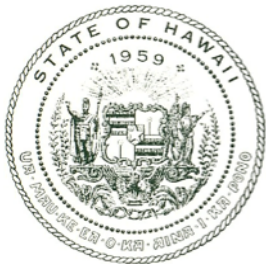


HAWAII  
STATE  
COMMISSION  
ON THE  
STATUS  
OF  
WOMEN



Chair  
LESLIE WILKINS

COMMISSIONERS:

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CYD HOFFELD  
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JUDY KERN  
AMY MONK  
LISA ELLEN SMITH

Executive Director  
Catherine Betts, JD

Email:  
Catherine.a.betts@hawaii.gov  
Visit us at:  
humanservices.hawaii.gov  
/hscsw/

235 S. Beretania #407  
Honolulu, HI 96813  
Phone: 808-586-5758  
FAX: 808-586-5756

February 22, 2016

To: Senator Jill N. Tokuda Chair  
Senator Donovan M. Dela Cruz, Vice Chair  
Members of the Senate Committee on Ways and Means

From: Cathy Betts  
Executive Director  
Hawaii State Commission on the Status of Women

Re: Testimony in Support, SB 2319, SD1, Relating to Insurance

Thank you for this opportunity to testify in support of SB 2319, SD1, which would enable women to receive up to 12 months of birth control, thereby increasing consistent usage and reducing unintended pregnancies.

100% perfect use of hormonal birth control has a failure rate of less than 5%. For women who live in rural areas, have difficulty accessing a pharmacy, or lack reliable transportation, perfect use can be a challenge, leaving them at a greater risk of having an unintended pregnancy. In fact, 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. Approximately 19% of women who inconsistently use birth control account for 43% of unintended pregnancies. Alternatively, the two-thirds of women who use birth control consistently only make up 5% of unintended pregnancies. Ensuring one year's supply of birth control will allow women crucial access to birth control that they may otherwise not have access to. Thank you for this opportunity to provide testimony in support.



STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

P. O. Box 339  
Honolulu, Hawaii 96809-0339

February 20, 2016

TO: The Honorable Jill N. Tokuda, Chair  
Senate Committee on Ways and Means

FROM: Rachael Wong, DrPH, Director

SUBJECT: **SB 2319 SD 1 - RELATING TO INSURANCE**

Hearing: Tuesday February 23, 2016; 9:50 a.m.  
Conference Room 211, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates and supports the intent of the bill, and provides comments.

**PURPOSE:** The purpose of this bill is to expand access to prescription contraceptives by requiring insurers to cover contraceptive supplies intended to last up to a twelve-month period.

We appreciate and support the intent of the measure to provide greater access to contraceptives since such availability helps support the health of our families through intended pregnancies and births. Currently the Med-QUEST Division (MQD) covers contraceptives under the QUEST Integration (QI) program, and the contracted Medicaid managed care plans usually provide contraceptives for 30 days up to three months.

Additionally, the Medicaid program provides Long Acting Reversible Contraceptives (LARC) that have the highest rate of effectiveness, continuation rate, user satisfaction and are highly cost effective, although the initial cost is more than the cost of a year supply of oral contraceptives. MQD has been working with the Department of Health and our QI managed care plans to increase utilization of LARC for its members as LARC provides protection from unintended pregnancies for three to five years yet the process is reversible with rapid return to fertility upon removal.

The Department notes that the Medicaid program determines and provides coverage on a monthly basis, and potentially would be providing up to 12 month supply of oral contraceptives to some individuals who were no longer eligible by the time they exhausted their year supply. However, with our strong emphasis on LARC, a 12 month supply of oral contraceptives dispensed would not be more expensive than LARC. Thus, DHS does not predict higher costs to the Medicaid program based on the implementation of this bill.

We appreciate the intent and are available to discuss increased availability and access to contraceptives for Medicaid beneficiaries.

Thank you for the opportunity to testify on this measure.



