



Troy D. Jackson
President of the Senate

THE MAINE SENATE
130th Legislature

3 State House Station
Augusta, Maine 04333

Testimony in Support of LD 1954
An Act To Ensure Access to Prescription Contraceptives
Presented to the Joint Standing Committee of Health Coverage, Insurance and Financial Services
February 15, 2022

Good morning Senator Sanborn, Representative Tepler, and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services. I'm Troy Jackson. I have the great honor of representing northern Aroostook County and serving as President of the Maine Senate. I am here today to present LD 1954, "An Act to Ensure Access to Prescription Contraceptives."

In 2010, Congress passed the Affordable Care Act, requiring that all insurance providers cover at least one prescription contraceptive within each method category with no co-pay or cost sharing requirement. For many Americans, this was a big deal. The groundbreaking legislation made it possible for more Americans to exercise control of their reproductive health and make reproductive decisions on their own terms regardless of their financial ability to pay for contraceptives.¹ However, in the decade that's passed since the ACA became law, it's become increasingly clear that gaps remain in the coverage of contraceptives.²

As you may know, contraceptives may be within the same method category but still have significant differences from other medications or products within that same method. Different birth control pills contain different balances of hormones and different release methods. These differences may seem slight upon first glance but have huge implications for a person's reaction to a drug. For example, hormones can affect individuals differently due to health conditions, other medications, hormonal balances and so much more. This means that one type of pill may be ideal for one person but would create disastrous and unlivable effects in another person. I could go on but I know you'll hear from health care providers who can speak to the challenges Mainers experience trying to access the prescription birth control that is right for them as determined by the patient and their trusted health care professional.

For me, it's simple — Insurance companies shouldn't be the ones dictating the medication or medical products that Maine patients can access, especially for something as simple and as important as prescription birth control. Patients also shouldn't have to jump through hoops to get the medication or products that best meet their health needs as determined by their trusted medical professional.

This is a complicated enough issue, but I am certain when I say that there is one factor that a person should not consider when they choose the right prescription contraceptive: which one is most cost effective for their insurer to cover. The method category requirement in the ACA created an unfortunate loophole that has allowed insurers to cover only one prescription contraceptive in each category with no

¹ <https://www.contraceptionjournal.org/article/S0010-7824%2815%2930093-7/fulltext>

² <https://khn.org/news/article/contraception-free-options-for-women-cost-sharing/>

cost-sharing or co-pay requirement. But companies are able to impose high costs to patients on all other contraceptives within that same category. This has put patients in an impossible position to decide whether to take the contraceptive they can afford but that creates a reaction that can range from uncomfortable or inconvenient to unbearable or physically dangerous or to pay more money than they can afford to get the one that's right for them. It also creates a situation where some people may be forced to go without contraceptives even when taking them is preferred or necessary. Nobody should need to make these kinds of choices with their health care.

LD 1954 is about cutting bureaucratic red tape and putting patients first when it comes to prescription contraceptives. It would ensure that any person seeking prescription contraceptives under a state-regulated health insurance plan will be able to access the best contraceptive for them, not just the product that their insurance provider has deemed most cost-effective, and put reproductive care decisions back in the hands of patients and their doctors.

You may hear that insurers have waiver programs to allow patients to access prescription contraceptives with no co-pay or cost sharing if the one that their insurer covers is determined by their doctor to be inadvisable and another one deemed necessary, but these waiver programs have been designed to be difficult to access and navigate. Further, most doctors and patients are not aware that these programs exist. The only way to ensure that everyone has this access to the contraceptives that are best for them is to require coverage of all of them.

We also know that this policy will work because 11 other states have already adopted something similar. We have also taken steps to exempt therapeutic equivalents to ensure that this does not have an adverse impact on premiums.

No prescription should be chosen based on a corporation's profit and loss analysis and this is one step toward ensuring that such decisions are based on the best reasons – the patient's health. Thank you for your time and attention this afternoon. I hope you will join me in supporting this measure.