



# REPRODUCTIVE EQUITY NOW

## **An Act relative to advancing contraception coverage and economic security in our state**

**S 499, H 536**

Sponsored by Senator Harriette Chandler and Representatives Pat Haddad  
and John Scibak

*Because everyone should have access to the birth control that's right for them*

### **All people should be able to access the preventive care they need.**

Contraception is basic, preventive health care that everyone should be able to access, regardless of their economic status. Almost all women, 99% in fact, have used birth control at some point in their lives. Yet prohibitively expensive co-pays and out-of-pocket expenses can make an individual's ability to protect their health and plan their family impossible, especially for the most vulnerable in our communities.

Birth control has had such a dramatically positive impact on women and families in this country that the Centers for Disease Control and Prevention (CDC) named it one of the top ten public health achievements of the past century. Contraceptives enable people to plan if and when they want to start a family, have healthier pregnancies, time births, and achieve their desired family size, ultimately improving family stability and the well-being of children. Family planning positively affects more than reproductive health – contraception plays a significant role in helping people shape their educational, financial, professional futures, and maintain their emotional well-being.

### ***Persisting Problems and Future Threats to Access***

The Affordable Care Act (ACA) guarantees women access to preventive health care, including birth control, without co-pays. The elimination of out-of-pocket costs has allowed women, regardless of their economic status, to afford basic health care, including the birth control option that works best for them. With the implementation of the ACA, American women have experienced the single biggest advancement in health care access in a generation. Right now, over 55 million women in the United States, including 1.4 million women in Massachusetts, have access to preventive services like birth control with zero cost sharing, thanks to the ACA. This vital access is under serious threat on the federal level, with Republican leadership in Congress vowing to repeal the ACA and eliminate access to birth control with no cost-sharing.

Even if the ACA birth control benefit remains intact, this bill is an opportunity to build upon the progress of the ACA. This bill would require coverage for all FDA-approved contraceptive drugs, devices, and products, while allowing insurers to limit coverage of therapeutically equivalent contraceptives. This bill would limit the use of medical management tools, like step therapy, which require individuals to try and “fail” (which could include pregnancy or medical complications) at a type of birth control before authorizing coverage for a preferred form of birth control within that method category. This technique creates additional barriers that effectively deny or delay access to the preferred method of birth control, not only limiting reproductive autonomy, but potentially leading to lapsed or inconsistent contraceptive use and increased risk of unintended pregnancy.

The bill can also prevent insurer’s efforts to circumvent the ACA-contraceptive coverage requirement, including complete denial of coverage for certain types of birth control, even when the individual’s medical history justifies an alternative option. Research conducted by the National Women’s Law Center found many instances of insurance plans failing to comply with the ACA contraceptive-coverage requirement. For example, it was reported that some insurers were imposing out-of-pocket costs on services associated with birth control, such as a follow up visit to ensure proper placement of an IUD. Also, some insurers failed to have the necessary processes in place to waive cost-sharing if the specific birth control product prescribed typically has cost-sharing under that plan. Under this bill, if a covered contraceptive drug, device, or product is deemed medically inadvisable by a doctor, the insurer must provide coverage for the doctor’s alternatively prescribed birth control.

### ***A Proposed Solution***

*An Act Relative to Advancing Contraception Coverage and Economic Security*, sponsored by Senator Harriette Chandler and Representatives Pat Haddad and John Scibak, would protect and expand access to contraceptives by requiring insurers in Massachusetts to cover all FDA-approved contraceptive methods without cost-sharing, including coverage of over-the-counter contraceptives without a prescription. If passed, this bill will safeguard the 1.4 million Massachusetts residents who currently have access to no-copay birth control, and expand coverage to certain male contraceptives. This legislation will also prohibit insurers from using tools like step therapy to undermine and delay access to contraceptives, improving access to basic health care for individuals who have been denied the promise of the ACA. Additionally, this bill creates equity in contraceptive coverage by eliminating cost-sharing for contraception, voluntary sterilization, and contraceptive counseling for men.

No-one should be forced to choose between paying out-of-pocket for the birth control that works best for them and accepting medically inadvisable and potentially harmful medication or devices at no-cost. Decisions regarding birth control methods are best left to doctors and their patients – not their insurance companies.

By passing the *An Act Relative to Advancing Contraception Coverage and Economic Security* and ensuring everyone has access to the no-cost birth control option that works best for them, Massachusetts can continue to lead the nation in reducing unintended pregnancies and improving health care access.