DAVID Y. IGE  
GOVERNOR

**STATE OF HAWAII**  
**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND**

P.O. BOX 2121  
HONOLULU, HAWAII 96805-2121  
Oahu (808) 586-7390  
Toll Free 1(800) 295-0089  
www.eutf.hawaii.gov

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**ADMINISTRATOR**  
DEREK M. MIZUNO

TESTIMONY BY DEREK MIZUNO  
ADMINISTRATOR, HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND  
DEPARTMENT OF BUDGET AND FINANCE  
STATE OF HAWAII  
TO THE SENATE COMMITTEE ON WAYS AND MEANS  
ON  
**SENATE BILL NO. 2319 SD1**

February 23, 2016, 9:50 a.m.

RELATING TO INSURANCE

Chair Tokuda, Vice Chair Dela Cruz, and Members of the Committee:

The Hawaii Employer-Union Health Benefits Trust Fund (EUTF) Board of Trustees has not had an opportunity to take a position on this bill. However, the Committee should be aware of the potential impact to the EUTF. Oral contraceptives are covered under the EUTF prescription drug plans for 30, 60 and 90 day supplies. The provider has the option of completing the first prescription for oral contraceptives for 30, 60 or 90 day supplies. Generally, 30 day prescriptions are used for patients taking a new drug to minimize waste in the event that the patient experiences side effects with the prescribed drug. The EUTF plans cover the initial 30, 60 and 90 day prescriptions. Under the EUTF's prescription drug plan administered by CVS Caremark, the patient is allowed three (3) 30 day fills for the same oral contraceptive drug. After the three (3) 30 day fills, the patient is required to fill the prescription for 90 days. The EUTF plans do

**EUTF's Mission:** We care for the health and well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and meet their changing needs. We provide service that is excellent, courteous, compassionate, and informative.

not allow prescription fills greater than 90 days. However, the physicians may write prescriptions for a 12 month period reducing the patients need to visit the physician.

Under the CVS Caremark prescription drug plan, the cost of the drugs are the same whether dispensed in four (4) 90 day supplies or one 12 month supply. Savings to the EUTF plan, assuming the member copayments under both scenarios are adjusted to be equal, would come from lower dispensing fees paid by the EUTF plan to the pharmacies, from four to one dispensing fee. Based on current usage in the CVS Caremark administered prescription drug plan, the EUTF estimates the annual savings up to approximately \$82,000. However, this does not account for losses associated with situations in which a 12 month prescription is filled and charged to the plan, but the patient discontinues the drug or leaves State and county employment. Currently, the loss is limited to the 90 day supply but under the bill the loss would be up to a 12 month supply of the drug. Unfortunately, these losses are not quantifiable.

Thank you for the opportunity to testify.



February 21, 2016

To: Hawaii State Senate Committee on Ways and Means  
Hearing Date/Time: Tuesday, February 23, 2016 (9:50 a.m.)  
Place: Hawaii State Capitol, Rm. 211  
Re: Testimony of American Association of University Women –  
Hawaii in support of S.B. 2319 H.D.1, Relating to Insurance

Dear Senator Jill N. Tokuda (Chair), Senator Donovan M. Dela Cruz (Vice Chair),  
and Members of the Committee,

I am grateful for this opportunity to testify in **strong support of S.B. 2319 H.D. 1**,  
requiring that insurers cover a 12-month supply of prescription contraception.

My testimony is on behalf of the approximately 400 members of the American  
Association of University Women (AAUW) in Hawaii, who list choice and women's  
reproductive health as an important current concern. My testimony is informed by my  
experiences teaching at the University of Hawaii at Manoa, where, almost every year, a  
female student in one of my classes finds herself dealing with an unplanned pregnancy.

