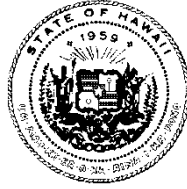


SB2319

| | |
|-------------------|--|
| Measure Title: | RELATING TO INSURANCE. |
| Report Title: | Insurance; Prescription Contraceptives; Contraceptive Services; Contraceptive Supplies; Reimbursement |
| Description: | Requires insurers to cover a three-month period for the first dispensing of prescription contraceptive supplies to an insured. Requires insurers to cover a twelve-month period for the subsequent dispensing of the same contraceptive supply to the insured. |
| Companion: | |
| Package: | Women's Legislative Caucus |
| Current Referral: | CPH, WAM |
| Introducer(s): | KIDANI, BAKER, CHUN OAKLAND, GREEN, INOUE, SHIMABUKURO, TOKUDA, Espero, Ihara |



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

P. O. Box 339
Honolulu, Hawaii 96809-0339

February 2, 2016

TO: The Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

FROM: Rachael Wong, DrPH, Director

SUBJECT: **SB 2319 - RELATING TO INSURANCE**
Hearing: Tuesday, February 2, 2016; 8:30 a.m.
Conference Room 229, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the opportunity to testify on this bill, and provides comments.

PURPOSE: The purpose of this bill is to require insurers to cover a three-month period for the first dispensing of prescription contraceptive supplies to an insured; and requires insurers to cover a twelve-month period for the subsequent dispensing of the same contraceptive supply to the insured.

We appreciate and support the intent of the measure to provide greater access to contraceptives as such availability helps support the health of our families through intended pregnancies and births. Currently the Med-QUEST Division (MQD) covers contraceptives under the QUEST Integration program and provides contraceptives for 30 days up to three months.

Also the Medicaid program determines and provides eligibility coverage on a monthly basis. The bill requirement of dispensing of contraceptive supplies for an initial 3-months and a subsequent 12-month period may therefore result in some increased costs since the Medicaid program would be providing contraceptive supplies to some individuals

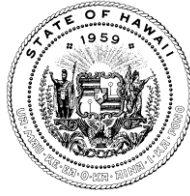
who were no longer eligible due to a change in circumstance (found employment, change in household size).

We also suggest the following clinical perspective be considered: adverse reactions to medication can occur within the first month or so of starting the medication that would require a new prescription for a different medication thereby having to discard the two months of supplies from initial prescription.

An additional option that the Medicaid program provides for Medicaid recipients is Long Acting Reversible Contraceptives (LARC) which has the highest rate of effectiveness, continuation rate, and user satisfaction and is highly cost effective. MQD has been working with the Department of Health and our managed care plans to increase utilization of LARC for its members as it provides protection from unintended pregnancies for three to five years yet the process is reversible with rapid return to fertility upon removal.

We appreciate the intent and are available to discuss increased availability and access to contraceptives for Medicaid beneficiaries.

Thank you for the opportunity to testify on this measure.



DAVID Y. IGE
GOVERNOR

SHAN S. TSUTSUI
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. Box 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
www.hawaii.gov/dcca

CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

TO THE SENATE COMMITTEE ON
COMMERCE, CONSUMER PROTECTION, AND HEALTH

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2016

Tuesday, February 2, 2016
8:30 a.m.

TESTIMONY ON SENATE BILL NO. 2319 – RELATING TO INSURANCE.

TO THE HONORABLE ROSALYN H. BAKER, CHAIR, AND MEMBERS OF THE
COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs (“Department”). The Department supports the intent of the bill which would require insurance coverage for dispensing a three month and subsequent twelve month quantity of contraceptive supplies.

The Department takes no position on this expansion under chapter 87A, Hawaii Revised Statutes, and to Medicaid programs.

We thank this Committee for the opportunity to present testimony on this matter.



STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

P.O. BOX 2121
HONOLULU, HAWAII 96805-2121
Oahu (808) 586-7390
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TESTIMONY BY DEREK MIZUNO
ADMINISTRATOR, HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
DEPARTMENT OF BUDGET AND FINANCE
STATE OF HAWAII
TO THE SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND
HEALTH
ON
SENATE BILL NO. 2319

February 2, 2016, 8:30 a.m.

