

[ORG LETTERHEAD]

To the Assembly Appropriations Committee no later than Wednesday, July 23rd to (916) 319-2181.

[DATE]

The Honorable Mike Gatto
Chair, Assembly Appropriations Committee
State Capitol, Room 2114
Sacramento, California 95814

Re: SB 1053 (Mitchell) – Contraceptive Coverage Equity Act – SUPPORT

Dear Assembly Member Gatto,

[INSERT ORGANIZATION NAME] is writing in support of Senate Bill 1053, which seeks to improve access to the full range of contraceptive methods approved by the Food and Drug Administration (FDA) for all insured women in California without cost sharing, delays or denial of coverage.

[INSERT INFORMATION ABOUT YOUR ORG]

While the Affordable Care Act (ACA) requires health insurance carriers to cover the full range of FDA approved birth control methods without cost-sharing, lack of clarity in the law has led to inadequate and inconsistent implementation, allowing carriers to employ varying medical management techniques and practices that create barriers to access. Plan documents and online formulary databases demonstrate a wide variety of interpretations of the federal coverage requirements, resulting in a patchwork of contraceptive coverage policies for enrollees across the state. For example:

- Some plans cover the full range of FDA approved methods as required, while others appear to limit or exclude intrauterine devices (IUDs) and the contraceptive implant from their formularies.
- At least one California insurance carrier excludes the newest emergency contraceptive, ella, from their no-cost formulary tier, despite the fact that it is listed by the FDA as a distinct method and is significantly more effective in women with higher Body Mass Indexes.
- Some carriers appear to impose co-pays on the contraceptive ring and patch under the flawed theory that because they deliver the same hormonal ingredient used in certain oral contraceptives, they should not qualify as distinct methods.

According to prevailing standards of care, a woman's choice in consultation with her health care provider should be the primary factor in determining her contraceptive method. Insurance related delays in access or denials of a chosen method not only deprive women of their reproductive autonomy, but also increase risk of unintended pregnancy and undermine the intent of the ACA's contraceptive coverage requirement. SB 1053 will save the state money. Increased contraceptive use would save the state almost \$150 million in the first year by averting more than 50,000 unintended pregnancies.

SB 1053 builds on current state and federal law to require insurance coverage of all FDA approved methods, voluntary sterilization and comprehensive contraceptive counseling without restrictions or cost-sharing. We are proud to support this important piece of legislation that will further California's leadership in preventing unintended pregnancy and expanding access to birth control for all.

Sincerely,

[NAME, TITLE]

cc: Senator Holly Mitchell