



Post Office Box 587  
Augusta, ME 04332-0587  
t: 207.622.7524  
f: 207.622.0836

**Testimony in Support of LD 1954**  
**February 16, 2022**

Senator Sanborn, Representative Tepler, and members of HCIFS Committee, my name is Evelyn Kieltyka and I am a Family Nurse Practitioner and Senior Vice President of Clinical Services at Maine Family Planning, which provides comprehensive sexual and reproductive health care via telehealth and at 18 health centers statewide. I am here to testify in strong support of LD 1954.

As you know, the Affordable Care Act's contraceptive coverage mandate significantly improved access to effective birth control for millions of Americans, including more than 250,000 women in Maine. In part thanks to the ACA, Maine has the highest rate of effective contraceptive use in the nation, according to a 2019 study. Access to affordable contraception empowers people to plan when and whether to have children, to pursue their educational and professional dreams, and to manage menstrual issues and other medical conditions. It also encourages patients to find and use the contraceptive method that works best for them.

Despite advances under the ACA, gaps in coverage remain, and these can result in unexpected out-of-pocket costs for our patients. Sometimes, the prescription that a patient and provider have determined is best isn't the one that's covered by insurance. For example, let's say I write a prescription for a low-dose oral contraceptive to help manage debilitating premenstrual syndrome, but when the patient picks it up at the pharmacy, they're hit with a surprise cost because their insurance plan only covers one birth control pill – and it's not the one with only 20 micrograms of estrogen. Now the patient is forced to decide whether to pay out-of-pocket for the contraceptive that's best for them, or consider using one that is covered by their insurance – but might not work as well for their body. Sure, they may be able to seek a waiver to get the birth control they need – but this is a cumbersome, medically unnecessary, and time-consuming process.

There are no medical reasons for why one drug is covered and the other isn't – it's just about the insurer's bottom line. That's not good medicine or policy. Unexpected costs amount to barriers that can lead to delayed or interrupted care, especially for those who already struggle to access it, such as young people, low-income people, Indigenous people, and People of Color. Furthermore, these restrictions undermine patients' trust in the healthcare system.

When a provider consults with a patient about the best type of birth control for them, we want to consider the patient's health history and goals, lifestyle, and hopes for their future. We don't want to think about whether the right prescription will be covered by the patient's insurance plan.

LD 1954 would put patients and providers back in charge of health management – as it should be. It would support consistent use of effective contraception, which is the best way to prevent unplanned pregnancies. From a clinical and public health standpoint, there is no reason for all FDA-approved birth control methods (or at least therapeutic equivalents) not to be available, without cost-sharing, to all patients.

For these reasons, on behalf of Maine Family Planning, I urge the committee to support LD 1954 and join 11 other states that have acted to expand contraceptive access. We see the ACA as the floor, not the ceiling. Expanding coverage to ensure all patients are able to access the best contraceptive for them, with no cost sharing, would improve reproductive health equity in Maine. Thank you.