

Briefly...

Policy Brief: Contraceptive Equity

Access to affordable and effective contraception is integral to preventing unplanned pregnancy. Half of all pregnancies in the United States are unplanned, and more than one-third (1.1 million) are to unmarried women in their twenties. Helping young women and men improve pregnancy planning and prevention requires responsible behavior coupled with responsible policies that ensure access not only to affordable family planning services but also to effective prescription drugs and devices.

Contraceptive coverage under private health insurance plans varies from state-to-state. Although the range of contraceptive drugs and devices has grown substantially over the last decade, the newer, most effective methods are more expensive, not well understood, not widely used, and not adequately covered by insurance. In particular, long-acting reversible contraceptives (LARCs), such as implants and intrauterine devices (IUDs), are highly effective long-term birth control methods and provide excellent protection for women against unplanned pregnancies. At present, almost all insurance plans offer coverage for prescription drugs, but many plans still do not cover the full range of U.S. Food and Drug Administration (FDA)-approved prescription contraceptive drugs, devices, and related outpatient contraceptive services. For example, a 2003 survey of employer-based health insurance plans showed that only 72% covered family planning services that included LARCs.

To remedy this problem, 27 states have adopted laws and/or regulations requiring health insurance plans to provide equal contraceptive coverage—that is, insurers that cover prescription drugs in general must also provide coverage of the full range of FDA-approved contraceptive drugs and devices. Several court cases have also affirmed a woman's right to equal coverage of contraceptive drugs. Nevertheless, there is still a gap in contraceptive coverage in some states and under some plans. In addition to the states that do not yet require equal contraceptive coverage, some states limit the mandate to certain types of insurers and employers. A federal statute requiring contraceptive equity for the full range of FDA-approved family planning drugs and devices would increase the quality and the availability of health care for women and reduce unplanned pregnancy.

Recommendation

Policymakers are encouraged to ensure more consistent and comprehensive contraceptive coverage across states by mandating contraceptive equity in all health plans.

Key Facts

- Three out of four women say that health insurance coverage influences what method of contraception they choose.¹
- A goal of Healthy People 2010 is to increase the proportion of health insurance policies that cover contraceptive supplies and services.²

- In December 2000, the U.S. Equal Employment Opportunity Commission found that excluding contraceptives from prescription drug coverage constitutes sex discrimination under Title VII of the Civil Rights Act.³
- 27 states require insurers that cover prescription drugs in general to provide coverage of the full range of FDA- approved contraceptive drugs and devices; 18 of these states specifically require coverage of related outpatient services.⁴
- In 20 states, mandates either only apply to specific types of insurers and segments of the insurance market or allow exemptions to certain employers and insurers to deny family planning coverage due to religious or moral reasons.⁵
- Mandates help increase contraceptive coverage.⁶
 - Plans in areas without mandates were significantly less likely than those in states with mandates to cover the leading methods of contraception.
 - Between 1993 and 2002, mandates on contraceptive coverage were estimated to account (directly and through nationally determined plans) for 30% of the increase in coverage for oral contraceptives and 40% of that for the three-month injectable.
- For employers, the cost of offering coverage to employees is minimal—estimated at less than 1% of total employee coverage costs. These modest costs are easily offset by savings due to averted unplanned births.⁷
- Contraceptive coverage saves money. An analysis of employers that provided contraceptive coverage found cost-savings (from financial savings and health gains) per person of \$8,227 for oral contraceptives, \$8,996 for the vaginal ring, and \$8,770 for the monthly injectables compared to no contraception.⁸ Another 2009 report found that IUDs to be the most cost effective method.⁹

Legislative Background

There has been a trend towards increasing contraceptive coverage in the last decade.¹⁰ Congress voted to ensure contraceptive equity for all Federal Employees Health Benefit Program (FEHBP) in 1998 so that millions of federal employees and dependants received coverage for all FDA- approved prescription contraceptive drugs, devices, and services.

The Equality in Prescription Insurance and Contraceptive Coverage Act (EPICC) (H.R. 2412) was introduced in July 2007 by Rep. Nita Lowey (D-NY) help ensure contraceptive equity. The Act prohibits group health plans and health insurance providers from excluding and restricting benefits for approved prescription contraceptive drugs, devices and services. Although the legislation has not subsequently been introduced as a stand-alone bill, in January 2009, Sen. Harry Reid (D-NV) and Rep. Louise Slaughter (D-CA) introduced the **Prevention First Act (S. 21/ H.R. 463)**, of which EPICC is a key component.

Sources

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