

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: SB 410

INTRODUCER: Senator Berman and others

SUBJECT: Long-acting Reversible Contraception Pilot Program

DATE: April 5, 2019

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Lloyd</u>	<u>Brown</u>	<u>HP</u>	<b>Favorable</b>
2.	_____	_____	<u>AHS</u>	_____
3.	_____	_____	<u>AP</u>	_____

## I. Summary:

SB 410 directs the Department of Health (DOH) to establish a long-acting reversible contraception (LARC) pilot program in Duval, Hillsborough, and Palm Beach counties. The DOH must contract with eligible family planning providers to deliver the services. A report on the effectiveness of the pilot program is due to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2021.

The bill provides a non-recurring general revenue appropriation of \$100,000 for the 2019-2020 fiscal year and directs the DOH to divide the funds equally among the three counties. The funds may not replace or supplant any existing state funds to family planning providers or to the DOH for family planning services.

The bill has an effective date of July 1, 2019.

## II. Present Situation:

### Unintended Pregnancy Rates

After a long period of little to no change in the unintended pregnancy rate, a study published in *The New England Journal of Medicine* in 2016 showed that the rate changed significantly in the United States in the time period between 2008 and 2011.<sup>1</sup> In 2008, the rate of unintended pregnancy was 54 per 1,000 women and girls aged 15 to 44. By 2011, this rate had declined by 18 percent to 45 unintended pregnancies for 1,000 women and girls aged 15 to 44.<sup>2</sup> The study's authors noted that this was the first substantial decline in the unintended pregnancy rate since at

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<sup>1</sup> Lawrence B. Finer, Ph.D., and Mia R. Zolna, M.P.H., *Declines in Unintended Pregnancy in the United States, 2008-2011*, NEW ENG. J. MED. 2016; 374; 843-852, available at <https://www.nejm.org/doi/full/10.1056/NEJMsa1506575> (last visited April 3, 2019).

<sup>2</sup> Finer and Zolna, *supra* note 1, at 843.

least 1981, and declines were recorded in all racial and ethnic groups.<sup>3</sup> The authors attributed the likely cause for the decline predominantly to the change in the type and frequency of contraception used over time, noting that use of long-acting methods, such as intrauterine devices (IUD), had grown in popularity during that span from four percent to 12 percent across almost all demographic groups.<sup>4</sup>

In the United States for 2011, approximately 45 percent of all pregnancies were unintended.<sup>5</sup> Adolescents especially use contraceptive methods with relatively higher failure rates, such as condoms, withdrawal, or oral contraceptive pills.<sup>6</sup> In Florida, the unintended pregnancy rate was 58 per 1,000 women in 2010 for females aged 15 - 44, and the teen pregnancy rate was 50 per 1,000 women.<sup>7</sup> For 2017, the repeat birth rate for teens was 15 percent or 1,626 births.<sup>8</sup>

In 2010, nearly 9 million women received family planning services from publicly supported providers nationwide.<sup>9</sup> A study by the *Guttmacher Institute* determined that such services resulted in net savings to the public of \$10.5 billion in 2010.<sup>10</sup> Averted costs included unintended pregnancies prevented, sexually transmitted diseases treated early or averted, HIV testing costs and preventive care, cervical cancer testing and prevention screenings. For every public dollar spent, it was estimated that \$7.09 was saved.<sup>11</sup>

### **Types of Long Acting Reversible Birth Control Methods**

The LARC methods are the most effective forms of reversible birth control available, with fewer than one in 100 women using a LARC method becoming pregnant, the same range as for sterilization.<sup>12</sup> LARC methods include an IUD or a birth control implant. Both methods last for several years, are reversible, and can be removed at any time.

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<sup>3</sup> Finer and Zolna, *supra* note 1, at 847.

<sup>4</sup> Finer and Zolner, *supra* note 1, at 851.

<sup>5</sup> Finer and Zoler, *supra* note 1, at 843.

