



## **ALPHA Resolution 2020-02**

### **Support Requiring Health Insurers to Cover 12-month Supply of Contraceptives**

**WHEREAS**, many public and private health insurance plans in Alaska only cover 1 to 3 months of self-administered contraceptives at a time;

**WHEREAS**, multiple visits to a provider or pharmacy to access contraceptives create substantial barriers to contraceptive use;

**WHEREAS**, in Alaska, 48% of all pregnancies are unintended;<sup>i</sup>

**WHEREAS**, one in four women report that they have missed a hormonal birth control pill because they could not access their next month's pack in time;<sup>ii</sup>

**WHEREAS**, consistent use of contraceptives is the best way to prevent unintended pregnancy. Among women at risk of unintended pregnancy, the 19% who inconsistently use birth control account for 43% of unintended pregnancies in the United States;<sup>iii</sup>

**WHEREAS**, 12-month supply of birth control is shown to decrease unplanned pregnancies by 30% when compared with a supply of just 1 to 3 months;<sup>iv</sup>

**WHEREAS**, the Centers for Disease Control and Prevention (CDC) found that improved access to an extended supply of contraceptives increases continuation, which lowers rates of unintended pregnancy;<sup>v</sup>

**WHEREAS**, 12-month supply of birth control reduces the likelihood of needing to access abortion care by 46 percent;<sup>vi</sup>

**WHEREAS**, insurance plans that cover 12-month supply of birth control lower their direct costs on follow-up visits and pregnancy tests, as well as long-term unintended pregnancy management;<sup>vii</sup>

**WHEREAS**, a 2019 analysis from the US Department of Veterans Affairs showed that providing 12-month supply of contraceptives resulted in a substantial cost saving;<sup>viii</sup>

**WHEREAS**, young people are often unable to consistently access prescription birth control and face additional barriers when accessing contraceptive care, preventing them from avoiding unintended pregnancy;<sup>ix</sup>

**WHEREAS**, 12-month supply helps reduce the number of visits to a provider or pharmacist, which enhances the confidentiality for survivors of intimate partner violence and reproductive coercion who may not want their abuser to know they are using contraceptives;<sup>x</sup>

**WHEREAS**, seeing the vast health benefits, 19 states and Washington, D.C. have already enacted policies requiring insurers to increase the quantity of prescription contraceptives covered;<sup>xi</sup>



**WHEREAS**, 83% of Alaskan voters think it is important for there to be access to birth control for everyone who wants it or needs it, according to a 2019 poll conducted by Planned Parenthood Votes Northwest and Hawaii;

**WHEREAS**, with perfect use, hormonal birth control has a failure rate of less than 5%.<sup>xii</sup> However, for people who lack access to transportation, live in rural communities, move frequently, or struggle to balance work and family, monthly trips to the pharmacy or health care provider make perfect use challenging;

**WHEREAS**, by requiring insurers, including state Medicaid, to provide coverage for prescription contraceptives, Alaska could decrease barriers to access, reduce unintended pregnancy, save money, and enhance the health outcomes of many people across Alaska.

**THEREFORE BE IT RESOLVED** that the Alaska Public Health Association:

- Expresses support for the State of Alaska to adopt and mandate a requirement for public and private insurance to cover 12-month supply of contraceptives at a time.
- Resolves to stand in support of legislation, such as House Bill 21 filed in 2019, that requires insurers, including Medicaid, to provide coverage for 12-month supply of prescription contraceptives and medical services necessary for those products or devices.
- Supports guaranteeing that insurers cover all FDA-approved methods of birth control without additional out-of-pocket costs, no matter where the consumer lives or how they are insured.

**BE IT FURTHER RESOLVED** that this resolution shall be the position of the Alaska Public Health Association until it is withdrawn or modified by a subsequent resolution.

**FISCAL AND PUBLIC HEALTH IMPACT STATEMENT:** This action will result in minor costs associated with sending this resolution to Alaska's Department of Health and Social Services, key political leaders, and ALPHA's federal, state, tribal, and local partners. This action will give people in Alaska the ability to control when and if they have children, reducing unintended pregnancies and giving people increased career and education opportunities, healthier pregnancies, and increased economic stability. All people in Alaska deserve affordable and accessible contraceptives, regardless of their income or insurance carrier.

