

MEMORANDUM OF SUPPORT
A 1378 (Cahill) / S 3668 (Bonacic)
The Comprehensive Contraception Coverage Act
2017

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 still need to ensure that this access is passed into state law. Access to contraceptive services is essential to women's health and equality. In order to reduce the rate of unintended pregnancy, we must increase access to contraception. The Comprehensive Contraception Coverage Act (CCCA) protects New Yorkers from some of the dire consequences of ACA repeal and strengthens our access to contraceptive insurance coverage. The CCCA requires government-regulated insurers to cover at least one method of contraception from each of 18 distinct categories, designated by the federal Food and Drug Administration (FDA), with no co-pay.

Beyond simply ensuring that insurers are covering the full range of contraceptives defined by the FDA, the CCCA would also require insurers to: cover contraceptives prescribed to men, as well as male sterilization, with no cost sharing; allow patients to access Emergency Contraception (EC) at a pharmacy with a non-patient-specific prescription through their insurance—just as one would receive a flu shot; and provide coverage for the dispensing of 12 months of contraceptives at one time.

Allowing pharmacists to provide EC through a non-patient-specific prescription will ensure that it will be covered by insurance companies and will greatly increase timely and affordable access and reducing the risk of unintended pregnancy. Similarly, dispensing 12 months of contraceptives at one time has been found to reduce the probability of unintended pregnancy by 30%, as individuals experience fewer lapses between pills.¹

These are simple fixes that would greatly increase access to contraception in New York and maintain access in the event of ACA repeal. Reducing the rate of unintended pregnancy in New York has been identified as a key public health goal by the State in its 2013-2017 *Prevention Agenda*, and, in fact, the rate has been steadily decreasing for years as women gain better access to affordable contraceptives. Changes to current policy that further reduce the burdens on women accessing contraceptives would improve rates of continuous use and their resulting efficacy - a result that would be in line with the agenda laid out by the State.

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

¹<http://journals.lww.com/greenjournal/pages/articleviewer.aspx?year=2011&issue=03000&article=00008&type=abstract>