NATIONAL WOMEN'S LAW CENTER

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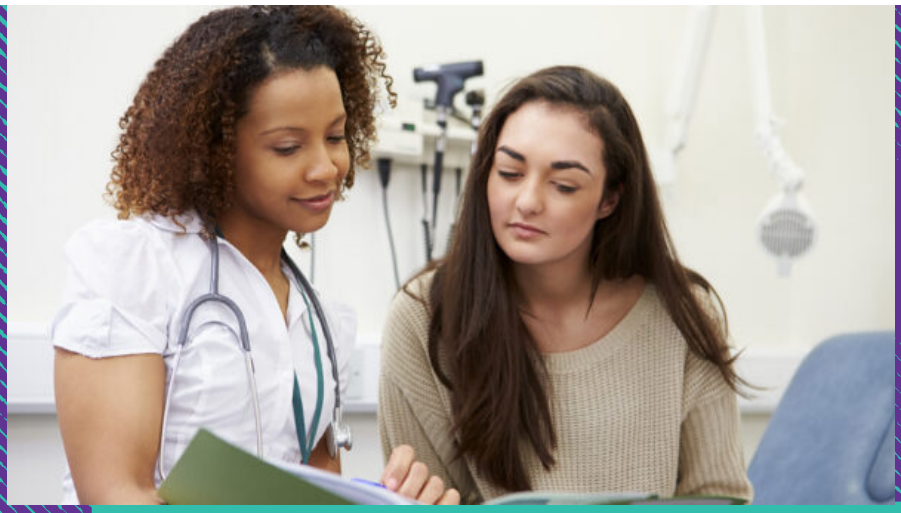
NOVEMBER 2024 | ISSUE BRIEF

The Affordable Care Act's Contraceptive Coverage Requirement: Importance and Impact

The federal Affordable Care Act (ACA), enacted in 2010, established an important standard for insurance coverage of contraceptives: nearly all private health plans, as well as coverage through the ACA's Medicaid expansion, must cover the full range of contraceptives and related services for women,[1] without cost-sharing such as copayments, coinsurance, or deductibles. This requirement is part of a broader provision requiring coverage without cost-sharing of a wide range of proven preventive health services,[2] with the intention of helping individuals avoid preventable conditions and improve their overall health.

Congress created these requirements because, prior to the ACA, out-of-pocket costs had been a significant barrier for many people to accessing necessary preventive care, including contraceptive counseling, services, and methods.[3] In the years since the contraceptive coverage requirement took effect, it has proven impactful: reducing out-of-pocket costs, helping millions of people to use contraceptives more consistently and effectively, and thereby helping them to access the health, social, and economic benefits of family planning.



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The Importance of Contraception

Pregnancy prevention The primary reason that people use contraceptives is to help them prevent unwanted pregnancies and to plan and space wanted pregnancies.[4] Modern contraceptives are effective at this goal: While an estimated 85% of sexually active women will become pregnant during a year if they do not use contraception, that percentage drops to just 7% when using the birth control pill and less than 1% with IUDs and contraceptive implants.[5] In fact, just 5% of unintended pregnancies in the United States are among women who are using contraception consistently and correctly.[6]

Method choice People are able to practice contraception most consistently and effectively when they can learn about and choose a method that best fits their needs and lifestyle.[7] That decision may involve considerations such as the effectiveness of the method, its safety profile and potential side effects, non-contraceptive health benefits, ease of use, autonomy and privacy implications, and many other factors. When people are not satisfied with their choice of method, they are especially likely to have gaps in contraceptive use and similar problems. This matters, because inconsistent and incorrect contraceptive use accounts for 41% of unintended pregnancies in the United States.[8]