On behalf of all these constituencies, I argue that passage of S.B. 2319 H.D. 1 is  
important, with great potential to decrease unplanned pregnancy rates across the state. A  
major argument for moving S.B. 2319 H.D. 1 forward is that the economic cost of not  
implementing this bill is far more burdensome on taxpayers than the financial cost of  
applying this bill. In other words, **providing 12-months of prescription contraception  
at a time is far cheaper than dealing with the outcomes of not providing it this way,  
and having women miss taking their pills.** The costs of not taking contraceptive pills  
are borne by taxpayers (e.g., medical costs of unplanned pregnancies, child support, etc.),  
and by young mothers (e.g., loss of academic opportunities, resulting in diminished  
employment prospects and lower wages than peers leading to a lifetime of disadvantage,  
etc.). Lest this information not be taken seriously, let me provide some numbers  
supporting this argument. A 2011 Brookings Institute analysis estimated that American  
“taxpayers spend about \$12 billion annually on publicly financed medical care for  
women who experience unintended pregnancies and on infants who were conceived  
unintentionally” (Monea & Thomas 2011). Additional data supports the findings that  
“unintended pregnancies are particularly concentrated among individuals for whom they  
are likely to be the most disruptive and who are less likely to have the resources needed  
to deal with the consequences of becoming pregnant unintentionally. Among women who  
are teenaged, unmarried, or low-income, the proportion of pregnancies that are  
unintended exceeds 60 percent” (Monea & Thomas 2011). An examination of the 2010  
unintended pregnancy rates by states demonstrates that Hawaii scores as one of the most  
highly ranked states ([www.guttmacher.org](http://www.guttmacher.org)), ultimately costing individuals and taxpayers

vast amounts of dollars, which could be spent in more productive ways, if contraceptive prescriptions were dispensed in a manner suiting women. Barriers to taking contraceptive pills consistently include women's lack of access to transportation, women forgetting to fill their orders in a timely manner, pharmacies not filling orders when required, pharmacists not stocking sufficient amounts of pills, etc. Each of these monthly barriers to daily contraceptive pill dosage (necessary for pill efficacy) is diminished by this bill. The type of dispensing regimen encouraged in this bill is supported by the American Congress of Obstetricians and Gynecologists (ACOG), and the Centers for Disease Control and Prevention (CDC) because of the public health benefits (see ACOG testimony on this bill, February 2, 2016, for medical references).

In conclusion, passage of S.B. 2319 is an important step toward lowering barriers to contraception and improving health and wellbeing for women, their partners, and their families, and ultimately, the wider Hawaiian population.

Thank you for the opportunity to testify.

Sincerely  
Susan J. Wurtzburg, Ph.D.  
Policy Chair

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [WAM Testimony](#)  
**Cc:** [mrocca@hscadv.org](mailto:mrocca@hscadv.org)  
**Subject:** \*Submitted testimony for SB2319 on Feb 23, 2016 09:50AM\*  
**Date:** Monday, February 22, 2016 12:45:11 PM

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**SB2319**

Submitted on: 2/22/2016

Testimony for WAM on Feb 23, 2016 09:50AM in Conference Room 211

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michelle Rocca	Hawaii State Coalition Against Domestic Violence	Support	No

**Comments:**

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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To: Hawaii State Senate Committee on Ways & Means  
Hearing Date/Time: Tuesday, February 23, 2016, 9:50 a.m.  
Place: Hawaii State Capitol, Rm. 211  
Re: Testimony of Planned Parenthood of Hawaii in support of S.B. 2319, S.D.1,  
Relating to Insurance

Dear Chair Tokuda and Members of the Committee,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) writes in support of S.B. 2319, S.D. 1, which requires insurers to cover a twelve month supply of prescription contraception.

PPVNH is dedicated to advocating for women’s full equality in health care access and supports S.B. 2319 because it will go far to reduce the barriers that women face when attempting to access consistent and reliable contraception. By guaranteeing women’s access to a full twelve month supply of contraception at one time, S.B. 2319 will have the effect of reducing unintended pregnancy and its associated costs to taxpayers.

We see firsthand the impact of policies designed to limit women’s access to contraceptives, and Hawaii’s current policy and practice of only requiring insurance companies to cover 1-3 months of contraception has contributed to Hawaii’s high unintended pregnancy rate and corresponding costs. Despite often receiving a twelve month prescription for birth control after consultation with their physicians, current policy and practice require women to return time and time again to the pharmacist to refill their prescriptions. This means shuffling already demanding schedules to make trips to the pharmacy between work, school, child care, elder care, travel and all the other day to day responsibilities that women shoulder and increasing their risk of unintended pregnancy when they are unable to accommodate this added responsibility. For low-income women and those in rural areas without a nearby pharmacy, this may become an insurmountable barrier to access – placing them at an even higher risk of unplanned pregnancy.

