Ensuring Access to Affordable Contraception

Ensuring insurance coverage of all forms of contraception

Lilah Kleban '17
Emma Kraft '16

The Patient Protection and Affordable Care Act (PPACA) was signed into law on March 23, 2010, and with it came the requirement that most private plans provide coverage for women’s preventive health care, including all prescribed FDA-approved contraceptive services and supplies, without cost-sharing. Insurance companies are not fully covering all forms of contraception, which they are legally required to do according to the Patient Protection and Affordable Care Act. This bill calls for guaranteed coverage of therapeutic equivalents and alternatives to contraceptives. The bill also redefines the rights that church-affiliated employers have over contraceptive coverage for their employees, who were previously exempt from all contraceptive coverage.

The Bill

S.483/H.948: An Act relative to women’s health and economic equity

Elevator Speech

My name is [Lilah Kleban/Emma Kraft] and I’m a student at Brandeis University, studying sociology with concentrations in women and gender studies and social justice and social policy.

We are young women planning our futures. As we’re preparing to graduate, I’m thinking about whether to not I want to go to graduate school, what career I want, where I want to live, and eventually, family planning. Part of family planning is having access to contraception.

However, if I decide to stay in Massachusetts after graduation, I won't have full access to contraception.

Even though the Affordable Care Act – inspired by Massachusetts’ historic health care achievement in 2006 – guarantees us contraception, insurance companies are finding loopholes to avoid covering all methods of FDA-approved contraception. Women aren't guaranteed the choice between the best contraception methods, such as an IUD versus the pill. To date, Massachusetts has chosen not to act – and we are seeing the consequences.
The most recent data shows that in the course of one year in Massachusetts, there were 54,000 unintended pregnancies, of which 13,000 resulted in publicly funded births. The preventative cost would have been $5 million, but instead, these unintended pregnancies cost the government $350 million. Instead of focusing on the cost of covering contraceptives for all women, we want you to focus on the astronomical cost of not addressing the consequences.

Senate Bill 483 will close these loopholes and let women and their doctors decide the best form of contraception for their health needs, which means women like us can better plan our futures. This bill will allow women to choose with their doctors the best contraception for their health needs and lifestyles.

Given Massachusetts’ rich and proud history of planning for the health and well-being of its residents, we think this bill is a natural addition to its healthcare legacy. Please support Senate Bill 438 by voting it favorably out of the Committee of Financial Services and encourage your colleagues to do the same.

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**House Ways and Means Script**

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However, if I decide to stay in Massachusetts after graduation, I won’t have full access to contraception.

Senator Spilka, your petition for Senate Bill 335, An Act relative to special education reimbursements, works for similar equity that we want for women’s health. One of the fundamental ideas behind reimbursements for special education is that ascribed qualities, such as learning disabilities, should not determine a person’s ability to participate in society on equal terms.

Senate Bill 483 will close these loopholes and let women and their doctors decide the best form of contraception for their health needs, which means women like us can better plan our futures. This bill will allow women to choose with their doctors the best contraception for their health needs and lifestyles to address family planning and encourage equal terms with men.

We know you understand the importance of women’s involvement in the workforce from your resolution encouraging equitable and diverse gender representation on the boards of companies in the Commonwealth. By allowing women to make decisions about when they would like to have children, the Commonwealth is encouraging and allowing women to participate in the workforce on equal terms with men and eventually hold positions of power in the workforce. We also know you are already working to make working conditions more equitable for women from your support of the recent pay equity legislation.

Even though the Affordable Care Act – inspired by Massachusetts’ historic health care achievement in 2006 – guarantees us contraception, insurance companies are finding loopholes to avoid covering all methods of FDA-approved contraception. Women aren’t guaranteed the choice between the best contraception methods, such as an IUD versus the pill. To date, Massachusetts has chosen not to act – and we are seeing the consequences.

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When the average cost of a monthly birth control pill, hormonal patch, and NuvaRing is between $15 and $50, covering contraception for those 13,000 women would have been between $2 million and $8 million. Even a higher-cost method like an IUD which can cost anywhere from $500 to $1000 would still only cost about $7 million a year because this method is effective for five years.

However, unintended pregnancies can cost the state upwards of $350 million – just for the birth. Many of these women and their children will likely be eligible for Medicaid, receive SNAP and social security benefits, all of which further utilize public funding until that child is at least 18. The Guttmacher Institute estimated that for every dollar spent to utilize public funding until that child is at least 18. The Guttmacher Institute estimated that for every dollar spent to provide publicly-funded contraceptive services, an average of $4.02 is saved in Medicaid expenses on births.

