

Human Services Committee JOINT FAVORABLE REPORT

Bill No: HB-5482 / [Bill Status](#) / [Public Hearing Testimony](#)

AN ACT CONCERNING TWELVE-MONTH COVERAGE FOR
Title: CONTRACEPTION AND HORMONE THERAPY.

Vote Date: 3/19/2026

Vote Action: Joint Favorable

PH Date: 3/10/2026

File No.: 427

***Disclaimer:** The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.*

SPONSORS OF BILL:

Human Services Committee

REASONS FOR BILL:

This legislation would ensure that insurance provides a 12-month supply of birth control and hormone therapy to patients. This would enable patients to have constant access to reproductive and gender affirming care. By providing longer supplies, patients will experience better health outcomes and overall well-being.

RESPONSE FROM ADMINISTRATION/AGENCY:

Andrea Barton Reeves, Commissioner, Department of Social Services:

As written the Department of Social Services cannot support this bill. Dispensing a 12-month supply of prescribed hormone medication and contraception drugs at once can have fiscal and medical complications. Providing a full year of medications that require ongoing monitoring, laboratory testing and dosage adjustment and assessment for side effects is not safe patient management and financially changing the prescription could lead to waste. If the bills intent is to allow coverage of a narrow class of prescription home medications, we would be willing to review the clinical and fiscal impact of a revised proposal.

NATURE AND SOURCES OF SUPPORT:

Reproductive Rights Caucus:

Birth control is the cornerstone of preventive health care and access is paramount for unintended pregnancies and allowing individuals to decide when to have children. Hormone therapy prescriptions have the same concerns. Generally, these prescriptions are on a short cycle and only dispersed for a maximum of three months. These logistical barriers

disproportionately impact low-income individuals and transgender people of color. This bill addresses that gap ensuring a 12-month supply of contraception and hormone therapy. The bill does not eliminate clinical judgment, patient choice, and controlled substances remain subject to existing legal refill limits.

Gretchen Raffa, Chief Policy and Advocacy Officer, Planned Parenthood of Southern New England:

Everyone deserves accessible and affordable home therapy and birth control, but insurance often limits the supply that one may obtain at one time. The bill brings public insurance coverage in line with private coverage as established in [Public Act 18-10](#). Increasing the supply of contraceptives is one of the most successful methods to increase birth control continuation and avoid unintended pregnancies. This is an opportunity for those on HUSKY health that need hormone therapy. It is important that all have access to high-quality, nonjudgmental health care and with the hostile political landscape we must do everything we can to stand for the fundamental right for people to make their own decisions about their bodies, lives and futures.

Jess Zaccagnino, Policy Counsel, American Civil Liberties Union of Connecticut:

All people deserve affordable and accessible birth control and hormone therapy regardless of medical needs, income, insurance carrier or proximity to a pharmacy. Timely and consistent access to birth control is critical and currently private insurers are required to cover a twelve-month supply at one time. This bill addresses the gap between private insurers and state insurance. The length of the prescription should be between the patient and provider not insurer. With the current attacks on Medicaid our state must do everything to stand for the fundamental right for people to make their own decisions about their lives, futures and bodies.

Paula Greenberg, President and CEO, Women's Health Connecticut:

On behalf of the many physicians, we serve we support passage of this bill. Two Modalities of treatment are contraception and hormone therapy, and they are safe and effective. Contraceptive homes prevent unwanted pregnancies but have been shown to reduce the risk of ovarian cancer by as much as 50%. Hormone replacement therapy in menopausal and perimenopausal woman can reduce the risks of some endometrial cancers as well as cardiac disease. All these benefits can bring down overall health care costs.

Matthew Blinstrubas, Executive Director, Equality Connecticut:

We may be one of the only vices making the case for transgender patients. The concerns raised about the bill do not reflect the clinical reality of how testosterone therapy works, how it is monitored or what barriers patients face.

- 1 Patients have met rigorous clinical requirements.
- 2 A 12-month supply does not mean 12 months of clinical oversight.
- 3 The controlled substance may be addressed through careful drafting.
- 4 The fiscal waste argument is not sound.
- 5 Human cost of the Status Quo

Connecticut has led the nation on LGBTQ+ rights and health care access and the concerns raised are not reasons to abandon this bill Refine the bill and send a clear message that every transgender person in Connecticut that we will protect their health, safety and dignity.