RELATING TO INSURANCE

Chair Baker, Vice Chair Kidani, and Members of the Committee:

The Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Board of Trustees has not had an opportunity to take a position on this bill. However, the Committee should be aware of the potential impact to the EUTF. Oral contraceptives are covered under the EUTF prescription drug plans for 30, 60 and 90 day supplies. The provider has the option of completing the first prescription for oral contraceptives for 30, 60 or 90 day supplies. Generally, 30 day prescriptions are used for patients taking a new drug to minimize waste in the event that the patient experiences side effects with the prescribed drug. The EUTF plans cover the initial 30, 60 and 90 day prescriptions. Under the EUTF's prescription drug plan administered by CVS Caremark, the patient is allowed three (3) 30 day fills for the same oral contraceptive drug. After the three (3) 30 day fills, the patient is required to fill the prescription for 90 days. The EUTF plans do

not allow prescription fills greater than 90 days. However, the physicians may write prescriptions for a 12 month period reducing the patients need to visit the physician.

Under the CVS Caremark prescription drug plan, the cost of the drugs are the same whether dispensed in four (4) 90 day supplies or one 12 month supply. Savings to the EUTF plan, assuming the member copayments under both scenarios are adjusted to be equal, would come from lower dispensing fees paid by the EUTF plan to the pharmacies, from four to one dispensing fee. Based on current usage in the CVS Caremark administered prescription drug plan, the EUTF estimates the annual savings up to approximately \$82,000. However, this does not account for losses associated with situations in which a 12 month prescription is filled and charged to the plan, but the patient discontinues the drug or leaves State and county employment. Currently, the loss is limited to the 90 day supply but under the bill the loss would be up to a 12 month supply of the drug. Unfortunately, these losses are not quantifiable.

Thank you for the opportunity to testify.



Chamber of Commerce HAWAII
The Voice of Business

**Testimony to the Senate Committee on Commerce, Consumer Protection, and
Health**

**Tuesday, February 2, 2016 at 8:30 A.M.
Conference Room 229, State Capitol**

RE: SENATE BILL 2319 RELATING TO INSURANCE

Chair Baker, Vice Chair Kidani, and Members of the Committee:

The Chamber of Commerce Hawaii ("The Chamber") would like to **express concerns regarding** SB 2319, which requires insurers to cover a three-month period for the first dispensing of prescription contraceptive supplies to an insured and requires insurers to cover a twelve-month period for the subsequent dispensing of the same contraceptive supply to the insured.

The Chamber is Hawaii's leading statewide business advocacy organization, representing about 1,000 businesses. Approximately 80% of our members are small businesses with less than 20 employees. As the "Voice of Business" in Hawaii, the organization works on behalf of members and the entire business community to improve the state's economic climate and to foster positive action on issues of common concern.

The Chamber foresees potential problems with the cost impact and possible waste caused by the bill's requirements. For example, insured customers could lose part of the twelve-month supply or have unforeseen side effects and may require a prescription change. Also, employers will need to assume the cost of a year's supply of contraceptives even if they may no longer employ the individual. The twelve-month period in SB 2319 creates a possibility of waste of resources and money in already strained healthcare system.

Thank you for the opportunity to testify.

**American Congress of Obstetricians and Gynecologists
District VIII, Hawaii (Guam & American Samoa) Section**

Greigh Hirata, MD, FACOG, Chair
94-235 Hanawai Circle, #1B
Waipahu, Hawaii 96797



To: Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair

DATE: Tuesday, February 2, 2016
TIME: 8:30 A.M.
PLACE: Conference Room 229

FROM: Hawaii Section, ACOG
Dr. Greigh Hirata, MD, FACOG, Chair
Dr. Jennifer Salcedo, MD, MPH, MPP, FACOG, Vice-Chair
Lauren Zirbel, Community and Government Relations

Re: SB 2319, Relating to Insurance

Position: Support

Dear Senator Baker, Senator Kidani, and Committee Members,

The Hawaii Section of the American Congress of Obstetricians and Gynecologists (HI ACOG) supports SB2319 and other legislative proposals that promote increased access to contraception.

