

TO: Chair Bailey
Chair Mathieson
Members of the Joint Standing Committee on Health Coverage, Insurance and
Financial Services

DATE: February 5, 2025

RE: LD 163, An Act to Require Health Insurance Coverage for Federally Approved
Nonprescription Oral Hormonal Contraceptives and Nonprescription Emergency
Contraceptives

To the distinguished members of the Joint Standing Committee on Health Coverage, Insurance and
Financial Services,

My name is Shawn Jiminez, and I am a resident of West Gardiner and student at Bowdoin College. I
am writing today to testify my position on LD 163.

As a firm believer in health equity, I believe it is imperative that everyone receives the most quality
access to care, regardless of their ability to pay. The FDA recently approved Opill, a daily oral
contraceptive pill authorized for use without a prescription. This drug is safe for those who cannot
safely take estrogen-progestin pills, maintains a 98% effectiveness rate at preventing pregnancy, and is
accessible to all ages. Write-ups by NYU Langone Health and Harvard Medical School highlight
minimal side effects in comparison to other contraceptive pills, while suggesting a multitude of
benefits, which may include the reduction of bleeding and pain during one's period. The approval of
Opill reduces consumer costs and increases widespread accessibility of contraceptives.

A recent study by James Baffoe, *Perceived discrimination in the community pharmacy: A
cross-sectional, national survey of adults*, surveyed a group of over 500 individuals. The results
concluded that almost 1 in 4 individuals report experiencing racial discrimination at their community
pharmacy, leading many to forego or delay filling their prescriptions. Furthermore, in settings of
reproductive healthcare, women are often dismissed or violated. A recent data analysis published in
Psychology of Women Quarterly by Howell (2023), states that Black women are especially subjected
to dismissal, medical misconduct, and violence within the medical system—regardless of their class.

LD 163 breaks down the economic barriers of accessing multiple forms of emergency and
non-emergency contraceptives, reduces time constraints for receiving prescriptions, and acknowledges
the hierarchies of power that prevent many individuals from accessing resources relating to
reproductive health that require contact with medical professionals or pharmacists.

I encourage the committee to rework this bill to require clear and accessible parameters surrounding
reimbursement procedures. As highlighted by the excessive denial of claims at companies like
UnitedHealth and Aetna, it is clear that the insurance industry prioritizes profit. The passing of this
bill has a clear purpose of ensuring equitable access to resources, and thus requires measures to
prevent insurance companies from jumping hoops to deny reimbursement claims. I also encourage the
committee to reconsider the current verbiage of this bill, which leaves the qualifications for coverage
of these contraceptives up to insurance companies, as this does not ensure equal access to the outlined
resources. It is my suggestion that these parameters, if set by the insurance companies, be clearly
defined and reviewed by the Committee or an unbiased group of individuals.

Thank you for the opportunity to voice my thoughts and suggestions. Your consideration of these
matters and solutions is very much appreciated.