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## SB 156

I have been the Clinic Manager at Kachemak Bay Family Planning Clinic for 13 years and I represent my organization when I speak today. I also serve on the Alaska Medicaid Care Advisory Committee (MCAC) and I am a Homer City Councilmember but I am not speaking on their behalf. I have two teenage children who have greatly benefitted from participating in comprehensive reproductive and sexual health curricula at Homer Middle and High Schools.

I am here to provide my opinion about expanded access to cyclical birth control methods which has been formed by both my own experiences and from evidence based studies, which I will include references to.

With perfect use, hormonal birth control has a failure rate of less than 5%, but for women who lack access to transportation, move frequently, or struggle to balance work and family, monthly trips to the pharmacy make perfect use challenging. This is especially a concern in rural areas. While our clinic is in Homer we serve clients as far away as Ninilchik, Nikolaevsk, Vosnesenka and across the Bay in Seldovia and Halibut Cove. We also serve women who work or fish in remote areas for months at a time.

About one in four women say they have missed pills because they could not get the next pack in time; dispensing one-year's supply at a time reduces the odds of experiencing an unintended pregnancy by 30% and is associated with a 46% drop in the chance of needing an abortion.

Consistent use of birth control is the best way to prevent unintended pregnancy; 19% of women who inconsistently use birth control account for 43% of unintended pregnancies whereas the two-thirds of women who use birth control consistently only make up 5%. When we talk about the timing of inconsistent contraceptive use, most often the reason is given that the next cycle wasn't on hand to start on time.

Women without reliable access to transportation or living in rural areas have more barriers to dependable access to birth control, leaving them at a greater risk for unintended pregnancies.

Insurance plans that dispense one-year's supply of birth control instead of limit dispensing to one or three cycles lower their direct costs on follow-up visits and pregnancy tests, as well as long-term unintended pregnancy management.

Forty-six percent of women who unintentionally became pregnant report that they were using some form of contraceptives; providing one year of birth control at a time will increase consistent use and reduce unintended pregnancy.

Women's consistent access to birth control should not depend on her insurance carrier. By requiring that women get 12 months of birth control at a time, we can reduce barriers to contraceptives, prevent unintended pregnancy, and save money. A supply for 12 months may require up to 17 packs/cycles of a contraceptive method, depending on the instructions for use.

## Background

- Research from California's family planning Medicaid expansion program, Family PACT, has demonstrated the impact of contraceptive coverage policies encouraging expanded dispensing practices. Specifically, researchers found that dispensing a 1-year supply of oral contraceptives was associated with a significant reduction (30%) in the odds of conceiving an unplanned pregnancy compared with dispensing just one or three packs. *Foster DG, Hulett D, Bradsberry M, Darney P, & Policar M. Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies. Obstetrics and Gynecology, 2011: 117(3), 566-572.*

- The recently released Centers for Disease Control report, “Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs” reinforces this standard. The report explicitly recommends providing or prescribing multiple cycles (ideally a full year’s supply) of oral contraceptive pills, the patch, or the ring to minimize the number of times a client has to return to the service site. *Gavin L, Moskosky MS, Carter M, et al. Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR 2014: 63(4).*

#### Considerations

- It is unclear how a health benefit plan/prescription benefit program would determine whether an insured member had previously received the same contraceptive under a different program, plan, or policy. Decisions regarding how many cycles of contraceptives to prescribe are made by the insured’s health care provider. If the health care provider determines that a 12-month cycle of contraceptives for a new member is warranted, the health benefit plan/prescription benefit program would have no way of determining whether this was the first dispensing of the contraceptive or a subsequent dispensing.

And, thinking about money and associated costs, you might have concerns about whether 12 month supplies would result in wastage. Anecdotal experience from my clinic is that after an initial 3 or 4 month trial period clients are confident whether or not they tolerate, like and will continue to use a method.

This anecdote is supported by analysis conducted by Rachel Linz, Epidemiologist for the Public Health Division of the Oregon Health Authority. Ms. Linz conducted a 2 year analysis of data from a program in Oregon that dispensed 12 months of contraception at a time.

Overall, she found that fewer than 2% of the clients received more than 35 cycles of the pill, patch, and/or ring within a 2-year period. The analysis used 35 units as the cut-off because for those clients taking continuous use birth control, 34 packs are needed over a 2-year period. Regardless of whether a client received one method (e.g. pill only) or multiple methods (e.g. pill, then ring) over the 2-year period, the overall percentage of clients receiving an excessive quantity was almost negligible (1.2%). This data indicates that receiving more than a 12-month supply over a 1-year period is extremely rare.

I realize that you may have already heard much of this officially researched data. I want to also share with you the unique way that working at KBFPC allows me to see the benefits of providing 12 month supplies in action. KBFPC is a Title X clinic, as such we are able to provide contraceptive supplies directly to clients on a sliding scale that goes as low as 100% discount. We serve some clients that have no other coverage, or are unable to use it because of confidentiality reasons. For many years now we have provided clients with up to a 12 month supply after they have established that a method works for them. We have other clients that use their insurance or Medicaid as primary coverage and revert to our sliding scale for elements that insurance doesn’t cover. All Medicaid clients and some of the private insurance clients have to get their supplies from a regular pharmacy, usually in 1 or 3 month quantities. Clients that have to make repetitive trips to the pharmacy are more often the ones that discontinue use of the method or use it inconsistently.

SB156 is important and will positively impact the health of Alaska’s women, while providing a substantial saving by reducing unplanned pregnancies.

I apologize for running over during my testimony today, I had prepared for about four minutes of testimony and didn’t condense it enough.

Yours,

Catriona Reynolds