



# Accessing Contraceptives in Alabama: A Toolkit for Young Adults



# Acknowledgments

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This guide was originally written by Charlotte Cassel of Purpose Strategies, with input and edits from Madeline Morcelle, Christina Piecora, Elizabeth McCaman Taylor, Rachel Utz, and Kally Xu of the National Health Law Program, Alison Yager of Florida Health Justice Project, and Andrea Schmidt and Logan Foster, University of Florida students.

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The National Health Law Program (NHeLP) protects and advances the health rights of low- income and underserved individuals. Founded in 1969, NHeLP advocates, litigates, and educates at the federal and state levels. Consistent with this mission, NHeLP works to ensure that all people in the United States have access to comprehensive preventive health services, including contraception.

The Alabama Campaign for Adolescent Sexual Health (ACASH) works to expand sex education in Alabama. ACASH envisions access to comprehensive sexual health for adolescents throughout Alabama and advances their mission to champion healthy adolescent development through medically accurate and equitable sexual health education and services. ACASH provides evidence-informed sexual health programs in out-of-school settings, as well as training and professional development for adults who work with young people, and they work directly with their Youth Advisory Councils to advocate for sex education in Alabama.



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# Introduction

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This toolkit has been developed to assist young adults in Alabama with understanding their rights to access contraceptives under various health insurance programs and policies. While the reproductive health care landscape continues to evolve, both within Alabama and nationally, this guide is designed to provide basic information about how to access contraceptives. This toolkit also provides information to ensure that those who are denied coverage of contraceptives to which they are legally entitled have an understanding of how to advocate for themselves and/or their friends and family.

Please note this Toolkit was finalized for publication on July 1, 2025 and may be subject to change. Please check current laws and policies to ensure the most up-to-date information.

**This information is for educational purposes only and is not legal advice.**

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## Stigma

Before we dive deeper into specific provisions around access to contraceptives, it is important to recognize the potential challenges that can come up when exploring these issues. Our culture normalizes a significant amount of shame and stigma related to sexual activity and contraception. But, contraception is essential health care.<sup>1</sup> And, as with any other type of health care, it is important that you have accurate information in order to best advocate for yourself.

We also recognize that contraceptive care and the counseling surrounding it can still be very gendered. However, it is important to recognize that contraceptive care is important for everyone.<sup>2</sup>

**To learn strategies for overcoming the stigma associated with these topics, please check out this [resource](#) from Teen Health Mississippi.**



# Contraceptives

Contraception, often called birth control or family planning, consists of medications, devices, and other methods to prevent unwanted pregnancy. Certain contraceptives can also be used to try to prevent some STIs. And certain contraceptive medications can be used to manage painful sexually transmitted infections (STIs) symptoms of various chronic health conditions, such as [adenomyosis](#), [Ehlers-Danlos Syndrome](#), [endometriosis](#), [polycystic ovary syndrome](#) (PCOS), and [uterine fibroids](#). Additionally, contraceptives can help reduce [acne](#), [irregular periods](#), and [heavy menstrual bleeding](#).

There is a large range of contraceptive drugs and devices available, from pills you take daily, to intrauterine devices (IUDs) that can last for over a decade. Some contraceptives are available over-the-counter in local retail stores, and others require a prescription from your health care provider. Some contraceptives prevent pregnancy using hormones, like the pills, ring, or the patch, while others are non-hormonal, like condoms or the copper IUD. Your medical provider should be able to provide you with information on some or all contraceptives, and you may want to try out a few methods before settling on your preferred one.



[Information about contraceptive methods](#)

[Information about accessing free external condoms in Alabama](#)



## Opill

As of March 2024, [Opill](#) is the first FDA approved, daily oral contraceptive pill to be available without a prescription in the United States. Opill is available to be bought at retail stores and online. It is a progestin-only hormonal contraceptive pill to be taken daily. It is not to be used as an emergency contraceptive.

## Emergency Contraception (EC)

There is a great deal of misinformation and confusion about emergency contraception (EC), including false claims that it is a form of abortion. This section aims to arm you with accurate information.

