



Lessons from California:

Contraceptive Coverage

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THE ISSUE:

All women enrolled in Medicaid (“Medi-Cal” in CA) and in most private insurance are entitled to full contraceptive coverage. Family planning services and supplies are a mandatory Medicaid service, and the Affordable Care Act (ACA) requires that most non-grandfathered plans cover without cost-sharing women’s health preventive services [as recommended by the Health Resources and Services Administration \(HRSA\)](#), which include “all-FDA-approved methods of contraception,” counseling, and sterilization (including multiple formulations of oral contraceptive pills, the patch, the ring, 3 types of IUDs, implants, injections, barrier methods, and emergency contraception).

When a woman is able to select the contraceptive method that best suits her health and lifestyle, she is more likely to use it consistently and prevent an unintended pregnancy. Nearly 75% of Medicaid enrollees are in some form of managed care, as are almost all individuals newly enrolled in private insurance through the new Marketplaces. Many managed care organizations (MCOs) in private insurance and Medicaid erect barriers to accessing mandatory contraceptive services. In California and across the country, MCOs frequently limit the contraceptives they cover. For example, some plans cover oral contraceptive pills but not the contraceptive ring or patch. Many plans also employ “medical management techniques” (also known as utilization controls) that undermine a woman’s ability to obtain her contraceptive method of choice. Two such mechanisms are *step therapy*—requiring a woman take one form of contraception for a number of months and “fail” (get sick, get pregnant) at that method before she can obtain a different form of contraception; and *prior authorization*—requiring plan approval for certain contraceptive methods, necessitating a second office visit.

STRATEGY AND ACTIONS:

California has just become the first state in the country to now fix this problem. NHeLP partnered with the [California Family Health Council](#) to co-sponsor [SB 1053](#) (Mitchell), groundbreaking legislation which, among other things, requires that most private insurance and Medi-Cal managed care plans cover all FDA-approved contraceptive methods, contraceptive counseling, and voluntary sterilization for women without cost-sharing. The legislation, just signed into law by the Governor, strictly limits medical management techniques in contraception to ensure that an insurer does not prevent a woman from selecting the contraceptive method that works best for her. It also affirms that dependents are entitled to the same benefits and protections as the primary enrollee. Unfortunately, it does not cover contraceptive methods for men. NHeLP has developed a model contraceptive coverage bill ([copy available on request](#)) that we are sharing with advocates who wish to introduce similar legislation in their states.

ADDITIONAL RESOURCES

[SB 1053 Fact Sheet](#)

[Medical Management and Access to Contraception](#)

[Q & A: Women's Preventive Services](#)

[Implementing the Federal Contraceptive Coverage Guarantee](#)