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<sup>i</sup> Kathryn Kost (2010). Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002. *Guttmacher Institute*. [https://www.guttmacher.org/sites/default/files/report\\_pdf/stateup10.pdf](https://www.guttmacher.org/sites/default/files/report_pdf/stateup10.pdf)

<sup>ii</sup> Diana et al. (2011). Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies, *Obstetrics & Gynecology*, 117(3): 556-572.  
[http://journals.lww.com/greenjournal/Abstract/2011/03000/Number\\_of\\_Oral\\_Contraceptive\\_Pill\\_Packages.8.aspx](http://journals.lww.com/greenjournal/Abstract/2011/03000/Number_of_Oral_Contraceptive_Pill_Packages.8.aspx); see also Smith J.D. & Oakley D. Why do women miss oral contraceptive pills? An analysis of women's self-described reasons for missed pills, *Journal of Midwifery Women's Health*, 50(5): 380-385.  
<https://onlinelibrary.wiley.com/doi/abs/10.1016/j.jmwh.2005.01.011>

<sup>iii</sup> Guttmacher Institute, *Contraceptive Use in the United States* (2015).  
[http://www.guttmacher.org/pubs/fb\\_contr\\_use.html](http://www.guttmacher.org/pubs/fb_contr_use.html)



- <sup>iv</sup> Foster, D.G., Hulett, D., Bradsberry, M., Darney, P., & Policar, M. (2011). Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies, *Obstetrics & Gynecology*, 117(3):566-572. [http://journals.lww.com/greenjournal/Abstract/2011/03000/Number\\_of\\_Oral\\_Contraceptive\\_Pill\\_Packages.8.aspx](http://journals.lww.com/greenjournal/Abstract/2011/03000/Number_of_Oral_Contraceptive_Pill_Packages.8.aspx)
- <sup>v</sup> The Centers for Disease Control and Prevention, *US Selected Practice Recommendations for Contraceptive Use* (2016). [www.cdc.gov/reproductivehealth/contraception/mmwr/spr/combined.html](http://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/combined.html)
- <sup>vi</sup> Foster, D.G., Hulett, D., Bradsberry, M., Darney, P., and Policar, M. (2011). Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies, *Obstetrics & Gynecology*, 117(3):566-572. [http://journals.lww.com/greenjournal/Abstract/2011/03000/Number\\_of\\_Oral\\_Contraceptive\\_Pill\\_Packages.8.aspx](http://journals.lww.com/greenjournal/Abstract/2011/03000/Number_of_Oral_Contraceptive_Pill_Packages.8.aspx)
- <sup>vii</sup> Foster, Diana et al. (2006). Number of Oral Contraceptive Pill Packages Dispensed, Method Continuation, and Costs, *Obstetrics & Gynecology*, 18(5):1107-1114. [http://journals.lww.com/greenjournal/Fulltext/2006/11000/Number\\_of\\_Oral\\_Contraceptive\\_Pill\\_Packages.10.aspx](http://journals.lww.com/greenjournal/Fulltext/2006/11000/Number_of_Oral_Contraceptive_Pill_Packages.10.aspx)
- <sup>viii</sup> Judge-Golden, C.P., Smith K.J., Mor M.K., Borrero S. (2019). Financial Implications of 12-Month Dispensing of Oral Contraceptive Pills in the Veterans Affairs Health Care System, *Journal of the American Medical Association Intern Medicine*, 179(9): 1201-1208. <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2737751>
- <sup>ix</sup> Dennis, A. et al. (2013). What happens to the women who fall through the cracks of health care reform? *Journal of Health Politics, Policy, and Law*, 38(2): 393-419. <https://www.ncbi.nlm.nih.gov/pubmed/23262763>
- <sup>x</sup> Grace, K. & J. Anderson (2018). Reproductive coercion: a systematic review, *Trauma Violence Abuse*, 19(4): 371-390. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5577387/>
- <sup>xi</sup> Power to Decide, *At a Glance: Coverage for an Extended Supply of Contraception* (2019). [https://powertodecide.org/system/files/resources/primary-download/Extended%20Supply%20of%20Contraception August%202019.pdf](https://powertodecide.org/system/files/resources/primary-download/Extended%20Supply%20of%20Contraception%20August%202019.pdf)
- <sup>xii</sup> Trussell, J. Contraceptive failure in the United States, *Contraception*: 2011 May, 83(5): 397-404. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3638209/>

