



MEMORANDUM IN OPPOSITION

FOR IMMEDIATE RELEASE: JANUARY 21, 2016

Re: S.6013-A (Bonacic)/A.8135-B (Cahill) – AN ACT to amend the insurance law, the social services law, in relation to requiring health insurance policies to include coverage of all FDA-approved contraceptive drugs, devices, and products, as well as voluntary sterilization procedures, contraceptive education and counseling, and related follow up services and prohibiting a health insurance policy from imposing any cost-sharing requirements or other restrictions or delays with respect to this coverage.

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This legislation, S.6013-A/A.8135-B, mandates that health insurance policies in New York cover **all** Food and Drug Administration (FDA) approved contraceptive drugs, devices and products, as well as voluntary sterilization procedures, contraceptive education and counseling, and related follow up services, while prohibiting a health insurance policy from imposing any cost-sharing requirements or other restrictions or delays with respect to this coverage. The New York Health Plan Association (HPA) opposes this legislation because it is inconsistent with federal contraceptive coverage policy under the Affordable Care Act (ACA) and would create a new health insurance mandate, which would result in increased costs for individuals and employers purchasing health insurance in New York.

The ACA implementing regulations (45 CFR 147.130) require that health plans provide coverage for preventive services, and prohibit imposition of cost-sharing requirements for those services. Federal guidance issued in February of 2013 stated that health plans may not limit coverage to one type of contraceptive, such as oral contraceptives, but must provide access to the “full range” of FDA-approved contraceptive methods. Additional federal guidance, issued May 11, 2015, provided clarification that “[p]lans and issuers must cover without cost sharing at least one form of contraception in each of the methods that the FDA has identified for women in its current Birth Control Guide.” As a result of the federal guidance, as of October 1, 2015 all health plans in New York cover: at least one form of contraception in each of the methods the FDA has identified for women (currently 18); coverage of services related to follow-up and management of side effects, counseling for continued adherence; and device removal — all without cost-sharing.

The bill as drafted goes **beyond** the ACA’s essential health benefits requirements, creating new mandated contraceptive coverage that would include emergency contraception when prescribed through a prescription or a non-patient specific order, a year’s worth of contraception, and voluntary sterilization procedures for men and women. These benefits are not currently required under the ACA, and will create an inconsistency between New York and federal standards developed under President Obama.

Creating this new level of benefits will also add costs for the state itself. As part of Affordable Care Act, any state health insurance mandate imposed after January 1, 2012, for purposes of the “essential health benefit package” will require the state to pick up the costs associated with the new mandate for those receiving Medicaid or insurance through the health insurance exchange.

As many New Yorkers continue to struggle to afford the health insurance coverage they have, and with the state continuing its efforts to implement federal health care reform and expand access to coverage to more New Yorkers, this bill is ill advised. We urge you to say no to S.6013-A/A.8153-B and to seek solutions that will make insurance more affordable and available to more New Yorkers.

The New York Health Plan Association represents 25 managed care health plans that provide comprehensive health care services to nearly 7 million New Yorkers.