

The **gold standard of contraceptive coverage** includes:

**Expansion of No-Cost Sharing Options:** The federal guidance under the ACA requires health plans to offer coverage of at least one contraceptive product in each FDA-approved category of contraception for women without cost-sharing. However, some categories of FDA-approved contraception -- oral contraceptives, in particular -- have many distinct formulations that work differently for different people. It is simply not sufficient to cover only one oral contraceptive formulation. Comprehensive contraceptive coverage expands upon the ACA provision by ensuring individuals have access to the full range of distinct oral contraceptive formulations (defined as “therapeutic equivalents” by the FDA). This means that individuals will not face barriers in accessing the birth control formulation that is best for them;

**Coverage of One-Year Dispensing of Contraception:** The Centers for Disease Control and Prevention recommend that women receive a one-year supply of contraception at a time. While contraception is regularly prescribed for a full year, insurance policies typically impose limits on the amount that can be dispensed at one time. When individuals are able to receive an extended one-year supply at once, it lowers their risk of unintended pregnancy because they are less likely to experience gaps in contraceptive use. Comprehensive contraceptive coverage includes coverage of one-year dispensing;

**Coverage of Over-the Counter (OTC) Contraceptive Options:** Under the ACA, insurance plans are already required to cover contraceptive methods that are sold OTC, but they are permitted to impose a medically unnecessary prescription requirement as a condition of coverage. This practice causes barriers and delays in accessing often time-sensitive contraception, including emergency contraception, sponges, spermicide, and condoms, even though these products are safe and available OTC. Comprehensive insurance coverage includes true OTC coverage without a prescription, and the same no cost-sharing protections provided by the ACA for prescribed contraceptives;

**Vasectomy and Condom Coverage without Cost Sharing:** The federal guidance under the ACA does not address coverage of contraception for men. While female condoms (also known as “internal condoms”) must be covered, male condoms (also known as “external condoms”) are not included in the ACA coverage rules. Further, while the ACA requires coverage of sterilization for women without cost-sharing, men and their families are forced to bear the out-of-pocket costs if they choose to access vasectomy services. This inequity effectively prevents many men from participating in family planning and places the sole responsibility for contraception on women. Comprehensive contraception coverage includes condom and vasectomy coverage without cost-sharing and deductible requirements. There may need to be exemptions from such requirements for high deductible health plans with health savings accounts because of Internal Revenue Service rules;

**No Preauthorization and Step Therapy Requirements:** While the ACA prohibits preauthorization and step therapy requirements for contraception, some plans around the country are out of compliance. To ensure compliance, plans should explicitly prohibit preauthorization and step therapy requirements for any method of contraception; and

**Consumer-Friendly Contraceptive Coverage Information:** To ensure consumers can fully benefit from contraceptive coverage, it is critical they have access to coverage information that is consumer friendly and comprehensive. Consumers need this information to review with their providers to make decisions about the best contraception option for them.

This list is a summary of contraceptive coverage identified by state advocates in the US and is based off of the National Health Law Program’s [Model Contraceptive Equity Act](#).