**EC, just like all other kinds of contraception, prevents pregnancy before it occurs. The main difference is that EC is taken on a one-time basis and should be taken as soon as possible after unprotected sex.**

There are three forms of EC available, and all should be covered by your insurance plan if you have a marketplace or private plan:

1. Plan B and its generics like My Choice, which are available over-the-counter (without a prescription) but a prescription is most likely required for insurance coverage and can be taken up to 72 hours after unprotected sex.
2. Ella, which is only available by prescription and can be taken up to 5 days after unprotected sex.
3. IUDs, which are available only by prescription and in addition to acting as EC, are a long-term option for contraception. IUDs requires insertion by a healthcare provider.

## Emergency Contraceptives: “Advanced Provision”

### What are Advanced Provision Emergency Contraceptives?

This is when you may need EC in the future, so to be prepared, you decide to stock up now. Make sure to check the expiration dates, but these medications typically have a shelf life of 3-4 years.

**You can always stock up on over-the-counter Plan B without talking to any health care provider, but it does mean you’ll have to purchase it for around \$50. To get a prescription for Plan B or Ella, you’ll have to talk to a health care provider first, but it is more likely that your EC will be free.**

# Health Insurance Basics

## What is Health Insurance?

Health insurance helps to offset, or cover, the cost of routine and emergency medical visits, prescription medications, and possibly other medical or health care related expenses. The amount an individual pays to have this insurance, also known as coverage, and the amount the plan or program will pay in benefits, depends on the particulars of each plan or program. When you have health insurance it means that if you need to see a doctor for a routine exam or because you are sick, if you have an accident, or if you need certain types of medications or medical procedures, the insurance program or company agrees to cover some, most, or all of the expenses.

## How Do You Get Health Insurance?

There are four (4) main ways that people across the United States get health insurance. These are:

1. From their employer;<sup>3</sup>
2. On the private insurance marketplace (i.e., [www.HealthCare.gov](http://www.HealthCare.gov));
3. From a government sponsored program, such as Medicaid, Medicare or Tricare; and
4. As a dependent on their parent(s)' or legal guardian(s)' plan.<sup>4</sup>



You may also be able to obtain coverage through your college or university. In fact, most colleges or universities will require that you have some form of health insurance during your time as a student.

## How Does Health Insurance Work?

There are four (4) basic elements of health insurance that are important to understand. These include the following:

1. **Copayments.** These are payments that you make to your health care provider each time you get care. For example, you may be required to pay \$20 every time you visit a primary care doctor or pay 25% of any hospital bill.
2. **Premiums.** This is the amount paid (by you, your employer, or the government, depending on the type of plan you have) to the insurance company each month.
3. **Deductibles.** This is the amount you have to spend out-of-pocket on covered health services before your insurance company will pay. For example, you might have to pay \$500 for medical services (excluding free preventive services) before the insurance company will begin to cover any portion of care.

4. **Out-of-pocket Maximum.** This is the maximum amount you are required to spend for covered services in a year. After you reach this amount, the insurance company will begin to pay 100% of covered services.



For more specific information on these important elements of health insurance, please click [here](#).

## The Patient Protection and Affordable Care Act (ACA)

### A Brief History of the ACA

The ACA, also known as “Obamacare,” was enacted in 2010. The ACA is one of the most important and significant pieces of health care reform legislation in U.S. history.

The ACA expanded access to affordable health insurance and, thereby, health care to millions of people across the country. While the law is extremely comprehensive, there are certain key provisions and protections that are particularly important.

### Key ACA Coverage Provisions

1. **Expansion of public programs.** Under the ACA, states were offered the opportunity to expand their Medicaid programs, with a significant portion of the cost being covered by the federal government. As of March 2025, all states except for ten (10) have chosen to expand their Medicaid programs. As of March 2025, Alabama has **not** expanded Medicaid under the Affordable Care Act. This means that many low-income adults in the state do not qualify for Medicaid coverage, leaving tens of thousands of Alabamians in the “[Medicaid coverage gap](#).”
2. **Health insurance exchanges (the Marketplace).** The ACA created a national health insurance marketplace, [www.marketplace.gov](http://www.marketplace.gov), where individuals can obtain coverage. Based on their income, many people across the country receive a federal subsidy that helps to offset the cost of their monthly insurance premium. This makes the health insurance plans on the marketplace significantly more affordable, with many people paying \$0, or very low amounts, per month.
3. **Coverage for young people.** The ACA extended the age (**up to 26**) that children can stay on their parents’ private insurance plans.



