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Support
Senate Bill 848 – Maryland Contraceptive Equity Act
House Health and Government Operations Committee
March 31, 2016

Planned Parenthood of Maryland (PPM) fully supports *Senate Bill 848 – Contraceptive Equity Act* because of the importance of contraception coverage. Family planning has well established benefits for women, babies, families, and communities. In addition to health benefits for women[1] and their children,[2,3] family planning is associated with improved social and economic outcomes including:educational attainment;[4] workforce participation;[5,6] income;[7,8,9,10,11] and family stability.[12]

TThe Affordable Care Act improved contraception coverage across the country. Health insurers must cover at least one item in each of the FDA's 18 categories of contraception methods without copayments. This coverage requirement is a great start. However, some limitations on coverage remain, leaving some Marylanders, both women and men, without clear access to the contraception. **The Maryland Contraception Equity Act of 2016 closes gaps in contraception coverage in insurance plans. If enacted, we will help ensure that Marylanders have access to the contraception method that works best for them.** In state-regulated plans with contraception coverage, the bill will:

- **Prohibit most copayments for contraception:** Even under the Affordable Care Act, health insurers may still require copayments on many forms of contraception. For women facing financial challenges, these copayments can be a real barrier to obtaining the contraception that works best for them.[13,14] The bill would ensure that there would be at least one option without copayment in every therapeutically equivalent category on the formulary. So a woman and her provider can choose the therapeutically best option without facing cost barriers.

  It is important to note that a health insurer will retain an essential tool to manage costs. If two options are essentially identical, but have a variance in cost, the health insurer can incentivize the consumer to select the lower cost option. The lower cost option would have no copayment, while the higher cost option could have a copayment.

- **Eliminate preauthorization requirements for Long-Acting Reversible Contraception in Private Insurance and Medicaid:** A health insurer and Medicaid will not be able to require a consumer to obtain approval of coverage *before* obtaining long-acting reversible contraception (LARC) methods, including intrauterine devices (IUDs). The CDC recommends that administrative and logistical barriers to LARC, including pre-approval requirements, be removed.[15]

- **Require health insurers and Medicaid to pay for 6-months of contraception at a time.** Right now, a health insurer can place limit the number of months of birth control pills or other forms of contraception that a woman can obtain. When a woman faces transportation problems or has a difficult working schedule, she may not be able to obtain her contraception, leaving her at risk for unintended pregnancy. There is evidence that providing more months of contraceptives leads to higher rates of continuation and significantly fewer unplanned pregnancies.[16,17,18]

- **Provide contraception equity for men by broadening coverage of vasectomies without cost-sharing requirements:** The ACA provisions about contraception only apply to methods for women. Maryland's Essential Health Benefit package (EHB) already requires many health plans to cover sterilization for men. The bill extends vasectomy coverage requirements to the rest of Maryland's insurance market. If vasectomies are covered, there will be no cost–sharing requirements.

- **Expand access to over-the-counter contraceptive medications by requiring coverage without a prescription.** Right now, the ACA requires health to cover all contraceptive medications with a prescription. However, if the same medication is available over-the-counter, then there are no coverage requirements, leaving women facing significant cost barriers; and

- **Ensure that women can go off-formulary for contraceptives that work best for them:** Women may need coverage of a contraceptive that is not on an insurer's formulary. Maryland law already provides that an insurer has to provide coverage for a drug not on a formulary if the side effects are less. However, Maryland law is missing a provision required by the Affordable Care Act. Insurers must also cover a contraceptive off-formulary if the consumer would have an easier time adhering to the regimen of taking that particular drug.

Thank you for your consideration of our testimony. We ask for a favorable report. If you need any additional information, please contact Robyn Elliott at (443) 926-3443 or relliott@policypartners.net.

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