



New Jersey Health Care Quality Institute Testimony on Senate Bill 413

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Thank you for this opportunity to provide testimony for the committee's consideration of S.413. My name is Brittany Lee and I am a Program Officer at the New Jersey Health Care Quality Institute where I lead our work on advancing access to reproductive health care in New Jersey. The Quality Institute supports Senate Bill 413, which would expand the requirement for health insurers to provide coverage for 12 months of contraceptives dispensed at one time.

Currently, 20 other states have successfully passed legislation to require insurance coverage of a full year of birth control. The provisions in S.413 align with guidance from the U.S. Centers for Disease Control and major medical organizations, including the American College of Obstetrics and Gynecology. Requiring patients to make multiple trips and phone calls to refill their prescriptions increases barriers to care including time off work, childcare, and transportation which can be especially difficult for populations with lower incomes and fewer resources. In fact, one study found that 43% of women provided with a 3-month supply of contraception experienced a minimum of one 7-day gap of contraceptive use each year. Alternatively, research has shown that when individuals are provided with a one-year supply of contraceptives, their risk of unintended pregnancy decreases by 30% and odds of abortion decrease by 46%.

This legislation improves the quality and increases equity of public health and reproductive health in New Jersey. Moreover, it is also fiscally beneficial to the state. While we acknowledge that some insurers may have previously raised concerns over the potential cost of providing extended supplies of medication without guarantee that the patient will continue to be enrolled in their health plan — as well as the risk that they might pay for medications that go unused, these concerns were actually rejected by the New Jersey Mandated Health Benefits Advisory Commission. In its May 2019 report, the Commission supported this 12-month coverage expansion and found that the change would result in a net cost savings between \$1.2 million to \$2.7 million for the state's health care market and system in just the first year. These savings would be the result of reduced costs associated with unintended pregnancies and they take into consideration potential waste of medication if an individual stops or changes their contraceptive after filling a prescription.

We would also like to commend Senator Turner and the other sponsors of this legislation for amending S413 to include Medicaid in this coverage expansion. This change will result in significantly more savings to the state than the current estimates and most importantly, will increase access to contraceptives for low-income women in New Jersey.

Accessible birth control is a safe and effective way to promote an individual's reproductive autonomy and it is good public health. Reducing barriers to contraceptive use, especially when it would result in cost savings for the health care system, should be a priority for New Jersey.

The Quality Institute thanks the Committee for the opportunity to submit testimony on this important issue. We look forward to continuing to work with the State to ensure our residents can access essential health care services.

ⁱ https://powertodecide.org/what-we-do/information/resource-library/coverage-for-extended-supply-prescription-contraception

ii https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/combined.html

iii https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/01/access-to-contraception

iv https://powertodecide.org/sites/default/files/2021-10/Extended%20Supply Infographic Full.pdf

v https://pubmed.ncbi.nlm.nih.gov/21343759/

vi https://www.nj.gov/dobi/division_insurance/mhbac/a4503.pdf