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New Jersey Health Care Quality Institute Written Testimony on Senate Bill 1220

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February 9, 2020

Thank you for the opportunity to submit written testimony for today's hearing. My name is Brittany Lee, I am a Policy Associate at the New Jersey Health Care Quality Institute. The purpose of my testimony is to provide support on behalf of the Quality Institute for Senate Bill 1220, which requires Medicaid to cover emergency contraception without requiring a prescription or any other authorization.

The mission of the Quality Institute is to improve the safety, quality, and affordability of health care for everyone. Reproductive health, and specifically access to the full range of contraceptive methods for everyone in New Jersey, is a focus area of the Quality Institute. Over the past few years, our organization has conducted significant research and stakeholder convening around barriers to contraceptives and solutions to move towards improved access.

Access to all forms of contraception promotes reproductive justice and the protection of one's bodily autonomy. This is especially true for emergency contraception pills (ECPs) due to their ability to prevent unplanned pregnancies in situations of reproductive coercion, sexual assault and contraceptive failure[i]. For over 40 years, emergency contraception has been a proven, safe and effective method of birth control to prevent pregnancy after an individual has had unprotected sex or their birth control method failed[ii]. ECPs must be taken within three to five days after intercourse and are more effective the sooner they are taken[ii]. They are not abortifacient drugs, and thus have zero effects on either an existing pregnancy or on an individual's ability to conceive later[iii]. ECPs prevent pregnancy by delaying or inhibiting ovulation.

The requirement for patients to obtain a prescription for this OTC medication does not serve any medical benefit to patients. Over-the-counter emergency contraception has been approved by the FDA for women of all ages since 2013[iv]. Access to emergency contraceptive is supported by major professional organizations, including the American College of Obstetricians and Gynecologists (ACOG)[v]. As this medication must be taken shortly after unprotected sex or the failure of another birth control option, requiring a patient to get an appointment with their provider and get to the pharmacy within that time frame can be impossible depending on a patient's circumstances (such as transportation, childcare, and provider availability). Additionally, during the COVID-19 pandemic when individuals are being encouraged to stay at home as much as possible to mitigate the spread of the virus, the current policy requires patients to make multiple unnecessary trips to obtain their medication – contradicting public health guidance.

The proposal outlined in this bill is necessary to ensure one's financial circumstance does not dictate their ability to make very important and personal decisions about their reproductive health. Prescription requirements are especially burdensome to individuals on the state's Medicaid program. As the average cost for the most widely available OTC emergency contraception is around $50. Without insurance coverage for this product, this cost could be out of reach for many individuals on Medicaid – further underlying the need for this legislation.

Deep flaws in our health care system make access to emergency contraception even more important, as it can serve as a back-up form of birth control, which is more likely to be needed when a less effective and non-prescription contraceptive fails or there is a gap in contraceptive use due to difficulties obtaining or filling a prescription in the first place. Despite the safety and effectiveness of birth control, policies and procedures frequently place undue burdens on patients to access their preferred form of contraception. These include complicating reimbursement policies, limitations on the number of refills on a contraceptive prescription, and multiple doctors' visits needed to initiate certain forms of highly effective contraception. These potentially prohibitive barriers do not even factor in the difficulty individuals in our state face in obtaining affordable health insurance that provides contraceptive coverage and being able to get an appointment with a provider that meets their reproductive health needs.

Contraceptive access contributes to the educational and economic advancement of women and results in better maternal and infant health outcomes[vi]. Access to birth control is directly associated with reductions in unintended and high-risk pregnancies, supports safe spacing of pregnancy, and reduces rates of maternal and infant mortality[vi]. Additionally, is estimated that every $1 invested in family planning programs, including contraceptive care, saves federal and state governments approximately $7 due to decreased rates of unintended pregnancies[vii].

However, New Jersey lags behind the rest of the country in providing access to quality contraceptive services. Studies show:

- As of March 2020, over **435,000** New Jersey women lived in contraceptive deserts, which are counties where there is no reasonable access to a health center that offers all forms of birth control[viii]
- New Jersey ranks **4 out of 50** for states with the highest number of teen births[ix]
- In 2017, **27%** of New Jersey women used the least effective forms of contraception[ix]
- Between 2014 and 2017, there was a **9% increase** in the abortion rate in New Jersey[x]
- In 2019, over **25%** of pregnancies in New Jersey were unintended[xi]

Requiring insurance coverage of these essential medications without a prescription or authorization, as this bill would do, is a necessary step towards contraceptive equity in New Jersey and one that the Quality Institute fully supports.

We thank the Committee for the ability to comment on this important piece of legislation.

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[i] https://contraceptionmedicine.biomedcentral.com/articles/10.1186/s40834-018-0067-8
[ii] https://www.plannedparenthoodaction.org/planned-parenthood-action-fund-new-jersey-inc/issues/emergency-contraception
[iii] https://www.webmd.com/sex/birth-control/faq-questions-emergency-contraception#:~:text=The%20difference%20is%20that%20you,side%20effects%2C%20and%20costs%20less
[iv] https://www.womenshealth.gov/30-achievements/19#:~:text=In%20June%202013%2C%20the%20FDA,all%20ages%20without%20a%20prescription.&text=Between%202006%20and%202010%2C%2011,emergency%20contraception%20at%20least%20once.
[v] https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/01/access-to-contraception
[vi] https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/12/17/09/14/universal-access-to-contraception#:~:text=Contraceptive%20use%20confers%20significant%20health,unsafe%20abortions%2C%20and%20medical%20therapy.
[vii] https://www.guttmacher.org/fact-sheet/publicly-supported-FP-services-US
[viii] https://powertodecide.org/what-we-do/information/resource-library/contraceptive-access-new-jersey
[ix] https://www.njhcqi.org/wp-content/uploads/2020/10/New-Jersey-Health-Care-Quality-Institute-Contraceptive-Access-Findings-Document-and-Exec-Summary_Final.pdf
[x] https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-new-jersey
[xi] https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/unintended_pregnancy/state/NJ