Health benefits Pregnancy planning and prevention via contraceptive use has multiple health benefits. Notably, pregnancy prevention can be important for individuals with underlying medical conditions, such as diabetes or hypertension, that could be further complicated by pregnancy.[9] Even for the healthiest people, pregnancy can be risky for both mother and infant—especially for people of color, because of systemic inequities in the U.S. health system.[10] Moreover, pregnancy planning and spacing can help ensure that people receive timely prenatal care and lower their risk for premature birth and other negative health outcomes; unintended pregnancy in particular has been tied to maternal depression and physical violence during pregnancy.[11] Violence during pregnancy can have serious consequences for maternal, infant, and child health, and the risk and consequences are greater for Black and Hispanic pregnant individuals than for White pregnant individuals.[12] Avoiding unintended pregnancies is of particular concern to many individuals in this country since the Supreme Court decision in 2022 that unjustly overturned the constitutional right to abortion.[13] Beyond contraceptive use, 39% of contraceptive users are using it in part or entirely for non-contraceptive reasons, including preventing sexually transmitted infections (STIs) or managing medical conditions such as heavy or painful periods.[14]

Social and economic benefits In addition to its myriad health benefits, contraception is crucial to economic and social equality. Historically, the introduction of the birth control pill helped women to attend college and attain advanced degrees, participate in the workforce and advance in their careers, and improve their earnings and their family's financial stability.[15] One study estimated that the availability of the pill accounts for roughly one-third of the total wage gains for women born from the mid-1940s to the early 1950s.[16] Contraception continues to be important today, because unplanned pregnancy and the unexpected expense of raising a child can push people out of the workforce, decrease lifetime earnings, and entrench economic hardship.[17] This is particularly true for individuals in low-wage jobs, who are less likely to have parental leave or predictable and flexible work schedules and more likely to be denied pregnancy accommodations and face workplace discrimination.[18] In addition, young women aged 20 to 29 who gave birth as a teenager are less likely to have a high school diploma or GED, compared to those who did not have a child as a teen (70% vs. 95%).[19]

Reproductive autonomy and coercion Access to contraception is critical to people's reproductive autonomy. For exmaple, emergency contraception is vital care for survivors of rape and intimate-partner violence to prevent unwanted pregnancies.[20] Many contraceptive methods provide privacy and control that can help empower individuals facing reproductive coercion from abusive partners, and help them avoid an unwanted pregnancy that can make it harder to leave an abusive relationship.[21] Unrestrained contraceptive access is also crucial for Black and Indigenous individuals, people with disabilities, and other communities that have historically faced and may continue to face systemic reproductive coercion.[22] Moreover, contraception access and choice can help transgender men and gender non-conforming people avoid gender dysphoria.[23]

Cost savings In addition to all of the health, social, and economic benefits of contraception, it also saves money across the health care system and government. That is because the cost of an unintended pregnancy far outweighs the cost of contraceptive care; for example, publicly funded family planning services save nearly $5 for every public dollar invested.[24] And it does not cost insurance companies more to provide this critical coverage; the federal government has determined that "providing contraceptive coverage as part of a health insurance benefit does not add to the cost of providing insurance coverage."[25]

Popularity Because of its numerous benefits, contraception is immensely popular in the United States. More than 99% of sexually experienced women have used a method of contraception at some point in their lives, and that proportion varies little across religion, race and ethnicity, and other demographic characteristics.[26] The vast majority of people in the United States think contraception should be legally protected,[27] want it to be easier to access,[28] and agree that everyone should be able to access the birth control they want and need, when they want and need it, without any barriers.[29]

Cost as a Barrier

Contraceptive costs Cost has long been a major barrier to contraceptive use and choice of method, because without insurance, contraception is expensive. Contraceptive pills, patches, and rings can cost hundreds of dollars per year or more, when factoring in the monthly cost of the contraceptives and the cost of an office visit for a prescription.[30] IUDs and implants last for years but can cost upwards of $1,000 up front, plus subsequent costs for removal. Permanent forms of contraception, such as tubal ligation, can cost up to $6,000.[31] For someone making the federal minimum wage of $7.25 an hour, IUDs and implants would be the equivalent of nearly one month of full-time work, and tubal ligation would be the equivalent of nearly six months of full-time work. Because of these expenses, women prior to the ACA spent between 30% and 44% of their annual health care out-of-pocket costs just on contraception.[32]