<sup>6</sup> American College of Obstetricians and Gynecologists, *Committee Opinion: Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices*, (October 2012), <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Adolescent-Health-Care/Adolescents-and-Long-Acting-Reversible-Contraception>, (last visited April 3, 2019).

<sup>7</sup> Guttmacher Institute, *State Facts About Unintended Pregnancy: Florida (2014)*, <http://www.guttmacher.org/statecenter/unintended-pregnancy/pdf/FL.pdf> (last visited April 3, 2019.)

<sup>8</sup> FL HealthCharts, Florida Birth Query System, *Births- Repeat Births to Tens by Year of Birth by County (2017)*, <http://www.flhealthcharts.com/FLQUERY/Birth/BirthRpt.aspx> (report generated on April 3, 2019).

<sup>9</sup> Jennifer J. Frost, et al, *Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the U.S. Publicly Funded Family Planning Program, Original Investigation*, *The Millbank Quarterly*, Vol. 92, No. 4, 2014 (pp. 667-720), <https://onlinelibrary.wiley.com/doi/epdf/10.1111/1468-0009.12080> (last visited on April 3, 2019).

<sup>10</sup> Jennifer J. Frost, et al, *supra* note 9, at 669.

<sup>11</sup> Jennifer J. Frost, et al, *supra* note 9, at 696.

<sup>12</sup> American College of Obstetricians and Gynecologists, *ACOG Practice Bulletin: Clinical Management Guidelines for Obstetrician-Gynecologists: Long Acting Reversible Contraception: Implants and Intrauterine Devices (Number 186, November 2017, Replaces Practice Bulletin Number 121, July 2011)*, <https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Long-Acting-Reversible-Contraception-Implants-and-Intrauterine-Devices> (last visited April 3, 2019).

An IUD is a small, T-shaped, plastic device that is inserted and left inside the uterus. There are two types of IUDs. The hormonal IUD releases progestin and is approved for up to 5 years. The copper IUD does not contain hormones and is approved for up to 10 years.<sup>13</sup>

The birth control implant is a single flexible rod about the size of a matchstick that is inserted in the upper arm under the skin and releases progestin. The implant lasts for 3 years.

Both the IUD and the implant may be placed or removed by a health care provider. There are few side effects to either method, and almost all women are eligible for an IUD or implant.<sup>14</sup>

While being cost-effective over the long-term, the high up-front costs of the LARC methods may be a barrier to widespread use, as the wholesale cost of an IUD or implant can be as high as \$1600, plus the cost of insertion.<sup>15</sup> In February 2015, the federal Food and Drug Administration approved a new IUD, Liletta, which was developed by a non-profit organization and was originally made available by that organization to public clinics for as low as \$50, a savings to the clinics of more than \$700.<sup>16</sup> A patient savings card is also currently available for qualified patients who may not qualify for services in the clinics or CHDs allowing the patient to pay \$100.<sup>17</sup>

Most insurance plans under the federal Patient Protection and Affordable Care Act and Medicaid cover contraception and the associated services with no out-of-pocket costs; however, individuals without insurance coverage may face other financial hurdles such as high out of pocket costs or transportation issues. The American College of Obstetricians and Gynecologists (ACOG) also recognized these as barriers to the widespread use of LARCs by adolescents in particular in its updated *Committee on Adolescent Health Care Long-Acting Reversible Contraception Working Group* opinion document in May 2018. Also cited in that document are concerns with a provider's own lack of familiarity with or misconceptions about the methods, access issues, and a provider's concerns about the safety of LARC use in adolescents (ages 9 - 11).<sup>18</sup>

Unique issues about confidentiality, patient informed consent, and parental involvement with adolescents can also complicate the conversation between provider and patient. Since LARCs will not protect against sexually transmitted infections, the health care practitioner must also follow up with supplemental testing guidelines.

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<sup>13</sup> American College of Obstetricians and Gynecologists, *supra* note 12.