As a Section of the Nation's leading group of physicians dedicated to improving health care for women, HI ACOG represents over 160 obstetrician/gynecologist physicians in our state.

Impact of Limited Contraceptive Supply Provision

- Providing a greater number of birth control pill packs at once is associated with higher continuation rates.¹
- Dispensing a greater number of birth control pill packs at once is associated with fewer pregnancy tests, fewer unplanned pregnancies, and decreased health care costs per woman.²
- ACOG and the Centers for Disease Control and Prevention (CDC) recommend prescribing or supplying up to one year of birth control pills (13 28-day pill packs), based on the woman's preferences and anticipated use.^{3,4,5}

For these reasons, **HI ACOG supports SB2319 and urges the Legislature to consider changing the language to allow provision of up to a 1-year's supply of contraception from the initial prescription, based on the prescriber's discretion.** We stand ready to provide you with factual information on medical issues that come before the Legislature, and hope you will contact us at any time.

¹ Steenland MW, Rodriguez MI, Marchbanks PA, Curtis KM. How does the number of oral contraceptive pill packs dispensed or prescribed affect continuation and other measures of consistent and correct use? A systematic review. *Contraception* 2013;87:605–10.

² Foster D, Parvataneni R, de Bocanegra H, Lewis C, Bradsberry M, Darney P. Number of oral contraceptive pill packages dispensed, method continuation, and costs. *Obstet Gynecol* 2006;108:1107–14.

³ Understanding and using the U.S. Selected Practice Recommendations for Contraceptive Use, 2013. Committee Opinion No. 577. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2013;122:1132–3.

⁴ Access to contraception. Committee Opinion No. 615. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;125:250–5.

⁵ Centers for Disease Control and Prevention. Selected Practice Recommendations for Contraceptive Use. *MMWR* 2013;62



February 2, 2016

To: Hawaii State Senate Committee on Commerce, Consumer Affairs,
and Health
Hearing Date/Time: Tuesday, February 2, 2016 (8:30 a.m.)
Place: Hawaii State Capitol, Rm. 229
Re: Testimony of American Association of University Women –
Hawaii in support of S.B. 2319, Relating to Insurance, and
offering an amendment

Dear Chair Baker and Members of the Committee,

I am grateful for this opportunity to testify in **strong support of S.B. 2319**, requiring that insurers cover a 12-month supply of prescription contraception. Plus, please amend the bill to remove the initial 3-month dispensing requirement, which will allow prescription writers to provide the best health care for their patients.

My testimony is on behalf of the approximately 400 members of the American Association of University Women (AAUW) in Hawaii, who list choice and women's reproductive health as an important current concern. My testimony is informed by my experiences teaching at the University of Hawaii at Manoa, where, almost every year, a female student in one of my classes finds herself dealing with an unplanned pregnancy.

On behalf of all these constituencies, I argue that passage of S.B. 2319 is important, with great potential to decrease unplanned pregnancy rates across the state. A major argument for moving S.B. 2319 forward is that the economic cost of not implementing this bill is far more burdensome on taxpayers than the financial cost of applying this bill. In other words, **providing 12-months of prescription contraception at a time is far cheaper than dealing with the outcomes of not providing it this way, and having women miss taking their pills.** The costs of not taking contraceptive pills are borne by taxpayers (e.g., medical costs of unplanned pregnancies, child support, etc.), and by young mothers (e.g., loss of academic opportunities, resulting in diminished employment prospects and lower wages than peers leading to a lifetime of disadvantage, etc.). Lest this information not be taken seriously, let me provide some numbers supporting this argument. A 2011 Brookings Institute analysis estimated that American "taxpayers spend about \$12 billion annually on publicly financed medical care for women who experience unintended pregnancies and on infants who were conceived unintentionally" (Monea & Thomas 2011). Additional data supports the findings that "unintended pregnancies are particularly concentrated among individuals for whom they are likely to be the most disruptive and who are less likely to have the resources needed to deal with the consequences of becoming pregnant unintentionally. Among women who are teenaged, unmarried, or low-income, the proportion of pregnancies that are unintended exceeds 60 percent" (Monea &