4. **Benefits.** The ACA requires most plans to cover [ten essential health benefits](#). Additionally, all private plans must cover a range of [preventive services](#), including [contraception/family planning services](#), with **no co-payment or cost-sharing**, and before meeting the deductible.
5. **Employer requirements.** This is a requirement that companies of a certain size offer health insurance to their full-time employees. The insurance offered must be “affordable” and have “minimum essential coverage,” which means that certain types of care and services *must* be covered.

## Key Protections from Discrimination

A number of key protections in the ACA aim to protect people from health care discrimination.

Some of these protections include:

1. **Protections for people with pre-existing health conditions.** Before the ACA, health insurance plans could deny coverage for or charge more to cover people diagnosed with health conditions, such as pregnancy or chronic conditions like endometriosis and HIV, before they purchased the insurance. The ACA made this discrimination illegal.
2. **Section 1557.** Section 1557 of the ACA prohibits health care discrimination based on race, color, national origin (e.g., Limited English Proficiency), sex, disability, age, or any combination. It applies to most health insurance programs and plans, most health care providers, and more. Section 1557 was the first federal civil rights law to broadly prohibit sex discrimination, including pregnancy-related discrimination, in health care. It was also the first to ban intersectional discrimination, discrimination targeting someone based on multiple identities, such as for being a Black woman with Limited English Proficiency. Thus, it is a critical tool for addressing discrimination in contraceptive access. We discuss Section 1557 in further depth on [page 18](#).



**You can find more detailed information on the ACA's protections [here](#).**

## Contraceptive Coverage Under the ACA

If you have health insurance through the marketplace, or a private plan governed by the ACA, then you may have special protections for contraceptive coverage. One type of every FDA-approved contraception *must* be covered. If you want the pill, patch, injection, condoms, spermicide, or any other type of method that works for you, there should be a free option available to you. This doesn't mean every single product used to prevent pregnancy will be covered. In other words, your plan might cover one type of hormonal IUD, but not another brand. If there is a medical reason why you need a particular contraceptive, then your provider can let your insurance know and it *must* be covered. This is known as a "[medical necessity](#)."

## Medicaid

The next section covers Medicaid, which is the largest source of public funding for family planning services.

### What is Medicaid?

Medicaid is a joint federal and state program that helps provide health coverage to certain eligible adults with low-incomes, children, pregnant women, older adults, and people with disabilities. Medicaid is jointly financed by states and the federal government. The federal government requires that the states follow certain guidelines, but there is broad variety across state programs.



### Who is Eligible?

In Alabama, only certain individuals and families with low incomes qualify for coverage.

Because Alabama has not expanded Medicaid, eligibility for full benefits is somewhat limited. If someone working is earning a low-income and also is in one of the below categories, they may be eligible for full Medicaid benefits:

1. Pregnant Women: Individuals who are pregnant and meet financial criteria may be eligible for full benefits. Coverage includes prenatal, delivery, and 12-months postpartum care.<sup>5</sup>
2. Children and Adolescents: Individuals under the age of 19 may qualify for full benefits.<sup>6</sup>
3. Parents or Caretaker Relatives Adults: Those caring for dependent children may be eligible.<sup>7</sup>

4. Individuals with Disabilities: Those who meet specific disability criteria.<sup>8</sup>
5. Elderly Individuals: Persons aged 65 and older may qualify.<sup>9</sup>
6. Institutional Medicaid: Those who are in nursing homes, hospitals, or Intermediate Care Facility for Individuals with Intellectual Disabilities may qualify for benefits. People who meet nursing home level of care may opt to apply for one of the Agency's [Home and Community Based waivers](#) to receive care in the community.

