



MAINE ASSOCIATION
OF
HEALTH PLANS

**Testimony of Katherine Pelletreau
to the Joint Standing Committee on Health Coverage, Insurance and Financial Services**

Neither For Nor Against

LD 1954 An Act to Ensure Access to Prescription Contraceptives

February 15, 2022

Good afternoon, Senator Sanborn, Representative Tepler, Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services:

My name is Katherine Pelletreau, and I am the Executive Director of the Maine Association of Health Plans (MeAHP). MeAHP has six members including Aetna, Anthem Blue Cross and Blue Shield, Cigna, Community Health Options, Harvard Pilgrim Health Care, and UnitedHealth Group. Collectively, MeAHP's members provide or administer health insurance coverage to over 600,000 Maine people. The organization's mission is to improve the health of Maine people by promoting affordable, safe, and coordinated healthcare.

We are not sure we fully understand the intent of this proposal.

If the intention is to require first dollar coverage of **all** FDA approved contraceptives and thereby require all of them to be on health insurance formularies as paragraph A suggests, MeAHP must oppose. This directly contradicts the purpose of health insurance drug coverage which is to provide comprehensive coverage at affordable cost. If every contraceptive is required to be covered without cost share, there is no incentive for manufacturers to keep prices down; they can charge whatever they want knowing the health insurer is required to cover it and there will be no direct impact on consumer out-of-pocket expense.

It is possible this is not the intent as the bill as drafted seems to contradict itself by also stating that an insurer must cover at least one therapeutically equivalent version, suggesting a similar framework as what already exists in Maine law. In 2017, this Committee passed legislation (LD 1237, [P.L. 2017 c. 190](#)) requiring coverage for at least one contraceptive within each of 18 methods of contraception¹ without cost-share, similar to federal requirements outlined in the ACA. Existing law requires an insurer to defer to the provider's determination and judgement and to provide coverage without cost-share for the prescribed contraceptive. It also specifies that coverage must be provided for a 12-month period.

We will provide further comments if necessary, after learning more about the genesis of the bill and its intent.

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

Thank you for your consideration of these comments.