Thomas 2011). An examination of the 2010 unintended pregnancy rates by states demonstrates that Hawaii scores as one of the most highly ranked states (www.guttmacher.org), ultimately costing individuals and taxpayers vast amounts of dollars, which could be spent in more productive ways, if contraceptive prescriptions were dispensed in a manner suiting women. Barriers to taking contraceptive pills consistently include women's lack of access to transportation, forgetting, pharmacy not filling orders in a timely manner, pharmacists not stocking sufficient amounts of pills, etc.

In conclusion, passage of S.B. 2319 (please with the requested amendment) is an important step toward lowering barriers to contraception and improving health and wellbeing for women, their partners, and their families, and ultimately, the wider Hawaiian population.

Thank you for the opportunity to testify.

Sincerely
Susan J. Wurtzburg, Ph.D.
Policy Chair



January 31, 2016

TESTIMONY: Written only

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

From: **Hawaii Public Health Association**

Subject: **SUPPORT – SB2319** RELATING TO CONTRACEPTIVE SUPPLIES ACCESS

Hearing: February 02, 2016 at 8:30am at State Capitol Room 229

The Hawaii Public Health Association (HPHA) is an association of over 600 community members, public health professionals, and organizations statewide dedicated to improving public health. HPHA also serves as a voice for public health professionals and as a repository for information about public health in the Pacific.

HPHA supports the passage of SB2319 which requires insurers to cover 12 months of contraception coverage.

In 2010, 56% of all 16,000 pregnancies in Hawaii were unplanned. The unintended pregnancy rate was reported 61 per 1,000 women ages 15–44. Publicly supported family-planning centers aided 19,800 female contraceptive clients in 2013. These locations met 28% of women's need for contraceptive services and helped avert 4,800 unintended pregnancies in 2013. This program was projected to have prevented 2,400 unplanned births and 1,600 abortions. However, many women do not seek care for unintended pregnancy, due to scheduling issues, costs of care, or not wanting to go through an embarrassing GYN examination to obtain a doctor's prescription.

Consistent access to birth control measures gives women the opportunity to family planning, resulting in better career and educational choices, healthier pregnancies, and better financial independence. Consistent access leads to continuous use of birth control, hence decreasing unintended pregnancy rates. By mandating insurance coverage of birth control for 12 months, affordable access is feasible to women across Hawaii.



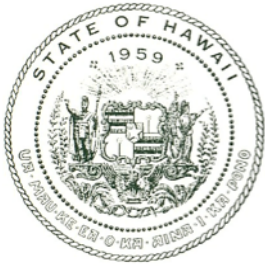
HPHA supports the encouragement of safe and accessible birth control methods for women in Hawaii. OTC contraceptives are an attainable way to prevent unintended or unwanted pregnancies and by increasing access through insurers, specific barriers will be mitigated to achieve better access.

Thank you for considering our testimony concerning **SB2319**, which requires insurers to cover 12 months of contraception coverage.

Respectfully submitted,

Hoce Kalkas, MPH
HPHA Legislative and Government Relations Committee Chair

HAWAII
STATE
COMMISSION
ON THE
STATUS
OF
WOMEN



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235 S. Beretania #407
Honolulu, HI 96813
Phone: 808-586-5758
FAX: 808-586-5756

February 1, 2016

To: Senator Rosalyn Baker, Chair
Senator Michelle Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer
Protection and Health

From: Cathy Betts
Executive Director
Hawaii State Commission on the Status of Women

Re: Testimony in Support, SB 2319, Relating to Insurance

Thank you for this opportunity to testify in support of SB 2319, which would enable women to receive up to 12 months of birth control, thereby increasing consistent usage and reducing unintended pregnancies.

