



Kachemak Bay Family Planning Clinic
3959 Ben Walters Lane
Homer, Alaska 99603
(907)235-3436



Health and Social Services Committee
State of Alaska Legislature

HB 25 Insurance Coverage of Contraceptives

I served as the Clinic Manager at Kachemak Bay Family Planning Clinic from 2003-2016 when I was hired as the Executive Director; I represent my organization when I speak today. I also serve on the Alaska Medicaid Care Advisory Committee (MCAC) and I am a Homer City Councilmember but I am not speaking on their behalf. I have two teenage children who have greatly benefitted from participating in comprehensive reproductive and sexual health curricula at Homer Middle and High Schools.

I write to provide my opinion about expanded access to cyclical birth control methods which has been formed by both my own experiences and from evidence based studies, which I will include references to.

With perfect use, hormonal birth control has a failure rate of less than 5%, but for women who lack access to transportation, move frequently, or struggle to balance work and family, monthly trips to the pharmacy make perfect use challenging. This is especially a concern in rural areas. While our clinic is in Homer we serve clients as far away as Ninilchik, Nikolaevsk, Vosnesenka and across the Bay in Seldovia and Halibut Cove. We also serve women who work or fish in remote areas for months at a time.

About 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; 19% of women who inconsistently use birth control account for 43% of unintended pregnancies whereas the two-thirds of women who use birth control consistently only make up 5%. When we talk about the timing of inconsistent contraceptive use, most often the reason is given that the next cycle wasn't on hand to start on time.

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.

Insurance plans that dispense one-year's supply of birth control instead of limit dispensing to one or three cycles lower their direct costs on follow-up visits and pregnancy tests, as well as long-term unintended pregnancy management.

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.

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. A supply for 12 months may require up to 17 packs/cycles of a contraceptive method, depending on the instructions for use.

- Research from California's family planning Medicaid expansion program, Family PACT, has demonstrated the impact of contraceptive coverage policies encouraging expanded dispensing practices. Specifically, researchers found that dispensing a 1-year supply of oral contraceptives was associated with a significant reduction (30%) in the odds of

conceiving an unplanned pregnancy compared with dispensing just one or three packs. *Foster DG, Hulett D, Bradsberry M, Darney P, & Policar M. Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies. Obstetrics and Gynecology, 2011: 117(3), 566-572.*

- The recently released Centers for Disease Control report, "Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs" reinforces this standard. The report explicitly recommends providing or prescribing multiple cycles (ideally a full year's supply) of oral contraceptive pills, the patch, or the ring to minimize the number of times a client has to return to the service site. *Gavin L, Moskosky MS, Carter M, et al. Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR 2014: 63(4).*

Considerations

- It is unclear how a health benefit plan/prescription benefit program would determine whether an insured member had previously received the same contraceptive under a different program, plan, or policy. Decisions regarding how many cycles of contraceptives to prescribe are made by the insured's health care provider. If the health care provider determines that a 12-month cycle of contraceptives for a new member is warranted, the health benefit plan/prescription benefit program would have no way of determining whether this was the first dispensing of the contraceptive or a subsequent dispensing.

And, thinking about money and associated costs, you might have concerns about whether 12 month supplies would result in wastage. Anecdotal experience from my clinic is that after an initial 3 or 4 month trial period clients are confident whether or not they tolerate, like and will continue to use a method.

This anecdote is supported by analysis conducted by Rachel Linz, Epidemiologist for the Public Health Division of the Oregon Health Authority. Ms. Linz conducted a 2 year analysis of data from a program in Oregon that dispensed 12 months of contraception at a time.

Overall, she found that fewer than 2% of the clients received more than 35 cycles of the pill, patch, and/or ring within a 2-year period. The analysis used 35 units as the cut-off because for those clients taking continuous use birth control, 34 packs are needed over a 2-year period. Regardless of whether a client received one method (e.g. pill only) or multiple methods (e.g. pill, then ring) over the 2-year period, the overall percentage of clients receiving an excessive quantity was almost negligible (1.2%). This data indicates that receiving more than a 12-month supply over a 1-year period is extremely rare.

