

**Fiscal:** Has minimal fiscal impact

**Revenue:** No Revenue Impact

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**Action Date:** 05/27/15

**Action:** Do Pass The A-Eng Bill.

**Meeting Dates:** 05/18, 05/27

**Vote:**

Yeas: 5 - Knopp, Kruse, Monnes Anderson, Shields, Steiner Hayward

**Prepared By:** Zena Rockowitz, Committee Administrator

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**WHAT THE MEASURE DOES:**

Requires insurers that cover prescription contraceptives to reimburse health care provider or dispensing entity for 3-month supply of contraceptives and for a 12-month period after the initial 3-month period.

**ISSUES DISCUSSED:**

- Cost precedent for 12-month supply of any prescription
- Continuity of a specific contraceptive product
- Churning of enrollees on health insurance plans
- Ability to monitor for adverse side effects
- Impact of dispensing on reducing patient visits and encouraging continuation of contraceptives
- Contraceptives role in prevention of unintended pregnancies
- Storage of contraceptives
- Traveling to get multiple refills for patients in rural communities
- Administrative burden to providers, pharmacists and patients

**EFFECT OF COMMITTEE AMENDMENT:**

No amendment.

**BACKGROUND:**

Oral contraceptives (the pill) are hormonally active pills which are usually taken by women on a daily basis. They contain either two hormones combined (progestin and estrogen) or a single hormone (progestin). Combined oral contraceptives suppress ovulation. In 2013, the Centers for Disease Control (CDC) and Prevention issued recommendations for contraceptive use that included unnecessary barriers from providers such as limited dispensing. The American College of Obstetricians and Gynecologists issued an opinion encouraging members to follow the CDC's guidelines.