Eligibility is determined based on factors like income, disability status, and household size. For specific details on who can obtain coverage with full benefits under the Medicaid program in Alabama, please visit the [Alabama Medicaid Agency's website](#) or contact them directly.

If you are not eligible for full Medicaid, you may still be eligible for more narrow sexual and reproductive health care benefits (including contraceptive coverage) in another Medicaid program. To learn more, please visit [Medicaid Plan First \(Family Planning Only\)](#) (see [pages 12-13](#) for more information).

## Applying for Medicaid in Alabama

The easiest way to apply for coverage is online, by visiting [https://medicaid.alabama.gov/content/3.0\\_Apply/](https://medicaid.alabama.gov/content/3.0_Apply/). You will need to create an account and will then be asked a series of questions to determine whether you are eligible for coverage, and if so, for which category. The scope of your coverage depends on your eligibility category.

If the state determines that you are not eligible for Medicaid, you may be referred to the Federal Marketplace or [ALL Kids Insurance for Children](#) (if you are under the age of 19).

Pregnant women may apply for Medicaid programs using the single streamlined Medicaid application [here](#).



## Contraceptive Coverage in Alabama Medicaid with Full Benefits

### What Services are Covered?

Full Medicaid covers a [broad array](#) of services, including:

- Physician services;
- Family planning services and supplies;
- Prescription drugs;
- Pregnancy-related services and services for conditions that might complicate pregnancy;
- Services furnished by a nurse-midwife who is legally authorized under state law to render the care;
- Counseling and pharmacotherapy for cessation of tobacco use by pregnant women;
- Outpatient hospital services;
- Rural health clinic services;
- Federally-qualified health center services;
- Comprehensive and preventive health care services for enrollees under age 21; and
- Services furnished by a pediatric nurse practitioner or certified family nurse practitioner authorized to render care.

“[Family planning services and supplies](#)” is a federally required Medicaid benefit. States have some discretion about which services to cover. In Alabama, this coverage includes services “designed to help Medicaid eligible men and women prevent or delay pregnancy.”<sup>10</sup> Under federal law, Alabama must ensure that Medicaid enrollees are “free from coercion or mental pressure and free to choose the method of family planning to be used.”<sup>11</sup>

### Contraceptive Coverage Under Alabama Medicaid Family Planning Waiver Program

In Alabama, if you are not eligible for full-scope Medicaid, you may qualify for coverage under the Medicaid Family Planning Waiver known as [Plan First](#), which provides contraceptive and some other reproductive and sexual health care coverage to certain women ages 19 through 55. Men aged 21 or older may qualify for vasectomies only.<sup>12</sup> Apply for Plan First [here](#).

### Who is Eligible?

You may be eligible for Plan First coverage if you meet the following criteria:<sup>13</sup>

1. Live in Alabama
2. Are a U.S. citizen or have legal status
3. Have a Social Security number or can provide proof of applying for one



4. Are a female between the ages of 19 and 55 or male ages 21 or older (vasectomy only)
5. Have not had surgery to prevent pregnancy
6. Have a household income less than or equal to 146% of the current federal poverty level (view current annual income maximums by household size [here](#))
7. Are not otherwise eligible for Medicaid or Medicare services

### **What Services are Covered?**

1. Annual Family Planning exams which may include a pap smear, breast exam, and sexually transmitted infection (STI) testing
2. Family planning counseling and pregnancy tests
3. Family planning visits, including prescriptions for contraceptives
4. Contraceptive supplies including pills and and DepoProvera shots
5. Tubal ligations for women 21 or over
6. Vasectomies for men 21 or over
7. Tobacco cessation counseling and products<sup>14</sup>

### **What Contraceptive Methods are Covered?**

1. Hormonal contraceptive pills
2. Patch
3. Vaginal ring
4. The Shot (Depo-Provera)
5. Implant (single rod implant)
6. Sterilization (tubes tied or blocked)
7. Intrauterine devices and systems (IUDs/IUSs)

