

ALASKA STATE LEGISLATURE

WORLD TRADE

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ADMIN REG REVIEW

EDUCATION COMMITTEE



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SENATOR BERTA GARDNER

SENATE MINORITY LEADER

Sponsor Statement SB 156

All across Alaska, women working in rural areas, in the tourism industry, in the military, and on the North Slope, do not always have ready access to women's health services, thereby posing limitations on their ability to control whether and when they conceive children. My bill, SB 156, mandates insurance companies to pay both private and Medicaid claims and reimburse health care providers for an initial 3 month supply (to gauge adverse reactions), which is then followed by a 12 month supply of contraceptives, including but not limited to birth control pills and hormonal contraceptive patches. Additionally, SB 156 includes an exemption for religious employers in order to ensure First Amendment protections.

Unintended pregnancy has a profound effect on the economic opportunities and overall well-being of Alaskans statewide. According to the Centers for Disease Control and Prevention, an unintended pregnancy is a pregnancy that is reported to have been either unwanted (the pregnancy occurred when no children, or no more children, were desired) or mistimed (the pregnancy occurred earlier than desired). Unintended pregnancy is a core concept that is used to better understand the fertility of populations and the unmet need for contraception and family planning. Unintended pregnancy mainly results from not using contraception, or inconsistent or incorrect use of effective contraceptive methods. Unintended pregnancy is associated with an increased risk of problems for both the mother and baby: if a pregnancy is not planned before conception, a woman may not be in optimal health for childbearing, and might make poor prenatal choices due to a lack of resources or a family support system, unaddressed issues with drug and alcohol dependence, and an absence of nutritional knowledge that might otherwise keep both mother and child healthy through the prenatal experience.

Along with these health concerns, unintended pregnancy is an economic issue for Alaskan families, as well as the state Department of Health and Social Services. Nationally, 51% of all US births in 2010 were paid for by public insurance through Medicaid, the Children's Health Insurance Program (CHIP), and the Indian Health Service. Public insurance programs paid for 68% of the 1.5 million unplanned births that year, compared with 38% of planned births. Two million births were publicly funded in 2010; of those, about half were unplanned. Alaska data is consistent with national trends.

Nationally, a publicly funded birth in 2010 cost an average of \$12,770 in prenatal care, labor and delivery, postpartum care and 12 months of infant care; when 60 months of care are included, the cost per birth increases to \$20,716. Government expenditures on the births,

abortions, and miscarriages resulting from unintended pregnancies nationwide totaled \$21.0 billion in 2010; that amounts to 51% of the \$40.8 billion spent for all publicly funded pregnancies that year. To put these figures into perspective, in 2010, the federal and state governments together spent an average of \$336 on unintended pregnancies for every women aged 15 – 44 in the country.

In Alaska, where health care sometimes costs more than 30% higher than national averages and Medicaid spending is one of the primary cost drivers of the state budget, these costs become even more problematic. Amid an unprecedented state budget deficit, and the fact that most Alaskan women cherish economic and professional freedoms, now is the time to allow greater access to family planning options. SB 156 will help us reach that goal.