Congress of the United States
Washington, DC 20515

July 2, 2015

The Honorable Sylvia Burwell
Secretary of Health & Human Services
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Burwell:

As defenders of women's health, we urge the Department of Health and Human Services (HHS) to use its existing authority to issue new guidance requiring insurance companies to cover, without cost-sharing, a one-year supply of birth control. Many women cannot get an adequate supply of birth control because their insurance companies limit the number of prescribed pills that women can get from their pharmacist at one time. Studies show this can lead to gaps in birth control use and unintended pregnancies. Policies like this limitation, which make the effective use of preventive health care services unaffordable, do not align with the goals of the Affordable Care Act (ACA.) We urge the Department to address this significant barrier that prevents women from accessing birth control in a timely and effective manner.

Currently, many health insurance companies limit their coverage, without cost-sharing, of birth control to a one- or three-cycle supply. If a woman is unable to refill her prescription at the time her insurance company requires, she may have a gap in her birth control use and her chance of unintended pregnancy will increase. This is of particular concern for low- and middle-income women who may have unpredictable work hours, difficulty accessing transportation, or other barriers preventing them from getting to a pharmacy.

Research has shown that access to a one-year supply of oral birth control can help women eliminate gaps in birth control use.[1] In one study, the odds of pregnancy decreased by 30 percent for women who received a one-year supply of pills at one time compared to women who received either one or three cycles of pills at a time.[2]

Health experts agree that providing women with a one-year supply of birth control is the best policy. The Centers for Disease Control (CDC) and the Office of Population Affairs (OPA) advise health care providers to provide women with "multiple cycles (ideally a full year's supply)" of birth control "to minimize the number of times a client has to return to the service site" and help reduce gaps in birth control use.[3] Additionally, both the state of Oregon and the

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[1] Diana Greene Foster et al., *Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies*, 117 Obstetrics & Gynecology 566 (2011).
[2] *Id.*
[3] Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (April 25, 2014) *available at* http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm.

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District of Columbia recently passed legislation that would ensure their residents have access to a one-year supply of birth control as the CDC and OPA recommend.

We appreciate the efforts that HHS has undertaken to ensure that the promise of the ACA's birth control coverage requirement is met. To that end, we urge HHS to use its existing authority to enhance birth control coverage even further by issuing new guidance requiring health insurers to provide women with access to a one-year supply of birth control, without out-of-pocket costs. Thank you for your prompt consideration.

Sincerely,

Jackie Speier
Member of Congress

Suzanne Bonamici
Member of Congress

Louise M. Slaughter
Member of Congress

Diana DeGette
Member of Congress

Karen Bass
Member of Congress

Joyce Beatty
Member of Congress

Ami Bera, M.D.
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Don Beyer
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