For the complete list of what is covered under the waiver program, click [here](#).<sup>15</sup>

## **Additional Public Health Care Programs**

Beyond Medicaid and other health insurance programs and plans, there are health care safety net programs that provide sexual and reproductive health services, including:

**Title X Family Planning Program.** Title X family planning clinics provide a broad range of services related to achieving and preventing pregnancy, and

assisting women, men, and couples with achieving their desired number and spacing of children. Beyond contraception, Title X clinics provide related sexual and reproductive health services, including preventive care for STIs. Anyone can receive services at a Title X-funded health center, regardless of age, sex, income, insurance coverage or status, immigration status, race, sexual orientation, gender identity, or any other characteristic. Find a Title X family planning clinic near you [here](#).

**Federally Qualified Health Centers (FQHCs).** Federally qualified health centers or clinics serve medically underserved areas and populations. They provide primary care services on a sliding fee scale based on the patients' ability to pay. Under federal law, FQHCs are required to provide "voluntary family planning" services along with a broad range of health services. This can include preconception care, STI treatment and screening, and contraception. Virtually all FQHCs report providing at least one method of contraception at one or more of their clinical sites.<sup>16</sup> Similar to Title X clinics, FQHCs have sliding fee discounts that determine service costs based on ability to pay. Find a FQHC or look-alike clinic near you [here](#).

Learn more about these programs in the Appendix at the end of this toolkit.



**Alabama-specific Organizations/Places that may help  
with accessing contraceptives**  
**The Alabama Department of Public Health**  
**The Yellowhammer Fund**

## **Impact of *Dobbs v. Jackson Women's Health Organization***

In June 2022, the U.S. Supreme Court issued its decision in *Dobbs v. Jackson Women's Health Organization* (*Dobbs*), overturning the constitutional right to abortion in the United States. As a result, the question of abortion rights was left to the states.

In response, numerous states immediately rolled back access to abortion services, while some affirmed the right to abortion. On June 24, 2022, Alabama began enforcing its total abortion ban, which prohibits abortion at all stages of

pregnancy except where necessary to avoid the mother's death or serious risk of substantial physical impairment of a major bodily function.<sup>17</sup>

On its face, this decision should have no impact on the legal right to contraception. Contraceptive care, including emergency contraception, is medically and scientifically distinct from abortion care, because contraception works *before* pregnancy occurs and abortion care occurs once someone becomes pregnant. Nonetheless, it is impossible to attack one type of sexual or reproductive health service without seeing ripple effects on other services.<sup>18</sup>

The *Dobbs* decision has caused gaps within both contraceptive and other forms of reproductive care. *Dobbs* has impacted contraceptive access most directly through clinic closures and the significant number of health care providers who provide the full spectrum of reproductive health care leaving states with enacted abortion bans.<sup>19</sup> It has also emboldened pharmacies and insurance plans to deny access to medications for chronic conditions, such as rheumatoid arthritis and cancer, that can also end pregnancies. While contraception can never replace abortion, we encourage people to make a plan for their birth control, now more than ever, if they want to avoid pregnancy.

## What Does Your Health Insurance Cover?

### Program or Plan Documents

While they are heavy with legalese, and not easy to wade through, there are multiple documents that explain your health insurance program or plan benefits. These documents include:

1. [Summary](#) of Benefits and Coverage (SBC)<sup>20</sup>
2. Evidence/Explanation of Coverage (EOC)<sup>21</sup>
3. [Evidence](#)/Explanation of Benefits (EOB)<sup>22</sup>
4. Formulary List<sup>23</sup> (a list of all medications covered by your plan)

### Red Flags

The documents from your health plan may reveal some problems. Here are a few examples:

1. Exclusions
  - a. Certain products are excluded (e.g. male devices not covered)
  - b. Certain procedures are excluded (e.g. IUD removal not covered)

## 2. Prior authorization<sup>24</sup>

- a. Prior authorization (also called “preauthorization” and “precertification”) refers to a requirement to receive approval from the health plan before the service is covered.
- b. These requirements can be problematic when an insurance company denies coverage that has been recommended by a healthcare provider

## 3. Step therapy

- a. This is the requirement that an insured individual try one drug first to treat their medical condition before the insurance company will cover another drug for the same condition. Unfortunately, this can be quite common with contraceptive methods. Although step therapy should be prohibited for Medicaid enrollees.<sup>25</sup>
- b. Again, this is a problem when the insurance company uses it to interfere with your prescribing provider’s medical advice, or when you previously determined which medications or devices work and do not work for your body while on another health program or plan.

