REPRODUCTIVE EQUITY NOW

Advancing Contraceptive Coverage and Economic Security (ACCESS) Bill

AN ACT RELATIVE TO REPRODUCTIVE HEALTH
& ECONOMIC EQUITY
[Bill Designation and Sponsors]

The Problem:

- The Affordable Care Act (ACA) is not meeting the needs of people in [State].

The Solution:

- ACCESS clarifies and improves upon the provisions of the ACA to ensure contraceptive coverage for all.

ACCESS Guarantees the Following Provisions:

- **Coverage without cost-sharing** for all FDA-approved contraceptive drugs, devices, supplies, and voluntary sterilization.
- **Guaranteed approval** of 12-month supply prescriptions of contraceptives without cost-sharing.
- **100% coverage** of over-the-counter contraception without copay.
- **Allows insurance companies the ability to limit coverage** when two or more products have the same active ingredients and safety profile that are FDA-approved.
- **Prohibits use of "reasonable medical management techniques"** by insurers to delay or even prevent access to contraceptives.
- **Introduces/Creates gender equity** in copay-free contraceptive access by prohibiting copays for vasectomies.

ACCESS Does Not Add Burdensome Requirements:

- Does not require insurance companies to cover every form of contraception on the market, only those that are FDA-approved and do not have a therapeutic equivalent with the same ingredients and safety profile.
- Does not force exempt religious organizations or religiously affiliated nonprofits to cover contraceptive methods and counseling.

ACCESS will make it easier for people across [State] to access contraceptives.

The Affordable Care Act requires 100% coverage of all contraceptives approved by the U.S. Food and Drug Administration (FDA). Unfortunately, there exist gaps in coverage that are costing not only individuals in [State], but also the state and private insurers. The ACCESS bill (S. 499, H. 536) will ensure that all individuals will be able to obtain the best birth control for them and will create no additional costs to the state or private insurers, but will instead result in overall cost savings.

Misconception: The ACA already provides copay-free contraceptives.

- **Truth:** While the ACA mandated that contraceptives be available without cost-sharing, there are still gaps that make it difficult for many people across the state to access the contraception that works best for them. Plus, the ACA and its contraceptive coverage mandate are under constant threat of federal repeal. ACCESS will ensure that the contraceptive coverage mandate of the ACA would remain Massachusetts law regardless of what happens at the federal level.

Misconception: ACCESS would require every contraceptive "under the sun" to be covered by insurers.

- **Truth:** ACCESS will allow insurance companies to negotiate which contraceptives would go on their formularies, specifically for therapeutic equivalents. Contraceptives with therapeutic equivalents have the same active ingredients and safety protocols.

Misconception: There is already an existing appeals process for patients to obtain contraceptives not on their insurance company's formulary.

- **Truth:** The existing appeals process requires a patient to appeal to a panel of doctors, which is a burdensome practice the ACA addressed by requiring insurance companies to have a simple waiver process for patients in need of a contraceptive not in their formulary. However, there has not been proper implementation of this requirement, so ACCESS will give more explicit instruction about the appeals process making it easier for a patient to get the type of contraceptive best suited for them

Misconception: Patients would see their physicians less if they were to receive a12-month supply of contraceptives at once.

- **Truth:** Currently, patients are not typically expected to see their physician more than once a year to receive and/or renew a prescription for a contraceptive method. Typically, prescriptions are written for 12-month supplies, although insurance companies will often only cover the cost for 1-3 months at a time. Research indicates that giving a 12-month supply of contraceptives at once decreases the risk of unintended pregnancies in comparison to 1-3 month supplies and is more cost-effective.

About half (47% or 54,000 pregnancies per year) of Massachusetts pregnancies are unintended.

- Unintended pregnancy creates significant costs for private insurers and the state, which would be reduced by ACCESS. In 2010, unintended pregnancies accounted for more than $357 million in public costs, including over $138.3 million in costs to the state.[1]

When individuals have 100% coverage of contraceptive methods, they are more likely to use their contraceptive of choice effectively.

- Individuals who feel unhappy with their contraceptive, due to side effects or other reasons, are less likely to correctly or consistently use contraception and more likely to experience an unintended pregnancy as a result. Individuals are also more likely to choose long-acting and highly effective contraceptive methods when they recieve 100% coverage.[2]

Removing the risk of gaps between contraceptive protection periods reduces unintended pregnancies.

- When individuals receive a 12 month supply of contraceptives, they are more likely to use it consistently than individuals who only receive 1-3 month supplies.[3]

Prior expansions of birth control coverage prove that it does not add cost.

- The National Business Group on Health has estimated it costs employers, and therefore insurers, 15-17% more not to provide coverage for contraceptives, and recommends no cost-sharing.[4] The study took into account the cost of

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[1] *State Facts About Unintended Pregnancy: Massachusetts*, Guttmacher Institute (2016), available at https://www.guttmacher.org/sites/default/files/factsheet/ma_18.pdf.
[2] Huber L, Hogue C, Stein A, et al. *Contraceptive use and discontinuation: findings from the contraceptive history, initiation and choice study*. Am J ObstetGynecol 2006;194: 1290-5.
[3] Foster DG, Hulett D, Bradsberry M, Darney P, Policar M. *Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies*. ObstetGynecol 2011;117:566-72.
[4] Adam Sonfield, *New Federal Protections Expand Coverage Without Cost-Sharing Of Contraceptives and Other Women's Preventive Services*, 14 Guttmacher Policy Review 23 (Summer 2011), available at https://www.guttmacher.org/sites/default/files/article_files/gpr140324.pdf.

contraceptives to employers and insurers in comparison to both the direct medical costs of pregnancy and the indirect costs of subsequent employee absence.

- **Public funding for contraceptive coverage has a proven return of $5.68 in savings for every $1.00 spent.***

When cost barriers to birth control are removed, patients choose long-lasting, cost-effective options.

- Research shows that all birth control is cost-effective when taking into account the cost savings of avoiding unintended pregnancies. Long-acting options, like intrauterine devices (IUDs), lead to the most significant long-term cost savings. In a recent study, 67% of women selected long-acting, highly effective birth control when given the opportunity to choose from a range of free options. This resulted in reduced rates of unintended pregnancy.

[Name of Organization] calls on the [STATE] legislature to pass ACCESS this session.

* Frost JJ, Sonfield A, Zolna MR and Finer LB, Return on investment: a fuller assessment of the benefits and cost savings of the US publicly funded family planning program, Milbank Quarterly, 2014, 92(4):696–749, http://onlinelibrary.wiley.com/enhanced/doi/10.1111/1468-0009.12080/.