



PENNSYLVANIA BLACK MATERNAL HEALTH CAUCUS

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December 18, 2023

Department of Human Services
Office of Medical Assistance Programs
c/o Deputy Secretary's Office
Attention: Lacey Gates
Room 515, Health and Welfare Building
Harrisburg, PA 17120

Re: Regulation No. 14-544

Dear Secretary Arkoosh:

We write in response to proposed regulation number 14-544, which makes many much-needed changes to pharmacy coverage within our medical assistance program. In particular, we want to laud the coverage of medication used to treat gender dysphoria and obesity, the coverage of non-legend contraceptives, and the exception to the supply limit for contraception.

Currently in Pennsylvania, most Medicaid managed care enrollees only receive a 30-day supply of contraception. The typical practice of providing a 30- or 90-day supply of contraception often leads to inconsistent contraceptive use due to refill delays, thus increasing the risk of unwanted pregnancy.ⁱ Refill delays can be a result of difficulty obtaining prescription renewals from providers and challenges related to timely visits to pharmacies,ⁱⁱ or from inconsistent housing in the case of mail-order prescriptions.

Certainly, doubling the supply period would be beneficial for patients. However, we would encourage the department to go further than the six-month supply provided for in the proposed regulations. We would propose that it would benefit the people of the Commonwealth that the department provide for a 12-month supply of contraception at a single prescription fill.

As noted in a previous letter to the department on this issue from the Women's Health Caucus (July 30, 2020), research has found that dispensing a 12-month supply of contraception decreases gaps in usage, improves contraceptive method continuation and reduces unintended pregnancies.^{iii,iv} In fact, the Centers for Disease Control and Prevention's *US Selected Practice Recommendations for Contraceptive Use, 2016*, recommends that healthcare providers prescribe a 12-month supply of oral contraceptive pills.^v

A KFF brief from October of this year points out that 23 states have passed laws requiring 12 month supply of contraceptives.^{vi} An analysis of the projected implications of 12-month contraception dispensing in California determined that this policy would avert 15,000 unintended pregnancies and save the state over \$43 million in health care expenditures in its first year.^{vii} A study of 12-month dispensing in the Veteran Affairs Health Care System found that this policy would provide substantial cost savings due to a 14%

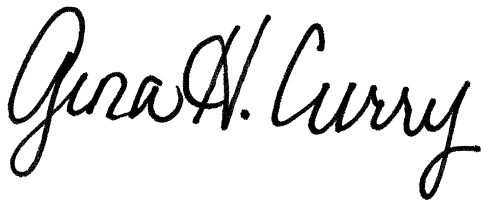
reduction of unwanted pregnancies, but noted that the savings are a secondary benefit of the significant impact the policy would have on improving access to contraception and their ability to manage their reproductive health.^{viii}

We are delighted that this administration has been vocal about support for reproductive health and decision-making, and has made it clear that maternal health is a priority. Contraception is a central component of healthcare for all people who could become pregnant, and providing maximum flexibility and control for patients is essential. Providing for a twelve-month contraceptive supply corresponds to the value of allowing people to effect their own decision-making about pregnancy, and taking ownership of their own health. In summary, a 12-month supply policy in Pennsylvania would empower Medicaid patients to best manage their own reproductive health, is consistent with national clinical recommendations, and would likely be cost-saving for the Medicaid program.

Sincerely,

A handwritten signature in black ink, appearing to read 'MBC', written in a cursive style.

State Representative Morgan B. Cephas

A handwritten signature in black ink, appearing to read 'Gina H. Curry', written in a cursive style.

State Representative Gina H. Curry

A handwritten signature in black ink, appearing to read 'La'Tasha D. Mayes', written in a cursive style.

State Representative La'Tasha D. Mayes

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- ⁱ Nelson AL, Westhoff C, Schnare SM. Real-world patterns of prescription refills for branded hormonal contraceptives: a reflection of contraceptive discontinuation. *Obstet Gynecol.* 2008;112(4):782-787. [10.1097/AOG.0b013e3181875ec5](https://doi.org/10.1097/AOG.0b013e3181875ec5).
- ⁱⁱ Pittman ME, Secura GM, Allsworth JE, Homco JB, Madden T, Peipert JF. Understanding prescription adherence: pharmacy claims data from the Contraceptive CHOICE Project. *Contraception.* 2011;83(4):340-345. [10.1016/j.contraception.2010.08.003](https://doi.org/10.1016/j.contraception.2010.08.003).
- ⁱⁱⁱ Foster DG, Hulett D, Bradsberry M, Darney P, Policar M. Number of oral contraceptive pill packages dispensed and subsequent unintended pregnancies. *Obstet Gynecol.* 2011;117(3):566-572. [10.1097/AOG.0b013e3182056309](https://doi.org/10.1097/AOG.0b013e3182056309).
- ^{iv} Steenland MW, Rodriguez MI, Marchbanks PA, Curtis KM. How does the number of oral contraceptive pill packs dispensed or prescribed affect continuation and other measures of consistent and correct use? a systematic review. *Contraception.* 2013;87(5):605-610. [10.1016/j.contraception.2012.08.004](https://doi.org/10.1016/j.contraception.2012.08.004)
- ^v Curtis KM, Jatlaoui TC, Tepper NK, et al. U.S. Selected Practice Recommendations for Contraceptive Use, 2016. *MMWR Recomm Rep* 2016;65(No. RR-4):1–66. <http://dx.doi.org/10.15585/mmwr.rr6504a1>.
- ^{vi} Oral Contraceptive Pills: Access and Availability, October 2023. Retrieved from <https://www.kff.org/womens-health-policy/issue-brief/oral-contraceptive-pills-access-and-availability/>
- ^{vii} McMenamin SB, Charles SA, Tabatabaepour N, Shigekawa E, Corbett G. Implications of dispensing self-administered hormonal contraceptives in a 1-year supply: a California case study. *Contraception.* 2017;95(5):449-451. [10.1016/j.contraception.2016.12.008](https://doi.org/10.1016/j.contraception.2016.12.008).
- ^{viii} Judge-Golden, CP, Smith, KJ, Mor, MK, and Borrero, S. Financial implications of 12-month dispensing of oral contraceptive pills in the Veterans Affairs health care system. *JAMA internal medicine.* 2019;179(9), pp.1201-1208. doi:10.1001/jamainternmed.2019.1678.