Birth control is highly effective so long as it is used consistently, so a steady and reliable supply is key to reducing unplanned pregnancy. Dispensing a one-year supply of birth control is associated with a 30 percent reduction in the odds of experiencing an unplanned pregnancy compared with dispensing for 30 or 90 days. This means that making contraception more accessible also saves money. By preventing just one unintended pregnancy, an insurer will save the cost of a delivery - a minimum of \$17,400. That is enough savings to pay for 29 additional years of contraception.

Washington’s state insurance program has successfully implemented this program for over two years, following the U.S. Selected Practice Recommendations for Contraceptive Use, MMWR volume 62, 2013, “The more pill packs given up to 13 cycles, the higher the continuation rates.” Further, the MMWR states, “In addition to continuation, a greater number of pill packs provided was associated with fewer pregnancy tests, fewer pregnancies, and lower cost per client.” See [http://www.hca.wa.gov/medicaid/billing/documents/guides/familyplanningprovider\\_bi.pdf](http://www.hca.wa.gov/medicaid/billing/documents/guides/familyplanningprovider_bi.pdf).

Thank you for this opportunity to testify in support of S.B 2319, S.D. 1.

Sincerely,  
Laurie Field  
Hawaii Legislative Director and Public Affairs Manager

### Sources

- With perfect use, hormonal birth control has a failure rate of less than 5%  
*Source:*  
Trussell, J. Contraceptive failure in the United States. *Contraception*: 2011 May; 83(5): 397-404.  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3638209/>
- 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% in the odds of needing an abortion.  
*Source:*  
Foster, Diana et al. Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies. *Obstetrics & Gynecology*: Mar 2011: Vol 117, Iss 3 pp 556-572.  
[http://journals.lww.com/greenjournal/Abstract/2011/03000/Number\\_of\\_Oral\\_Contraceptive\\_Pill\\_Packages.8.aspx](http://journals.lww.com/greenjournal/Abstract/2011/03000/Number_of_Oral_Contraceptive_Pill_Packages.8.aspx)
- 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%.  
*Source:*  
"Contraceptive Use in the United States." Guttmacher Institute, October 2015  
[http://www.guttmacher.org/pubs/fb\\_contr\\_use.html](http://www.guttmacher.org/pubs/fb_contr_use.html)
- 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.  
*Source:*  
Foster, Diana et al. Number of Oral Contraceptive Pill Packages Dispensed, Method Continuation, and Costs. *Obstetrics & Gynecology*: Nov 2006: Vol 18, Iss 5 pp 1107-1114  
[http://journals.lww.com/greenjournal/Fulltext/2006/11000/Number\\_of\\_Oral\\_Contraceptive\\_Pill\\_Packages.10.aspx](http://journals.lww.com/greenjournal/Fulltext/2006/11000/Number_of_Oral_Contraceptive_Pill_Packages.10.aspx)



February 22, 2016

TESTIMONY: Written only

To: The Honorable Jill N. Tokuda, Chair  
The Honorable Donovan M. Dela Cruz, Vice Chair  
Members of the Senate Committee on Ways and Means

From: **Hawaii Public Health Association**

Subject: **SUPPORT – SB2319 SD1 RELATING TO INSURANCE,  
CONTRACEPTIVE SUPPLIES ACCESS**

Hearing: February 23, 2016 at 9:50am at State Capitol Room 211

The Hawaii Public Health Association (HPHA) is an association of over 600 community members, public health professionals, and organizations statewide dedicated to improving public health. HPHA also serves as a voice for public health professionals and as a repository for information about public health in the Pacific.

**HPHA supports the passage of SB2319 SD1**, which requires all insurers in the State, including health benefits plans under chapter 87A, Hawaii Revised Statutes, and Medicaid managed care programs, to cover reimbursement for contraceptive supplies intended to last for up to a twelve-month period for an insured.

