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3 **Title:** No-cost Reproductive Planning For Michigan Users
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5 **Introduced by:** Federico G. Mariona, MD, for the Wayne County Delegation
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7 **Original Author:** Federico G. Mariona, MD
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9 **Referred To:** Reference Committee D
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11 **House Action:** **APPROVED**
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14 Whereas, under Section 2713 of the Public Health Service Act (PHS Act), added to the
15 Patient Protection and Affordable Care Act, as amended, enacted March 23, 2010, requires
16 coverage without cost sharing of certain preventive health services by group health plans and
17 health insurance coverage, including all Food and Drug Administration (FDA)-approved
18 contraceptives, sterilization procedures, and patient education and counseling for women with
19 reproductive capacity, as published in the final regulations in August of 2014, including the steps to
20 obtain accommodations to insurers with religious objections to contraception, and
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22 Whereas, on June 23, 2023, President Biden issued an Executive Order directing the
23 Secretaries of Treasury, Labor and Human Services to ensure that all FDA approved, granted, or
24 cleared contraceptives be provided at no cost sharing, and
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26 Whereas, the Governor of Michigan and the Michigan Department of Health and Human
27 Services (MDHHS) reiterated their efforts to preserve and expand reproductive rights for females
28 and males, making in-clinic induced abortion available along with items or services involving
29 comprehensive contraception, emergency contraception and medication abortion to individuals
30 regardless of their residency or immigration status, age, race, sexual orientation, gender identity,
31 income, insurance status and more at low or no cost and based on the ability to pay, and
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33 Whereas, only 45 percent of women in Michigan receive said care at no cost, 30 percent at
34 discount, 15 percent at full fee and 10 percent unknown, and
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36 Whereas, the FDA approved on July 13, 2023, the first over the counter daily oral hormonal
37 contraceptive pill with no age restrictions and no prescription, which will increase the availability of
38 contraception in areas with geographic or logistical barriers to health care facilities, and
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40 Whereas, recent reports showed that the number of induced abortions in Michigan
41 increased during 2023 by over 2850 in spite of existing restrictions, an indirect indication of
42 suboptimal and inconsistent utilization of effective contraception as a preventive service, and
43 Michigan providing an unknown number of induced abortions to non-Michigan residents;
44 therefore be it
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46 RESOLVED: That MSMS seek the collaboration of the Michigan Department of Health and
47 Human Services and all Michigan health care services and health insurers to comply with the
48 requirements of the Affordable Care Act as amended and provide comprehensive contraceptive
49 issues, processes, and products as approved by the United States Food and Drug Administration to

50 all pregnancy capable persons in Michigan at no cost, funded via the Title X funds available to the
51 state for this purpose and all other funds available for similar purpose.

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54 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$2,000-\$4,000

Relevant MSMS Policy

Preserve Access to Contraceptives

MSMS supports the preservation of access to contraceptive services, including through Title X funds.

Relevant AMA Policy

Support for Medicare Coverage of Contraceptive Methods D-330.900

Our AMA will work with the Centers for Medicare and Medicaid Services and other stakeholders to include coverage for all US Food and Drug Administration-approved contraceptive methods for contraceptive and non-contraceptive use for all patients covered by Medicare, regardless of eligibility pathway (age or disability).

Coverage of Contraceptives by Insurance H-180.958

1. Our AMA supports federal and state efforts to require that every prescription drug benefit plan include coverage of prescription contraceptives.
2. Our AMA supports full coverage, without patient cost-sharing, of all contraception without regard to prescription or over-the-counter utilization because all contraception is essential preventive health care.

Sources:

1. Federal register The Daily Journal of the United States Government Coverage of Certain Preventive Services Under the Affordable Care Act A Rule by the Internal Revenue Service, the Employee Benefits Security Administration, and the Health and Human Services Department on 07/14/2015 Accessed Jan 31, 2024 Department of Labor website ([//www.dol.gov/ebsa](http://www.dol.gov/ebsa)).
2. U.S Food and Drug Administration. FDA approves first non-prescription daily oral contraceptive. <https://www.fda.gov/new-events/press-announcements/fda-approves-first-nonprescription-daily-oral-contraceptive> Accessed Jan 26, 2024
3. Michigan Department of Health and Human Services, Title X Last Updated: December 2018. Accessed January 30, 2024.
4. CMS website [//www.cms.gov/ccio](http://www.cms.gov/ccio)), Health care Reform info www.HealthCare.gov
5. Kavanaugh M.L et al. Where do reproductive-age women want to get contraception? J. Women's Health (Larchmont) 2023,32 657-59. Recommended preventive services <https://www.healthcare.gov/preventive-care-benefits>.
6. American College of Obstetricians & Gynecologists. Committee Opinion 615. Access to contraception. Jan. 2015 Allen R.H et al. Opill, the over-the-counter contraceptive pill. Ob-Gyn, 143. 2, Feb 2024. 184-188.
7. HRSA guidelines <https://www.healthcare.gov/preventive-care-benefits>
8. MDHHS. Overview of telehealth contraceptive policies relevant to contraceptive access. Title X role in Michigan. John Cleland 1The complex relationship between contraception and abortion Best Pract Res Clin Obstet Gynaecol . 2020 Jan;62: 90-100.
9. HRSA. The complete list of recommendations and guidelines : <https://www.healthcare.gov/preventive-care-benefits>. Guttmacher institute Monthly abortion provision study