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To: Co-Chairs Representative Snyder and Representative Zulkosky  
Members of the House Health and Social Services Committee

Re: Support for HB 58

Date: April 15, 2021

Good Afternoon. My name is Carmen Lowry, and I am the Executive Director of the Alaska Network on Domestic Violence and Sexual Assault. We are a membership-based organization and are governed by 23 community-based agencies providing services to victims of domestic and sexual violence.

ANDVSA offers its enthusiastic and unqualified support for HB 58 – A bill that requires insurance coverage of all FDA-approved contraceptive methods and require insurance plans to cover a one-year supply of birth control at a time.

We support this bill because we know that increased access to the full range of contraceptive methods results in increased safety and well-being for all women in Alaska – and especially in those rural areas where supply chains, transportation options, and access to telehealth via internet are vulnerable as we have seen during the COVID-19 pandemic.

Specifically, I want to share some reasons why this increased access to birth control is so important for those women who may be experiencing domestic violence.

**First**, a common and early controlling behavior used by an abuser is to isolate the victim from others in her network of support. <https://www.dvconnect.org/domestic-violence/social-isolation->

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Alaska Network on Domestic Violence  
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abuse/. This means, then, that this specific victim-survivor will be unable to connect with friends or family, unable to ask others to assist with transportation or childcare and have restricted freedom of movement that is required to literally gain access to birth control methods. The ability to have a 12-month supply means that for women who experience this type of commonly exercised abusive behavior, she knows that at least she still has the ability to have control over whether she becomes pregnant or not.

**Second**, another abusive strategy that is often used is known as “Reproductive and Sexual Coercion.”

<https://www.womenslaw.org/about-abuse/forms-abuse/reproductive-abuse-and-coercion>

This refers to these types of behaviors:

- Explicit attempts to impregnate a partner against her will by controlling her access to contraceptives.
- Controlling outcomes of a pregnancy by limited her abilities to access pre and/or post-natal care.
- Forcing a partner to have unprotected sex.
- Interfering with contraceptive methods including tampering with her contraceptive methods.

Isolation, restricted freedom of movement, limited access to contraceptives and limited control over how and when to use those contraceptives – this is what it is like for some women who experience domestic violence. They are denied their right to make intentional choices about pregnancy.

**Finally**, there are still more harmful impacts that may occur as a result of a forced or coerced pregnancy.

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- Homicide is a leading cause of pregnancy-associated mortality in the United States.  
<https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2003.029868>
- Multiple studies show that domestic violence increases as pregnancy progresses and in post-partum.  
[https://apps.who.int/iris/bitstream/handle/10665/70764/WHO\\_RHR\\_11.35\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/70764/WHO_RHR_11.35_eng.pdf)
- <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-1122-6>
- [https://apps.who.int/iris/bitstream/handle/10665/70764/WHO\\_RHR\\_11.35\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/70764/WHO_RHR_11.35_eng.pdf)
- Research conducted across multiple sites has found that women with unintended pregnancies were four times more likely to experience domestic violence than women whose pregnancies were intended.  
[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6763209/pdf/TPPL\\_26\\_1510347.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6763209/pdf/TPPL_26_1510347.pdf)  
<https://journals.sagepub.com/doi/abs/10.1177/1524838005277441>

HB 58 increases access to birth control for all women, and specifically for women who experience domestic violence and reduces the likelihood that they will experience new or continued violence as a result of an unintended pregnancy. HB 58 will ensure that every woman across Alaska is able make intentional choices about her reproductive health, her overall well-being, and ensures access to a 12-month supply to contraceptives.

Thank you for listening to me today and for keeping the safety and well-being of victims who experience domestic violence in your mind as you make your decisions about HB 58. Thank you, Representative Claman, for your tireless support in bringing this bill to the Legislature.

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House Health & Social Services  
Alaska State Capitol  
Juneau, AK 99081

Re: HB 58 – Contraceptives Coverage

April 15<sup>th</sup>, 2021

Dear Chair Snyder, Chair Zulkosky, and Members of the House Health & Social Services Committee:

On behalf of Planned Parenthood Alliance Advocates – Alaska, I write today to voice Planned Parenthood’s strong support for House Bill 58, which will improve access to the full range of contraceptive methods by requiring insurance to cover a year’s supply of birth control at one time and build upon the Affordable Care Act’s contraceptive coverage mandate to ensure all people have meaningful and timely access to contraceptive care.