Liz Gustafson, State Director, Reproductive Equity Now:

Our goal is to expand reproductive equity ensuring all residents can access the contraceptive care and hormone therapy they need. The legislation by requiring coverage of a 12 months' supply improves continuity and equity by ensuring that coverage is available to all insurance plans including Medicaid and HUSKY Health. Many hormone therapy users are forced to refill their prescriptions monthly regardless of medical needs, income, insurance carrier, proximity to a pharmacy. We all deserve affordable and accessible contraception and hormone therapy.

Hannah Hussey, Staff Attorney, LGBTQ Legal Advocates & Defenders:

Connecticut has a critical role in ensuring continuity of treatment for its residents who rely on o contraceptives and hormone medication. No patient should have to choose between their health and financial stability. Let us continue building on our leadership in protecting access to essential healthcare.

Dr. Savannah Kaszubinski, OBGYN, West Hartford:

Patients who are provided a 12-month prescription of birth control are less likely to have unintended pregnancies compared to those who only had a 3- or 1-month supply saving \$87.21 per woman. Think of the students this helps who can continue their medication while at college.

Dr. Iyanna Liles, OBGYN, Vice Chair, Connecticut American College of Obstetricians Gynecologists:

Given the attacks on Medicaid at the federal level this legislation ensures patients have consistent access to contraception and hormone therapy including menopause management, managing conditions like PCOS or hyperandrogenism and gender affirming care. Family planning is an integral component of women's health care, and they should have affordable unhindered access to all FDA-approved contraceptives. Hormone therapy has many uses including gender affirming and menopause care. There are pharmacy shortages currently for menopausal hormone treatments, but this bill will allow patients to have access to medication they need with a long-term supply.

Meghan Scanlon, President & CEO, Connecticut Coalition Against Domestic Violence:

Insurance often limits the supply of hormone therapy or birth control a person may obtain at one time. The impact of some health conditions can exacerbate an already difficult and unsafe situation for survivors of domestic violence. Timely and consistent access to birth control is critical for survivors who face reproductive coercion at the hands of their abusers. Survivors do not need additional barriers to timely use of birth control. Patients deserve affordable and accessible care regardless of medical need, income, insurance carrier or proximity to a pharmacy.

Jessica Yu, Student, Yale University, President Reproductive Rights and Choice for Tomorrow:

Contraception and hormone therapy are important to patient's health and well-being. Short term coverage does not guarantee meaningful access and each refill creates another point where treatment may be disrupted by a delay in pickup due to inflexible work schedule, unreliable transportation or a pharmacy back order. This can all lead to gaps in treatment. Expanding access to a twelve-month supply reduces interruption sin care and promotes continuity of treatment.

Claire Surkis, Farmington, Student:

As a medical student I understand how critical reproductive autonomy is to patients. Under current policy patients are often subjected to unscientific restrictions when filling prescriptions not for clinical reasons or safety reasons but because the insurance companies require it. This causes unnecessary barriers with no reason why every patient on contraceptive or hormone therapy should be limited to month-by-month prescriptions.

Dr. Neena Qasba, Farmington:

Timely and consistent access to affordable birth control is critical to meeting the needs consistently and accurately. Insurance companies often limit the supply leading to the discontinuation for some of oral contraceptives. Access to a greater supply led to cost savings for the health system and improves access to preventive care.

Timothy Gabriele, North Haven:

Patients should have autonomy over their bodies and doctors should be able to provide the best care. Allowing for a 12-month supply coverage assures continuity of medically necessary care and eliminates any gape that may result in unwanted health care outcomes.

Kylie Kelsey, Intern, She Leads Justice:

Decisions about prescription supply should be between a patient and their provider not dictated by insurance companies. Stress and anxiety about medication supply makes it difficult for patient to continue their daily lives uninterrupted. The bill benefits populations with the greatest need and by allowing a twelve-month supply it reduces gaps in treatment.

NATURE AND SOURCES OF OPPOSITION:

Parent, Farmington Valley:

As a mother who's family was harmed by the current approach to transgender medicine I have shared my experience in my testimony.

Four Anonymous

Reported by: Pamela Bianca

Date: April 8, 2026