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Testimony in support as amended:

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

Joint Standing Committee on Health Coverage, Insurance, and Financial Services

February 5, 2025

Senator Bailey, Representative Mathieson, and honorable members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services, my name is Laura Harper, I'm a Senior Associate at Moose Ridge Associates and I live in Hallowell. I am testifying on behalf of Maine Family Planning (MFP) in support of LD 163 as amended.

MFP provides comprehensive sexual and reproductive health care to adults and teens through telehealth and at 18 health centers statewide. For more than 50 years, MFP has also served as the non-profit administrator of Maine's statewide family planning network, which includes 61 providers, encompassing federally qualified health centers (FQHCs), school-based health centers, as well as four Planned Parenthood clinics in Southern Maine. Altogether, Maine's sexual and reproductive health care network consists of 61 individual sites, stretching from Calais, to Fort Kent and all the way down to Sanford.

When it comes to contraception including methods, efficacy, and access, no one has been on the frontlines longer than MFP. We know firsthand that reducing barriers to contraception improves all people's ability to control their reproductive lives. Last session we worked closely with Representative Arford and members of your committee on a nearly identical bill, LD 2203. With your support we sent the bill to the Governor's desk only to then share your frustration when because of the posture of the legislature on that final day, the bill wasn't signed.

Luckily, it isn't too late to make a significant difference in increasing access to oral, hormonal contraception available now over the counter. Last session, the introduction of Opill, the first oral hormonal contraceptive to be FDA approved for use without a prescription, inspired the policy before you today. Now Opill can be found in grocery stores, big box stores, and drug stores throughout the state. The cost for a one month supply ranges from \$19.99 to \$28.99. Providing insurance coverage that can be accessed at the point of sale will make a critical difference for consumers, especially those with limited incomes or access to a health care provider.

Furthermore, this bill also includes coverage for emergency contraception (EC). EC can prevent pregnancies when taken within 72 hours after intercourse. It can be used after unprotected intercourse, and when one has concerns about possible contraceptive failure, or incorrect use of contraceptives. It is also used after sexual assault if without contraceptive coverage. EC prevents pregnancy by preventing or delaying ovulation; it does NOT induce an abortion. Emergency contraception cannot interrupt an established pregnancy or harm a developing embryo. The cost of EC ranges from \$39.99 to \$49.99 per pill which again, can pose a significant barrier to those with limited incomes.

Lastly, I'd like to say a few words regarding the significance of Representative Arford's proposed amendment. Since we researched this policy a year ago much has changed to adapt to over-the-counter coverage laws and the popularity of Opill. National pharmacy chains, such as CVS, have adopted helpful guidelines on how pharmacists can submit claims in the absence of a prescriber. Standards of practice are evolving as more states enact laws to increase contraceptive access. Therefore it is no longer necessary for this proposed law to direct pharmacies on how to seek reimbursement.

In closing, I thank you for your consideration of this important legislation and urge you to vote "ought to pass as amended." I'm happy to try and answer any questions.