<sup>14</sup> Brooke Winner, et al., *Effectiveness of Long-Acting Reversible Contraception*, N ENGL J MED 366; 21, nejm.org, May 24, 2012.

<sup>15</sup> Bhadra Shah, M.D., *How Much Does an IUD Cost Without Insurance?* <https://spendonhealth.com/iud-cost-without-insurance/> (last visited April 3, 2019).

<sup>16</sup> Karen Weise, *Warren Buffett's Family Secretly Funded a Birth Control Revolution*, Bloomberg Business (July 30, 2015), <http://www.bloomberg.com/news/articles/2015-07-30/warren-buffett-s-family-secretly-funded-a-birth-control-revolution> (last visited April 3, 2019).

<sup>17</sup> Liletta Patient Savings Program, <https://www.liletta.com/acquiring/savings-card> (last visited April 3, 2019).

<sup>18</sup> American College of Obstetricians and Gynecologists, *supra* note 12, at 2.

Women aged 25 - 34 and women who have already had at least one child use LARC at the highest rates.<sup>19</sup> LARC use has more than doubled among Hispanic and non-Hispanic white women in the most recent time periods after having had one of the lowest participation rates.<sup>20</sup> Overall, the ACOG Committee found LARC methods to be top-tier contraceptives based on effectiveness, with pregnancy rates of less than one percent per year for perfect use and typical use. Adolescents are at high risk of unintended pregnancy and may benefit from increased access to LARC methods.<sup>21</sup> For example, adolescent women are more than twice as likely as women aged 30 or older to experience a pill failure.<sup>22</sup>

## **Current Family Planning Services**

### ***County Health Departments (CHD)***

The DOH currently provides comprehensive family planning services, including LARC services, in all 67 Florida counties.<sup>23</sup> Funding for these services has been provided through a Title X federal grant in the past and through state general revenue pharmacy funds. The DOH's Family Planning Program (FPP) has received consistent funding of approximately \$4.7 million in general revenue for contraceptives over the last 5 years.<sup>24</sup> These funds are allocated to the DOH's Bureau of Statewide Pharmacy. Ordering higher-cost contraceptives such as LARCs is done through the FPW and paid for through funds that are separate and distinct from the general revenue funds.

The Central Pharmacy at DOH purchases LARC methods through a pharmacy distributor at 340B<sup>25</sup> prices, and CHD pharmacies are then able to keep a supply of LARCS on hand.<sup>26</sup> For Medicaid recipients, the Central Pharmacy purchases LARC methods at market-value cost and receives a Medicaid match upon placement of the LARC device.<sup>27</sup> Only one discount can be applied.

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<sup>19</sup> Amy Branum, M.S.P.H, Ph.D., and Jo Jones, Ph.D., U.S. Department of Health and Human Services, Centers for Disease Control, National Center for Health Statistics, *Trends in Long-Acting Reversible Contraception Use Among U.S. Women Aged 15-44 (February 2015)* <https://www.cdc.gov/nchs/data/databriefs/db188.pdf> (last visited April 3, 2019).

<sup>20</sup> Amy Branum, *supra* note 19, at 5.

<sup>21</sup> American College of Obstetricians and Gynecologists, *supra* note 6, at 1.

<sup>22</sup> Heather D. Boonstra, *Leveling the Playing Field: The Promise of Long-Acting Reversible Contraceptives for Adolescents*, Guttmacher Policy Review, Vol. 16, p. 14, <https://www.guttmacher.org/pubs/gpr/16/4/gpr160413.html> (last visited April 3, 2019).

<sup>23</sup> The only exception to LARC services not being provided in a county health department (CHD) is when there is personnel turnover and there is not a trained provider available for LARC methods. The DOH Family Planning Program Office requires that each CHD have a trained provider for LARC methods.

<sup>24</sup> Email from Bryan P. Wendel, Department of Health, *supra* note 29.

