



February 16, 2018

The Honorable Orrin Hatch
United States Senate
Washington, DC 20510

The Honorable Ron Wyden
United States Senate
Washington, DC 20510

Dear Mr. Chairman and Ranking Member Wyden:

Planned Parenthood Federation of America (Planned Parenthood) is pleased to submit these comments regarding our nation's opioid-related epidemic, especially the severe impacts of opioid use disorders (OUDs) and other behavioral health conditions on women of reproductive age. Planned Parenthood is the nation's leading provider and advocate of high-quality, affordable health care for women, men, and young people, as well as the nation's largest provider of sex education. With more than 600 health centers across the country, Planned Parenthood provides affordable birth control, lifesaving cancer screenings, testing and treatments for sexually transmitted infections and other essential care to 2.4 million patients every year. We also provide abortion services and ensure that women have accurate information about all of their reproductive health care options. Nearly 75 percent of Planned Parenthood patients have incomes at or below 150 percent of the federal poverty level, and face barriers to accessing reliable and affordable health care.

In response to your request for comments, we submit comments on the following areas: 1) The impact of the opioid crisis on women, especially women of reproductive age; 2) The need for solutions that are centered on women and how they access health care; and 3) Specific policies that address women's health needs with respect to the opioid crisis.

1. The Opioid Epidemic Disproportionately Impacts Women of Reproductive Age

Research conducted by the U.S. Department of Health and Human Services (HHS) demonstrates how the opioid epidemic has impacted women. For instance, the HHS Agency of Healthcare Research and Quality reported that the number of women hospitalized with opioid-related conditions grew 75 percent from 2005 to 2014, compared to 55 percent for men.¹ According to the HHS Office of Women's Health, the

¹ U.S. Department of Health and Human Services (HHS), Agency for Healthcare Research and Quality, Patient Characteristics of Opioid-Related Inpatient Stays and Emergency Department Visits Nationally and by State, 2014, June 2017

<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb224-Patient-Characteristics-Opioid-Hospital-Stays-ED-Visits-by-State.pdf>

number of women dying from overdose of prescription drugs rose 471 percent between 1999 and 2015, compared to 218 percent for men.² Heroin deaths among women increased at more than twice the rate of men. In rural areas, where the opioid crisis has hit hardest, pregnant women and women experiencing intimate partner violence are among populations with higher prevalence of misuse of prescription pain relievers.³ In addition, adolescent women are more likely than adolescent men to misuse prescription drugs.⁴

Women experience greater behavioral health burdens and are twice as likely as men to say they have been diagnosed with a mental health issue (29 percent of women versus 15 percent of men).⁵ They also experience barriers to accessing care. More than half (54 percent) of women seeking mental health care face barriers to accessing coverage, affording costs, and/or scheduling visits in a timely manner.⁶

2. Solutions Must Include a Focus on Women of Reproductive Age and Incorporate the Settings Where They Receive Care

To address the opioid crisis and related health disparities effectively, policymakers and payers must consider the unique needs of women of reproductive age -- including how they experience the health care system. Research shows that women of reproductive age place great trust in their OB/GYN providers, and overwhelmingly (90 percent) say they want the option of seeing an OB/GYN as their main provider.⁷ Women rate their OB/GYNs higher than general practitioners (GPs) on a number of relevant measures, such as listening, cultural understanding, and shared decision-making.⁸ About two-thirds of women say they are more likely to be open and honest with their OB/GYN providers than their GP.⁹ Black women stand out as most likely to rate their OB/GYN providers favorably in contrast to their GPs.¹⁰

Reproductive health providers have also been at the forefront in developing solutions to the opioid crisis. For instance, the American Congress of Obstetricians and Gynecologists (ACOG) recently convened a summit of stakeholders in the state of New York, which has experienced significant increases in admissions for treatment of opioid and heroin disorders.¹¹ Their findings and recommendations emphasize the strong role OB/GYNs can play to address OUDs in pregnant women, with both prenatal and postpartum care. The report noted that quality family planning should be a

² HHS, Office of Women's Health, Final Report: Opioid Use, Misuse, and Overdose in Women, July 2017 <https://www.womenshealth.gov/files/documents/final-report-opioid-508.pdf>

³ Medicaid and CHIP Payment Advisory Commission (MACPAC), June 2017 Report to Congress.

⁴ HHS, Office of Women's Health.

⁵ PerryUndem Research & Communication, "Examining the Mental Health Care Needs and Preferences Of Women Ages 18 to 44," 2017. https://www.plannedparenthood.org/uploads/filer_public/50/2e/502ec309-c5f3-4aed-82c2-d73adb02aa8b/centering_srh_and_mh_care_-_generic.pdf

⁶ PerryUndem, "Examining the Mental Health Care Needs and Preferences Of Women Ages 18 to 44."

⁷ PerryUndem, "Examining the Health Care Needs and Preferences of Women Ages 18 to 44," July 2017 https://www.plannedparenthood.org/uploads/filer_public/31/28/312868ed-0dcf-48a2-b146-03087fccff02/perryundem_research_july_2017.pdf

⁸ PerryUndem, "Examining the Mental Health Care Needs and Preferences Of Women Ages 18 to 44."