I realize that you may have already heard much of this officially researched data. I want to also share with you the unique way that working at KBFPC allows me to see the benefits of providing 12 month supplies in action. KBFPC is a Title X clinic, as such we are able to provide contraceptive supplies directly to clients on a sliding scale that goes as low as 100% discount. We serve some clients that have no other coverage, or are unable to use it because of confidentiality reasons. For many years now we have provided clients with up to a 12 month supply after they have established that a method works for them. We have other clients that use their insurance or Medicaid as primary coverage and revert to our sliding scale for elements that insurance doesn't cover. All Medicaid clients and some of the private insurance clients have to get their supplies from a regular pharmacy, usually in 1 or 3 month quantities. Clients that have to make repetitive trips to the pharmacy are more often the ones that discontinue use of the method or use it inconsistently.

HB 25 is important and will positively impact the health of Alaska's women, while providing a substantial saving by reducing unplanned pregnancies.

Yours,

Catrina Reynolds



Planned Parenthood Votes Northwest and Hawaii

Representative Claman
Alaska State Capitol
Juneau, AK 99801

Re: House Bill 25

February 15th, 2017

Dear Representative Claman,

On behalf of Planned Parenthood Votes Northwest and Hawaii, I write today to thank you for your leadership and for introducing legislation to expand birth control access in Alaska. As a health care provider that serves thousands of low-income individuals every year, we have long supported sincere efforts to expand access to birth control.

For more than 100 years, Planned Parenthood has provided birth control and other high-quality health care across the nation. In Alaska alone we serve more than 7,700 patients, which includes providing birth control to nearly 3,000 women. We believe that every woman should have full access to the birth control method that works best for her, without barriers based on cost or availability. House Bill 25 would remove such barriers and give women more career and education opportunities, encourage healthier pregnancies, and make them less likely to depend on government programs.

Providing a year's supply of birth control at a time is a solution that works for women. For many women who live in rural communities, lack reliable access to transportation, or struggle to balance work and family, a monthly trip to the pharmacy can be an insurmountable barrier to using birth control consistently. Consistent use of birth control is the best way to prevent unintended pregnancy, but one in four women say they have missed pills because they could not get the next pack in time. Getting a full year's supply at one time dramatically improves consistent use. According to a study published in *Obstetrics & Gynecology*, dispensing a full year's supply at a time reduces the odds of experience an unintended pregnancy by 30% and is associated with a 46% drop in the chance of needing an abortion. It is also cost effective for both public and private insurance plans, which lower their direct costs on follow-up visits, pregnancy tests, and long-term costs associated with unintended pregnancies.

Women's consistent access to birth control should not depend on her insurance carrier. We appreciate your leadership and hard work to expand birth control access for Alaska women and look forward to supporting your efforts.

Sincerely,

A handwritten signature in black ink that reads 'Alyson Currey'.

Alyson Currey
Legislative Liaison

Planned Parenthood Votes Northwest & Hawaii
3231 Glacier Hwy, Juneau, AK 99801
907.957.8708 | alyson.currey@ppvnh.org



The League of Women Voters

A Voice For Citizens, A Force For Change

P.O. Box 101345, Anchorage, AK 99510-1345

February 24, 2017

Dear Representative Claman and Members of the House Health & Social Services Committee:

The League of Women Voters of Alaska strongly supports HB 25, a bill related to insurance coverage for contraceptives and other services that reduce the risk of unintended pregnancies. At the national level, the League of Women Voters of the United States supports primary care for all, care that includes “prenatal and reproductive health.” When women have the consistent ability to plan their pregnancies, their families benefit through greater financial well-being, healthier living conditions, healthier children, greater opportunities, and a myriad of additional benefits.

While improving the quality of life for families, the ability to avoid unintended pregnancies also reduces costs for state and federal governments. In 2010 according to the Guttmacher Institute, the State of Alaska spent nearly \$43 million on health costs related to unintended pregnancies while the federal government added another \$71 million for a total cost of \$114 million. Guttmacher reports that 48% of all pregnancies in Alaska in 2010 were unplanned and 64% of Alaska's unplanned pregnancies were publicly funded, representing the \$43 million cost.

