

## COALITION FOR CHOICE

### Ensuring Access to Birth Control

#### *An Act Relative to Advancing Contraceptive Coverage and Economic Security in our State*

S 499, H 536 – Filed by Sen. Harriette Chandler and Reps. Pat Haddad and John Scibak

**The Problem:** The Affordable Care Act (ACA) and its implementing regulations ensure access to no-copay birth control. Both are under threat. While efforts to repeal the ACA continue, it is important to understand that the contraceptive coverage mandate can be gutted at any time by the Trump administration, regardless of whether the ACA is repealed. In fact, the administration has proposed a rule that would allow employers to opt out of birth control coverage for essentially any reason. Recent news reports indicate that this regulatory change could happen any time.<sup>1</sup> These efforts could make birth control once again inaccessible for many in Massachusetts, and exacerbate barriers to affordable birth control that persist even under the ACA.

**The Solution:** Strengthen state law to protect access to no-copay birth control while improving access to the full range of contraceptive options and removing existing barriers to care. **The ACCESS bill will:**

- **Protect coverage without cost-sharing for all unique FDA-approved contraceptives.**
  - The ACCESS bill requires coverage for all unique forms of FDA-approved contraceptives, while allowing insurers to limit coverage of therapeutic equivalents. This would ensure plans in Massachusetts continue to provide coverage for a wide range of contraceptives, but also allow them to effectively manage costs, no matter what happens on the federal level.
- **Limit the ability of insurers to impose restrictions and delays in coverage, while allowing reasonable medical management within a given contraceptive method category.**
  - Insurers **will not** be able to require women to try and “fail” (including pregnancy or medical complications) at multiple methods of birth control before authorizing coverage for another, possibly more effective form of birth control, such as an IUD.
  - Insurers **will** be able to control costs by charging co-payments for a brand name drug while covering a generic without costs.
- **Require coverage for a single dispensing of birth control intended to last for 12-months.**
  - Doctors will be able to prescribe 12-month supplies of contraceptives that have been effective for a patient, decreasing the likelihood of inconsistent use, missing a dose, or even skipping a month, all of which increase the chances of unintended pregnancy.
  - Studies show that unintended pregnancy rates plummet when women have access to a 12-month supply of birth control and the CDC explicitly recommends dispensing a one-year supply.<sup>2</sup>
  - Massachusetts will be put in line with the 12 other states that have passed similar provisions.
- **Eliminates barriers to no-copay coverage for emergency contraceptives available over-the-counter (OTC).**
  - Women will no longer be required to obtain a prescription for OTC emergency contraception in order for it to be covered without co-pay.
  - Eliminating the current prescription requirement eliminates a medically unnecessary barrier that undermines the accessibility afforded with OTC status.

---

<sup>1</sup> Robert Pear, *Foes of Obama-Era Rule Work to Undo Birth Control Mandate*, N.Y. Times, July 10, 2017 available at <https://www.nytimes.com/2017/07/10/us/politics/birth-control-contraception-health-care-bill.html>

<sup>2</sup> Centers for Disease Control and Prevention, *U.S. Selected Practice Recommendations for Contraceptive Use*, 2013, available at <https://www.cdc.gov/mmwr/pdf/rr/rr6205.pdf>.