



**Testimony in support of LD 1954**  
*An Act To Ensure Access to Prescription Contraceptives*

Senator Sanborn, Representative Tepler and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, my name is Nicole Clegg and I serve as the Senior Vice President of Public Affairs at Planned Parenthood of Northern New England, and I am here to submit testimony in support of LD 1954.

Planned Parenthood of Northern New England provides comprehensive reproductive and sexual health care to more than 14,000 people in Maine at four health centers located in Biddeford, Portland, Sanford, and Topsham. People turn to us for affordable, high-quality care including wellness exams, birth control, disease testing and treatment, cancer screenings, abortion care as well as a variety of primary care services. We see everyone who comes to us regardless of ability to pay, and in a typical year, we provide more than \$4 million in free and discounted care to our communities in Maine.

As a mission driven health care provider, we fundamentally believe everyone should be able to get affordable, high quality sexual and reproductive health care in their communities, no matter where they live or how much money they make, and we advocate for policies that help make this vision a reality.

The enactment of the ACA in 2010 was a watershed moment for our nation's healthcare systems, expanding coverage for tens of millions of Americans. Of note is the Women's Preventive Services provision which mandated insurance coverage for birth-control without cost-sharing. The provision required insurance to cover at least one type of each method as defined by the Federal Drug Administration. Those methods include but are not limited to birth control pills, injectables, IUDs and implants.

No cost-sharing birth control coverage [significantly increased](#) the ability of women to obtain access to affordable prescriptions, benefiting an estimated [64.3 million women](#), and [saving at least \\$1.4 billion](#) in out-of-pocket costs for birth control pills annually.<sup>1</sup>

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<sup>1</sup> [The Biden Administration Must Ensure the Affordable Care Act Contraceptive Coverage Requirement Is Working for All - National Women's Law Center \(nwl.org\)](#)  
[New Data Estimates 64.3 Million Women Have Coverage of Birth Control and Other Preventive Services Without Out-of-Pocket Costs - National Women's Law Center \(nwl.org\)](#)  
[Women Saw Large Decrease In Out-Of-Pocket Spending For Contraceptives After ACA Mandate Removed Cost Sharing | Health Affairs](#)

The State of Maine built upon this policy in 2017 when it codified the Women's Preventive Service's provision establishing a mandate for no cost sharing for at least one type of contraception for each method and expanding coverage to allow for 12 months of dispensing. Again, this was an exciting step forward as it acknowledged the reality that people who need birth control, need it for decades of their lives and it should be available, affordable, and convenient.

LD 1954 is another step forward for Maine patients as it expands no cost sharing coverage to include all types of birth control, not just one type per method, which has created gaps in coverage. Within each method of birth control are a wide array of products that have meaningful differences. The products can vary in chemical markup, hormonal dosage, timeline of efficacy, side effects, and how the product impacts the health of the patient. The limitation of the ACA policy of one type per method often means that the best option for a patient falls outside of the no cost-sharing mandate.

Even though insurance providers are required to grant waivers and cover a prescription if recommended by their clinician, the waiver process has fallen short. LD 1954 would be a much-needed improvement to the original policy by allowing patients and clinicians to determine the best medication for themselves, and not as determined by their insurance companies.

In their January 2022 FAQ for the ACA, the Departments of Labor, Health and Human Services, and Treasury found that [insurers have been inappropriately denying coverage for contraception through the waiver process](#).<sup>2</sup> The federal agencies found that insurers were violating the policy by making it harder for people to get coverage for a certain type of contraception that is medically indicated and recommended by their clinician. They found actions taken by insurers to include:

- Denying coverage for all or particular brand name contraceptives, even after the patient's clinician determines and communicates to the insurer a certain contraceptive product is medically necessary with respect to that individual;
- Requiring individuals to fail first using numerous other services or FDA approved, cleared, or granted contraceptive products within the same method of contraception before the plan will approve coverage for the service or FDA-approved, cleared, or granted contraceptive product that is medically appropriate for the individual, as determined by the individual's attending health care provider; and
- Failing to provide an easily accessible, transparent, and sufficiently expedient exception process that is not unduly burdensome (for example, requiring individuals to appeal an adverse benefit determination using the plan's or issuer's internal claims and appeals process as the means to obtain an exception).

The Departments are actively investigating these complaints and reports and have stated that they may take enforcement or other corrective actions. They are also assessing what types of

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<sup>2</sup> [FAQs about Affordable Care Act Implementation Part 51, Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation \(dol.gov\)](#)

changes to existing guidance or regulations may need to be made to better ensure individuals receive the coverage to which they are entitled under the law and will issue additional guidance, as warranted.

As a healthcare provider, we can confirm that our patients in Maine have experienced many of these denials. It is frustrating to prescribe a method that is best for a patient and then try to navigate the multiple denials and jump through hoops to get our patients the care they need. All too often the patient gives up, accepting a prescription that is not the best option for them because they cannot afford to pay out-of-pocket for the type that is best for them. By adopting LD 1954, Maine will put reproductive care decisions back where they belong: in the hands of patients and their providers.

The simple reality is that [birth control is a journey](#) – the median number of methods used by women in the US is three, and nearly one-third of women will utilize more than five methods.<sup>3</sup> The type that works best for one person could be different for another and yet insurers are applying a one size fits all approach to birth control. [Ninety-nine percent](#) of all women between the ages of fifteen and forty-four will use some method of birth control, and women will depend upon access to birth control three and four decades of their lives.<sup>4</sup> There is no other type of prescription that impacts this portion of the population for this length of time. That’s why it’s critically important that people have access to the method that works best for them.

By adopting the standards proposed in LD 1954 and broadening the coverage mandate to include all contraceptives approved by FDA, Maine would join a growing list of states (including [CA, CT, DE, DC, IL, MD, MA, NJ, NY, OR, and WA](#)) which recognize the realities of sexual and reproductive health care and have adapted their laws post-ACA to support patients and providers.<sup>5</sup>

The benefits of this approach are readily apparent. Studies clearly show that [when cost is removed as a barrier](#), women are more likely both to use their method of choice and to use contraception more consistently, helping prevent unintended pregnancies and supporting people in starting a family if and when they want to.<sup>6</sup> For these reasons, I am proud to support LD 1954, and urge the committee to vote “Ought to Pass.”

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<sup>3</sup> [Birth Control 101 | Power to Decide](#)

<sup>4</sup> <https://www.cdc.gov/nchs/data/nhsr/nhsr062.pdf>

<sup>5</sup> [State Reproductive Health Access Policies | Power to Decide](#)

<sup>6</sup> [Insurance Coverage of Contraception | Guttmacher Institute](#)