In addition, the cost benefits of supporting women in their efforts to plan their pregnancies goes far beyond the cost of the pregnancy itself. A woman who is able to plan a pregnancy can better guarantee that her health is at optimum level prior to pregnancy, reducing the risk of a difficult pregnancy and trauma to the child. Such planning reduces the possibility of increased health problems for the child, problems which can follow the child for years and require increased health and education costs for the State. A planned pregnancy increases a woman's ability to manage her role as income provider for a family and allows that family the best opportunity to remain as financially independent as possible. Supporting affordable contraceptives prescribed on a 12-month basis will undoubtedly reduce the number of unintended pregnancies in Alaska, thereby increasing family well-being and reducing State costs.

HB 25 can assist women and families to plan pregnancies so they are ready for the added responsibility of a child. In addition, costs to the State for unintended pregnancies can be reduced. This is a win-win bill that deserves consideration by the Legislature especially as it struggles with the budget crisis. Thank you for your consideration.

Sincerely,

League of Women Voters of Alaska, Board of Directors

Pat Redmond, President; Judy Andree, Vice-President; Carol Dickason, Treasurer; Gail Knobf, Secretary; Marianne Mills, Past President; Directors Lois Pillifant, Hetty Barthel, Phyllis Tugman-Alexander, & Diane Mathisen.

The League of Women Voters is a nonpartisan political organization that encourages the informed and active participation of citizens in government and influences public policy through education and advocacy.

Lizzie Kubitz

From: Dr Tomsen [REDACTED]
Sent: Monday, February 27, 2017 3:48 PM
To: Lizzie Kubitz
Subject: RE: Potential letter of support for House Bill 25

Lizzie,

Absolutely I remain in support, and would be glad to help, as I did last year via Katie Bruggeman for Sen. Berta Gardner in her effort to get women access to a years' worth of contraceptives at a time.

You may be familiar already with the CHOICE study, but if you are not I highly recommend you read up on it at <http://www.nejm.org/doi/full/10.1056/NEJMoal400506#t=article> or in other locations (just google "CHOICE study St. Louis") – it was a brilliant study and should be mandatory reading for all those involved in making decisions about health care financing. It certainly has rocked our gynecologic world!

In addition to supporting this bill, I have often pondered a similar issue, the cost of which is borne by women disproportionately, though it is clearly a shared problem. Namely, shouldn't HPV screening, the investigation of abnormal paps and treatment of cervical dysplasia/ HPV disease, and the cost of HPV-related cancers be expenses that are paid for more equally between men and women, despite women having what amounts to "HPV's favorite organ," the cervix. Just an idea for you and Rep. Claman to ponder.

Tina Tomsen

I would like to express my support for Rep. Claman's efforts to improve women's access to contraception.

HB 25 seeks to maintain women's access and use of contraception that has proven so successful in many locations, as well as making it possible to obtain a years' worth of contraceptive pills without obstacles.

I absolutely support this bill for many reasons. Even when one excludes women for whom a pregnancy is a significant health risk, excellent reasons include:

- 1) Optimum child spacing (of 2-3 years between children) has been demonstrated to improve the health of women and their children.
- 2) Every child raised to the age of 18 costs about the same as a mortgage; in 8/2014 the average figure for a middle-income family in the U.S. was estimated by the USDA at \$245,340.

- 3) Teenage childbearing is a significant cost to the state and to the nation, not just financially but because of the increased risk of poor quality or frankly or damaging parenting by young and overwhelmed parents.
- 4) While both a man and a woman are necessary for conception, the woman disproportionately bears the responsibility for contraception and the risk of its failure.
- 5) The state stands to gain financially by supporting healthier childbearing and and improving the financial security of families through decreasing obstacles to contraception.
- 6) A woman who needs to see her practitioner only once a year to safely obtain a prescription for contraceptive pills should be able to fill that prescription when and in the amount she desires. This has long been necessary for women who will be away from their home or pharmacy (school, deployment, travel, mission trips, living remote or at remote research locations), but should not be limited to them.
- 7) If one can buy a years' worth of food, toilet paper, heating oil, or other necessities, buying a years' worth of contraceptives that are so essential to securing financial and personal health should also be possible.
- 8) The CHOICE study (<http://www.nejm.org/doi/full/10.1056/NEJMoa1400506#t=article>), states that have covered the expense of contraception, and finally the Affordable Care Act have all demonstrated that women who use LARCS (long acting reversible contraception, such as IUD's and implants) have had fewer unwanted pregnancies and abortions. Removing barriers to women obtaining oral contraceptives should similarly improve statistics for women using them, rather than risking lapses in their use of contraceptives, as is currently the case.
- 9) While the ACA made it possible for women to obtain access to LARCs they might previously not have been able to afford, it left the "loophole" open that did not require payment for removal of those devices, which in some cases was a financial obstacle when a woman needed her IUD removed and replaced, for example. This bill closes that loophole.

