

## Insurance Coverage of Contraceptives

**BACKGROUND:** While almost all insurance plans cover prescription drugs, many still do not provide coverage for the range of U.S. Food and Drug Administration(FDA)-approved prescription contraceptive drugs and devices. A number of states, however, require insurance policies that cover other prescription drugs to also cover all FDA-approved contraceptive drugs and devices, as well as related medical services. Some of these policies allow employers or insurers to refuse to cover contraceptives on religious or moral grounds. In addition, several states have limited mandates that apply to either specific types of insurers, such as health maintenance organizations (HMOs), or to coverage written for a segment of the insurance market. (Federal law requires insurance coverage of contraceptives for federal employees and their dependents; a few specific religious insurers are exempt from the requirements.)

### HIGHLIGHTS:

- 27 states require insurers that cover prescription drugs in general to provide coverage of the full range of FDA-approved contraceptive drugs and devices; 16 of these states specifically require coverage of related outpatient services.
  - 2 states exclude emergency contraception from the required coverage.
  - 1 state excludes minor dependents from coverage.
- 20 states allow certain employers and insurers to refuse to comply with the mandate.
  - 18 states exempt certain employers from including contraceptive coverage in their plans.
    - 15 of these states permit religious employers to refuse to provide the coverage.
    - 1 state allows any employer, religious or secular, to refuse the coverage.
  - 3 states allow certain insurers to refuse to write plans that include contraceptive coverage.
    - 1 state permits religious insurers to refuse to provide the coverage.
    - 2 states allow any insurer to refuse to provide the coverage.
  - 14 states require employees to be notified when their health plan does not cover contraceptives.
  - 4 states attempt to provide access for employees when their employer refuses the coverage, generally by allowing employees to purchase the coverage on their own, but at the group rate.
- 7 states have mandates that only apply to a segment of the insurance market.
  - 5 states require HMOs to cover prescription contraceptives or “family planning services.”
  - 2 states require insurers that provide prescription drug coverage for individuals or small employers to offer contraceptive coverage.



Advancing sexual and reproductive health worldwide through research, policy analysis and public education.

125 Maiden Lane  
New York, NY 10038  
212.248.1111  
www.guttmacher.org  
info@guttmacher.org

1301 Connecticut Avenue, N.W.  
Washington, DC 20036  
202.296.4012  
www.guttmacher.org  
policyworks@guttmacher.org

# INSURANCE COVERAGE OF CONTRACEPTIVES

STATE	COMPREHENSIVE MANDATE							PARTIAL MANDATE	
	COVERAGE REQUIRED		EXCLUSIONS	REFUSAL PROVISIONS				HMOs	Small and Individual Market Insurers
	Prescription Drugs and Devices	Outpatient Services		Employers	Insurers	Enrollees Notified by:	Access for Enrollees		
Arizona	X	X		Religious		Employer			
Arkansas	X		EC	Religious					
California	X			Religious		Employer			
Colorado									X
Connecticut	X			Religious	*	Insurer	*		
Delaware	X	X		Religious		Employer			
Georgia	X								
Hawaii	X	X		Religious		Employer	X		
Illinois	X	X			All				
Iowa	X	X							
Kentucky									X
Maine	X	X		Religious		Employer			
Maryland	X	X		Religious		Employer			
Massachusetts	X	X		Religious					
Michigan <sup>†</sup>	X	X		Religious					
Minnesota								X	
Missouri	X			All	All	Insurer	X		
Montana <sup>‡</sup>	X	X							
Nevada	X				Religious	Insurer			
New Hampshire	X	X							
New Jersey	X			Religious		Employer			
New Mexico	X			Religious					
New York	X			Religious		Employer/Insurer	X		
North Carolina	X	X	EC	Religious		Insurer			
North Dakota								X	
Ohio								X <sup>Φ</sup>	
Oklahoma								X	
Oregon	X	X		Religious					
Rhode Island	X			Religious		Employer			
Texas <sup>Ω</sup>									
Vermont	X	X							
Virginia <sup>Ω</sup>									
Washington	X	X							
West Virginia	X	X	Minor Dependents	Religious		Insurer	X		
Wisconsin <sup>†</sup>	X								
Wyoming								X	
<b>TOTAL</b>	<b>27</b>	<b>16</b>	<b>3</b>	<b>18</b>	<b>3</b>	<b>14</b>	<b>4</b>	<b>5</b>	<b>2</b>

\* Religious insurers are not exempt from the mandate but may provide contraceptive coverage through a subcontract with another insurer or third-party entity.

† Policy is the result of an administrative ruling. In Wisconsin a new law mandating contraceptive coverage will go into effect January 2010.

‡ Policy is the result of an Attorney General Opinion.

Φ Mandate limited to medically necessary family planning services.

Ω Employers must be offered the option to include coverage of contraceptives within the health plan.

**CONTINUED**

## FOR MORE INFORMATION:

For information on state legislative and policy activity click on Guttmacher's [Monthly State Update](#) and for state level information and data on reproductive health issues, click on Guttmacher's [State Center](#).

Sonfield A, [The movement against health insurance benefit mandates: assessing the dangers](#), *Guttmacher Policy Review*, 2006, 9(2):7-1-18.

Sonfield A and Gold RB, [New study documents major strides in drive for contraceptive coverage](#), *The Guttmacher Report on Public Policy*, 2004, 7(2):4-7.

Dailard C, [Contraceptive coverage: a 10-year retrospective](#), *The Guttmacher Report on Public Policy*, 2004, 7(2):6-9.

Sonfield A, Gold RB, Frost JJ and Darroch JE, [U.S. insurance coverage of contraceptives and the impact of contraceptive coverage mandates, 2002](#), *Perspectives on Sexual and Reproductive Health*, 2004, 36(2):72-79.

Dailard C, [The cost of contraceptive insurance coverage](#), *The Guttmacher Report on Public Policy*, 2003, 6(1):12-13.

Sonfield A, [Twenty states now require contraceptive insurance coverage](#), *The Guttmacher Report on Public Policy*, 2002, 5(3):13.

Cohen SA, [Federal law urged as culmination of contraceptive insurance coverage campaign](#), *The Guttmacher Report on Public Policy*, 2001, 4(5):10-12.

Gold RB and Sonfield A, [Refusing to participate in health care: a continuing debate](#), *The Guttmacher Report on Public Policy*, 2000, 3(1):8-11.

Dailard C, [State contraceptive coverage laws: creative responses to questions of 'conscience'](#), *The Guttmacher Report on Public Policy*, 1999, 2(4):1-2 & 14.

Darroch JE, [Cost to Employer Health Plans of Covering Contraceptives](#), New York: The Alan Guttmacher Institute (AGI), 1998.

Gold RB, [The need for and cost of mandating private insurance coverage of contraception](#), *The Guttmacher Report on Public Policy*, 1998, 1(4):5-7.

Gold RB, [Contraceptive coverage: toward ensuring access while respecting conscience](#), *The Guttmacher Report on Public Policy*, 1998, 1(6):1-2 & 14.

Kaesler L, [What methods should be included in a contraceptive coverage insurance mandate?](#), *The Guttmacher Report on Public Policy*, 1998, 1(5):1-2 & 12.

AGI, *Uneven & Unequal: Insurance Coverage and Reproductive Health Services*, New York: AGI, 1994.