

Support Requiring Health Insurers to Cover 12-month Supply of Contraceptives

WHEREAS, many public and private health insurance plans in Alaska only cover 1 to 3 months of self-administered contraceptives at a time;

WHEREAS, multiple visits to a provider or pharmacy to access contraceptives create substantial barriers to contraceptive use;

WHEREAS, in Alaska, 48% of all pregnancies are unintended;ⁱ

WHEREAS, one in four women report that they have missed a hormonal birth control pill because they could not access their next month's pack in time;ⁱⁱ

WHEREAS, consistent use of contraceptives is the best way to prevent unintended pregnancy. Among women at risk of unintended pregnancy, the 19% who inconsistently use birth control account for 43% of unintended pregnancies in the United States;ⁱⁱⁱ

WHEREAS, 12-month supply of birth control is shown to decrease unplanned pregnancies by 30% when compared with a supply of just 1 to 3 months;^{iv}

WHEREAS, the Centers for Disease Control and Prevention (CDC) found that improved access to an extended supply of contraceptives increases continuation, which lowers rates of unintended pregnancy;^v

WHEREAS, 12-month supply of birth control reduces the likelihood of needing to access abortion care by 46 percent;^{vi}

WHEREAS, insurance plans that cover 12-month supply of birth control lower their direct costs on follow-up visits and pregnancy tests, as well as long-term unintended pregnancy management;^{vii}

WHEREAS, a 2019 analysis from the US Department of Veterans Affairs showed that providing 12-month supply of contraceptives resulted in a substantial cost saving;^{viii}

WHEREAS, young people are often unable to consistently access prescription birth control and face additional barriers when accessing contraceptive care, preventing them from avoiding unintended pregnancy;^{ix}

WHEREAS, 12-month supply helps reduce the number of visits to a provider or pharmacist, which enhances the confidentiality for survivors of intimate partner violence and reproductive coercion who may not want their abuser to know they are using contraceptives;^x

WHEREAS, seeing the vast health benefits, 19 states and Washington, D.C. have already enacted policies requiring insurers to increase the quantity of prescription contraceptives covered;^{xi}

WHEREAS, 83% of Alaskan voters think it is important for there to be access to birth control for everyone who wants it or needs it, according to a 2019 poll conducted by Planned Parenthood Votes Northwest and Hawaii;

WHEREAS, with perfect use, hormonal birth control has a failure rate of less than 5%.^{xii} However, for people who lack access to transportation, live in rural communities, move frequently, or struggle to balance work and family, monthly trips to the pharmacy or health care provider make perfect use challenging;

WHEREAS, by requiring insurers, including state Medicaid, to provide coverage for prescription contraceptives, Alaska could decrease barriers to access, reduce unintended pregnancy, save money, and enhance the health outcomes of many people across Alaska.

THEREFORE BE IT RESOLVED that the Alaska Public Health Association:

- Expresses support for the State of Alaska to adopt and mandate a requirement for public and private insurance to cover 12-month supply of contraceptives at a time.
- Resolves to stand in support of legislation, such as House Bill 21 filed in 2019, that requires insurers, including Medicaid, to provide coverage for 12-month supply of prescription contraceptives and medical services necessary for those products or devices.
- Supports guaranteeing that insurers cover all FDA-approved methods of birth control without additional out-of-pocket costs, no matter where the consumer lives or how they are insured.

BE IT FURTHER RESOLVED that this resolution shall be the position of the Alaska Public Health Association until it is withdrawn or modified by a subsequent resolution.

FISCAL AND PUBLIC HEALTH IMPACT STATEMENT: This action will result in minor costs associated with sending this resolution to Alaska's Department of Health and Social Services, key political leaders, and ALPHA's federal, state, tribal, and local partners. This action will give people in Alaska the ability to control when and if they have children, reducing unintended pregnancies and giving people increased career and education opportunities, healthier pregnancies, and increased economic stability. All people in Alaska deserve affordable and accessible contraceptives, regardless of their income or insurance carrier.

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- ⁱ Kathryn Kost (2010). Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002. *Guttmacher Institute*. https://www.guttmacher.org/sites/default/files/report_pdf/stateup10.pdf
- ⁱⁱ 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; 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>
- ⁱⁱⁱ Guttmacher Institute, *Contraceptive Use in the United States* (2015). http://www.guttmacher.org/pubs/fb_contr_use.html
- ^{iv} Foster, D.G., Hulett, D., Bradsberry, M., Darney, P., & 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
- ^v The Centers for Disease Control and Prevention, *US Selected Practice Recommendations for Contraceptive Use* (2016). www.cdc.gov/reproductivehealth/contraception/mmwr/spr/combined.html
- ^{vi} 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
- ^{vii} 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
- ^{viii} 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>
- ^{ix} Dennis, A. et al. (2013). What happens to the women who fall through the cracks of health care reform? *Journal of Health Politics, Policy, and Law*, 38(2): 393-419. <https://www.ncbi.nlm.nih.gov/pubmed/23262763>
- ^x Grace, K. & J. Anderson (2018). Reproductive coercion: a systematic review, *Trauma Violence Abuse*, 19(4): 371-390. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5577387/>
- ^{xi} Power to Decide, *At a Glance: Coverage for an Extended Supply of Contraception* (2019). https://powertodecide.org/system/files/resources/primary-download/Extended%20Supply%20of%20Contraception_August%202019.pdf
- ^{xii} Trussell, J. Contraceptive failure in the United States, *Contraception: 2011 May*, 83(5): 397-404. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3638209/>