In 2010, 56% of all 16,000 pregnancies in Hawaii were unplanned. The unintended pregnancy rate was reported 61 per 1,000 women ages 15–44. Publicly supported family planning centers aided 19,800 female contraceptive clients in 2013. These locations met 28% of women’s need for contraceptive

services and helped avert 4,800 unintended pregnancies in 2013. This program was projected to have prevented 2,400 unplanned births and 1,600 terminated pregnancies. However, many women do not seek care for unintended pregnancy due to costs of care and access.

Consistent access to birth control measures gives women the opportunity to family planning, resulting in better career and educational choices, healthier pregnancies, and better financial independence. By mandating insurance coverage of birth control supplies for a 12-month period, affordable access is feasible and efficient to women across Hawaii.

HPHA supports the encouragement of safe and accessible birth control methods for women in Hawaii. Contraceptives are an attainable way to prevent unintended or unwanted pregnancies and by increasing access through insurers, specific barriers will be mitigated.

Thank you for considering our testimony concerning **SB2319 SD1**, which will provide easier access to safe birth control methods by ensuring reimbursement of contraceptive supplies for a twelve-month prescription.

Respectfully submitted,

Hoce Kalkas, MPH  
HPHA Legislative and Government Relations Committee Chair



**Eric P. Douglas**  
Senior Director, Government Affairs

2211 Sanders Road  
Northbrook, IL 60062

**p** 847.559.3422  
**c** 847.651.9807  
**f** 401.652.9342

[Eric.Douglas@CVSHealth.com](mailto:Eric.Douglas@CVSHealth.com)

The Honorable Jill Tokuda, Chair  
Senate Committee on Ways and Means

Tuesday, February 23, 2016  
Conference Room 211; 9:50 AM

**RE: SB 2319 SD1– Relating to Insurance – IN SUPPORT**

Aloha Chair Tokuda, Vice Chair Dela Cruz and members of the Committee:

CVS Health appreciates the opportunity to testify on SB 2319 SD1. The bill expands access to prescription contraceptives by requiring insurers to cover contraceptive supplies intended to last up to a twelve-month period.

CVS Health supports women's health measures that decrease barriers regarding reproductive health care. We understand and recognize the importance of a woman's access to contraception and its effect of reducing unintended pregnancy and its associated costs to taxpayers. The amended language in this SD1 reflects the discussion among the stakeholders who submitted testimony in the previous committee.

CVS Health proudly operates as the largest pharmacy chain in Hawaii, under our Longs Drugs banner and we also offer our patients and clients a wide range of comprehensive, integrated pharmacy and health operations statewide including: Pharmacy Benefit Management (PBM) services (CVS/caremark), Specialty Pharmacy (CVS/specialty), Mail-Order and Retail Pharmacy (CVS/pharmacy/Longs Drugs), Retail Health Clinics (CVS/minute clinic) and a distribution center.

We thank you for your consideration of our support for SB 2319 SD1.

Respectfully,

Eric P. Douglas

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [WAM Testimony](#)  
**Cc:** [annsfreed@gmail.com](mailto:annsfreed@gmail.com)  
**Subject:** Submitted testimony for SB2319 on Feb 23, 2016 09:50AM  
**Date:** Monday, February 22, 2016 4:22:13 PM

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**SB2319**

Submitted on: 2/22/2016

Testimony for WAM on Feb 23, 2016 09:50AM in Conference Room 211

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Ann S Freed	Hawaii Women's Coalition	Support	No

Comments: Aloha Chair Tokuda, Vice Chair and members, The Hawaii Women's Coalition has provided testimony to the subject matter committees which you have on record. We are in strong support of mandating the provision of consistent and reliable access to birth control for the women of Hawaii. Please pass this bill. Mahalo, Ann S. Freed Chair, Hawaii Women's Coalition

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February 23, 2016

The Honorable Jill Tokuda, Chair  
Senate Committee on Ways and Means  
The Honorable Donovan Dela Cruz, Vice-Chair  
Senate Committee on Ways and Means

Re: SB 2319 SD1 – Relating to Insurance

Dear Chair Tokuda, Vice Chair Dela Cruz, and Committee Members:

The Hawaii Medical Association (HMSA) appreciates the opportunity to testify on SB 2319 SD1 which would require insurers to cover a three-month period for the first dispensing of prescription contraceptive supplies to an insured followed by a twelve-month period for the subsequent dispensing of the same contraceptive supply to the insured.

