyk@ppheartland.org](mailto:Meg.Mikolajczyk@ppheartland.org) or  
Lauren Williams, 402-441-3327, [Lauren.Williams@ppheartland.org](mailto:Lauren.Williams@ppheartland.org)



<sup>8</sup> Kavanaugh, Megan L and Ragnar M Anderson. *Contraceptives and Beyond: the Health Benefits of Services Provided at Family Planning Centers*. July 2013. <http://www.guttmacher.org/pubs/health-benefits.pdf>

<sup>9</sup> Guttmacher Institute, *Facts on Publicly Funded Contraceptive Services in the United States*, Aug. 2011. [http://www.guttmacher.org/pubs/fb\\_contraceptive\\_serv.html](http://www.guttmacher.org/pubs/fb_contraceptive_serv.html)

<sup>10</sup> Guttmacher Institute. State Facts on Publicly Funded Family Planning Services: Nebraska. September 2016: 1.

<sup>11</sup> Kirsten M.J. Thompson, MPH, Corinne H. Rocca, PhD, MPH, et al. *Public Funding for Contraception, Provider Training, and Use of Highly Effective Contraceptives: A Cluster Randomized Trial*. Nov 19, 2015.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2015.303001> ; Planned Parenthood Federation of America, *IUD*, Accessed February 16, 2016, <http://www.plannedparenthood.org/learn/birth-control/iud>; Planned Parenthood Federation of America.

<sup>12</sup> Colorado Department of Public Health and Environment, *Unintended Pregnancy and Reducing Abortion*, Accessed February 17, 2016. [http://www.colorado.gov/pacific/sites/default/files/HPF\\_FP\\_UP-Reducing-Abortion.pdf](http://www.colorado.gov/pacific/sites/default/files/HPF_FP_UP-Reducing-Abortion.pdf).

<sup>13</sup> Anzalone Liszt Research. Poll of 800 Nebraska General Election likely voters. Sept. 13-19, 2010. Commissioned by Planned Parenthood of the Heartland.