<sup>25</sup> The 340B Drug Discount Program is a federal government program created in 1992 that requires drug manufacturers to provide outpatient drugs to eligible health care organizations and covered entities at significantly reduced prices.

<sup>26</sup> Department of Health, *Summary of Long Acting Reversible Contraceptive (LARC) Utilization in Department of Health County Health Departments*, on file with Senate Committee on Health Policy (April 4, 2019).

<sup>27</sup> Department of Health, *Summary of Long Acting Reversible Contraceptive (LARC) Utilization in Department of Health County Health Departments*, on file with Senate Committee on Health Policy (April 4, 2019).

<b>Spending on LARCs since FY 2013-2014<sup>28</sup></b>			
<b>State Fiscal Year</b>	<b>General Revenue</b>	<b>Title X Federal Funds</b>	<b>Total Funds</b>
<b>2013-2014</b>	\$1,827,561	\$47,058	\$1,874,625
<b>2014-2015</b>	\$1,060,045	\$377,237	\$1,437,282
<b>2015-2016</b>	\$2,899,732	\$210,956	\$3,110,688
<b>2016-2017</b>	\$1,469,080	\$0	\$1,469,080
<b>2017-2018</b>	\$2,404,782	\$0	\$2,404,782

According to the DOH, more than 120,000 individuals received family planning services in 2016 with 68 percent of the clients having incomes at or below 150 percent of the federal poverty level.<sup>29</sup> For a family of two, 150 percent of the federal poverty level is \$25,365.<sup>30</sup> Of those served by the DOH for family planning services, 39.4 percent were covered by public insurance, such as Medicaid and 29.2 percent were uninsured.<sup>31</sup>

Men and women served under this program have access to FDA-approved birth control methods and supplies, abstinence counseling, pregnancy testing, physical examinations, screenings, and HIV counseling and testing.<sup>32</sup> Services are provided on a sliding scale, based on family size and income, resulting in persons under 100 percent of the federal poverty level paying no fees. For every dollar spent on family planning services, an estimated \$1.44 was saved as a result of averting expenditures for public programs that support women with unintended pregnancies and their infants.<sup>33</sup>

The majority of family planning services are delivered at CHD clinic sites. There are 150 total Title X clinics in Florida.<sup>34</sup> A small number of CHDs contract with outside providers for family planning services, including the three below.<sup>35</sup>

<b>Numbers of Clinic Sites, including Contracted Sites<sup>36</sup></b>	
<b>Duval CHD</b>	5
<b>Hillsborough CHD</b>	11
<b>Palm Beach CHD</b>	9

<sup>28</sup> Florida Department of Health, *Summary of Long Acting Reversible Contraceptive (LARC) Utilization in Department of Health County Health Departments*, on file with Senate Committee on Health Policy (April 4, 2019).

<sup>29</sup> Florida Department of Health, *Family Planning Fact Sheet*, <http://www.floridahealth.gov/programs-and-services/womens-health/family-planning/fp-facts.html> (last visited April 3, 2019).

<sup>30</sup> 2019 Federal Poverty Guidelines, <https://aspe.hhs.gov/2019-poverty-guidelines> (last visited April 3, 2019).

<sup>31</sup> Florida Department of Health, *Family Planning Fact Sheet*, <http://www.floridahealth.gov/programs-and-services/womens-health/family-planning/fp-facts.html> (last visited April 3, 2019).

<sup>32</sup> Florida Department of Health, *Family Planning*, <http://www.floridahealth.gov/programs-and-services/womens-health/family-planning/index.html> (last visited April 3, 2019).

<sup>33</sup> Florida Department of Health, *supra note 26*.

<sup>34</sup> Florida Department of Health. *Title X Family Planning Program*, on file with the Senate Committee on Health Policy (last visited April 4, 2019).

<sup>35</sup> Florida Department of Health, *2016 Agency Bill Analysis - SB 1116*, Dec. 16, 2015. (on file with Senate Health Policy Committee).

