

**STATE OF BIRTH  
CONTROL COVERAGE:  
HEALTH PLAN  
VIOLATIONS OF THE  
AFFORDABLE CARE ACT**

National  
Women's Law  
Center  
May 2015

# WHAT WE WILL COVER TODAY

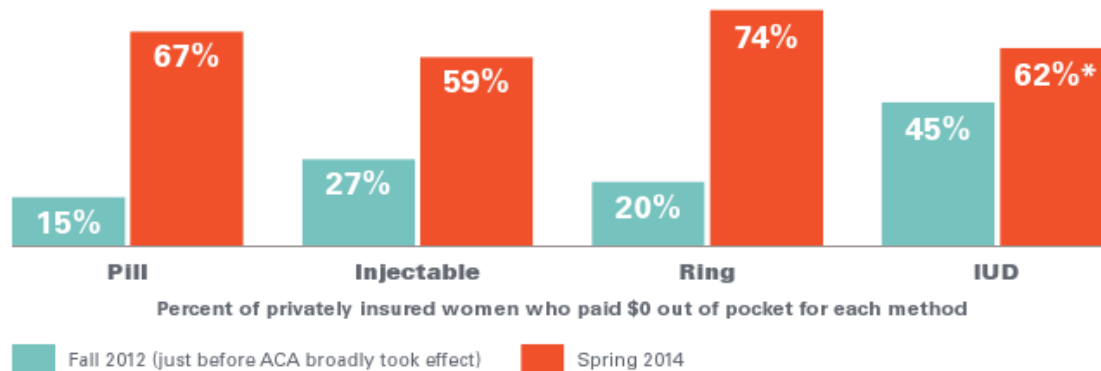
- NWLC's Report "State of Birth Control Coverage: Health Plan Violations of the Affordable Care Act"
- Success in the States: Connecticut's Experience
- Guidance Released by HHS, DOL, and Treasury on May 11, 2015
- Q&A



# THE ACA BIRTH CONTROL BENEFIT IS WORKING FOR MANY WOMEN

## The Affordable Care Act's contraceptive coverage guarantee is working...

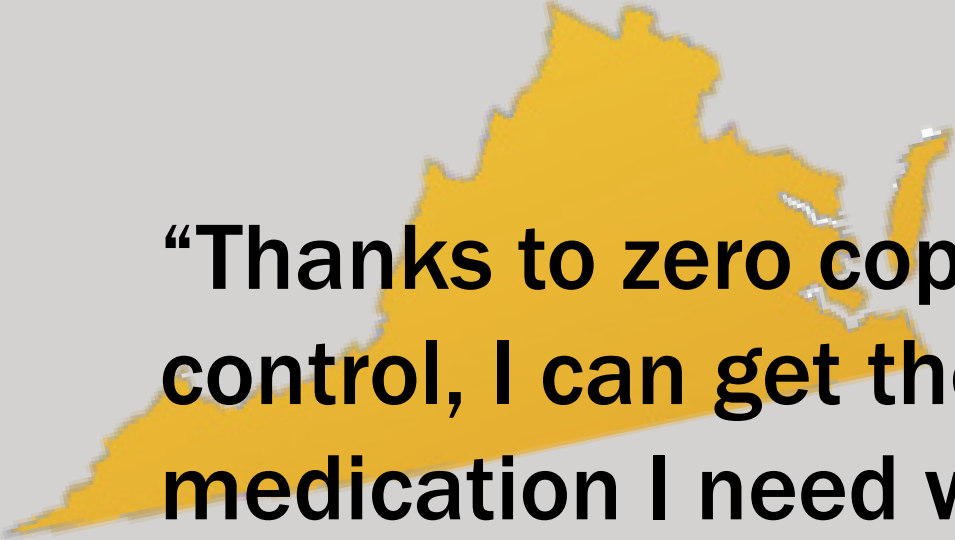
Privately insured women are increasingly paying \$0 out of pocket for a range of contraceptive methods.



...and soon even *more* women will benefit.

\* Based on combined data for spring 2013, fall 2013 and spring 2014 because the number of IUD users surveyed was small.