**Megan Holland**

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**From:** Luann McVey [REDACTED]  
**Sent:** Friday, May 7, 2021 10:30 AM  
**To:** House Labor and Commerce  
**Subject:** HB 58

Honorable Members of the House Labor and Commerce Committee,

Thank you for your service to the people of our state.

I am a retired Alaskan teacher and I support HB 58. Contraception allows women choices in life - to pursue careers and to determine when they are ready to bear children. Contraception offers ways to limit the size of one's family, thereby protecting society from the need to attend to the results of unwanted childbirth - including the abandonment and abuse of children.

I have been lucky in my life, to have had affordable access to contraception. When my husband and I, in our thirties, decided we were ready financially and career-wise, we stopped using birth control. I had two easy pregnancies and delivered two healthy babies who grew up to be smart, savvy young women in careers they chose. Our daughters married wonderful men and, when they were ready, they also stopped using contraception. Now we have a much-loved 4-month-old granddaughter and we're looking forward to the birth of our first grandson in June. Without easy affordable access to contraception, our family life might not have turned out so well.

It is important for adults to have ongoing access to contraception, to prevent unwanted pregnancy. Health care insurance plans should provide at least a year's worth of contraception at a time to ensure convenient access to pregnancy prevention.

Please support and pass HB 58.

Thank you.

Sincerely,

Luann McVey  
[REDACTED]

## Megan Holland

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**From:** Quigley Peterson [REDACTED]  
**Sent:** Friday, May 7, 2021 10:10 AM  
**To:** House Labor and Commerce  
**Subject:** HB 58

Dear Committee Members,

I write in support of HB 58 as a physician in Juneau for 32 years. Much of that work has been with the homeless community. How does this relate to HB 58?

One of the primary drivers of homelessness is an unwanted pregnancy, which leads to poor attachment, neglect, and abuse. Access to birth control is a no-brainer from a purely economic point of view. It saves money for families and insurers, thus society.

Thank you

--

Tim Quigley Peterson, MD  
Medical Director

[REDACTED]

## Megan Holland

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**From:** krysta Daniel [REDACTED]  
**Sent:** Friday, May 7, 2021 9:46 AM  
**To:** House Labor and Commerce  
**Subject:** HB 58

Hello There,

I hope I'm not too late to send in my support for 12 months of free birth control access!!

My name is Krysta Daniel, I live in Anchorage. I believe access free to Birth Control is the cornerstone for independence and self reliance. Ensuring access for a full 12 months is literally life changing for so many women.

Please support House Bill 58 to allow women to control their bodies and their life. My life has been changed immeasurably by having an IUD that lasts for 5 years, I can't imagine having to worry about piece mealng my Birth Control on a month to month basis.

Thank you,  
Krysta Daniel

## Megan Holland

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**From:** Edie Leghorn [REDACTED]  
**Sent:** Friday, May 7, 2021 8:57 AM  
**To:** House Labor and Commerce  
**Subject:** Testimony in favor of HB 58

Hello, my name is Edie Leghorn. I live in Sitka in District 35; I am representing myself and writing in support of HB 58. Thank you for the opportunity to make my voice heard. I moved to Alaska a decade ago to work for the Forest Service. Like many other Alaskan workers, I spend a lot of time in the field and accessing birth control with a hectic work schedule can be a challenge. Anything that decreases the administrative and bureaucratic burden of accessing comprehensive family planning is important to Alaskan individuals and our communities. Please support HB 58 to increase birth control access all over Alaska. Thank you.