My only objection to this bill is that it might not go far enough – after all, expanding coverage for patients of both sexes to obtain stable long-term prescriptions that are not of an addictive or unsafe nature should be sought.

Tina Tomsen, MD

Anchorage Women's Clinic



Anchorage, AK



Alaska Pharmacists Association

Board of Directors

*Della Cutchins
President
Anchorage*

*Michelle Vaughn
President Elect
Juneau*

*Tara Ruffner
Past President
Soldotna*

*Piper Machamer
Treasurer
Anchorage*

*Michelle Locke
Secretary
Chugiak*

*Eric Burke
Metlakatla*

*Adele Davis
Juneau*

*Robert Gruszynski
Chugiak*

*Brittany Karns
Fairbanks*

*Eutonna Kirk
Anchorage*

*Kathryn Sawyer
Nome*

*Ashley Schaber
Anchorage*

*Sara Supe
Anchorage*

March 2, 2017

Representative Matt Claman
Alaska State Capitol Building
Room 118
Juneau, AK 99801

Dear Representative Claman:

Thank you for introducing HB 25. The Alaska Pharmacists Association (AKPhA) appreciates your efforts and leadership on this issue. AKPhA represents over 250 pharmacists and pharmacy technicians in the State of Alaska. Our mission is to preserve, promote, and lead the profession of pharmacy in Alaska.

HB 25 strongly aligns with our mission to provide the best possible care to all of our patients, and to make needed medications, including contraceptives, readily available to these patients.

The bill will add Alaska to the 28 other states that already require insurers that cover prescription drugs to provide coverage of FDA-approved prescription contraceptive drugs and devices; and to join states such as Illinois, Oregon, Vermont and California that allow women to get 12 months of birth control pills at one time. It will be important for women to understand appropriate storage methods for their contraception and we will work to ensure that they do.

Again, we appreciate your efforts and leadership on this issue. Should there be anything that I, or the Alaska Pharmacists Association can do to help ensure passage of this legislation, please let me know.

Sincerely,

Della Cutchins, PharmD
President, Alaska Pharmacists Association
dccutchins@anthc.org

E-mail: akphrmcy@alaska.net

203 W. 15th Ave., Suite 100 • Anchorage, Alaska 99501 • (907) 563-8880 • (907) 563-7880

March 3, 2017

As a female resident of Alaska and as a proud supporter of Planned Parenthood, I'd like to thank you for introducing legislation to support affordable, convenient access to birth control to Alaskan women. In Alaska over 7,700 patients utilize Planned Parenthood and nearly 3,000 women use its services for their birth control needs. HB25/SB53 allows a year's worth of contraceptives to be dispensed at one time, removing access inefficiencies, which translates to more women reaching their educational and career goals, more women going on to have healthier pregnancies in the future, and more families becoming more self-sufficient – **at less cost to government.**

For many women, in both rural and urban areas, lack of reliable transportation, limited clinic and pharmacy hours, and struggles with work/family schedules make multiple trips to the clinic or pharmacy challenging. As a single mom/college student, and later, as a working woman, remembering to get to the clinic for a pill refill or to the pharmacy in time for a refill was yet another priority to juggle. I remember thinking how silly it seemed, in my opinion, to have to make multiple trips for a year's worth of pills. After all, they weren't an addictive medication requiring additional regulatory oversight so I didn't see why the additional trips were necessary. But the trips were required so I went. Once when my car was in the shop, I had to take the bus with my toddler in sub-zero temperatures just for a refill so I wouldn't risk going off them. I shudder to think how much harder it would have been if I didn't hadn't lived in an area with public transportation as an option.

Consistent use of birth control is the best way to prevent unintended pregnancy, yet one in four women say they've missed pills because they couldn't get their next pack in time. We need to help struggling families make family planning as easy and accessible as possible, regardless of where in the state they live.