<sup>36</sup> Florida Department of Health. *Title X Family Planning Program* (on file with the Senate Committee on Health Policy).

In State Fiscal Year 2017-2018, the CHDs provided family planning services to 13,384 clients who were using a LARC method or 12.23 percent of all clients.<sup>37</sup> The table below illustrates the total number of family planning services in the proposed pilot counties and statewide.

Long Acting Reversible Contraceptives (LARCs) Use by County, Florida Fiscal Year 2017-2018 <sup>38</sup>									
County	Age <15-19			Age 20-45+			Total		
	# of Clients with LARCs	# of Clients	%	# of Clients with LARCs	# of Clients	%	Total # of Clients with LARCs	Total Clients	%
Duval	135	704	19.18%	585	3,195	18.31%	720	3,899	18.47%
Hillsborough	73	321	22.74%	987	4,376	22.55%	1,060	4,697	22.57%
Palm Beach	125	1,192	10.49%	931	6,488	14.35%	1,056	7,680	13.75%
Statewide	1,810	18,744	9.66%	11,574	90,724	12.76%	13,384	109,468	12.23%

**Florida Medicaid Program**

Family planning services are also covered under Medicaid for recipients of child-bearing age and include reimbursement for:

- New and established patient visits;
- Required laboratory tests;
- Selection of contraceptive method, provision of supplies;
- Post examination review;
- Counseling visits;
- Supply visits;
- HIV Counseling;
- Coverage for insertion and removal of IUD;
- Services associated with decision to use long-acting injectable or implantable contraceptives; and
- Pregnancy testing.<sup>39</sup>

Family planning services for Medicaid recipients are funded through Title XIX federal funds and state general revenue. The statutory authority for these services is under s. 381.0051, F.S.

Family planning services are also provided through a family planning waiver (FPW) for females aged 14 through 55 who lose Medicaid coverage at the end of their 60 days postpartum coverage and who have family income at or below 185 percent of the federal poverty level at the time of their annual redetermination, or for females who have lost their Medicaid coverage. Enrollees must also not be otherwise eligible for Medicaid, Children’s Health Insurance Program (CHIP), or other health insurance coverage with family planning services. Eligibility is limited to 2 years after losing Medicaid coverage and must be re-determined every 12 months.

<sup>37</sup> Email from Bryan P. Wendel, Government Analyst II, Department of Health, to Jennifer Lloyd, Senate Health Policy Committee (Jan. 13, 2016) (on file with Senate Committee on Health Policy).

<sup>38</sup> Florida Department of Health. *Title X Family Planning Program*, (on file with the Senate Committee on Health Policy).

<sup>39</sup> Agency for Health Care Administration, *Practitioner Services Coverage and Limitations Handbook*, pgs. 51-55, [http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/Practitioner%20Services%20Handbook\\_Adoption.pdf](http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/Practitioner%20Services%20Handbook_Adoption.pdf) (last visited April 3, 2019).

The FPW was first implemented in 1998 and has been through several extension periods. The most recent extension was requested through December 31, 2022 in June 2017, following a 30-day public comment period.<sup>40</sup>

Covered services under the FPW are limited to those services and supplies whose primary purpose is family planning. Those services under the FPW include:

- Approved methods of contraception;
- Sexually transmitted infection (STI) testing;
- Sexually transmitted disease (STD) testing;
- Pap smears and pelvic exams;
- Approved sterilizations;
- Drugs, supplies, or devices related to women's health services; and
- Contraceptive management, patient education, and counseling.<sup>41</sup>

The FPW does not cover emergency room visits, inpatient services, or any other non-family planning related services.

The FPW has four specific objectives:

- Increase access to family planning services;
- Increase child spacing intervals through effective contraceptive use;
- Reduce the number of unintended pregnancies in Florida; and
- Reduce Florida Medicaid costs by reducing the number of unintended pregnancies by women who otherwise would be eligible for Florida Medicaid-eligible pregnancy-related services.