Instead of focusing on the cost of covering contraceptives for all women, we want you to focus on the astronomical cost of not addressing the consequences. Senate Bill 483 will close these loopholes and let women and their doctors decide the best form of contraception for their health needs, which means women like us can better plan our futures. This bill will allow women to choose with their doctors the best contraception for their health needs and lifestyles.

Given Massachusetts’ rich and proud history of planning for the health and well-being of its residents, we think this bill is a natural addition to its health care legacy. Please support Senate Bill 438 by voting it favorably out of the Committee of Ways and Means and encourage your colleagues, including your co-chair Representative Dempsey, on the committee to do the same.
Letter to the Legislator

We are young women planning our futures. As we prepare to graduate, we are thinking about whether to not we want to go to graduate school, what careers we want, where we want to live, and eventually, family planning. One crucial aspect of responsible family planning is having access to contraception.

We are writing to you with specific concerns regarding health care for women – concerns that, given your sponsorship of S.626, we believe will resonate deeply with you. S.483, An Act relative to women’s health and economic equity, will uphold what is guaranteed under the ACA and will see that contraception coverage is, in fact, covered and easily accessible for women in Massachusetts.

However, if we decide to stay in Massachusetts after graduation, we will not have full access to contraception. Even though the Affordable Care Act – inspired by Massachusetts’ historic healthcare achievement in 2006 – guarantees us contraception, insurance companies are finding loopholes to avoid covering all methods of FDA-approved contraception. Women are not guaranteed the choice between the best contraception methods, such as an IUD versus the pill.

To date, Massachusetts has chosen not to act – and we are seeing the consequences.

The most recent data shows that in the course of one year in Massachusetts, there were 54,000 unintended pregnancies, of which 13,000 resulted in publicly funded births. The preventative cost would have been $5 million, but instead, these unintended pregnancies cost the government $350 million. Instead of focusing on the cost of covering contraceptives for all women, we want you to focus on the astronomical cost of not addressing the consequences.

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Given Massachusetts’ rich and proud history of planning for the health and well-being of its residents, we think this bill is a natural addition to its healthcare legacy. Will you vote for S.438 favorably out of the Joint Committee on Financial Services and encourage your colleagues to do the same?

Excerpts from Campaign Journals

Lilah

Hearing stories from specific women about their own experiences trying to get contraception is frustrating and is relatable. However, hearing about these frustrations from a medical professional’s point of view was overwhelming. When the process is so complicated for one person to constantly make back-and-forth phone calls, it is daunting how one nurse or doctor balances multiple cases, while they still have their routine jobs to do. This meeting [with Diana Denning] was successful in understanding the different complications that women and doctors face when trying to get contraceptives.

... This meeting was a turning point for how I interacted with other policymakers: I can say my facts in a convincing way, talk about the injustices in the healthcare system, but bringing the focus to myself changes the dynamic in the room. When speaking to Joseph Masiangioli, talking about myself made the conversation personable and relatable. When speaking to the legislative aide for Representative Holmes, who is “pro life” and responded to us primarily as young girls, making myself the subject made it more difficult for him to tell us “no,” because he was faced with someone directly affected. Sometimes, this tactic was really effective. However, any legislator who said they were “pro life” required careful treading. I had to learn to balance between being convincing and personal, while not being accusatory.

Emma

[The meeting with the aide] was really exciting as the legislative aide was helpful, supportive, and nice. She was happy to hear what we had to say and excited that we were doing this work. It made me realize that even when we were not working with a coalition, as young, female college students, we still had legitimacy and the proper knowledge when speaking about the issue. I also realized how young much of the staff at the State House is and how that makes it easier to connect with the people working there as young people advocating for legislation. It’s much easier to be an advocate than anyone realizes. I think, however, not many people necessarily have the time or knowledge to devote to advocating even if they are very supportive of certain legislation. We were very lucky to be at a university that presented us with the opportunity to do this type of work and that provided us with the tools to be knowledgeable advocates about legislation: not everyone has that privilege!

Update

On June 9, 2016, the bill was ordered to study and as of this publication was discharged to the House Committee on Rules.

View the Bill:
malegislature.gov/Bills/189/House/H948

For more information