⁹ PerryUndem, "Examining the Mental Health Care Needs and Preferences Of Women Ages 18 to 44."

¹⁰ PerryUndem, "Examining the Mental Health Care Needs and Preferences Of Women Ages 18 to 44."

¹¹ American Congress of Obstetricians and Gynecologists (ACOG) District II and the New York State Health Foundation, "Opioid Use Disorder in Pregnancy: Actionable Strategies to Improve Management & Outcomes in New York State," November 2017 <https://www.acog.org/-/media/Districts/District-II/Public/PDFs/OpioidUseDisorderinPregnancyWhitePaper.pdf?dmc=1&ts=20171114T1733367662>

routine part of OUD care among women of reproductive age, and called for universal OUD screening as part of early prenatal care.¹² Reproductive health providers not only provide preventive health screenings and family planning care but are also uniquely situated to identify behavioral health needs and to make appropriate referrals for needed care and resources.

Consistent with a clear body of research, we recommend that any new federal initiatives take account of how women of reproductive age uniquely access the health system and interventions should be structured accordingly. In particular, Congress should implement and build on care strategies specifically developed for women with OUDs, such as the ACOG strategy noted above.

3. A Strong Medicaid Program Is Critical to Fighting the Opioid Crisis in this Country

Medicaid is a critical program for meeting the health needs of low-income women of reproductive age, including care related to behavioral health and OUDs. Indeed, Medicaid is a women's program. Women are the majority of Medicaid enrollees,¹³ and Medicaid covers one in five women of reproductive age (15-44). Medicaid is the largest payer of reproductive health care.¹⁴ In fact, for nearly half of women giving birth, Medicaid is the source of coverage for essential health care, including prenatal and delivery care. Due to racism and other systemic barriers that have contributed to income inequality, women of color disproportionately comprise the Medicaid population; 30 percent of African-American women and 24 percent of Hispanic women are enrolled in Medicaid, compared to 14 percent of white women.¹⁵

For these reasons, we strongly opposed recent proposals to cap federal Medicaid funding to states and end the Medicaid expansion created by the Affordable Care Act. By significantly expanding access to treatment, the Medicaid expansion has done more to address the crisis than any single effort to prevent OUDs. Changes such as those proposed would create significant barriers to care for women of reproductive age,¹⁶ including those in need of treatment for OUDs, and constrain states' ability to respond adequately to this public health emergency.

To be meaningful for women with low incomes, any response to the opioid crisis must improve, not reduce, access to high-quality reproductive health for all women. We believe that changes in Medicaid payment and delivery systems offer a rare opportunity to develop and support models that center on women and the settings where they access care. We support Medicaid policies that enable integration of reproductive and behavioral health. However, there is much work to be done to make health system change meaningful and adequate to meet the needs of all women with Medicaid coverage.

¹² ACOG, 2017.

¹³ Kaiser Family Foundation (KFF), Medicaid's Role for Women, June 2017, <https://www.kff.org/womens-health-policy/fact-sheet/medicaids-role-for-women/>

¹⁴ KFF, Medicaid and Family Planning: Background and Implications of the ACA, February 2016, <https://www.kff.org/womens-health-policy/issue-brief/medicaid-and-family-planning-background-and-implications-of-the-aca/>

¹⁵ Center for Budget and Policy Priorities (CBPP), Medicaid Works for Women, 2017, <https://www.cbpp.org/research/health/medicaid-works-for-women-but-proposed-cuts-would-have-harsh-disproportionate-impact>

¹⁶ CBPP, 2017. <https://www.cbpp.org/research/health/medicaid-works-for-women-but-proposed-cuts-would-have-harsh-disproportionate-impact>

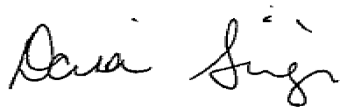
Our specific recommendations for Medicaid solutions that address the behavioral health needs of reproductive-age women are:

1. *Preserve Medicaid in its current structure, including federal funding for states to cover all low-income adults; and maintain administrative protections that facilitate Medicaid access, coverage, and affordability.*
2. *Require integrated behavioral health systems to include a plan for how women of reproductive age will be served.*
3. *Invest in Medicaid telehealth capacity to ensure women in areas of provider shortage have access to care, especially in rural areas where the opioid crisis has hit hardest.*
4. *Support Medicaid innovations that prioritize universal screening and early intervention of OUDs for reproductive-age women.*
5. *Incentivize Medicaid care coordination programs that recognize the unique needs of women of reproductive age.*

Implementing these policies is critical to addressing the opioid crisis because the crisis disproportionately impacts women of reproductive age.

We appreciate the opportunity to provide policy recommendations on this important topic. If you have any questions, please do not hesitate to contact me at 202-973-4800.

Sincerely,

A handwritten signature in black ink, appearing to read "Dana Singiser". The signature is fluid and cursive, with the first name "Dana" and last name "Singiser" clearly distinguishable.

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