

TESTIMONY IN SUPPORT OF LD 2203
An Act to Require Health Insurance Coverage for Federally Approved Nonprescription
Oral Hormonal Contraceptives
Health Coverage, Insurance and Financial Services
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Maine Section Advisory Council American College of Obstetricians & Gynecologists

I'm a board-certified obstetrician-gynecologist and I'm testifying on behalf of the Maine Section of the American College of Obstetricians and Gynecologists (ACOG); National ACOG also supports the following views.

In the U.S., we've been on a very long journey towards eliminating barriers to contraceptive methods as they've been subject to legal scrutiny for over a hundred years. In 1965, in *Griswold v. Connecticut*, the Supreme Court protected the liberty of married couples to use contraception without government intrusion. This was a rebuttal of the late 18th century Comstock laws which prohibited any person from using "any drug, medicinal article or instrument for the purpose of preventing conception". In 1972, *Eisenstadt v. Baird* extended Griswold's opinion to unmarried couples. Practitioners are not exempt from paternalistic practices. Some providers have required that a person undergo a pelvic exam / Pap test before they will newly prescribe or renew a prescription for birth control pills, which is medically unnecessary. And some have refused to prescribe a 3-month supply or a year's supply of pills. What happens when people can't get their birth control pills in a timely fashion – they get pregnant.

The majority, 60-80%, of reproductive aged women in the U.S. are using some form of contraception and the majority of adults support access to a full range of options. This is what the people want and deserve and need to maintain health. Oral contraceptives are one of the most widely used methods of family planning. As you are aware, in July 2023 the FDA approved an over-the-counter progestin-only oral contraceptive, Opill. This was made possible after years of research and data that demonstrated the safety of making this effective method widely accessible without prescription, thus removing yet another barrier. This is, without a doubt, a long overdue historic medical achievement towards reproductive justice.

We can do even better here in Maine and continue on our current path of eliminating obstacles to family planning care, thus building a more equitable foundation of reproductive health for Maine families. We can be among the first states to compel health insurers to cover all FDA-approved over-the-counter contraceptive methods without cost-sharing. We still don't know what the consumer cost of Opill will be, but we suspect that it could be as much as \$40-50 / month which is simply cost-prohibitive for some folks. Let's be a leader and set an example for other states in supporting evidenced-based equitable, affordable and accessible healthcare in Maine. I urge you to support LD 2203.