



NARAL
Pro-Choice Massachusetts

AN ACT RELATIVE TO WOMEN'S HEALTH AND ECONOMIC EQUITY
S.483/H.948 *Sponsored by Sen. Harriette Chandler and Reps. Tom Sannicandro and John Scibak*

NARAL Pro-Choice Massachusetts supports this act to ensure and protect women's reproductive autonomy in Massachusetts.

What this legislation will accomplish:

1. Strictly limits the ability of insurers to interfere with a woman's ability to make her contraceptive choices in consultation with her health care provider. Insurers would no longer be able to impose restrictions and delays on a woman's preferred method of contraception, ensuring a woman's reproductive autonomy.
2. Require insurance coverage of all FDA-approved contraceptive drugs, devices, and other products; voluntary sterilization; comprehensive contraceptive counseling; and other related services without restrictions or copayment.

Current legislative landscape:

California successfully passed this legislation in 2014 and other states throughout the country (e.g. New York, Washington, Minnesota) are currently debating similar bills in their state legislatures.

Talking Points:

Women can be denied access to their preferred method of birth control, despite the Affordable Care Act (ACA). As with many forms of drugs, a single contraceptive method or formulary will not be the best choice for all women. Side effects may vary depending on what form of birth control is used, even within the same method, because of different levels and amounts of hormones. Additionally, long-acting, reversible contraceptives (such as IUDs and implants) are some of the most effective forms of birth control, particularly for younger women, and are often not covered under insurance plans.

Even when birth control methods are covered, women are still forced to pay significant co-pays. This can be a substantial and unnecessary economic burden that may lead to some women switching to another, less preferred method of birth control.

Emergency contraception is often not covered under insurance plans or may require cost-sharing. Because of the time sensitive nature of this drug, it is important that women do not have substantial financial barriers before being able to access it.

If you have any questions about this legislation, please contact Christian Miron, Political Director, at 617-299-6560 or christian@prochoicemass.org.



Frequently Asked Questions

Q: Aren't the provisions in this bill already covered under the ACA?

A: The ACA's requirement of coverage of certain women's health preventive services without cost-sharing is a welcome and significant step forward. However, in some cases implementation has been inconsistent resulting in women being denied coverage or charged copays for certain products. For example, federal regulations permit carriers to employ "reasonable medical management techniques" but do not define the term or provide sufficient guidance about the limits of this flexibility in the context of contraceptive coverage.

Q: Why does it matter that some birth control methods aren't covered? Aren't all birth control methods basically the same?

A: Birth control methods affect women's bodies differently. Even within the same birth control method (such as the pill) different drugs may have more or less side effects than others. Because of this, some women may need to be on a specific type of birth control rather than another.

Q: Shouldn't insurance companies have some control over what they choose to cover?

A: A woman's choice in consultation with her health care provider should be the primary factor in determining her contraceptive method. Insurance related delays in access or denials of a chosen method not only deprive women of their reproductive autonomy, but also increase risk of unintended pregnancy and undermine the intent of the ACA's contraceptive coverage requirement.