## Privacy from parents/guardians

As a result of the ACA expanding the age limit of coverage to 26, more young adults now remain on their parents’ health plans.<sup>26</sup> In these cases, because the parent is the primary insured individual, an Explanation of Benefits, which explains services used and paid for or not paid for by the plan, is sent to the parents after their dependents receive any sort of medical care.

It is important to note that in Alabama, there is no requirement that insurance plans offer an opportunity for confidential communications. This is one reason why many teens and young adults get reproductive and sexual health care services at free clinics, such as [Title X sites](#) — to avoid using their insurance and having an EOB sent to their parents or legal guardians.<sup>27</sup>





# What To Do if Your Contraceptives Are Not Covered

As laid out in this document, the majority of contraceptives should be covered at no or low cost to you, either through your health insurance or through a free or low-cost clinic. However, there are often significant barriers to getting coverage for these services, even when there shouldn't be.

If you have issues getting your contraceptive covered, there are resources available to help you, such as sample letters and step-by-step instructions drafted by the [National Women's Law Center](#).

If you believe that the denial is the result of sex-based or other discrimination, consider [filing a Section 1557 complaint](#) with HHS' Office for Civil Rights. You have 180 days from the date when you learned the discrimination occurred to file a complaint. Learn more about Section 1557 [here](#) and through the suggested resources in the Appendix below.

## Know Your Rights: Pharmacy Access to Contraceptives

Section 1557 of the ACA makes it illegal to discriminate against people based on race, color, the country they are from, limited English skills, disability, and age in most health care situations. It also blocks sex discrimination. This includes being treated unfairly because you are a woman, LGBTQI+, or pregnant. We want to help you know your rights and what you can do if they are not respected.

### Who needs to follow this law?

Anyone in health care who receives federal funding, such as:

- Health care entities such as hospitals, doctor's offices, federally qualified health centers, and pharmacies. If they accept Medicare, Medicaid, or ALL Kids Insurance for Children for anyone, they must follow these rules, even if you have different insurance.
- Title X family planning clinics ([find a clinic near you](#)) and federally qualified community health centers ([find a health center near you](#)).
- Most health insurance, such as Medicare, Medicaid, ALL Kids Insurance for Children, and plans on [HealthCare.gov](#).

- Hospitals that get federal funding.
- Some clinical trials.
- Many medical schools.

## What kinds of discrimination related to sexual and reproductive health care are illegal under the ACA?

The following examples *may* be considered discrimination under the ACA, but you will need individual legal advice to confirm:

1. If your pharmacy usually provides other contraception (e.g., external condoms) but refuses to fill your emergency contraceptive prescription.
2. If your doctor treats you unfairly when you ask for contraceptives based on your past, present, or future reproductive decisions, including abortion.
3. If your health care provider denies you contraceptives because of your race or disability, even though they provide this care to other people.
4. If your nurse refuses to discuss your options for contraception because of your race or disability.
5. If you're over 14 or a high school graduate, but your health care provider won't prescribe you contraceptives because you're "too young."
  - Note: If a minor 14 or under is seeking services at a Title X funded site, Title X providers must allow minors to [obtain Title X](#) services without parental approval, even if state law explicitly requires parental consent or notification for such services.
6. If your pharmacist denies you a refill for the contraceptives you need to manage a health condition, such as endometriosis, polycystic ovary syndrome, or Ehlers-Danlos Syndrome, because they think it could end a future pregnancy.
7. If your health care provider refuses to provide pain management for IUD insertion.

