



Senator Bailey, Representative Mathieson, and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, my name is Lisa Margulies, I serve as Vice President of Public Affairs, Maine, for Planned Parenthood of Northern New England, and I am pleased to submit testimony in support of LD 163.

Planned Parenthood of Northern New England provides comprehensive reproductive and sexual health care in approximately 10,000 visits per year in Maine at four health centers located in Biddeford, Portland, Sanford, and Topsham, as well as online via telehealth. People turn to us for affordable, high-quality care including wellness exams, birth control, disease testing and treatment, cancer screenings, abortion care as well as a variety of primary care services.

As a mission driven health care provider, we fundamentally believe everyone should be able to access affordable, high quality sexual and reproductive health care in their communities, no matter where they live or how much money they make, and we advocate for policies that help make this vision a reality. All people deserve to access comprehensive reproductive health care, including abortion and gender-affirming care, free from shame, stigma, and intimidation. We see everyone who comes to us regardless of ability to pay, and in a typical year, we provide more than \$1.2 million in free and discounted care to our communities in Maine. For many, we are their only access to the health care system.

Birth control is popular, effective, and essential to reproductive freedom. Nationally, 90% of women have used contraception,<sup>i</sup> and 86% of US adults support access to all forms of contraception, regardless of political affiliation, region, and race/ethnicity.<sup>ii</sup> Birth control empowers individuals to plan for the future, including whether and when to have children, and has myriad social and economic benefits. Research shows that contraceptive access is linked to improved educational and employment outcomes<sup>iii</sup> and has positive impacts on family stability, child well-being, and mental health.<sup>iv</sup>

Despite these clear and well-documented benefits, contraception access is in jeopardy. Project 2025 explicitly targets access to contraception, including through restricting funds to family planning providers and undermining the Affordable Care Act's federal contraceptive coverage guarantee.<sup>v</sup> At the same time, state lawmakers across the country are actively pursuing policies to restrict access to contraceptives.<sup>vi</sup> Moreover, federal privacy rights protecting birth control were called into question in Justice Thomas' concurring opinion in *Dobbs* and may be revisited in future U.S. Supreme Court rulings.<sup>vii</sup> Even in states that have attempted to expand the availability of birth control, there are continued barriers to access including financial issues,



transportation, or living in a contraceptive desert, especially in rural areas,<sup>viii</sup> along with glaring disparities for people of color,<sup>ix</sup> people with low incomes,<sup>x</sup> and young people.<sup>xi</sup>

Increasing access to birth control is a critical element of protecting reproductive freedom in an uncharted, post-*Dobbs* landscape. This bill would ensure that more Mainers have access to the contraception they need, when they need it. The bill would improve access to contraception by requiring private insurers to cover FDA-approved over-the-counter oral hormonal contraceptive and emergency contraceptive without a prescription. This includes the first FDA-approved, daily over-the-counter oral contraceptive pill, the Opill, which hit retail stores last year. It would also remove financial barriers to accessing contraception by prohibiting cost-sharing.

If this bill is enacted, Maine would join at least ten other states that mandate health insurance coverage for over-the-counter contraception without cost sharing.<sup>xii</sup>

Since the fall of *Roe*, Maine has led the country in ensuring that all people have access to comprehensive reproductive health care. LD 163 would further protect the rights of Maine people to control their bodies and their futures. I urge you to vote "ought to pass" on LD 163.

<sup>i</sup> Brittini Frederiksen et al., *Contraception in the United States: A Closer Look at Experiences, Preferences, and Coverage*, Nov. 3 2022, <https://www.kff.org/report-section/contraception-in-the-united-states-a-closer-look-at-experiences-preferences-and-coverage-findings/>

<sup>ii</sup> Power to Decide, *Survey Says*, [https://powertodecide.org/sites/default/files/2019-11/Survey%20Says\\_Thx%20BC\\_2019.pdf](https://powertodecide.org/sites/default/files/2019-11/Survey%20Says_Thx%20BC_2019.pdf)

<sup>iii</sup> <https://www.guttmacher.org/sites/default/files/pdfs/pubs/social-economic-benefits.pdf>

<sup>iv</sup> Adam Sonfield et al., *The Social and Economic Benefits of Women's Ability To Determine Whether and When to Have Children*, Mar 2013, <https://www.guttmacher.org/fact-sheet/broad-benefits-contraceptive-use-united-states>

<sup>v</sup> Guttmacher, *How Project 2025 Seeks to Obliterate Sexual and Reproductive Health and Rights*, Oct 2024, <https://www.guttmacher.org/fact-sheet/how-project-2025-seeks-obliterate-srhr>

<sup>vi</sup> Michael Ollove, *Some States Already Are Targeting Birth Control*, Stateline, May 19, 2022, <https://stateline.org/2022/05/19/some-states-already-are-targeting-birth-control/>

<sup>vii</sup> Lauren Frias, *What is *Griswold v. Connecticut*? How access to contraception and other privacy rights could be at risk after SCOTUS overturned *Roe v. Wade**, Business Insider, Jun 24, 2022, <https://www.businessinsider.com/contraception-access-privacy-rights-at-risk-overturned-roe-v-wade-2022-6>

<sup>viii</sup> Power to Decide, *Contraceptive Deserts*, <https://powertodecide.org/what-we-do/contraceptive-deserts>

<sup>ix</sup> Claretta Bellamy, *Black women are underserved when it comes to birth control access. The *Roe* decision could make that worse*, NBC News, June 30, 2022, <https://www.nbcnews.com/news/nbcblk/black-women-are-underserved-comes-birth-control-access-roe-decision-ma-rcna35924>

<sup>x</sup> Guttmacher, *Cost-Related Barriers Prevent Low-Income Women in the United States from Using Their Preferred Contraceptive Method*, *New Study Finds*, May 10, 2022, <https://www.guttmacher.org/news-release/2022/cost-related-barriers-prevent-low-income-women-united-states-using-their-preferred>

<sup>xi</sup> Advocates for Youth, *New Data: Most Young People Face Barriers to Birth Control Access*, Sept 26, 2022, <https://www.advocatesforyouth.org/press-releases/most-young-people-face-barriers-to-birth-control-access/>

<sup>xii</sup> California, Colorado, Delaware, Maryland, New Jersey, New Mexico, New York, and Washington require coverage of over-the-counter contraceptives without a prescription and without cost sharing. Illinois and Oregon also require coverage of over-the-counter contraceptives without cost sharing, but do not explicitly require coverage without a prescription.