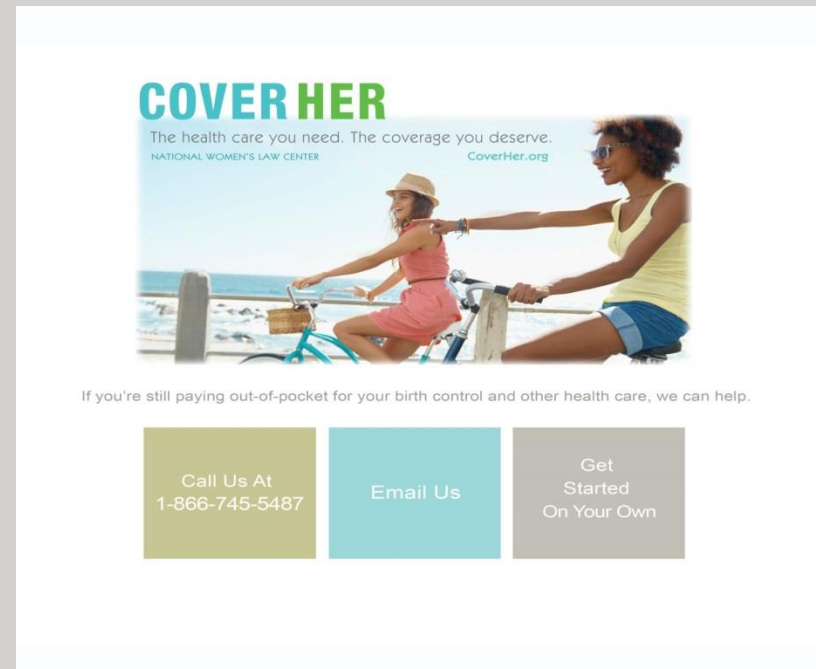




**“Thanks to zero copay birth control, I can get the medication I need without having to go without groceries for a week.” –*Woman in Virginia***

# REPORT DATA SOURCES

- Plan documents in 15 states (both 2014 and 2015)
- Publicly available documents from several insurance companies
- NWLC correspondence with insurance companies
- CoverHer Hotline



**COVER HER**  
The health care you need. The coverage you deserve.  
NATIONAL WOMEN'S LAW CENTER [CoverHer.org](http://CoverHer.org)

If you're still paying out-of-pocket for your birth control and other health care, we can help.

Call Us At  
1-866-745-5487

Email Us

Get Started  
On Your Own

**INSURANCE COMPANIES  
FAIL TO COMPLY WITH THE  
BIRTH CONTROL BENEFIT:  
KEY TRENDS**

**ALL MEANS ALL: PLANS  
STILL DO NOT COVER, OR  
REQUIRE OUT-OF-POCKET  
COSTS FOR, ALL  
FDA-APPROVED METHODS  
OF BIRTH CONTROL**

Most Effective



Least Effective

Methods	Number of pregnancies expected per 100 women*	Use	Some Risks
Sterilization Surgery for Women	less than 1	One-time procedure Permanent	• Pain • Bleeding • Infection or other complications after surgery • Ectopic (tubal) pregnancy
Surgical Sterilization Implant for Women	less than 1	One-time procedure Waiting period before it works Permanent	• Mild to moderate pain after insertion • Ectopic (tubal) pregnancy
Sterilization Surgery for Men	less than 1	One-time procedure Waiting period before it works Permanent	• Pain • Bleeding • Infection
Implantable Rod	less than 1	Inserted by a healthcare provider Lasts up to 3 years	• Changes in bleeding patterns • Weight gain • Breast and abdominal pain
IUD Copper	less than 1	Inserted by a healthcare provider Lasts up to 10 years	• Cramps • Bleeding • Pelvic inflammatory disease • Infection by • Tear or hole in the uterus
IUD w/ Progestin	less than 1	Inserted by a healthcare provider Lasts up to 3-5 years, depending on the type	• Irregular bleeding • No periods • Abdominal/pelvic pain • Ovarian cysts
Shot/Injection	6	Need a shot every 3 months	• Bone loss • Bleeding between periods • Weight gain • Nervousness • Abdominal discomfort • Headaches
Oral Contraceptives (Combined Pill) "The Pill"	9	Must swallow a pill every day	• Nausea • Breast tenderness • Headache • Rare: high blood pressure, blood clots, heart attack, stroke
Oral Contraceptives (Progestin only) "The Minipill"	9	Must swallow a pill every day	• Irregular bleeding • Headache • Breast tenderness • Nausea • Dizziness
Oral Contraceptives Extended/Continuous Use "The Pill"	9	Must swallow a pill every day	• Risks are similar to other oral contraceptives (combined) • Light bleeding or spotting between periods
Patch	9	Put on a new patch each week for 3 weeks (21 total days). Don't put on a patch during the fourth week.	• Exposure to higher average levels of estrogen than most oral contraceptives
Vaginal Contraceptive Ring	9	Put the ring into the vagina yourself. Keep the ring in your vagina for 3 weeks and then take it out for one week.	• Vaginal discharge • Discomfort in the vagina • Mild irritation • Risks are similar to oral contraceptives (combined)
Diaphragm with Spermicide	12	Must use every time you have sex.	• Irritation • Allergic reactions • Urinary tract infection • Toxic shock
Sponge with Spermicide	12-24	Must use every time you have sex.	• Irritation • Allergic reactions • Hard timer embedding • Toxic shock
Cervical Cap with Spermicide	17-23	Must use every time you have sex.	• Irritation • Allergic reactions • Abnormal Pap test • Toxic shock
Male Condom	18	Must use every time you have sex. <i>Do not use with oil-based, latex condoms. Use latex condoms with spermicide. Do not use with other latex condoms.</i>	• Allergic reactions
Female Condom	21	Must use every time you have sex. <i>Do not use with spermicide.</i>	• Irritation • Allergic reactions
Spermicide Alone	28	Must use every time you have sex.	• Irritation • Allergic reactions • Urinary tract infection
<b>Emergency Contraception — if your primary method of birth control fails</b>			
Plan B One Step Next Choice	7 out of every 10 women who would have gotten pregnant will not become pregnant after taking Plan B, Plan B One-Step, or Next Choice	Swallow the pills within 3 days after having unprotected sex.	• Nausea • Vomiting • Abdominal pain • Fatigue • Headache
Ella	6 or 7 out of every 10 women who would have gotten pregnant will not become pregnant after taking Ella.	Swallow the pill within 5 days after having unprotected sex.	• Headache • Nausea • Abdominal pain • Menstrual pain • Tiredness • Dizziness