100% perfect use of hormonal birth control has a failure rate of less than 5%. For women who live in rural areas, have difficulty accessing a pharmacy, or lack reliable transportation, perfect use can be a challenge, leaving them at a greater risk of having an unintended pregnancy. In fact, one in four women say they have missed pills because they could not get the next pack in time. Dispensing one-year's supply at a time reduces the odds of experiencing an unintended pregnancy by 30% and is associated with a 46% drop in the chance of needing an abortion.

Consistent use of birth control is the best way to prevent unintended pregnancy. Approximately 19% of women who inconsistently use birth control account for 43% of unintended pregnancies. Alternatively, the two-thirds of women who use birth control consistently only make up 5% of unintended pregnancies. Ensuring one year's supply of birth control will allow women crucial access to birth control that they may otherwise not have access to.

The Commission understands there may be logistical implications concerning adverse reactions and payment for coverage, and supports further discussion among stakeholders and potential revision of the bill's language. Thank you for this opportunity to provide testimony in support.

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: mrocca@hscadv.org
Subject: Submitted testimony for SB2319 on Feb 2, 2016 08:30AM
Date: Monday, February 01, 2016 3:09:54 PM

SB2319

Submitted on: 2/1/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|----------------|--|--------------------|--------------------|
| Michelle Rocca | Hawaii State Coalition Against Domestic Violence | Support | No |

Comments: HSCADV supports insurance coverage for a three month period of prescription contraceptive supply as this measure serves to eliminate barriers and improve access to the medication women need to maintain reproductive health.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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February 2, 2016

To: Senator Rosalyn Baker, Chair
Senator Michelle Kidani, Vice Chair and
Members of the Committee on Commerce, Consumer Protection, and Health

From: Jeanne Y. Ohta, Co-Chair

RE: SB 2319 Relating to Contraceptive Supplies

POSITION: SUPPORT

The Hawai'i State Democratic Women's Caucus writes in support of SB 2319 Relating to Insurance.

Women deserve affordable and accessible birth control, regardless of income or insurance carrier. Consistent access to birth control gives women the ability to control when and if they have children, giving them more career and education opportunities, healthier pregnancies, and making them less likely to depend on government programs. Today, most women have to refill their birth control every month, which is a burden for many women and leads to inconsistent birth control use.

Women's consistent access to birth control should not depend on her insurance carrier. By requiring that women get 12 months of birth control at a time, we can reduce barriers to contraceptives, prevent unintended pregnancy, and save money.

Women without reliable access to transportation or living in rural areas have more barriers to dependable access to birth control, leaving them at a greater risk for unintended pregnancies.

Forty-six percent of women who unintentionally became pregnant report that they were using some form of contraceptives; providing one year of birth control at a time will increase consistent use and reduce unintended pregnancy.

The Hawai'i State Democratic Women's Caucus is a catalyst for progressive, social, economic, and political change through action on critical issues facing Hawaii's women and girls. It is because of this mission that we respectfully request that the committee pass this bill.

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: laurie.field@ppvnh.org
Subject: Submitted testimony for SB2319 on Feb 2, 2016 08:30AM
Date: Sunday, January 31, 2016 1:37:50 PM
Attachments: [2016.2.2.pdf](#)

SB2319

Submitted on: 1/31/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|--------------|---|--------------------|--------------------|
| Laurie Field | Planned Parenthood Votes Northwest and Hawaii | Support | Yes |

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: mhelcock@me.com
Subject: Submitted testimony for SB2319 on Feb 2, 2016 08:30AM
Date: Sunday, January 31, 2016 12:26:14 PM

SB2319

Submitted on: 1/31/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|-------------------|--------------|--------------------|--------------------|
| Margaret H Elcock | LWV | Comments Only | No |

Comments: This bill is very important and will help women with birth control

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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January 31, 2016

TESTIMONY: Written only

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Members of the Senate Committee on Commerce, Consumer Protection, and Health

From: **Hawaii Public Health Association**

Subject: **SUPPORT – SB2319** RELATING TO CONTRACEPTIVE SUPPLIES ACCESS

Hearing: February 02, 2016 at 8:30am at State Capitol Room 229

The Hawaii Public Health Association (HPHA) is an association of over 600 community members, public health professionals, and organizations statewide dedicated to improving public health. HPHA also serves as a voice for public health professionals and as a repository for information about public health in the Pacific.