## Megan Holland

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**From:** J Pamer [REDACTED]  
**Sent:** Friday, May 7, 2021 8:55 AM  
**To:** House Labor and Commerce  
**Subject:** HBill 58

To the house labor and Commerce committee, This is Michele Pamer, A private citizen residing in Anchorage Alaska where I have lived for the last 39 years. Thank you for allowing me to testify. Thank you for all of your hard and fruitful work.

I am asking you to please increase access to safe birth control, especially for those who cannot afford It in our state of Alaska.

In my 36 year career working in 80 schools, as a speech pathologist and special ed teaching position, I have touched the lives of over 26,000 children. One of the most heart rending comments is when Children have said to me, “ why was I born! No one loves me! “ No child deserves to feel this way. They are simply too precious and deserve to be loved.

Thank you for allowing me to testify. I only wish I could have done it in person or on the phone but I am now leaving for a shift to take care of another senior in our state.

Sincerely, Michele Pamer

Sent from my iPhone



## Megan Holland

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**From:** Jan Carolyn Hardy [REDACTED]  
**Sent:** Friday, May 7, 2021 7:49 AM  
**To:** House Labor and Commerce  
**Cc:** Lynette Pham; Rep.Zack.Fields@akleg.gov; Rep. Ivy Spohnholz;  
Rep.Liz.Schneider@akleg.gov; Rep. Matt Claman; Rep. Calvin Schrage  
**Subject:** HB 58

Testimony in support of HB 58

May 7, 2021

Dear House, Labor, and Commerce Committee Members,

Thank you for your attention to my testimony in support of HB 58.

Each year at my annual physical my doctor goes over my prescriptions with me to confirm use and efficacy. Each year if I still want or need the prescription my doctor issues a script for 12 months. Not one month, not six months. 12 months. This is this cost effective in that I do not need to meet with my doctor on a monthly basis or an every six month basis in order to get a refill of a standard, ongoing prescription.

Why should this procedure be any different for birth control prescriptions?

Can you imagine how costly, time consuming, and oftentimes impossible it is to meet with your doctor every month? Think of child care. Think of the expense of transportation. Think of unpaid time away from work. Think of access. If a patient lives in the villages where medical attention is negligible how could she possibly renew a prescription if required to meet with her doctor prior to receiving a script?

Limiting access to birth control is draconian. It is oppressive against a certain segment of our population.

Again, thank you for your attention. I am in support of HB 58.

In Solidarity,

Jan Carolyn Hardy

Vice President, AARC 52

Alaska AFSCME Retiree Chapter 52

Vice President, OPAG

Older Persons Action Group

and Senior Voice

**Tikkun Olam,**

**Jan Carolyn Hardy**

Older Persons Action Group Executive Board Vice President  
AFSCME Retiree Chapter 52 Executive Board Vice President  
ASEA/AFSCME PAC Director  
Central Labor Council Member

Residential and Commercial Sales  
GTK Real Estate

[REDACTED]  
[REDACTED]  
[REDACTED]

<http://www.AlaskaCommercialLeasing.com>

*Silence is complicity.* Joseph R. Biden

*Everyone does better when **everyone** does better.* Eleanor Roosevelt

*Please spay or neuter your pets!*

*If they don't give you a seat at the table, bring a folding chair.* Shirley Chisolm

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## Megan Holland

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**From:** Joanie Cleary [REDACTED]  
**Sent:** Thursday, May 6, 2021 9:03 PM  
**To:** House Labor and Commerce  
**Subject:** Please pass HB58

By improving access to birth control, we can help people in Alaska plan their families and help them save money. This bill would provide them with access to no cost contraception, and it could be covered for an entire year. This would reduce their barriers to access to birth control.

In these harsh and uncertain economic times it is important that women have the ability to plan their families. We have it within our power to reduce some of the barriers which they face.

This is good policy which supports women, families and children.  
I urge you to pass HB 58.

Thank you so much for your time and consideration.