\*Effectiveness of the different methods during physical/actual use (including sometimes using a method in a way that is not correct or not consistent) <http://www.fda.gov/birthcontrl>

- Sterilization surgery for women
- Sterilization surgical implant for women
- Implantable rod
- IUD Copper
- IUD with Progestin
- Shot/Injection
- Patch
- Vaginal Contraceptive Ring
- Oral Contraceptives (Combined Pill)
- Oral Contraceptives (Progestin only)
- Oral Contraceptives Extended/Continuous Use
- Diaphragm with Spermicide
- Sponge with Spermicide
- Cervical Cap with Spermicide
- Female Condom
- Spermicide alone
- Plan B/Plan B One Step/Next Choice
- Ella



**“I had an IUD put in last fall based on information provided to me by my physician, in consultation with my insurance company, that the procedure would be fully covered. Shortly after I received a bill in the mail for the full amount saying that the claim had been denied by my health insurance company. The insurance company says I can appeal their decision by writing a letter telling them how the decision ‘made me feel.’” –*Woman in District of Columbia***

**“I pay \$32 monthly for [birth control].”**

**– Woman in Virginia**



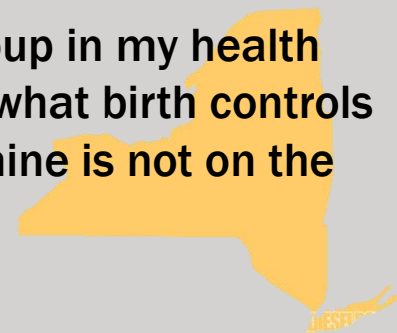
**“She claims that the Nuvaring is not included on that list.”**

**– Woman in California**



**“She told me that my group in my health insurance plan can pick what birth controls they want to cover and mine is not on the list.”**

**– Woman in New York**



**“GENERIC ONLY” IS NOT  
OK. PLANS MUST COVER  
BRANDS IN SOME  
CIRCUMSTANCES**

**“So far they said they only have to cover ‘Tier One’ prescriptions. So, I asked what that meant and they said generic.” – *Woman in Iowa***

**RELATED SERVICES:  
THESE MUST BE  
COVERED BUT PLANS  
FAIL TO DO SO.**

# PLANS IMPOSING COSTS ON SERVICES RELATED TO BIRTH CONTROL

- \$228.31 in out-of-pocket costs.
- IUD follow-up visit, including routine ultrasound.
- Device and insertion were covered at 100%.
- Anthem BlueCross BlueShield, Missouri.
- \$8,600 in out-of-pocket costs.
- Items and services associated with sterilization, including necessary anesthesia.
- Covered her gynecologist to perform a sterilization procedure at 100%.
- Anthem BlueCross, state unknown.

# OTHER VIOLATIONS OF THE BIRTH CONTROL BENEFIT

# OTHER VIOLATIONS OF THE BIRTH CONTROL BENEFIT

- Failure to have a process to waive out-of-pocket costs
- Failure to cover sterilization for dependents
- Imposing age limits on birth control coverage
- Policies that in effect delay or deny coverage of birth control





# RECOMMENDATIONS

# INSURANCE COMPANIES MUST COME INTO COMPLIANCE

- Insurance companies must come into compliance
- Federal regulators must enforce the law and educate the public
- State regulators must enforce the law



# SUCCESS IN THE STATES: CONNECTICUT'S EXPERIENCE

[http://www.ct.gov/cid/lib/cid/HC-100\\_Health\\_Insurance\\_Coverage\\_for\\_Preventative\\_Services.pdf](http://www.ct.gov/cid/lib/cid/HC-100_Health_Insurance_Coverage_for_Preventative_Services.pdf)

**GUIDANCE FROM THE  
ADMINISTRATION  
MAY 2015**

# WHAT THE FAQs SAY ABOUT BIRTH CONTROL

- All FDA-approved methods for women on the Office of Women's Health Birth Control Guide (currently 18) must be covered without cost-sharing
- Medical management is limited to *within* a method category
- “Expedient exceptions process” must be in place

[http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/aca\\_implementation\\_faqs26.pdf](http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/aca_implementation_faqs26.pdf)

# EFFECTIVE DATE FOR GUIDANCE

- First plan year beginning on or after 60 days after the Guidance was published
- For marketplace, and many employer-based plans, this means Jan. 1, 2016
- For student health plans, this means this fall (August/September)

*What do we do in the meantime?*

# QUESTIONS?

COVERHER HOTLINE:

[www.coverher.org](http://www.coverher.org)

[coverher@nwlc.org](mailto:coverher@nwlc.org)

1-866-745-5487