MLPP News

April 2006
Vol. VI, No. 2

Medical-Legal Partnership Project News

Emergency Contraception, the Morning After Pill & the Abortion Pill – A Basic Primer for Clinical Providers

Gladys Nieves, MLPP Staff Attorney

In the world of adolescent medicine, there is confusion between emergency contraception (emergency birth control, Plan B, or the "morning after" pill) and the abortion pill (RU-486). As a clinician, it is important to understand the differences between the two medications, especially since each carries a different set of legal standards.

History and Description

Emergency Contraception (Morning After Pill, Plan B)

In 1998, the Federal Food and Drug Administration (FDA) approved emergency contraception as an effective medication to prevent pregnancy in women who have had unprotected or unwanted sexual activity. Emergency contraception may work in one of five ways. First, emergency contraception can delay or inhibit ovulation and thus, prevent an egg from being fertilized by sperm. This is the only universally accepted method of how emergency contraception works. The four remaining methods discussed among providers include: inhibiting tubal transport of the egg or sperm, creating chemical changes that essentially make sperm incapable of fertilizing an egg, inhibiting implantation of a fertilized egg, and/or stimulating an auto-immune response.[1] Emergency contraception works best if taken within 12 to 24 hours after unprotected sex, but must be taken within five days. It is dispensed in the form of two pills which should be taken 12 hours apart.

Medical science defines pregnancy as the moment a fertilized egg implants itself in the uterus.[2] Taking this into consideration, emergency contraception is not considered abortive in nature, and thus does not carry with it any of the legal ramifications associated with abortion. A woman, even a minor, should lawfully be able to obtain a prescription for emergency contraception from a treating physician at any time. In Connecticut, a minor does not need parental consent for the disbursement of emergency contraception.[3] Please note that some pharmacies and/or hospitals may refuse to dispense emergency contraception, but in such cases they should provide alternative means of access to the patient.

The Abortion Pill (RU-486)

In September 2000, the FDA approved the abortion pill as a non-invasive means to abort an unwanted pregnancy. The abortion pill, which is actually two different pills taken a few days apart, works by causing the uterus to dispel a fertilized egg. The FDA approved the abortion pill to terminate pregnancy for up to 49 days after the beginning of the woman's last menstrual cycle.[4] It is unlawful to dispense the abortion pill after the 49th day of gestation. The abortion pill is not available via pharmacies and although physician assistants can prescribe the abortion pill, its distribution must be supervised by a medical doctor.

Legal Ramifications

Due to its abortive nature, the provision of the abortion pill to minors creates confusion. Many states carry their own set of statutes/regulations with respect to underage persons undergoing abortions. In Connecticut, minors can obtain an abortion without parental consent. *See* Conn. Gen. Stat. § 19a-601. The abortion pill is no different. Before an abortion is performed on a minor, however, Connecticut law mandates that the physician and/or counselor explain the minor's available choices and discuss possibility of parent involvement. The same appears to hold true with the use of the abortion pill. Please note for the purposes of an abortion in Connecticut, a minor is a person less than sixteen years of age. *See* Conn. Gen. Stat. § 19a-600.

The Connecticut legislature is presently considering a bill to require all licensed health care facilities to provide emergency contraception (the morning after pill) to victims of sexual assault upon request. The bill, Raised Bill No. 445, *An Act Concerning Emergency Health Care for Sexual Assault Victims,* may be found on the Connecticut General Assembly website at *www.cga.ct.gov/2006/TOB/S/2006SB-00445-R00-SB.htm.*

For more information about this topic, please call Gladys Nieves at 860-545-8581, or email *gnieves@ccmckids.org.*

(Footnotes)

[1] www.emergencybirthcontrol.org

[2] United States Food and Drug Administration, National Institute of Health and the American College of Obstetricians and Gynecologists use such a definition. *www.emergencybirthcontrol.org* http://ec.princton.edu/questions

[3] Adolescent Health Care: The Legal Rights of Teens, Center for Children's Advocacy, p.10, 2002

[4] MSNBC.com, *"FDA Warns of Infection Risk with Abortion Pill"* July 20, 2005 (online article)

Connecticut Introduces New Behavioral Health System for Children

Jay Sicklick, MLPP Director

In an ongoing attempt to improve the quality of and access to children's behavioral health services, the state Departments of Children and Families (DCF) and Social Services (DSS) have collaborated to contract with ValueOptions, a national provider of managed care behavioral health services. The new entity, created as an administrative services organization (ASO) is the Connecticut Behavioral Health Partnership (CT BHP), which is charged with the responsibility to plan and implement an integrated behavioral health service system for children and families insured through the state's HUSKY program. According to the ASO, the primary goal of the CT BHP is "to provide enhanced access to and coordination of a more complete and effective system of community based behavioral health services and supports and to improve member outcomes."

