

Dear Chair Abney and honorable members of the House Committee on Finance,

My name is Alice Lin. I am a resident of Providence, RI. I am a 3rd year medical student at Brown University.

I am testifying in support of House Bill 7323 (Rep. Alzate). This bill updates the existing Rhode Island state law mandating coverage of contraception enacted in 2000 in order to ensure access to all FDA-approved methods, limit insurer restrictions, require coverage of contraception-related services, and ensure no-cost sharing coverage for FDA-approved over-the-counter contraception.

*Access to contraceptives plays a critical role in improving health outcomes and economic security. Birth control use is nearly universal. Ninety-nine percent of all sexually experienced women and 98% of sexually experienced Catholic women have used it at some point in their lives. The Affordable Care Act (ACA) expanded coverage for, and therefore access to, birth control for millions of women. However, over time, we have seen gaps in coverage arise, and we are all too aware that we cannot rely on federal protections for our healthcare at this moment in time. In 2023 the Rhode Island General Assembly codified in state law the ACA's protections for no-cost share preventive services. This was critically important to preserve affordable access to contraception. But we can, and must, go farther to ensure everyone in our state can get the birth control they need. It's essential to update the existing Rhode Island state law that mandates coverage of contraception enacted in 2000 to:*

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- *Require*
- *insurance coverage of all FDA-approved contraceptive drugs, devices, and other products; voluntary sterilization; comprehensive contraceptive counseling; and other related services including device insertion and removal;*
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- *Strictly*
- *limit the ability of insurers to impose restrictions and delays;*
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- *Require*
- *insurers to cover, under the existing no-cost-share provision, alternative therapeutic options if the covered option in the insured's plan is not tolerated by the patient or is medically inadvisable.*
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- *Require*
- *coverage of over the counter contraceptives without a prescription; and*
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- *Ensure*
- *Medicaid coverage for a twelve (12) month supply of contraceptives.*
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*We know this will work; studies show that contraceptive coverage requirements lower out-of-pocket costs, improve contraception use and adherence, and increase utilization of long-acting reversible contraceptives (LARCs), some of the most effective forms of pregnancy prevention. Before the ACA's birth control benefit went into effect, contraception accounted for 30% to 44% of women's out-of-pocket health care costs. We cannot*

*risk going back to an era where women paid more for health care simply because of their gender.*

I strongly support passing House Bill 7323 to safeguard no-copay birth control, building on a critical ACA health insurance benefit, in our state law. Preventive reproductive care — including birth control — is basic health care and everyone needs access to the contraceptive method that is right for their life. This is not just a health issue, it's an economic issue. Thank you for your time and consideration.

Sincerely,

Alice Lin

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