



**Alliance Advocates - Alaska**

Senate Health and Social Services  
Alaska State Capitol  
Juneau, AK 99081

Re: SB 27 – Contraceptives Coverage

March 11<sup>th</sup>, 2024

Dear Chair Wilson and members of the Senate Health and Social Services Committee:

On behalf of Planned Parenthood Alliance Advocates – Alaska, I write today to voice Planned Parenthood’s strong support for Senate Bill 27, 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. SB 27 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)



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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 SB 27 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, 25 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

<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>



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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, SB 27 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 – SB 27 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

<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\\_5.29.15.pdf.pdf](https://www.nwlc.org/sites/default/files/pdfs/reproductive_health_is_part_of_the_economic_health_of_women_5.29.15.pdf.pdf)



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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 SB 27 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)