



Testimony in Support of LD 1954, *An Act to Ensure Access to Prescription Contraceptives*

February 15, 2022

Good afternoon Senator Sanborn, Representative Tepler, and members of the Committee on Health Coverage, Insurance, and Financial Services. My name is Alex Carter, and I'm a Policy Advocate for Maine Equal Justice, a nonprofit legal aid provider working to increase economic security, opportunity, and equity for people in Maine. I am testifying today in support of LD 1954, *An Act to Ensure Access to Prescription Contraceptives*.

Broad access to prescription contraceptives is critical for reproductive health and justice. The very personal decision of which contraceptive to use should be made by a patient and their provider and not dictated by which prescription is fully covered by their insurance plan.

The Affordable Care Act requires insurers to cover, without cost sharing, one contraceptive product within each method category. These categories include barrier methods, hormonal methods, implanted devices, and emergency contraception.¹ However, many contraceptives that fall within the same category are subject to cost sharing despite having important differences. For example, an emergency contraceptive prescription that is more appropriate for those with a higher body mass index or an oral contraceptive with lower estrogen may not be covered under all insurance plans if a similar, yet inequivalent, product is fully covered. This sets patients up for an unfair choice—choose a prescription that works best for their bodies and risk paying out-of-pocket or go with another option that is fully covered by their insurance. For those with lower incomes, this may not be a choice at all.

In 2019, approximately 27% of all pregnancies in Maine were unintended.² Nationally, these rates are highest among people with low incomes,³ and there is much research to demonstrate the challenges an unplanned birth poses to a family's upward mobility. A 2019 report from the Institute for Women's Policy Research found that having access to contraceptives by age 20

¹ <https://www.healthcare.gov/coverage/birth-control-benefits/>

² https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/unintended_pregnancy/state/ME

³ <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>

reduced the probability that a woman subsequently lived in poverty by 8 percent.⁴ Patients should be empowered to take charge of their reproductive lives and to choose the contraceptives that work best for them without having to do a cost-benefit analysis.

For these reasons, I encourage you to support LD 1954 and I appreciate the opportunity to speak with you today. Thank you.

⁴ https://iwpr.org/wp-content/uploads/2020/07/Contraception-fact-sheet_final.pdf