We all deserve affordable and accessible birth control that works for us, regardless of our income, insurance carrier, or life circumstances. HB 58 would require insurers to cover a 12-month supply and ensure that patients and providers have full control over what contraceptive method is used. Today, most birth control users are forced to refill their birth control every month, which is a burden for many people in Alaska – especially in the aftermath of COVID – and increases the odds of experiencing an unintended pregnancy. And even with the Affordable Care Act, insurance carriers are still permitted to deny or delay access to a certain contraceptive method prescribed by a patient’s provider by applying “reasonable medical management” techniques.

Consistent access to birth control gives people the ability to control when and if they have children, giving them more career and education opportunities, encouraging healthier pregnancies, and saving on health care spending. That is why 83 percent of voters in Alaska believe everyone who wants or needs birth control should have it.<sup>1</sup> Medical experts also agree about the benefits of an extended supply of birth control. For example, in 2020, Alaska’s Public Health Association passed a resolution in support of this legislation, stating this measure could “decrease barriers to access, reduce unintended pregnancy, save money, and enhance the health outcomes of many people across Alaska.”<sup>2</sup>

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<sup>1</sup> Buxton, Matt. Poll: Majority of Alaskans oppose abortion ban. *The Midnight Sun* (Feb. 2020). Available at: <https://midnightsunak.com/2020/02/26/poll-majority-of-alaskans-oppose-abortion-ban/>

<sup>2</sup> Alaska Public Health Association, ALPHA Resolution 2020-02: Support Requiring Health Insurers to Cover 12-month Supply of Contraceptives (Feb. 2020). Available at: [https://www.alaskapublichealth.org/wp-content/uploads/dlm\\_uploads/2020/02/Passed-Resolution-12-month-Supply-Contraceptives\\_12.9.2019-1.pdf](https://www.alaskapublichealth.org/wp-content/uploads/dlm_uploads/2020/02/Passed-Resolution-12-month-Supply-Contraceptives_12.9.2019-1.pdf)

This bill would have a huge impact for patients in our very rural state. People without reliable access to transportation or who live in rural areas have more barriers to dependable access to birth control, making it more likely that they will experience an unintended pregnancy. In fact, one in four women say they have missed pills because they could not get their next pack in time.<sup>3</sup> While hormonal birth control is over 95% effective with perfect use, monthly trips to the pharmacy or provider can make perfect use difficult or impossible for many people, especially those with lower incomes or who live in rural communities.<sup>4</sup>

Access to an extended supply to contraception is particularly important for people who work multiple jobs or have low incomes, who are disproportionately Black, Indigenous, and people of color (BIPOC) due to centuries of racism that permeate all our systems. Extended supply also helps people who face additional barriers to contraceptive care, including young people or survivors of intimate partner violence or reproductive coercion who may not want their abuser to know they are using contraceptives. The implications of not providing access to an extended supply have been highlighted during the pandemic, with one in three women reporting they had difficulties accessing birth control early in the pandemic.<sup>5</sup> Black and Hispanic women reported even higher frequencies of delay, further compounding the barriers BIPOC people already face in accessing contraceptive care. The protections in HB 58 would ensure that patients have a consistent and predictable supply of contraception, even when an unpredictable crisis derails access to contraceptives.

Guaranteeing that insurers cover all FDA-approved methods of birth control without additional out-of-pocket costs, which federal law already requires, and ensuring people in Alaska can avoid unnecessary trips to the pharmacy is critical to Alaska's economic security and health. Seeing the vast health and economic benefits, 21 states and the District of Columbia have already enacted policies requiring insurance to cover an extended supply of contraception.<sup>6</sup> The evidence from these states clearly shows that covering an extended supply of birth control decreases unintended pregnancies and abortions and is cost-effective. For example, one study found that providing a 12-month supply of birth control decreased unintended pregnancies by 30 percent compared with a

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<sup>3</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>4</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/>

<sup>5</sup> Lindberg LD et al., Early Impacts of the COVID-19 Pandemic: Findings from the 2020 Guttmacher Survey of Reproductive Health Experiences, New York: Guttmacher Institute, 2020,

<https://www.guttmacher.org/report/early-impacts-covid-19-pandemic-findings-2020-guttmacher-survey-reproductive-health>

<sup>6</sup> Power to Decide, *At a Glance: Coverage for an Extended Supply of Contraception* (2020). <https://powertodecide.org/what-we-do/information/resource-library/extended-supply-contraception>

supply of just one or three months.<sup>7</sup> This same study found that giving women a year’s supply of birth control reduced the odds of those women obtaining an abortion by 46 percent.<sup>8</sup> And research from the US Department of Veterans Affairs found that covering an extended supply of birth control resulted in substantial cost savings for the Department and a reduction in unintended pregnancy.<sup>9</sup>