Joanie Cleary  
(Barbara Joan Cleary)

[REDACTED]  
Anchorage, AK 99516

Sent from my iPhone

## Megan Holland

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**From:** john sonin [REDACTED]  
**Sent:** Thursday, May 6, 2021 8:33 PM  
**To:** House Labor and Commerce  
**Subject:** HB 58

May 6, 2021

HB 58 needs your elevation. The political right mindset seems to feel everything as either "sell" or "consume"—everyone, everything, is doing one or the other! This hard bifurcation of two unique contracting entities as 'wanting' something, anything, from each other, obscures the mutual relief either entity achieves with the transaction (as long as one nor the other is working an unfaithful "con game?!"). We all must consume (ultimately the energy in calories) allowing us to ideate this transaction in the first place, for which we then can both gain fulfillment from its performance. This need is a mutual gain for either party. HB 58 is best construed in such a non-oppositional manner.

Why the political Right insists on having 'winners' and 'losers' in every transaction I cannot surmise (one only wins or loses in game, anyone living their private life this way is "foolish"—per Voltaire), but doing so, only causes mutual discord. In reality every "transaction" or interaction is better ideated as, "if I gain we all gain" and "we all gain when I gain!" Summating or perceiving situations like this is how we have healthier communities. This is nowhere more explicitly defined than in a pandemic. It doesn't take someone else "selling" those vaccines to "consumers," but we all gain when we all have access to that cure. Similarly, we can't force anyone's sterilization but can do so at the discretion of both entities intimately involved. Likewise, family planning is made at the discretion of those intimately involved.

Private access to comprehensive family planning doesn't just create healthier communities; it also saves the state and nation, even Earth's energy in its magnetic polarity, a balance that preserves the peace. It is forward thinking that doesn't require repeat strategizing for this "plan" optimize its efficiency. It optimizes efficient use of the energy needed for the effort required of patients, doctors, even insurance companies. Expanding birth control access is also economically efficient by decreasing unintended pregnancies and all those associated costs, saving money in the long run.

HB 58 enables those parties intimately involved the discretion of their own choosing. Stand with literal existence of organic convenience, efficiency and support this Bill.

John S. Sonin  
[REDACTED]  
Douglas, AK 99824  
[REDACTED]

## Megan Holland

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**From:** Caroline Shay [REDACTED]  
**Sent:** Thursday, May 6, 2021 12:40 AM  
**To:** House Labor and Commerce  
**Subject:** House Bill 58 testimonial -- is this OK?

The vast, unparalleled wilderness of Alaska is likely the biggest factor contributing to the “can do” spirit and the importance residents of Alaska attach to freedom and the other rights of the individual. These values should apply to all individuals, including women.

One simple way to ensure each woman has the ability to choose her own path (career, post secondary education, etc) is to ensure that birth control is readily available and free of charge. When a woman lives many miles from a pharmacy, it becomes more expensive and time consuming if she can only have one month dispensed at a time. House Bill 58 requires insurance coverage for all FDA-approved contraceptive methods and requires insurance plans to cover a one-year supply of birth control at a time. This reduces the burden on each woman (and possibly her family as well) so she has the ability plan for the future and spend time doing what she believes is important.

Most Alaskans can appreciate how important it is to give each individual woman in this state the ability to focus on their careers, education or family instead of worrying about unplanned pregnancies or obtaining next months birth control. That is why we should find it easy to get behind House Bill 58.

Thanks

Caroline McGhan  
[REDACTED]

## Megan Holland

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**From:** kristin anderson [REDACTED]  
**Sent:** Wednesday, May 5, 2021 9:04 AM  
**To:** House Labor and Commerce  
**Subject:** Birth Control

Dear Sirs and Madams,

It is imperative to equalize access to safe and effective birth control. No one should bring children into this world without adequate family planning. There is too much pain, and too many resources tied up in trying to respond to children and families in need whose family life is not healthy and supportive of their physical, emotional, and schooling needs. If all people in our state have equal access to birth control, family planning, and counseling before unwanted children are conceived, we will empower our communities to be healthier.

Thank you.

Kristin Anderson, M.Div., MAT

Sent from my iPhone