

**Memorandum in Support:**

**Comprehensive Contraception Coverage Act (CCCA)**

**S. 3668 (Bonacic) A.1378 (Cahill)**

The New York State Association of Licensed Midwives (NYSALM), which represents the interests of licensed midwives as well as the welfare of women, children and families, voices its support for and strongly urges lawmakers to pass S.3668/A.1378. Removing barriers to contraceptive coverage empowers women to exercise their reproductive rights.

The ability to decide whether and when to have a child is essential to women’s health and ability to participate equally in the economic, political and social life of the nation. Despite this, many women are unable to access the contraceptive healthcare that is right for them.

The CCCA will ensure timely and affordable access to contraception by; requiring insurers to cover contraception that is right for the individual patient without a co-payment; allow for access to a year’s supply of contraception; and improve timely and affordable access to emergency contraception. This bill ensures individuals can better plan their families and futures, ultimately reducing unintended pregnancies and strengthening the health and well-being of New Yorkers and communities.

**BACKGROUND**

First approved by the Food and Drug Administration (FDA) over 50 years ago, contraception has significantly transformed the cultural landscape in the United States. By providing women the tools and agency to determine whether and when to have children, contraception has been a catalyst for women’s equal participation in our political and educational institutions as well as the paid workforce. And beyond these fundamental cultural shifts that give way to equal participation, contraception provides essential health benefits that are both related and unrelated to managing fertility. Indeed, contraception leads to improved birth outcomes and child health, reductions in morbidity and mortality rates, decreases in the risk of developing several reproductive cancers, and helps treat women who experience negative effects of menstruation.

While 99 percent of women use, or have used, contraception at some point in their lives, lack of comprehensive contraceptive insurance coverage and high co-payments are significant barriers to consistent and effective contraceptive use. Indeed, fifty percent of pregnancies in the United States are unintended. Of these, about half are due to a lack of contraceptive use and almost all the rest are a result of inconsistent or incorrect contraceptive use.With a woman on average spending three decades—more than three-quarters of her reproductive life—trying to avoid an unintended pregnancy, ensuring access to contraception is critical to the health and wellbeing of our families and communities.

Recognizing this, in 2002, New York passed the Women’s Health and Wellness Act (WHWA) requiring insurance plans issued in New York that cover prescription drugs to include all FDA approved contraceptive drugs and devices. Passed in 2010, the federal Patient Protection and Affordable Care Act (ACA) and its implementation guidelines aimed to further close the gap by requiring employers to provide insurance plans that cover contraception without out-of-pocket costs for patients. **Unfortunately the repeal of the ACA will adversely affect contraceptive coverage and women’s ability to prevent unwanted pregnancy.**

Without these protections in state law, New York is vulnerable to shifts in the federal guidelines and enforcement. Without contraceptive insurance coverage many individuals are forced to choose less reliable methods of contraception or no contraception at all, increasing the likelihood of unintended pregnancy. New York needs to strengthen its law and close existing loopholes to ensure all families have access to affordable contraceptive coverage.

**WHY NEW YORK NEEDS THE CCCA**

First, the CCCA would require broad contraceptive coverage and timely access to all federal FDA-approved methods of contraception without a co-payment. From the birth control pill to the IUD, a variety of contraception types and methods exist because not all forms of contraception are effective or appropriate for a woman’s health, choice and/or her lifestyle. The CCCA ensures that health care providers, not insurance executives, are best able to help patients make healthcare decisions about their contraception that are right for their health and their lives.

Second, the CCCA allows individuals to obtain up to a year’s supply of contraception at one time, avoiding the need for obtaining refills and thereby improving chances of consistent use. Uninterrupted use is critical to improving contraceptive efficacy and reducing the rate of unintended pregnancy. In fact, studies show that dispensing a one year supply of contraceptives, as opposed to a three-month supply or a one-month supply, is associated with a 30 percent reduction in the likelihood of an unplanned pregnancy.

Third, the bill would allow easier and more affordable access to emergency contraception (EC). While women are now able to obtain EC over the counter without a prescription, the cost of doing so ranges between $50-$75. This is cost prohibitive to many women. Private insurers only cover the cost of EC if an individual has a prescription. Because EC is most effective when taken within 72 hours of unprotected sex, in order for the cost to be covered by insurance, a woman must find a provider willing to write a prescription, see that provider, and present the prescription to the pharmacy within 72 hours.

The state legislature should not delay in passing S.3668/A.1378. A strong and healthy New York deserves nothing less.