

Senator Bailey, Representative Perry and Esteemed Members of the Health Coverage, Insurance & Financial Services Committee:

I am writing in support of LD 2203, an act to provide Insurance Coverage of Over-the-Counter Contraceptives.

Most Maine workers struggle to make ends meet. According to the Bureau of Economic Analysis, Maine ranks 30th in the nation for personal income.¹ With a 2023 per capita income of \$39,718, and a 10% poverty rate, most Maine workers are not left with much disposable income at the end of each pay period.² Women workers continue to suffer from systemic pay gaps, made more extreme when race is factored in. Maine will commemorate “[equal pay day](#)”³ in March - the day the average woman worker earns the equivalent to her male counterparts' prior annual salary. 40% of women workers earn less than \$25,000 a year and 30% between 25,000 and \$49,999.⁴ This means that 70% of women workers live below a living wage, for most of Maine's regions, even as single adults without children.⁵

These numbers are sobering and essential information for crafting policy that will address the basic needs of Maine people. *Not having the money* is a genuine barrier for many people's ability to access their healthcare needs. According to the Kaiser Family Foundation, 69% of those earning less than \$40,000 a year (that is, 70% of Maine women) find it difficult to afford health care costs; 25% of respondents in that group have skipped prescription drugs because of cost. Only 20% could pay an unexpected \$500 medical bill without going into debt.⁶

Our current economic framework too often forces low income workers - again, the majority of Maine women - to choose between medication, food, rent, and other basic needs. Accessing prescriptions for contraceptives takes time and money (in person doctor appointments can require travel, time away from paid work, and appointments can be hard to find.) We know that pregnancy is an even more expensive medical condition, and deserves to be planned when possible. Forcing a person to become pregnant because they cannot access contraception is the worst possible outcome for Maine families.

LD 2203 provides an immediate option for an immediate need - insurers can pay for OTC contraception in the same way it pays for prescription oral contraception. This removes multiple barriers for access and provides a safe way for individuals to practice family planning, as well as the management of other health conditions. This bill makes logical sense in accordance with the ACA and current requirements for insurers to cover prescription contraception without cost sharing. LD 2203 simply expands options and access for individuals.

¹ <https://www.bea.gov/>

² <https://www.census.gov/quickfacts/fact/table/ME/INC910222>

³ https://www.maine.gov/governor/mills/official_documents/proclamations/2023-03-national-equal-pay-day-march-14

⁴ <https://www.neilsberg.com/insights/maine-income-by-gender/>

⁵ <https://www.epi.org/publication/epis-family-budget-calculator/>

⁶ <https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs/>

If insurers balk at what will be an extremely small amount of payment for them, please do review the CEO pay.⁷ CVS Health paid their CEO **380** times their average worker; Cigna paid their CEO **277** times their average worker.⁸ Insurance companies can absorb the cost of OTC drugs much more easily than individuals can, this is the role of insurance in our system.

Sincerely,

Kimberly Simmons, PhD
Portland, Maine

⁷<https://www.insurancebusinessmag.com/us/guides/which-health-insurance-ceos-get-the-highest-pay-467513.aspx#Highest-paid%20health%20insurance%20CEOs%20ranked>

⁸ <https://aflcio.org/paywatch/company-pay-ratios>