Additionally, HB 58 would reduce delays in access or restrictions on particular contraceptive methods by strictly limiting the medical management techniques insurance carriers can use for contraception, which are insurer-imposed conditions under which a person can obtain a drug or service. Common management techniques include step-therapy – where a patient has to try a preferred method or brand and “fail” (which could include pregnancy or medical complications) before the insurer will authorize a potentially more expensive method that may be preferred by the patient and their provider – or prior authorization by the insurer. For example, some insurers require enrollees to take oral contraceptives for three months and “fail” before they would authorize the contraceptive patch.<sup>10</sup> Prior authorization may require a person to make a second office visit to get their method of choice, despite what the provider and patient think is the best option. This inconsistent application of medical management technique means not all FDA-approved methods may be truly accessible without cost-sharing to policyholders, as intended by the Affordable Care Act. Techniques that effectively deny or delay a person’s access to their preferred method not only limit reproductive autonomy, they also may lead to lapsed or inconsistent contraceptive use and increased risk of unintended pregnancy – HB 58 takes a step toward addressing these gaps and ensuring every person can access the contraceptives that best suits them without cost-sharing.

Access to comprehensive family planning and contraceptive care does not just create healthier communities and save money for the state; it also creates substantial cost savings for families and for insurance companies. The economic security of families is directly tied to a person’s ability to plan their family and access contraceptive care – birth control has shown to have a dramatic effect on a person’s ability to participate in the workforce and achieve greater earnings.<sup>11</sup> Research has

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<sup>7</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>8</sup> Ibid.

<sup>9</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>10</sup> National Health Law Program, *Model Contraceptive Equity Act: Legislative Language and Issue Brief* (Jan. 2019). Available at: <https://healthlaw.org/resource/model-contraceptive-equity-act-legislative-language-and-issue-brief/>; see also Kaiser Family Foundation, *Coverage of Contraceptive Services: A Review of Health Insurance Plans in Five States* (Apr. 2015). Available at: <https://www.kff.org/private-insurance/report/coverage-of-contraceptive-services-a-review-of-health-insurance-plans-in-five-states/>

<sup>11</sup> National Women’s Law Center, *Reproductive Health is Part of the Economic Health of Women and Their Families* (2015). Available at: [https://www.nwlc.org/sites/default/files/pdfs/reproductive\\_health\\_is\\_part\\_of\\_the\\_economic\\_health\\_of\\_women\\_5.29.15pdf.pdf](https://www.nwlc.org/sites/default/files/pdfs/reproductive_health_is_part_of_the_economic_health_of_women_5.29.15pdf.pdf)

also shown that insurance plans that dispense an extended supply of birth control instead of limiting 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.<sup>12</sup>

Thank you for holding a hearing on this important bill. By taking steps to improve birth control access, we can reduce barriers to contraceptives, help people in Alaska plan their families and avoid unintended pregnancy, and save money for Alaskan families. We encourage you to support HB 58 and move it out of committee.

Sincerely,



Morgan Lim  
Alaska Government Relations Manager  
Planned Parenthood Alliance Advocates – Alaska

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<sup>12</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)



**From:** [Kasey Casort](#)  
**To:** [House Health and Social Services](#)  
**Subject:** Support for HB 58: 12 Months of Birth Control  
**Date:** Thursday, April 15, 2021 5:18:22 PM

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Hello Representatives,

I am writing today as a lifelong Alaskan, a voter, and a woman. I urge you to please support HB 58: 12 Months of Birth Control, which removes barriers to accessing safe birth control in Alaska.

Right now, I'm on a prescription medication that my insurance only fills one month at a time, and it is such a hassle to refill it and get to a pharmacy in that narrow window between being allowed to refill the medication and running out. I often need to ration my (essential, life-changing) meds so that they'll stretch to cover those days. This is coming from me, a person with reliable transportation, minimal travel, a flexible job, and no dependants-- I can only imagine the struggle for other women who don't have these luxuries.

I know you have a lot on your plates with the budget and making other critical choices for Alaskans, but I hope you'll find time and energy to vote yes to move this bill out of committee, and vote yes once it gets to the House Floor. Alaskans are counting on you!