HB25/SB53 is a "no brainer" if the goal is to reduce unplanned pregnancies and lower the abortion rate. Getting a full year's supply at one time dramatically improves consistent use. According to a study published in *Obstetrics & Gynecology*, consistent use of birth control reduces unintended pregnancy by 30% and is associated with a 46% drop in the chance of needing an abortion. It's also cost effective for both public and private insurance plans, which lower claims on follow-up visits, pregnancy tests, and long-term costs associated with unintended pregnancies.

Women's consistent access to birth control shouldn't depend on her insurance carrier. We appreciate your efforts to expand birth control access for all of Alaska's women. Thank you.

Sincerely,

Anne Green

7032 Fairweather Park Loop, Anchorage, Alaska 99518, 907-444-0703



March 6, 2017

Representative Matt Claman
State Capitol
Juneau, Alaska 99801

Dear Representative Claman,

We are writing on behalf of the Alaska Nurses Association in strong support of HB 25: "An Act relating to insurance coverage for contraceptives and related services; relating to medical assistance coverage for contraceptives and related services." This bill will provide for consistent contraceptive coverage for the women and families of our state.

Supporting women's and family healthcare is a long-standing priority of the Alaska Nurses Association. We believe that every woman should have full access to the birth control method that works best for her, without barriers related to cost or availability. House Bill 25 would remove such barriers and give women more career and education opportunities, encourage healthier pregnancies, and make women and families less likely to be dependent on government programs.

- With perfect use, hormonal birth control has a failure rate of less than 5%, but for people who lack access to transportation, move frequently, or struggle to balance work and family, monthly trips to the pharmacy make perfect use of contraceptives challenging.
- One in four women say they have missed contraceptive pills because they could not receive the next pack in time; dispensing a one-year 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 help women avoid unintended pregnancies; 19% of women who inconsistently use birth control account for 43% of unintended pregnancies, whereas the two-thirds of women who use birth control consistently only make up 5%.
- Publicly-funded or private insurance plans that dispense a one-year supply of birth control (instead of limiting dispensing to one or three cycles) lower their direct costs on follow-up visits and pregnancy tests, as well as on long-term unintended pregnancy management.
- Forty-six percent of women who unintentionally became pregnant report that they were using some form of contraceptive; providing a one-year supply of birth control will increase consistent use and reduce frequency of unintended pregnancy.

Access to reliable, consistent contraceptives should not depend on your insurance carrier. By requiring insurance to allow dispensing of a one-year supply of birth control, we can remove barriers to contraceptives, help women plan their families, and avoid unintended pregnancies and save money for Alaskan families and Alaska's government.

The Alaska Nurses Association certainly appreciates your support on behalf of women and families in our state.

Sincerely,

Arlene Briscoe, RN-BC
Legislative Chair
Alaska Nurses Association

Jane Erickson, RN, CCRN
President, Board of Directors
Alaska Nurses Association

The Alaska Nurses Association strongly endorses HB 25, recognizing our shared interest in removing barriers to consistent access to contraceptives for Alaskan women and families.

The Alaska Nurses Association serves to advance and support the profession of nursing. The Alaska Nurses Association's core purpose includes working for improvement of health standards and promoting access to health care services for all Alaskans.



ANDVSA
Alaska Network on Domestic Violence
& Sexual Assault

Main Office
130 Seward St. #214
Juneau, Alaska 99801
Phone: (907) 586-3650
Fax: (907) 463-4493

Sitka Office
PO Box 6631
Sitka, Alaska 99835
Phone: (907) 747-7545
Fax: (907) 747-7547

Anchorage Office
431 W. 7th Ave. #205
Anchorage, AK 99501
Phone: (907) 297-2860
Fax: (907) 279-2451

10 March 2017

The Alaska Network on Domestic Violence and Sexual Assault (ANDVSA) is grateful to Representative Claman and his staff for putting forth House Bill 25 (Insurance Coverage for Contraceptives), for which we offer our full support.

As domestic violence and sexual assault service providers, our 24 member agencies and affiliates served 6,317 women in FY 16 alone. Domestic violence and sexual assault are both public safety and public health issues. As a consequence, we are heavily invested in reproductive health access and equity. Thinking in terms of power and control as the overall basis of domestic violence and sexual assault, we understand that victims and survivors' autonomy is fundamental in both preventing and responding to violent acts. One critical element of this autonomy is women's access to affordable and consistent reproductive health care.

