

MEMORANDUM OF SUPPORT
A 9957 (Cahill)
The Comprehensive Contraception Coverage Act
2018

AN ACT to amend the insurance law, the social services law, the education law and the public health law, in relation to requiring health insurance policies to include coverage of all FDA-approved contraceptive drugs, devices, and products, as well as voluntary sterilization procedures, contraceptive education and counseling, and related follow up services and prohibiting a health insurance policy from imposing any cost-sharing requirements or other restrictions or delays with respect to this coverage.

The new presidential administration intends to repeal the Affordable Care Act (ACA) and end coverage for contraception without cost sharing. While Governor Cuomo's regulations around contraceptive access are bold steps forward, we should ensure that these coverage provisions are enshrined in state law. Access to contraception is essential to women's health and equality. The Comprehensive Contraception Coverage Act (CCCA) protects New Yorkers from some of the dire consequences of ACA repeal and strengthens access to care women rely upon to stay healthy and achieve their aspirations.

The ACA currently requires insurers to cover at least one contraceptive method from each of the 18 distinct categories recognized by the FDA without cost-sharing. The CCCA requires insurers to cover all FDA-approved contraceptive drugs, devices, and other products with no co-pay. This measure allows New Yorkers to access the type of contraception that works best for them. In 2013, it is estimated that women saved over a billion dollars on birth control pills alone since they no longer had to pay costly co-payments for their contraception prescriptions.¹ Intrauterine devices (IUDs) and implants, both more effective and historically more expensive than the pill, have also seen increased uptake now that the barrier of cost has been removed. These savings allow women to become more economically secure and fully participate in our society. The CCCA also brings gender parity to contraceptive coverage; vasectomies and other prescription contraceptives for men would be covered without cost sharing. The ACA did not contemplate preventive reproductive care for men, therefore New York should take steps to ensure that men have access to the same contraceptive benefits that women do.

The CCCA would also allow pharmacists to provide emergency contraception (EC) through a non-patient-specific prescription greatly enhance timely and affordable access. At present, individuals may purchase emergency contraception over the counter, but costs range from \$30 to \$60 and can be prohibitive. One may also obtain a prescription from a medical provider, but time and transportation may pose barriers, to obtaining EC when it is most effective, within 72 hours of unprotected sex. A non-patient-specific order would enable individuals to access EC in a more timely and affordable way.

The average woman spends about three decades — more than three-quarters of her reproductive life — trying to avoid an unintended pregnancy. Research has shown that having a year's supply of contraception on hand reduces a woman's odds of an unintended pregnancy by 30%—a vital step in a state like New York, with one of the highest rates of unintended pregnancy in the country.^{2,3} In New York at present, insurance plans only allow woman one, or sometimes three, months of birth control

¹ National Women's Law Center: <https://nwlc.org/resources/the-affordable-care-acts-birth-control-benefit-too-important-to-lose/>

² The Guttmacher Institute: Unintended Pregnancy in the United States. <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>

³The Journal of Obstetrics and Gynecology: Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies. 2011

<http://journals.lww.com/greenjournal/pages/articleviewer.aspx?year=2011&issue=03000&article=00008&type=abstract> S

at a time, which means multiple trips to the pharmacy for refills, increasing the risk of unintended pregnancy. For some women, especially those in more rural areas, this is a burden that can interrupt consistent use of contraception. CCCA would require insurers to cover up-to 12 months of contraception at one time, giving women the option of having an extended supply of contraception on hand.

These are simple fixes that would greatly enhance access to contraception in New York and protect New York women in the event of ACA repeal. Planning and spacing pregnancies is vital to women's ability to fully participate in our society and is associated with positive health and economic outcomes for women and their families. Reducing the rate of unintended pregnancy in New York has also been identified as a key public health goal by the State. Easing barriers to consistent and effective contraceptive use helps women, families, and strengthens our communities.

Planned Parenthood Empire State Acts encourages the legislature to support this legislation.