Best,  
Kasey Casort



**From:** [Lyn Stephenson-Ivers](#)  
**To:** [House Health and Social Services](#)  
**Subject:** Years Worth of Birth Control (HB 58)  
**Date:** Wednesday, April 14, 2021 4:47:52 PM

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Hello,

I am writing in support of giving the Doctors the ability to prescribe a year's worth of birth control at one time.

As someone with a period disorder that can cause a major disruption to my life if I go without birth control, being able to have 12 months worth of my prescription would do a lot to ease my mind about my health care. It would mean that I could dedicate more time to my family and my job, instead of requiring me to track down my prescription every three months.

Thank you,  
Carolyn Stephenson-Ivers

[REDACTED]  
Juneau, AK, 99801

--

C. Lyn Stephenson-Ivers

[REDACTED]



April 19, 2021

Representative Liz Snyder  
Co-Chair, House Health & Social Services Committee  
State Capitol Room 421  
Juneau, AK 99801

**Re: Opposition to HB 58**

Dear Rep. Snyder:

I write on behalf of Alaska Family Action to express our opposition to House Bill 58:

“An act relating to insurance coverage for contraceptives and related services; relating to medical assistance coverage for contraceptives and related services; and providing for an effective date.”

HB 58 takes one of the most controversial and litigated components of Obamacare—the contraceptive mandate—and grafts it into Alaska state law. It would impose a mandate on every health insurance plan in the state, including both the employer and individual market, to cover all FDA-approved contraceptive drugs or devices that require a prescription, as well as sterilization procedures. It is similar to bills introduced in the 31<sup>st</sup> Legislature (HB 21) and the 30<sup>th</sup> Legislature (HB 25), which Alaska Family Action also opposed.

**Alaska Family Action does not take a position on contraception *per se*, but we do oppose the specific mandate in HB 58 for the following reasons.**

#### Coverage of abortifacients

The list of FDA-approved prescription “contraceptives” includes drugs and devices that, instead of acting exclusively to prevent conception, involve a mechanism of action that destroys the life of an early-developing human embryo.

Specifically, HB 58 would require coverage for drugs such as Ella (ulipristal acetate), and the Copper IUD, which act to prevent the implantation in the uterine wall of an already-developing, genetically unique, human embryo.

These abortifacients were the focal point of extensive litigation in federal court related to the Obamacare contraception mandate, especially in the cases of *Burwell v. Hobby Lobby Stores* and *Zubik v. Burwell*. In the *Hobby Lobby* decision, the Supreme Court struck down the Obamacare contraceptive mandate, insofar as it was applied to certain closely held for-profit businesses that had religious objections to including these drugs in their health care plans.

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In the *Zubik* case, the Association of American Physicians and Surgeons (AAPS) filed an *amicus curiae* brief which stated the following:

“It is undisputed as a matter of science that a new, distinct human organism comes into existence during the process of fertilization – at the moment of sperm-egg fusion – and before implantation of the already-developing embryo into the uterine wall. **Many drugs and devices labeled by the U.S. Food and Drug Administration as ‘emergency contraception,’ however, have post-fertilization (i.e., life-ending) mechanisms of action which destroy the life of a human organism.**” (emphasis added)

The complete text of the AAPS brief is informative, and may be accessed at the following link:

<http://www.scotusblog.com/wp-content/uploads/2016/01/Am.-Physicians-Su-Amicus-Brief.pdf>

HB 58 takes away consumer choice

Similar to the overreaching Obamacare law, HB 58 would impose a sweeping, “one-size-fits-all” mandate that applies to virtually every insurance provider and plan regulated by the state of Alaska – regardless of whether the mandate is *relevant to* or *desired by* the person or persons covered by the plan. To cite one obvious example, a single woman who is beyond reproductive age and who is applying for an individual policy would be issued a plan that includes coverage for contraceptives. Or in another case, a Christian family shopping for health insurance in the individual market would be unable to select a health plan that did *not* include coverage for contraceptives and sterilizations – even if their particular religious beliefs would cause them to never make use of such coverage.

Even though only a *minority* of Alaska health care consumers would utilize the mandated contraceptive and sterilization coverage, the provisions of the bill “globalize” the financial responsibility for providing these services among all those who are insured. HB 58 stipulates, on page 2, lines 10-12:

“Except as provided in (d) of this section, a health care insurer may not offset the costs of compliance with (a) of this section and may not require copayments or deductibles for contraceptives or services covered under (a) of this section.”