HB 25 critically enables victims and survivors' reproductive health autonomy, and greater abilities to survive and thrive. Firstly, the bill ensures that all methods of contraceptives – including long-acting reversible contraceptives (LARCs) such as intrauterine devices and implants – are covered by insurers. This is vital for women who face contraceptive coercion, in which their abusers dictate when and how contraceptives can and cannot be used as part of their exerting power and control. The expansion of choices for women to include LARCs would assist in their living as safely as possible in the short term, while they worked towards longer-term safety. Without such coverage, lack of contraceptives could lead to unintended pregnancy; which could in turn impose an even greater vulnerability on women experiencing intimate partner violence.

Further, the assurance of a 12 month prescription of contraceptives also recognizes the underlying issue of equity in ~~enabling more, consistent contraceptive coverage for under-served populations.~~ In particular, this legislation would break down barriers to access for women in rural areas – who, often due to a lack of access to social services and health care are especially vulnerable to domestic violence and sexual assault.

We are hopeful that our perspective helps expand your understanding that women's access to contraceptives – and, consequently, survival, health and wellness – must not depend on cost, availability, or insurance carrier. Along with many other women's health and rights organizations, we strongly urge you to support HB 25 and help provide this important support for women's autonomy: including those who are victims and survivors of domestic violence and sexual assault.

If you have any questions or need additional information, please contact me at (907) 586-3650 or clowry@andvsa.org. Thank you very much for your time and consideration.

Sincerely,

Carmen Lowry
Executive Director

Alaska Network on Domestic Violence and Sexual Assault

Member Programs

Anchorage AWAIC, STAR Barrow AWIC Bethel TWC Cordova CFRC Dillingham SAFE Fairbanks IAC Homer SPHH
Juneau AWARE Kenai LeeShore Center Ketchikan WISH Kodiak KWRCC Kotzebue MFCC Nome BSWG
Seward SeaView Community Services Sitka SAFV Unalaska USAFV Valdez AVV



APRN
ALLIANCE

16 March 2017
Representative Matt Claman
Juneau, AK 99801

Re: HB25

Dear Representative Claman,

I am writing on behalf of the Alaska Advanced Practice Registered Nurse (APRN) Alliance in strong support of SB156. The APRN Alliance is a group of nurse leaders representing nurse practitioners (CNPs), nurse-midwives (CNMs), nurse anesthetists (CRNAs), and clinical nurse specialists (CNSs) throughout Alaska.

The APRN Alliance strongly supports this common sense bill which provides women with a full year of contraceptive coverage following an initial three month dispensing.

Sincerely,

Dr. Tracey Wiese, APRN, FNP-BC, PMHNP-BC
Co-chair, APRN Alliance

And

Amy Meyers, APRN, CNS
Co-chair, APRN Alliance



March 28, 2017

To: House Health & Social Services Committee Members

Re: Tanana Chiefs Conference Support of House Bill 25 (HB25)

Dear House Health & Social Services Committee Members,

Tanana Chiefs Conference (TCC) fully supports HB 25. This important piece of legislation mandates 12-month insurance coverage and uninterrupted access to contraceptive medications for women in Alaska.

The unique and extremely rural nature of much of Alaska means that there is not a pharmacy "on the corner" or "down the road" in every community. Most rural villages served by TCC are off the road system and hundreds of air miles away from the nearest pharmacy. The distance to the nearest pharmacy is compounded by high airfare costs to Fairbanks or long waits for mail deliveries by the U.S. Postal Service. By statutorily requiring insurers to cover a 12 month supply of contraceptives, patients in rural and roadless regions of our state will not have the continuous problem of running out of refills of this critically important medication.

This is of particular concern to Tanana Chiefs Conference. Alaska Native women have higher fertility rates than all other races in Alaska (almost twice as high in the 18-19 year old range) with the prevalence of unintended pregnancy following this trend. We know that access and cost are contributing factors to these statistics. HB 25 is an important step in helping all Alaskan women have affordable and dependable access to birth control.

Respectfully,
Tanana Chiefs Conference

A handwritten signature in black ink, appearing to read "Victor Joseph".

Victor Joseph, President/Chief