



April 11, 2018

Representative John Hunt, Chair
House Commerce and Consumer Affairs
Legislative Office Building Room 302
33 North State Street
Concord, NH 03301

RE: SB 421 relative to insurance coverage for prescription contraceptives

Dear Representative Hunt and members of the House Commerce and Consumer Affairs Committee:

Thank you for the opportunity to speak to you regarding SB 421, which requires insurers to cover a 12-month supply of contraceptives without a cost sharing requirement. Bi-State Primary Care Association is grateful for the attention the sponsors are giving to this important issue in women's health. We respectfully request the committee recommend SB 421 ought to pass.

Bi-State Primary Care Association is a non-profit organization that works to expand access to primary and preventive care for all New Hampshire residents with a special emphasis on the medically underserved. We also represent New Hampshire's 16 community health centers, which are located in medically underserved areas throughout our state. The community health centers are non-profit organizations that provide integrated oral health, substance use disorder treatment, behavioral health, and primary care services to approximately 113,000 patients, most of whom live below 200% of the federal poverty level or \$24,120 for an individual.¹

The Commission to Study Allowing Pharmacists to Prescribe or Make Available via Protocol Oral Contraceptives and Related Medications endorsed LSR 2018-2993, submitted by Senator Soucy, in its final report in December 2017.² LSR 2018-2993 is now SB 421 and is before you today. SB 421 requires insurers to cover 12 months of contraceptives, thereby encouraging the use and prescribing of contraceptives in this quantity. Contraceptive use helps women and families prevent unwanted pregnancies and plan pregnancies. Spacing pregnancies has positive health outcomes for women and babies, such as reducing the risk of premature birth and low birth weight.³ Preventing unintended pregnancy can help women manage certain chronic health conditions, such as diabetes, hypertension, and heart disease.⁴ Also, according to many studies, spacing out pregnancies via contraceptive use enables women to complete their education, gain

¹ Health Resources and Services Administration, Uniform Data System, NH Rollup (2016), federally qualified health centers are required to submit patient demographics, services offered and received, clinical data, and payer information to the Health Resources and Services Administration annually; BSPCA Survey of Membership (2016).

² See page 5 where the Commission endorses LSR 2018-2993.

<http://www.gencourt.state.nh.us/statstudcomm/committees/1351/reports/Commission%20Report.pdf>

³ Kavanaugh Megan L. et al., *Contraception and Beyond: The Health Benefits of Services Provided at Family Planning Centers*, 8-9 (July 2013) <http://www.guttmacher.org/report/contraception-and-beyond-health-benefits-services-provided-family-planning-centers>.

⁴ Sonfield Adam, *What is at stake with the federal contraceptive coverage guarantee?* 20 Guttmacher Policy Rev. 8-11(2017)

https://www.guttmacher.org/sites/default/files/article_files/gpr2000816_0.pdf (citing Testimony of American Congress of Obstetricians and Gynecologists, submitted to the Committee on Preventive Services for Women, Institute of Medicine).

and maintain employment, support themselves and their families, and invest in their children's future.⁵ Clearly, providing access to contraceptives helps women to be healthy productive members of our society, and shows our support for their ability to make healthy sound decisions for themselves and their families. Requiring an insurer to cover a 12-month supply and allowing women to obtain 12 months worth of contraceptives provides women the birth control coverage they need for an entire year and allows them to plan for their pregnancies.

Finally, SB 421 eliminates copayments or cost sharing requirements for contraceptives dispensed in a 12-month supply. The costs of oral contraceptives can add up to a considerable financial burden for women. While some insurers require small copayments for contraceptives, studies have shown that even small copayments can dramatically reduce the use of preventive care, particularly among low-income individuals.⁶ Removing cost barriers has been proven to facilitate the use of contraceptives and reflects a respect for patient autonomy, allowing women to make choices about contraception without financial coercion.⁷ Additionally, removing cost sharing positively impacts contraceptive use by increasing the likelihood women will use contraceptives.⁸ By facilitating women's ability to choose contraception without requiring copayments, SB 421 helps them to plan their pregnancies and secure the health, social and economic benefits that accompany the choice to plan their pregnancies.⁹

Please do not hesitate to contact me if you have any questions or would like more information.

Sincerely,

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⁵ Sonfield Adam, *What Women Already Know: Documenting the Social and Economic Benefits of Family Planning*, 16 Guttmacher Policy Rev. 8, 8-12 (2013) https://www.guttmacher.org/sites/default/files/article_files/gpr160108.pdf.

⁶ Sonfield Adam, *The Case for Insurance Coverage of Contraceptive Services and Supplies Without Cost-Sharing*, 14 Guttmacher Policy Rev. 7 (2011) https://www.guttmacher.org/sites/default/files/article_files/gpr140107.pdf.

⁷ Sonfield Adam, et al., *The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children*, 30 New York: Guttmacher Institute (2013) https://www.guttmacher.org/sites/default/files/report_pdf/social-economic-benefits.pdf.

⁸ Sonfield Adam, *What Is at Stake with the Federal Contraceptive Coverage Guarantee?* 20 Guttmacher Policy Rev. 8, 8-11 (2017) https://www.guttmacher.org/sites/default/files/article_files/gpr2000816_0.pdf.

⁹ *Id.*