This provision forces every health care consumer in the state to subsidize the coverage of elective drugs and sterilization procedures through their premium dollars – even those policy holders who conscientiously object to subsidizing such services.

Proponents of HB 58 argue the measure is about expanding “choice.” But many Alaskans, if they had a choice, would choose not to subsidize the voluntary lifestyle choices of others.

Impacts on minors and parental rights

We are concerned about the potential impact of a provision of HB 58 found on page 3, lines 1-3:

“A health care insurer shall provide coverage and reimbursement under (a) of this section to all insureds enrolled in a health care insurance plan, including enrolled spouses and dependents.”

We are not clear how this provision would interface with an existing statute (AS 25.20.025) that allows minor children to receive contraceptives—including those that might cause an early abortion—without parental consent, and without a parent even being notified:

**Sec. 25.20.025. Examination and treatment of minors.**

(4) a minor may give consent for diagnosis, prevention or treatment of pregnancy, and for diagnosis and treatment of venereal disease;

(5) the parent or guardian of the minor is relieved of all financial obligation to the provider of the service under this section.

Would the provisions of HB 58 create a situation where parents are paying, through their health insurance premiums, for their children to receive contraception or sterilizations without the parents' knowledge or consent? AS 25.20.025(a)(5) states plainly that parents are “relieved of all financial obligation” for these services that are provided without their permission. But it is difficult to square this provision with the unambiguous language in HB 58 that states, “A health insurer shall provide coverage and reimbursement.... to all insureds... including dependents.”

Religious exemption is wholly inadequate

Another shortcoming with HB 58 concerns the religious exemption described on page 3, lines 4-9. This exemption follows the template of the flawed Obamacare contraceptive mandate, and it is inadequate to protect those who object to the mandate on religious or moral grounds.

First, the exemption applies only to plans offered to religious employers in the *group* market. There is simply no ability, under HB 58, for persons or families in the *individual* market to receive an exemption from this mandate on the basis of religious objection.

Second, the religious exemption for certain group plans is available only to entities identified in the Internal Revenue Code at 26 U.S.C. 6033(a)(3)(A) – see page 3, lines 8-9. These exemptions are *extremely narrow* – essentially including only churches, associations of churches, or the “exclusively religious activities of any religious order.” These categories *exclude* many entities, both in the non-profit and for-profit sectors, that serve a religious purpose.

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There are numerous Christian, non-profit organizations that help the poor, provide educational services, assist with health care, etc. – but which are not associated with or controlled by any specific church, or religious order. Likewise, there are a significant number of entities in the business world, such as Christian booksellers, that also serve a religious purpose but which would not qualify for an exemption under the I.R.S. categories.

It is no surprise that the I.R.S. categories are so narrow – because this portion of federal law was *never meant to define the scope of who has religious freedom*. The focus of the Internal Revenue Code, with respect to religious entities, is to determine who is obligated to pay taxes, and who is not. Clearly, a section of federal law designed to establish obligations for filing tax returns is a very poor model for establishing which entities are “sufficiently religious” to qualify for an exemption from a mandate to cover contraceptives, including those that can cause early abortions.

Several other states with mandates to cover contraceptives and/or sterilizations have adopted robust religious exemptions that respect the diversity of thought that exists on this issue. For example, the law in Missouri provides the following:

No employer, health plan provider, health plan sponsor, health care provider, or any other person or entity shall be compelled to provide coverage for, or be discriminated against or penalized for declining or refusing coverage for, abortion, contraception, or sterilization in a health plan if such items or procedures are contrary to the religious beliefs or moral convictions of such employer, health plan provider, health plan sponsor, health care provider, person, or entity. (*RS Mo, Section 191.724*)

Alaska Family Action believes that HB 58 is a poorly constructed measure that undermines consumer choice, religious freedom, and human dignity through the forced subsidization of drugs and devices that act as abortifacients. We respectfully urge you to oppose this bill.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Minnery", written over a light blue horizontal line.

Jim Minnery, President  
Alaska Family Action

**From:** [AdamHykes@protonmail.com](mailto:AdamHykes@protonmail.com)  
**To:** [House Health and Social Services](#)  
**Subject:** HB 58 & HB 105  
**Date:** Thursday, April 15, 2021 1:48:37 PM

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Honorable Members of the House Health and Social Services Committee,

My name is Adam Hykes, and I represent myself and my wife Kayla Hykes for the purpose of this testimony. We are residents of district 31 in Homer.

We oppose HB 58  
We support HB 105

-Adam & Kayla Hykes