During the most recent reporting period on the FPW, the state highlighted these findings from its waiver:

- Increased the average birth interval from 17 months to 18.5 months during Demonstration Year 17 (SFY 2014/2015);
- Dispensed more than 283,000 contraceptive items between July 2016 and June 2017 to participants in the FPW (Demonstration Year 19);
- Posted a decrease in the number of unintended pregnancies by 1,735;
- Saved Florida Medicaid \$25.3 million in DY 17 in averted costs by reducing unintended pregnancies.<sup>42</sup>

Family planning services and supplies under Medicaid are funded with a 90-percent federal matching rate while costs relating to the processing of claims is matched at 50 percent.<sup>43</sup>

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<sup>40</sup> Agency for Health Care Administration, *Family Planning Waiver – 1115 Research and Demonstration Waiver #11-W-00135/4: Public Notice Document* (May 1 – 30, 2017), [http://ahca.myflorida.com/medicaid/Family\\_Planning/pdf/Public\\_Notice\\_Document\\_05-01-2017.pdf](http://ahca.myflorida.com/medicaid/Family_Planning/pdf/Public_Notice_Document_05-01-2017.pdf) (last visited April 3, 2019).

<sup>41</sup> Agency for Health Care Administration, *Extension of the Florida Medicaid Family Planning Waiver*, (June 27, 2014) p. 23, [http://ahca.myflorida.com/Medicaid/Family\\_Planning/pdf/FPW\\_Extension\\_Request\\_6-27-14\\_final.pdf](http://ahca.myflorida.com/Medicaid/Family_Planning/pdf/FPW_Extension_Request_6-27-14_final.pdf) (last visited April 3, 2019).

<sup>42</sup> Agency for Health Care Administration, *Florida's Medicaid 1115 Family Planning Waiver Post Award Forum* (November 1, 2017), *Presentation – Public Meeting*, [https://ahca.myflorida.com/medicaid/mcac/docs/2017-11-01\\_Meeting/FPW\\_Waiver\\_Post\\_Award\\_Forum\\_11-1-2017.pdf](https://ahca.myflorida.com/medicaid/mcac/docs/2017-11-01_Meeting/FPW_Waiver_Post_Award_Forum_11-1-2017.pdf) (last visited April 3, 2019).

<sup>43</sup> Agency for Health Care Administration, *supra* note 37, at 32.

### III. Effect of Proposed Changes:

The bill creates s. 381.00515, F.S., and the LARC pilot program within the DOH. The pilot program is established in Duval, Hillsborough, and Palm Beach counties with the purpose of improving the provision of LARC services in those counties. Under the pilot program, the DOH is directed to contract with eligible family planning providers to implement the program. A contract for LARC services must include:

- Provision of intrauterine devices, implants, and injections to participants;
- Training for provider staff regarding LARC devices, counseling strategies, and the management of side effects;
- Technical assistance to providers regarding issues such as coding, billing, pharmacy rules, and clinic management due to increased use of LARC services;
- General support to providers to expand service capacity of family planning clinics; and
- Marketing and community outreach regarding the availability of LARC services and other currently available contraceptive services.

The bill also directs the DOH to seek federal grants and funds from other sources to supplement state funds provided for the pilot program.

By January 1, 2021, the DOH must submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the effectiveness of the pilot program. The report shall publish the report on the DOH's website. The report must include, but need not be limited to:

- An assessment of the operation of the pilot program, including any progress made in the reduction of unintended pregnancies and subsequent births, especially among teenagers;
- An assessment on the effectiveness of the pilot program in increasing the availability of LARC services;
- The number and location of family planning providers who participated in the pilot program;
- The number of clients served by family planning providers;
- The number of times LARC services were provided by participating family planning providers;
- The average cost per client served;
- The demographic characteristics of clients served;
- The sources and amounts of funding used for the pilot program;
- A description of federal grants the DOH applied for in order to provide LARC services, including the outcomes of the grant applications;
- An analysis of the return on investment associated with the provision of LARC services with regard to tax dollars saved on health and social services;
- A description and analysis of marketing and outreach activities conducted to promote the availability of LARC services; and
- Recommendations for improving the pilot program.

