On July 5, 2016, Hawaii became the third state, along with Oregon, Vermont, and the District of Columbia, to require all public and private health insurance providers to cover 12 months’ worth of contraceptives at one time. **SB 2319** [2] was modeled after first-of-its-kind legislation in Oregon, which first requires a three month supply of birth control pills to ensure no adverse reactions before granting patients a subsequent year-long supply. Hawaii’s new law states that short refill periods “act as a barrier for women, especially those who live in rural areas, frequently travel, are unable to schedule regular visits to heath care providers, or are unable to readily pick up their prescriptions”. Maryland’s legislature similarly pushed for 13 months of contraceptives at one time, the most any state has attempted, but the final version of the **Contraceptive Equity Act** [3] settled for 6 months. Comparable legislation seeking 12 month refills was introduced this year in at least 10 other states.

While the jump from 30 or 90 day supplies to a year may seem like a relatively minor alteration, research has shown that this change could have enormous effects. A 2011 study [4] from the University of California, San Francisco evaluated over 84,000 women in California who used oral contraceptives. Those who received a one year supply of birth control pills were 30 percent less likely to have unintended pregnancies than those who had to refill their prescription every 30 or 90 days. Researchers additionally found that those women with a 12-month supply of contraceptives were 46 percent less likely to seek an abortion than their frequently-refilling peers.

Earlier this year, the California Health Benefits Review Program extensively reviewed [5] that state’s contraceptive bill, **SB 999** [6], and echoed UCSF’s findings. Analysis found that the change to annual refills would result in 15,000 fewer unintended pregnancies, 7,000 of which would be abortions. Additionally, this change would reduce yearly state expenditures by nearly $43 million.