



## Fact Sheet: State Contraceptive Equity Laws

By [Liz McCaman Taylor](#)

State laws regulating contraceptive coverage, often referred to as Contraceptive Equity laws, can play a critical role in filling the remaining gaps from the Affordable Care Act (ACA) and accompanying federal guidance, and have the potential to expand equitable access to contraceptive services for all.

Contraceptive Equity laws address three major strategic goals:

1. Expand the range of contraceptives that are covered without cost-sharing;
2. Limit medical management (also known as utilization controls);
3. Create gender equity in contraceptive coverage.

**Expanded Range of Contraceptives:** While the ACA uses a “methods” framework to determine the range of coverage, Contraceptive Equity laws go further and require coverage of every unique contraceptive or a therapeutic equivalent. Contraceptive Equity laws also explicitly delineate coverage requirements for all services related to contraception including initial and ongoing counseling, device insertion and removal, and management of side effects.

**Limited Medical Management:** Contraceptive Equity laws strictly limit the ability of insurers to impose restrictions and delays (a.k.a. medical management or utilization controls). For example, they can prohibit quantity limits on contraception, allowing coverage of a year’s worth of contraceptive supplies. They can also prohibit prescription requirements for coverage of over-the-counter contraceptives.

**Gender Equity:** Unlike the ACA’s birth control benefit, which specifically applies to women, Contraceptive Equity laws are gender neutral. They also create equity by eliminating cost-sharing for external condoms, vasectomy, and contraceptive counseling for men.

Additional resources are available at <https://healthlaw.org/contraceptive-equity/>.