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MEMO IN OPPOSITION

FOR IMMEDIATE RELEASE: March 5, 2007

Re: A.5569 (Paulin)

An act to amend to amend the education law, the insurance law and the public health law, in relation to providing for dispensing emergency contraception under certain conditions.

This legislation, A.5569, establishes a non-patient specific prescription regimen for children below the age of 18 to purchase emergency contraception over-the-counter (OTC). The legislation also mandates insurance coverage of these OTC transactions. While the New York Health Plan Association (HPA) has no opinion on providing these agents to minors, we do oppose this legislation because it expands the undesirable precedent of mandating coverage of OTC drugs and supplies. We also note our concern about reports of inappropriate emergency contraception prescribing practices that should be strictly prohibited under this legislation

A.5569 INTERFERES WITH A PHARMACIST’S ABILITY TO DESIGN A QUALITY, COST-EFFECTIVE DRUG BENEFIT

To maintain accessibility, health plans have developed sophisticated systems to keep pharmaceuticals affordable for premium payers and enrollees. Plans have built incentives to increase appropriate generics substitution and have driven market share to reduce the cost of brand name drugs. Requiring plans to broaden the scope of coverage to include over-the-counter agents expands a costly precedent that now had plans covering supplements, formulas and supplies. Mandating another cost center within the pharmaceutical benefit is an unwelcome development in the administration of this increasingly expensive treatment modality.

While HPA is always wary of mandates and their costs, we note that the cost of this drug is not by itself prohibitive (less than \$45/dose) nor do we envision high utilization rates, as this drug is only being administered episodically. However, the clerical administration of this mandate may indeed be a costly endeavor. That is because maintaining minor patient confidentiality while assigning payment of a non-patient specific claim is a difficult and potentially expensive process that will open plans up to significant liability.

HPA SEEKS A PROHIBITION ON PRESCRIBING REFILLS FOR EMERGENCY CONTRACEPTIVES

HPA is troubled by reports from member plans that some health care professionals are requesting refills on their blanket prescriptions. We believe that it is inappropriate for refills to be issued to treat an “emergency” condition such as a possible pregnancy. In fact, the “Plan B” manufacturer’s website notes concerns about such a practice, stating:

*Plan B[®] is a **backup or emergency method** of contraception...Plan B[®] should not be used as a regular birth control method.*

Accordingly, we believe this bill should clearly prohibit a health care professional from ordering refills on such a prescription and instead encourage the patient see a health care professional to receive additional counseling on appropriate contraception methods.

Finally, HPA believes the sponsor's intent would be best served by establishing a public health program to distribute these agents to underage women through appropriate social agencies. We note that New York already requires the availability of emergency contraception in emergency rooms statewide upon the request of the patient. A public health program for the proper distribution of emergency contraception would reduce confidentiality concerns and enhance access to this drug while increasing appropriate counseling.

For all these reasons, HPA opposes A.5569.

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The New York Health Plan Association represents 30 managed care health plans that provide comprehensive health care services to nearly 6 million New Yorkers.