HPHA supports the passage of SB2319 which requires insurers to cover 12 months of contraception coverage.

In 2010, 56% of all 16,000 pregnancies in Hawaii were unplanned. The unintended pregnancy rate was reported 61 per 1,000 women ages 15–44. Publicly supported family-planning centers aided 19,800 female contraceptive clients in 2013. These locations met 28% of women's need for contraceptive services and helped avert 4,800 unintended pregnancies in 2013. This program was projected to have prevented 2,400 unplanned births and 1,600 abortions. However, many women do not seek care for unintended pregnancy, due to scheduling issues, costs of care, or not wanting to go through an embarrassing GYN examination to obtain a doctor's prescription.

Consistent access to birth control measures gives women the opportunity to family planning, resulting in better career and educational choices, healthier pregnancies, and better financial independence. Consistent access leads to continuous use of birth control, hence decreasing unintended pregnancy rates. By mandating insurance coverage of birth control for 12 months, affordable access is feasible to women across Hawaii.



HPHA supports the encouragement of safe and accessible birth control methods for women in Hawaii. OTC contraceptives are an attainable way to prevent unintended or unwanted pregnancies and by increasing access through insurers, specific barriers will be mitigated to achieve better access.

Thank you for considering our testimony concerning **SB2319**, which requires insurers to cover 12 months of contraception coverage.

Respectfully submitted,

Hoce Kalkas, MPH
HPHA Legislative and Government Relations Committee Chair



To: Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair

DATE: Tuesday, February 2, 2016
TIME: 8:30 A.M.
PLACE: Conference Room 229

From: Hawaii Medical Association
Dr. Scott McCaffrey, MD, President
Dr. Linda Rasmussen, MD, Legislative Co-Chair
Dr. Ronald Keinitz, MD, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: SB 2319, Relating to Insurance

Position: Support

Dear Senator Baker, Senator Kidani, and Committee Members,

The Hawaii Medical Association support the position of the Hawaii Section of the American Congress of Obstetricians and Gynecologists in support of SB2319 and other legislative proposals that promote increased access to contraception.

Impact of Limited Contraceptive Supply Provision

- Providing a greater number of birth control pill packs at once is associated with higher continuation rates.¹
- Dispensing a greater number of birth control pill packs at once is associated with fewer pregnancy tests, fewer unplanned pregnancies, and decreased health care costs per woman.²
- ACOG and the Centers for Disease Control and Prevention (CDC) recommend prescribing or supplying up to one year of birth control pills (13 28-day pill packs), based on the woman's preferences and anticipated use.^{3,4,5}

For these reasons, **HMA supports SB2319 and urges the Legislature to consider changing the language to allow provision of up to a 1-year's supply of contraception from the initial prescription, based on the prescriber's discretion.** We stand ready to provide you with factual information on medical issues that come before the Legislature, and hope you will contact us at any time.

OFFICERS

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TREASURER – MICHAEL CHAMPION, MD, EXECUTIVE DIRECTOR – CHRISTOPHER FLANDERS, DO

¹ Steenland MW, Rodriguez MI, Marchbanks PA, Curtis KM. How does the number of oral contraceptive pill packs dispensed or prescribed affect continuation and other measures of consistent and correct use? A systematic review. *Contraception* 2013;87:605–10.

² Foster D, Parvataneni R, de Bocanegra H, Lewis C, Bradsberry M, Darney P. Number of oral contraceptive pill packages dispensed, method continuation, and costs. *Obstet Gynecol* 2006;108:1107–14.

³ Understanding and using the U.S. Selected Practice Recommendations for Contraceptive Use, 2013. Committee Opinion No. 577. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2013;122:1132–3.