## What can I do if I experience discrimination?

If you believe your civil rights were not respected, you can reach out to [Legal Services Alabama](#) to request free or low-cost legal help. For health insurance discrimination, you can also file a complaint with the [Alabama Department of Insurance](#).

# Appendix: Additional Resources on Contraceptive Access

For more in-depth information on some of these issues please see the following resources.

## Contraceptive Coverage and Access in Medicaid

- For a comprehensive guide on Medicaid coverage of reproductive and sexual health services (including contraceptives) and related issues, see [An Advocate's Guide to Reproductive and Sexual Health in the Medicaid Program \(2nd Ed. 2019\)](#), National Health Law Program (NHeLP) (in-depth guide)
  - [2023 Supplement](#) (with updates on legal and policy developments from 2019 – 2023)
- [Medicaid Coverage of Family Planning Services Delivered via Telehealth](#), NHeLP

## Contraceptive Access in Other Public Health Programs

- [Title X Clinic Locator](#)
  - [Title X Resources](#), Guttmacher
  - [Title X Fact Sheets and Reports](#), National Family Planning and Reproductive Health Association
  - [Featured Title X Resources](#), KFF
- [FQHC Locator](#)

## Nondiscrimination Protections Related to Sexual and Reproductive Health Care

- [Questions and Answers on the 2024 Final Rule Addressing Nondiscrimination Protections Under the ACA's Section 1557](#), NHeLP
- [HHS Addresses Post-Dobbs Barriers to Care for Chronic Health Conditions Through Section 1557 of the ACA](#), NHeLP
- [2025 Landmines and Pathways in the Fight for Sexual and Reproductive Health Care Equity for People with Disabilities](#), NHeLP

## Over-the-Counter Access to Contraceptives

- [Yellowhammer Fund](#)
- [Free the Pill Coalition](#)
- [Opill Cost Assistance Program](#)

## Reproductive Justice

- [A New Vision for Reproductive Health, Reproductive Rights, and Reproductive Justice](#), Forward Together (issue brief)
- [URGE AL](#)

## Additional Resources

- [AL Based Resources](#)
- [Alabama Campaign for Adolescent Sexual Health](#)
- [AL Cohosh Collaborative](#)
- [AL Department of Public Health: Minor Consent and Confidentiality in Alabama If/when/how Internet Safety](#)
- [WAWC](#)

## References

- 1 Am. Coll. Obstetricians & Gynecologists, Comm. Op. No. 615: Access to Contraception (Jan. 2015 (reaffirmed 2022)) <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/01/access-to-contraception#> (last visited June 22, 2025).
- 2 To that end, we strive to use gender inclusive language to accurately reflect the scope of people with various reproductive and sexual health care needs and related experiences.  
  
However, it is important to note that we employ “women” in limited instances when necessary to accurately reference legal terms or cisgender women-centered research and to honor how advocates or groups self-identify. More inclusive policy language and research is needed to better service the needs of all people who need equitable access to reproductive, sexual, and all health care.
- 3 To obtain health insurance through your employer, it is suggested that you speak with the Human Resources (HR) Department and/or your supervisor.
- 4 In order to remain on your parent or guardian’s health insurance plan, they will need to make sure to include you on their annual sign-up. Children can usually remain on their parents private insurance until age 26.
- 5 Alabama Medicaid, *Medicaid for Pregnant Women*, [https://medicaid.alabama.gov/content/3.0\\_Apply/3.2\\_Qualifying/3.2.2\\_Medicaid\\_Pregnant.aspx](https://medicaid.alabama.gov/content/3.0_Apply/3.2_Qualifying/3.2.2_Medicaid_Pregnant.aspx) (last visited June 21, 2025).
- 6 Alabama Medicaid, *Medicaid for Children, Parents and Other Caretakers*, [https://medicaid.alabama.gov/content/3.0\\_Apply/3.2\\_Qualifying/3.2.1\\_Medicaid\\_Children\\_Parents.aspx](https://medicaid.alabama.gov/content/3.0_Apply/3.2_Qualifying/3.2.1_Medicaid_Children_Parents.aspx) (last visited June 21, 2025).



- 7 *Id.*
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