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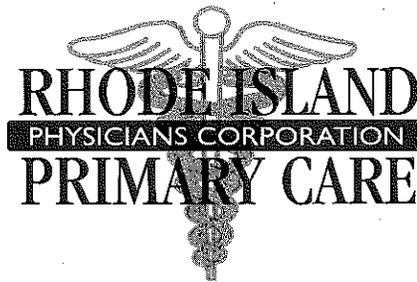
Re: RIPCPC Support of an expanded family planning benefit in Global Waiver 1115 Renewal

The Rhode Island Primary Care Physician Corporation (RIPCPC) applauds the Global Waiver Taskforce and the Medicaid office for including a comprehensive family planning benefit for eligible post-partum Rhode Island women. Providing a wide array of critical reproductive health services is a huge step forward in improving the health and lives Rhode Islanders. While we applaud the state for proposing coverage of more services, it is important to recognize that the family planning expansion program could do more if more women could become eligible under the waiver.

We hope the administration will consider bringing this limited program into alignment with the 19 other states which cover a similar menu of services while also broadening eligibility to provide coverage to a greater number of individuals. We encourage Rhode Island to follow suit and provide family planning services, which involve a nine to one federal match, to all adults of reproductive age who lack health insurance coverage of family planning services and supplies or have high-deductible coverage and whose income is no greater than two-hundred fifty percent (250%) of the federal poverty level.

We know that investing in basic reproductive health services including annual visits, Pap tests, breast exams, testing and treatment of sexually transmitted infections, and contraceptive methods, without cost sharing or copayments is important to improving maternal and public health over all. While it is important that the notion of "birth interval" be considered, in the public health sense preventing a first pregnancy in someone of reproductive age who is uninsured or otherwise unlikely to receive prenatal care, is extremely important not just for economic reasons but because it is a maternal and child health imperative.

Since the mid-1990s, 31 states have initiated broad income-based expansion programs providing family planning services under Medicaid to people with incomes well above the cut-off for



Medicaid eligibility overall. Together, these programs have helped reduce levels of unprotected sex, increase use of more-effective contraceptive methods and improve continuity of contraceptive use. Improved contraceptive use has translated into measurable declines in unintended and teen pregnancy and improvements in women's ability to space their pregnancies.

Although we know and hope that more Rhode Islanders will be able to purchase subsidized health insurance on the RI Health Benefit Exchange beginning next year, we believe some young, otherwise healthy individuals will calculate that it costs less to pay the penalty for lack of being covered than to enroll in the Exchange. Lapses in coverage in Massachusetts were common among young, low income residents and those who were single with no children. 11% of those aged 19-25 (at highest risk of unplanned pregnancy) and 12% of those under 300% FPL had a gap in coverage in the last year.

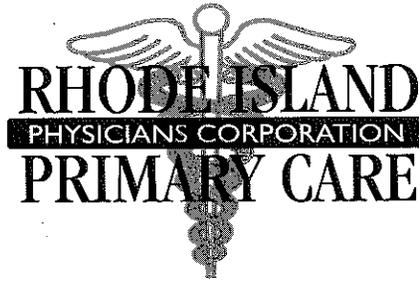
Young people at age 26 must transition off their parents' insurance, resulting in a lapse in coverage. Other disruptive life changes including becoming unemployed, separation or divorce, falling behind on rent or mortgage are associated with lapsed coverage. A Medicaid family planning benefit open to all under 250% FPL, and allowing point of service enrollment, would be an important step, as the Affordable Care Act takes hold, in filling the gaps and in keeping women "in the system." Later, ACA navigators can help them reconnect with the longer term, full benefit coverage they may need.

In light of these facts, RIPCPC proposes three substantive changes to the family planning benefit and our revised language for the waiver is attached:

- Extend the program to cover all adults of reproductive age, including those women who are postpartum, who lack health insurance coverage of family planning services and supplies or have high-deductible coverage and whose income is no greater than two-hundred fifty percent (250%) of the federal poverty level.
- Ensure that STI testing and treatment includes follow-up testing and treatment.
- Ensure that providers are reimbursed for dispensing birth control.

Sincerely,

Al Puerini
President & CEO
RI Primary Care Physician Corporation



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Proposed Revisions to Rhode Island Global Waiver 1115 Extension

POTENTIAL NEW SERVICES UNDER CONSIDERATION

The State is in the process of researching and reviewing services that are designed to provide more effective and less costly alternatives to traditional Medicaid-funded services, such as emergency department visits and hospitalizations. The State looks forward to working with CMS regarding the ability to implement one or more of the following during the waiver extension period.

Extended Family Planning

To better achieve the goals of the Extended Family Planning Program, which are to ensure optimal inter-birth intervals and optimal maternal and child health for Medicaid recipients, and reduce the complexity of administration the Extended Family Planning Benefit will include the following categories of service:

1. New patient or established patient office visits
2. Screening, testing, counseling, and treatment (and, where applicable, vaccination **and follow-up testing and treatment** for sexually transmitted infections, including:
 - a. Gonorrhea
 - b. Chlamydia
 - c. HPV
 - d. Genital Herpes simplex
 - e. Trichomonas
 - f. Syphilis
 - g. Hepatitis B and C
 - h. HIV (screening and counseling only)
3. Screening and treatment for urinary tract infection
4. Age appropriate preventive screening, not covered by Breast and Cervical Cancer screening program, as recommended by the US Preventive Services Task Force.
5. FDA approved contraceptive pharmaceuticals and devices, including condoms, and their associated insertion and removal procedure codes. Also including **reimbursement for dispensing the FDA approved contraceptive pharmaceuticals and devices and** facility fees for outpatient surgical procedures.
6. Pre-conceptional counseling
7. Folic acid supplements
8. Tobacco cessation counseling and nicotine replacement therapy

These categories, while remaining within the relatively narrow definition of Family Planning Services, help avoid a short interbirth interval that can lead to adverse consequences for ~~[the subsequent]~~ **pregnancy, maternal health, and birth health outcomes**. Providing these services to the parent of a young infant **and non-pregnant individuals** is a cost effective method to prevent ~~[subsequent low birthweight births]~~ **low birth outcomes** in the Medicaid program, and to ~~[insure]~~ **ensure** adequate maternal resources are available to the Medicaid-eligible child born during the prior eligibility period. ~~[All other aspects of the Extended Family Planning Program outlined in the prior demonstration remain in full effect in the extension period.]~~