⁴ Access to contraception. Committee Opinion No. 615. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;125:250–5.

⁵ Centers for Disease Control and Prevention. Selected Practice Recommendations for Contraceptive Use. *MMWR* 2013;62

February 2, 2016

The Honorable Rosalyn H. Baker, Chair
The Honorable Michelle N. Kidani, Vice Chair
Senate Committee on Commerce, Consumer Protection
and Health

Re: SB 2319 – Relating to Insurance

Dear Chair Baker, Vice Chair Kidani, and Committee Members:

The Hawaii Medical Association (HMSA) appreciates the opportunity to testify on SB 2319 which would require insurers to cover a three-month period for the first dispensing of prescription contraceptive supplies to an insured followed by a twelve-month period for the subsequent dispensing of the same contraceptive supply to the insured.

While HMSA certainly supports the intent of SB 2319, we do have questions which should be addressed should this bill advance:

- Is it the intent of SB 2319 in its current form to require issuers to reimburse providers who are not part of the preferred issuer network?
- Does the bill require an employer group to assume future premium costs for individuals who may not be employed with it for the twelve months of coverage required by this proposed statute?
- There is also a concern with the high potential of waste with a twelve month supply of contraception; examples include, but are not limited to, the medication being found to be less effective than previously thought, unintended side effects, outdated medications if they are not taken in compliance with the prescription, medication loss, etc. Alternatively, a prescription that allows for refills up to a year could be better monitored.
- Medicaid managed care programs have a high degree of volatility in terms of eligibility which may make a twelve month supply less reasonable than a thirty or ninety day supply.

Again, we appreciate the intent of SB 2319 to expand access to necessary prescription contraceptives and look forward to working with the Committee to address the questions and concerns raised herein.

Thank you for allowing us to testify on SB 2319.

Sincerely,



Jennifer Diesman
Vice President, Government Relations.

To: Hawaii State Senate Committee on Commerce, Consumer Affairs and Health
Hearing Date/Time: Tuesday, February 2, 2016, 8:30 a.m.
Place: Hawaii State Capitol, Rm. 229
Re: Testimony in support of S.B. 2319

Dear Chair Baker and Members of the Committee,

I am a college student who is writing in support of S.B. 2319, which requires insurers to cover a twelve-month supply of prescription contraception.

I have been using prescription contraception for the past five years. Because I live rather far from my family's preferred pharmacy and because I am a student with an inconsistent schedule, having access to a one-year's supply of birth control at a time would increase consistent usage and reduce unintended pregnancies. I have missed pills in the past because I could not get the next pack in time, which puts myself at a higher risk of experiencing unintended pregnancies.

I am also the President of Planned Parenthood Generation Action at University of Hawai'i at Manoa, a registered independent organization of college students. Generation Action is dedicated to advocating for women's full equality in health care access and supports S.B. 2319 because it will go far to reduce the barriers that women face when attempting to access consistent and reliable contraception. By guaranteeing women's access to a full 12 month supply of contraception at one time, S.B. 2319 will make contraception more accessible and have the effect of reducing unintended pregnancy and its associated costs to taxpayers.

Thank you for this opportunity to testify in support of S.B. 2319 and to offer an amendment to further increase women's access to health care and reduce unintended pregnancy and its cost to taxpayers.

Sincerely,
Megan Tabata
Student, University of Hawai'i at Manoa

Dear Chair Baker and the Members of the Committee,

I support S.B. 2319 as a woman who is negatively impacted by the current 1-3 month supply rule for birth control. I am covered by Med Quest and am only able to receive one month of birth control pills at a time. This restricts my access to a consistent supply of birth control pills because as a recent college graduate with two part time jobs, who is volunteering and job hunting, I am more burdened with the added cost of monthly trips to the pharmacy.

