

Council of the District of Columbia

Committee on Health and Human Services

Councilmember Yvette Alexander, Chair

February 6, 2015

Testimony of

Philip Barlow, Associate Commissioner

Department of Insurance, Securities and Banking on

**Bill 21-20, THE “ACCESS TO CONTRACEPTIVES AMENDMENT ACT
OF 2015”**

Good morning Chair Alexander, distinguished Committee members and staff. I am Philip Barlow, Associate Commissioner for the Insurance Bureau of the Department of Insurance, Securities and Banking, known as DISB. The mission of the DISB is two-fold: 1) protect consumers by providing equitable, thorough, efficient, and prompt regulatory supervision of the financial services companies, firms, and individuals operating in the District of Columbia, and 2) develop and improve market conditions to attract and retain financial services firms to the District of Columbia.

Today, I appear to testify on Bill 21-20, the “Access to Contraceptives Amendment Act of 2015.” As introduced, this bill amends the District of Columbia’s Insurance Code (§ 31-3831 *et seq.*) to provide benefits for the dispensing of up to 12 months’ worth of a covered prescription contraceptive at one time.

The executive has no issue with this bill. Dispensing a year’s worth of contraceptives at one time should not impact premiums for those buying health plans in the District. It should be noted that coverage for prescription contraceptives for individual and small group plans is a requirement in the District in accordance with the Patient Protection and Affordable Care Act, known as the ACA.

As you know, the District has a consolidated marketplace for the purchase of individual and small group health insurance policies. All plans offered on the District's State-based Exchange (DC Health Link) must comply with both Federal law, namely the Patient Protection and Affordable Care Act (ACA), and District law. In accordance with PPACA section 2713 and its implementing regulations, all individual and small group plans must cover contraceptive methods and counseling for all women, as prescribed by a health care provider. These plans must cover the services without charging a copayment or coinsurance when they are provided by an in-network provider. This is true even if a patient hasn't met her deductible.

We have also consulted with our colleagues from the Department of Health who made the following comments on this bill:

Due to the nature of hormone based birth control and their potential effect on a woman's body, patients should be re-evaluated within one month of starting a new contraceptive prescription to check for adverse effects. A one-month evaluation is also warranted when a patient changes from one type of contraceptive to another. Common adverse side effects include high blood pressure, blood clots, headaches and weight gain.

Additionally, medicinal products require controlled storage in order to ensure that their quality is not compromised. If stored under proper conditions, contraceptives will remain effective for a number of years after their manufacture.

Ideally, contraceptives should be kept away from direct sunlight in a cool, dry location. Under the proposed legislation, patients would receive a 12 month supply. Improper storage of the pharmaceutical in the home could compromise the drug's viability.

A reasonable solution is to enroll patients in an auto-refill program so that prescriptions are dispensed three months at one time. This would ensure that the pharmacy maintains possession of the prescriptions and that they are appropriately stored. Under the Affordable Care Act, women are eligible to receive prescriptions for generic birth control at no cost. Thus, there is no added financial burden imposed on women who would enroll in the auto-refill option compared to receiving a 12 month allotment.

Unintended pregnancy has a public health impact: Births resulting from unintended pregnancies are associated with adverse maternal and child health outcomes, such as delayed prenatal care, premature birth and negative physical and mental health effects for children, placing a significant strain on the nation's health care system. Facilitating access to contraceptives could significantly reduce the nation's unintended pregnancy rate, thus improving the quality of life for women, children and entire communities.

As stated earlier, the executive has no issue with this bill and supports it as introduced. It should have no impact on premiums as the coverage is for a 12 month period regardless of when the contraceptives are dispensed.

This concludes my testimony; I'd be happy to answer any questions you may have.