

# FREEDOM FROM RELIGION *foundation*

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## **Testimony**

**Vermont House Committee on Human Services**

**H. 663 - An act relating to expanding access to contraceptives**

**“H. 663 reflects science and would provide comprehensive contraceptive care for citizens in Vermont.”**

**By Annie Laurie Gaylor**

**Co-President**

**Freedom From Religion Foundation**

**September 17, 2020**

Emailed September 15, 2020

Deputy Chief Counsel Jennifer Carbee  
Office of Legislative Council

State of Vermont  
House Committee on Human Services  
115 State Street  
Montpelier, VT 05633-5301

Re: Testimony in support of H.663

Dear Deputy Chief Counsel Carbee and Members of the Committee:

I am the co-president of the Freedom From Religion Foundation, a national nonprofit dedicated to upholding the separation between church and state. FFRF has more than 32,000 members in all 50 U.S. states, including Vermont.

H. 663, the bill before you today, would expand contraceptive access in health insurance programs and in educational settings. Specifically, H. 663 would ensure that initiatives to provide coverage for outpatient contraceptive services, including voluntary sterilizations, would be implemented consistently across insurance plans, including Medicaid, in Vermont. Additionally, H. 663 would require school districts to make condoms freely available to students in secondary schools.

As a secular nation, our laws related to health care, including reproductive health care, should reflect science. And H. 663 reflects findings by numerous studies that show adequate access to contraception reduces unintended pregnancies and sexually transmitted infections (STIs).

Comprehensive reproductive health care demands access to fertility options and birth control, including voluntary sterilization such as tubal ligations. Even though a report from Johns Hopkins Medicine found that serious problems with tubal ligations occur in less than 1 in 1,000 women, many religiously affiliated hospitals and medical facilities deny tubal ligations.<sup>1</sup> This means that bills like H. 663 are imperative because when insurance companies cover all contraceptive methods, women have greater autonomy over their lives, their reproductive health and where to seek reproductive health care.

In terms of contraceptive access in secondary schools, H. 663 would help students receive information and resources that can help them make empowered choices.

A 2017 study by the Centers for Disease Control and Prevention found that over half of U.S. teens have had sexual intercourse by the time that they are 18 years old.<sup>2</sup> Currently, there are only 13 states that require that information taught in sex education be medically accurate. Additionally, only 18 states and Washington, D.C., require that when sex education is taught, information on contraception be provided. H. 663 would not only provide students with the medically accurate information of contraception, but also provide condoms.<sup>3</sup> Health experts, including those with The Society of Adolescent Health and Medicine, support condom availability programs because they do not increase sexual activity, but they do protect sexually active students from unwanted pregnancies and STIs.<sup>4</sup> H. 663's plan to expand access to contraceptives in the classroom is aligned with these findings.

Lastly, a 2017 Committee on Health Care for Underserved Women by the American College of Obstetricians and Gynecologists (ACOG) supports "unhindered and affordable access to all U.S. Food and Drug-approved contraceptives." In order to achieve this, the Committee recommends contraception access on all private and public health insurance plans without cost-sharing, as well as comprehensive sex education for students with a range of contraceptives.<sup>5</sup> H. 663's plan to expand contraceptive services for students and insurance plans would be a large step in this direction.

Insurance plans and sex education programs should reflect scientific findings. H. 663 is a laudable approach to ensuring dissemination of scientifically validated information and adequate contraceptive care.

I urge you to pass H. 663 and codify comprehensive reproductive care for the citizens of Vermont. Thank you for the opportunity to share this perspective with you.

Sincerely,



Annie Laurie Gaylor  
Co-President  
FFRF

1. Tubal Ligation. (n.d.). Retrieved from <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/tubal-ligation>

2. Over Half of U.S. Teens Have Had Sexual Intercourse by Age 18, New Report Shows. (2018, June 22). Retrieved from [https://www.cdc.gov/nchs/pressroom/nchs\\_press\\_releases/2017/201706\\_NSFG.htm](https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2017/201706_NSFG.htm)

3. Abstinence Education Programs: Definition, Funding, and Impact on Teen Sexual Behavior. (2018, June 01). Retrieved from <https://www.kff.org/womens-health-policy/fact-sheet/abstinence-education-programs-definition-funding-and-impact-on-teen-sexual-behavior>

4. Condom Availability Programs (CAPs). (2019, October 24). Retrieved from <https://www.cdc.gov/healthyouth/healthservices/caps/index.htm>

5. Access to Contraception. (2017). Retrieved from <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/01/access-to-contraception>