I know that the last thing I want or need is to have an unplanned pregnancy. I believe my chances of that are increased since my access to pills are restricted as birth control pills are only effective if taken perfectly. For instance, I do not have access to reliable transportation so I must take more time out of my schedule to walk or take the bus to the pharmacy. Additionally, I encounter issues with the pharmacist when I go in. On more than one occasion the pharmacist has told me that I can't refill my prescription for another week when I'm supposed to take another pill the next day. Another time, I called in the prescription for refill and when I came in, they told me that no one filled it and I'd have to come back the next day. Whether it is due to a busy schedule, transportation, or a difficult pharmacist, my story is just one of many women whose livelihoods are at stake for an unintended pregnancy do to the barrier of access. As a young woman who wants to ensure her future, it is very important that I can obtain consistent access to birth control and this bill would greatly support that.

Sincerely,

Ashley Gandiza

To: Hawaii State Senate Committee on Commerce, Consumer Affairs and Health
Hearing Date/Time: Tuesday, February 2, 2016, 8:30 a.m.
Place: Hawaii State Capitol, Rm. 229
Re: Testimony of Planned Parenthood of Hawaii in support of S.B. 2319
Relating to Insurance, and offering an amendment

Dear Chair Baker and Members of the Committee,

My name is Bryan Sarte and I am writing to inform you that I support S.B. 2319 which requires insurers to cover a twelve month supply of prescription contraception. However, we request that the committee remove the three months of initial dispensing requirement so that prescribers together with their patients are able to make the best decisions for patients' health care.

By advocating for women's full equality in health care access and supporting S.B. 2319, it minimizes the barriers that women face when attempting to access consistent and reliable contraception. By guaranteeing women's access to a full 12 month supply of contraception at one time, S.B. 2319 will make contraception more accessible and have the effect of reducing unintended pregnancy and its associated costs to taxpayers.

As a Public Health major, I want to promote wellness and healthy quality of life to everyone. Senate Bill 2319 will guarantee women 12 months access of birth control at their own home. When insurers cover a full year of birth control, the women who are taking them won't have to worry about going to their providers multiple times a year to their prescription. Sometimes, lack of transportation, move frequently, struggle to balance work family, and trips to the pharmacy can be challenging.

I took a class called "Introduction to Human Sexuality" and birth control was one of the chapters we went over. I learned that in order for a birth control to be effective, it has to be used consistently which help reduce unplanned pregnancy.

Thank you for giving me this opportunity to testify in support of S.B. 2319.

Sincerely,
Bryan Sarte

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: sara.hoerlein@gmail.com
Subject: *Submitted testimony for SB2319 on Feb 2, 2016 08:30AM*
Date: Monday, February 01, 2016 10:02:47 AM

SB2319

Submitted on: 2/1/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------|--------------|-----------------------|-----------------------|
| Sara Hoerlein | Individual | Support | No |

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: dylanarm@hawaii.edu
Subject: *Submitted testimony for SB2319 on Feb 2, 2016 08:30AM*
Date: Wednesday, January 27, 2016 7:01:53 PM

SB2319

Submitted on: 1/27/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|-----------------|--------------|-----------------------|-----------------------|
| Dylan Armstrong | Individual | Support | No |

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: lvweiland@yahoo.com
Subject: Submitted testimony for SB2319 on Feb 2, 2016 08:30AM
Date: Saturday, January 30, 2016 3:34:23 PM

SB2319

Submitted on: 1/30/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------|--------------|--------------------|--------------------|
| linda weiland | Individual | Comments Only | No |

Comments: Requested Amendment We respectfully request that this committee remove language in (d)(1) that allows insurers to cover only a “three-month period for the first dispensing of prescription contraceptive supplies to an insured” and instead add language after (d)(2) to the effect that the bill does not preclude physicians from prescribing less than 12 months dispensing upon initial prescription of a new drug. We understand the concern that patients not receive an entire year’s supply when first receiving the prescription, and that is why most providers already only prescribe three months upon initial dispensing and then require follow-up care. This amendment will ensure that doctors and patients can continue to communicate about the best course of treatment rather than allowing insurers to make that decision. Thank you for this opportunity to testify in support of S.B. 2319 and to offer an amendment to further increase women’s access to health care and reduce unintended pregnancy and its cost to taxpayers.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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