For the 2019-2020 fiscal year, \$100,000 in non-recurring general revenue funds is appropriated to the DOH for the purpose of implementing the bill. The DOH is directed to divide these funds equally among the three pilot sites. These funds may not be used to supplant or reduce any other



appropriation of state funds to family planning providers or to the DOH for family planning services.

The bill is effective July 1, 2019.

#### **IV. Constitutional Issues:**

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

#### **V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Under SB 410, a reduction in unintended pregnancies in the pilot counties may have a fiscal and operational impact on the private sector by reducing costs and business interruptions related to unplanned pregnancies on private employers and taxpayers. The evaluation report for demonstration year 18 of the family planning waiver showed the total number of averted, unintended births was 2,422, and with an average Medicaid birth costing \$17,854 in 2015-2016, cost savings based on the costs of the births alone would be over \$43 million.<sup>44</sup>

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<sup>44</sup> Agency for Health Care Administration, *Florida Medicaid Family Planning Waiver Program: Final Evaluation Report (DY) 18 (SFY 2015-2016 and DY 19 –(SFY 2016-2017) MED 184: Deliverable 7* (June 28, 2018), p.35, [http://ahca.myflorida.com/Medicaid/Policy\\_and\\_Quality/Quality/performance\\_evaluation/MER/contracts/med184/MED184\\_Deliverable\\_7\\_Final\\_Evaluation\\_Report.pdf](http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Quality/performance_evaluation/MER/contracts/med184/MED184_Deliverable_7_Final_Evaluation_Report.pdf) (last visited April 3, 2019).

The bill also anticipates marketing and outreach efforts to promote the availability of LARC services, and private business may benefit from funds or other resources spent on such a campaign.

**C. Government Sector Impact:**

The DOH estimates the need for one OPS position (Training and Research Consultant) for this project for a total impact in Year One of \$48,749.75 and \$55,180 in Year Two as shown in the chart below.

<b>Department of Health Fiscal Impact Analysis – SB 410<sup>45</sup></b>		
<b>Expenditures:</b>	<b>Year One</b>	<b>Year Two</b>
<b>Salaries</b>		
<b>1 – Training &amp; Research Consultant</b> @ \$22.30 per hour 1 OPS Computed with 1.45% Fringe (minus a 25 percent hiring delay in Year One <i>This position will provide project oversight and monitoring; provide technical assistance and consultation; collect and compile project information and prepare the report to the Governor and Legislature.</i>	\$32,577.75	\$43,437.00
<b>Expenses – Non-Recurring</b>	\$4,429	
<b>Expenses – Recurring</b>		
1 OPS <i>Calculated with standard DOH professional package (expenses and limited travel @ \$11,636)</i>	\$11,636	\$11,636
<b>Human Resources Services</b>		
1 OPS	\$107	\$107
<b>Total Estimated Expenditures:</b>	<b>\$48,749.75</b>	<b>\$55,180</b>

Under the bill, the state could benefit in other health care cost savings in the Medicaid program if the pilot program results in fewer unintended pregnancies. Each birth covered by Medicaid costs the state on average \$17,854 while the highest priced LARC ranges from \$800 to \$1,000.<sup>46</sup> The extent of this potential effect is indeterminate.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

<sup>45</sup> Department of Health, *Senate Bill 410 Analysis* (January 28, 2019) (on file with the Senate Committee on Health Policy).

<sup>46</sup> Agency for Health Care Administration, *supra* note 41.

**VIII. Statutes Affected:**

This bill creates section 381.00515 of the Florida Statutes.

**IX. Additional Information:**

**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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