

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

Thank you for your time:

I am speaking today in support of Senate Bill 27, which will dramatically improve access to the full range of contraceptive methods by requiring insurance to cover a year's supply of birth control at one time, building on the Affordable Care Act's contraceptive coverage mandate to ensure all people have timely access to contraceptive care.

SB 27 would also ensure that patients and providers have full control over what contraceptive method is used without arbitrary restrictions such as prior authorizations and other "management" techniques.

As a board-certified family medicine physician, I see how access to contraception affects the lives of Alaskans every day. I have the privilege of supporting my patients through the entire lifespan with evidence-based medical care that empowers them to choose when and if to have a family as well as raising the family they have in the healthiest way possible. Unfortunately, part of my job and advice entails anticipating barriers to accessing medications- including insurance denials and restrictions on quantity.

We know that 1 in 3 women miss contraception bc they couldn't pick up the refill in time.

Barriers to contraception imposed by insurance companies make no sense for Alaskans and cause significant economic and physical harm to our population:

Almost every week I have a patient who is in school and can't make it to the pharmacy every month during the limited hours they are open to pick up another pack of pills or a motivated college attendee who is unable to fill enough contraception to get them through the semester. In these cases, my patients have to rely on family or friends who have their own families and work schedules to get the medication they need.

I often have patients with disabilities whose insurance plans deny their access to certain contraceptives, leaving them with no coverage for the methods that are safest and most effective for them, forcing them to use medications that they cannot take due to their disability. .

I also see patients who are at the height of their careers, working multiple jobs, or working while raising a family who cannot get to a pharmacy to pick up contraceptive prescriptions.

Whether to use contraception, or which contraceptive method to use, is a private, medical decision that should be made by a patient in consultation with their health care provider. Medical providers are extensively trained in how to prescribe contraception safely, and when quantity restrictions may be warranted. When insurance companies force people to use alternate contraceptive methods that are not recommended for them in order to get what they need, they cause inefficiencies in the system and may cause harm to the patient.

As a doctor, I know that contraception is preventive care that should be accessed without delay or difficulty, just like any other preventive service. There are many medical conditions for which pregnancy is contraindicated. There are also many medical conditions for which contraception is used as a treatment outside of preventing pregnancy. In any such cases, continuous, uninterrupted access to contraception is essential.

It is common sense that Alaska needs fewer barriers to medications than other states. Even practicing on the road system, my patients have to travel for hours to access prescriptions, and with contraception even one or two days can make a huge difference in a person's life.

Outside of Alaska, where there are fewer baseline barriers to accessing birth control, we have seen how expanding access makes a positive difference:

The Centers for Disease Control and Prevention (CDC) named birth control one of the top ten public health achievements in the past century, and birth control is also widely credited for contributing to women's societal, educational, economic gains. Access to contraception allows people to avoid unintended pregnancy and its possible complications. When women were able to obtain a full year of birth control at one time, their odds of unintended pregnancy decreased by 30% and odds of abortion decreased by 46% (vs 1-3 month supply).

Addressing loopholes in insurance practices via state law will protect our residents and could reduce income-based AND geographically-based disparities in unintended pregnancy rates as well as medically necessary treatments for other conditions requiring birth control as treatment..

We have proof that bills like this are successful from 26 states (including D.C.) who have enacted policies requiring insurers to cover more months of prescription contraceptives at a time.

When comparing our state to these others, it is our responsibility to recognize the significant racial disparities in almost all health measures from maternal mortality to suicide rates to diabetes outcomes. Contraception is no exception. Alaska Native and American Indian women face financial, cultural, systemic, and geographic burdens to accessing reproductive health, including contraceptive choices. Of the 26 states that have expanded access to contraception, only one (NM) has an American Indian population that can be compared to the 21% of our citizens that identify as Alaska Native.

Alaska needs to do more to level health disparities that are the product of generations of institutional oppression, and should be a leader in removing barriers to the health of Alaskans. Access to contraception is one of the most cost effective and simplest steps to empowering our citizens to improve the health of their families.

Expanding access to birth control will put Alaska alongside states across the country that are pursuing common sense solutions to barriers their residents face.

Access to contraception should be up to a provider and patient, not insurance companies. Birth control is incredibly safe. The patients we care for are smart. They are aware of their needs and their goals regarding decisions about if, when, and how they build their families.

I urge you to support SB 27 to allow Alaskans meaningful access to contraception.