CT BHP intends to assume full control of behavioral health services for HUSKY children and families as of April 1, 2006. The ASO's goal is to collaborate with family members, providers and social support systems to "promote a strengths based treatment approach that focuses on client success." This is achieved by heeding the cultural needs and preferences of the child and family and designing treatment plans reflecting on cultural competency.

How it Works

The CT BHP will provide the following services to HUSKY members as part of its contract with the state:

- Behavioral health evaluation and treatment provided in freestanding primary care/medical clinics
- All outpatient psychiatric clinic, extended day treatment, partial hospitalization plan, and intensive outpatient services provided by general and psychiatric hospitals.
- Evaluation and treatment services related to a medical diagnosis such as psychological/psychiatric testing for a member with traumatic brain injury
- Mental health clinic services
- Professional psychiatric services rendered in an emergency department by a community psychiatrist
- Observation of stays of 23 hours or less with a primary behavioral health diagnosis
- Home health services for the treatment of behavioral health diagnosis alone, when required for the treatment of autism, or with medical co-morbidities, when the psychiatric symptoms require additional support
- Intensive in-home psychiatric services
- Behavioral health assessment and treatment services billed by a school-based health center

The CT BHP will coordinate physical and behavioral health services with the existing managed care organizations (MCO) in the following fashion:

CT BHP Responsibilities:

- Behavioral diagnosis only
- Behavioral and medical diagnosis, *behavioral primary*
- Behavioral component only when behavioral and medical diagnoses are present and medical needs cannot be effectively managed by the medical nurse and/or aide.

HUSKY MCO's Responsibilities:

- Medical diagnosis only
- Medical and behavioral diagnoses, *medical primary*
- Medical component only, when medical and behavioral diagnoses are present and behavioral health needs cannot be effectively managed by the medical nurse or aide.

The Transition to CT BHP

As of this writing, CT BHP had assumed the responsibility for residential and group home treatment case management and payment services, as well as inpatient services, intermediate levels of care (residential detox, partial hospitalization, intensive outpatient, extended day, etc.), and home-based services (IICAPS, MST, MDFT). Effective April 1, 2006, CT BHP commenced the processing and evaluation of all new HUSKY members presenting for inpatient care, and instituted prior authorization procedures for all outpatient requests. As of February 1, 2006, there were 1,363 Medicaid providers signed on to provide services under CT BHP, as well as 86 residential treatment centers and group home providers affiliated with the DCF mental health network.

Questions that remain

While ValueOptions claims that their method of case management and utilization review provides more efficient and effective outcomes for children with behavioral health issues than traditional managed care, they have not offered any concrete solutions as to the chronic issues that plague children's mental health care in Connecticut. Those issues have been identified as the lack of available community-based providers, adherence to a preferred drug list that excludes many brand name medications, and most importantly, the payment of adequate reimbursement rates for mental health providers in the state. And while these issues ultimately fall under the responsibilities of DCF and DSS, the CT BHP, through its parent company, ValueOptions, prides itself on quality case management and improved health outcomes for children with behavioral health issues. The short and long term results of the CT BHP's efficacy will ultimately be judged by its ability to provide quality, accessible mental health care to Connecticut's most vulnerable population.

Contact Information

CT BHP *clinical operations/quality management/provider & member services: 877-55-CTBHP (877-552-8247)www.ctbhp.com Email: ctbhp@valueoptions.com*

ValueOptions *www.valueoptions.com*

We want to hear from you!

Submit questions *for the next edition of MLPP News to jsicklic@kidscounsel.org or, call Jay Sicklick at 860-570-5327. For information about the Medical-Legal Partnership Project, please check the MLPP website at www.ccmckids.org/mlpp or, the CCA website at www.kidscounsel.org.*

MLPP is a joint medical-legal collaboration between the Center for Children's Advocacy, Connecticut Children's Medical Center, Charter Oak Health Center, Community Health Services, Inc., and Saint Francis Hospital and Medical Center. The project is funded through generous grants from Aetna Foundation, Connecticut Bar Association, Connecticut Health Foundation, Hartford Foundation for Public Giving, Jessie B. Cox Foundation, SBM Foundation, and Universal Health Care Foundation of Connecticut.

If you have a case to refer to the MLPP, please call Jay Sicklick at 860-714-1412 or email jsicklic@kidscounsel.org