HMSA certainly supports the intent of SB 2319 SD1 and appreciate the previous Committee's amendments to the measure that reflect key recommendations made the stakeholders involved. We believe this measure strikes a balance between expanded access as well as coordinated care from a primary care physician. The SD1 seeks to address concerns raised earlier with potential waste in the form of unused prescription contraceptive by allowing the option of up to a twelve-month prescription – ensuring that the member and physician are in control of choosing a prescription regimen most appropriate for the member's needs.

Again, we appreciate the intent of SB 2319 SD1 to expand access to necessary prescription contraceptives and look forward to working with the Committee to address any questions and concerns that may arise.

Thank you for allowing us to testify on SB 2319 SD1.

Sincerely,

Jennifer Diesman  
Vice President, Government Relations.

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [WAM Testimony](#)  
**Cc:** [pc70@cornell.edu](mailto:pc70@cornell.edu)  
**Subject:** Submitted testimony for SB2319 on Feb 23, 2016 09:50AM  
**Date:** Sunday, February 21, 2016 5:43:15 PM

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**SB2319**

Submitted on: 2/21/2016

Testimony for WAM on Feb 23, 2016 09:50AM in Conference Room 211

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Patrick Callahan	Individual	Support	No

Comments: Birth control is highly effective so long as it is used consistently, so a steady and reliable supply is key to reducing unplanned pregnancy.

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**From:** [Planned Parenthood Votes Northwest](#) on behalf of [Mary Jo Austin](#)  
**To:** [WAM Testimony](#)  
**Subject:** Please support SB 2319 for increased birth control access  
**Date:** Monday, February 22, 2016 5:42:30 AM

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Feb 22, 2016

Hawaii Senate Committee On Ways And Means  
HI

Dear Committee On Ways And Means,

I am writing to urge the Ways & Means committee to move forward on SB 2319, an important and commonsense bill to provide 12 months of birth control at a time.

Everyone deserves affordable and accessible birth control that works for them, regardless of income or insurance. Consistent access to birth control gives women the ability to control when and if they have children, giving them more career and education opportunities and healthier pregnancies.

Today, most women have to refill their birth control every month, which is a burden for many and leads to inconsistent use. SB 2319 will change that by allowing women to pick up a prescription only once a year.

Please support SB 2319 and move it forward into becoming law. Thank you for your consideration!

Sincerely,

Mary Jo Austin

Hanalei, HI 96714  
[maryjoaustin@hotmail.com](mailto:maryjoaustin@hotmail.com)

February 22,, 2016

To:Hawaii State Senate Committee on Ways and Means

Hearing Date/Time:Tuesday, February 23, 2016 (9:50 a.m.)

Place:Hawaii State Capitol, Rm. 211

Re:Testimony of American Association of University Women – Hawaii in support of S.B. 2319 H.D.1, Relating to Insurance

Dear Senator Jill N. Tokuda (Chair), Senator Donovan M. Dela Cruz (Vice Chair), and Members of the Committee,

I write in strong support of S.B. 2319 H.D. 1, requiring that insurers cover a 12-month supply of prescription contraception.

We all deserve access to affordable health care, including birth control, that works for us regardless of our income or insurance carrier. Consistent access to birth control empowers women to determine when and if they will have children, which leads to better educational and career opportunities, healthier pregnancies and wanted children, and a lower reliance on government programs.

Limited access to transportations and medical facilities combined with busy schedules can be barriers to women’s ability to consistently retrieve medications that are limited to less than a one year supply. Let's trust women with these decisions and give them the ability to easily and affordably manage their pregnancies.

Respectfully,

Joanna Amberger