Impact of cost-sharing Insurance coverage is designed to reduce cost barriers to necessary care, but most health plans impose copayments, deductibles, and other cost-sharing. However, numerous studies have found that even small amounts of cost-sharing reduced the use of preventive services and prescription drugs.[33] These effects are particularly pronounced for low-income people; a review of the literature found that copayments of $1 to $5 reduced the use of necessary services and that cost-sharing can lead to delayed care, negative health outcomes, and significant financial burdens for families.[34] In fact, in one recent survey, half of respondents said they had avoided care because of the costs, and more than half said they would be unwilling to pay for a range of preventive services if they were not covered by insurance.[35]

Impact of cost and cost-sharing on contraceptive use The impact of cost and cost-sharing on the use of needed care applies specifically to contraceptive use. According to one study, 20% of uninsured women of reproductive age reported having had to stop using a contraceptive method because it was unaffordable for them.[36] Another recent study found that 23% of low-income female contraceptive users would use a different method if not for the cost, and 39% of low-income women who were not using contraceptives would start doing so if not for the cost.[37] Similarly, 33% of female voters in 2017 said they could not afford more than $10 a month for contraception, and another 14% said they could not afford to pay anything at all.[38]

Logistical barriers The negative impact of costs can be compounded by logistical, informational, and administrative barriers to accessing contraception, particularly for people without contraceptive coverage. Patients may need to take time off from work to visit a health care provider, obtain transportation for the visit, absorb the potential loss of pay if they do not have paid leave, and arrange and pay for childcare if needed. They may first need to find a health care provider willing to see them and schedule an appointment, and then read and respond to complex paperwork, perhaps not in their native language. If their health plan does not cover contraception, they may need to go outside of their plan's network of providers, losing the benefits that come from continuity of care.

Inequitable access These cost and logistical barriers to contraceptive access are especially impactful for vulnerable populations, including low-income people, young people, people of color, and LGBTQIA+ individuals. This is especially true for low-income individuals who typically have little in the way of savings or extra room in their budgets. In fact, 37% of U.S. adults report that, faced with a $400 unexpected expense, they would need to borrow money, sell something, or would not have been able to cover the expense at all.[39] Women of color and individuals living in rural communities are disproportionately likely to have low incomes and low savings. Beyond these direct costs, the potential logistical barriers to contraceptive care can add to the multiple barriers that many vulnerable populations already face, including language barriers, provider shortages, implicit bias, and discrimination.

The Impact of Contraceptive Coverage

Out-of-pocket costs The ACA's contraceptive coverage requirement was designed to reduce cost barriers to effective contraceptive use, and it has clearly worked. As of 2021, an estimated 61.4 million women had private insurance coverage of contraception and other preventive services without cost-sharing under the ACA requirements.[40] And the impact of this coverage was felt immediately: the contraceptive coverage requirement first went into effect in 2012, and between fall 2012 and spring 2014, the percentage of privately insured women who paid zero dollars out of pocket for oral contraception increased from 15% to 67%, with similar increases for the contraceptive shot, the ring, and the IUD.[41] Multiple other studies have confirmed that the large majority of privately insured women now pay nothing out of pocket for contraception.[42] This translates into substantial savings for patients: an average of about $250 per year for pill and IUD users, according to one estimate, totaling $1.4 billion in one year alone.[43]

Improved contraceptive use Improvements in coverage have led directly to improvements in contraceptive use. For example, 63% of obstetrician-gynecologists in a 2020 survey reported that, since the contraceptive coverage requirement took effect, they had seen an increase in the share of their patients who were using contraception, and 69% reported an increase in patients using their preferred method.[44] Studies looking at insurance claims have similarly indicated that the ACA requirement has increased the use of prescription methods, particularly methods like IUDs and implants that are extremely effective but would have high upfront costs without the requirement.[45] This impact was especially pronounced for women with high-deductible health plans (HDHPs), a rapidly growing type of insurance; one study found that – after the implementation of the ACA – uptake of IUDs and implants by women in HDHPs increased by 35% more than for women in traditional health plans.[46] There is also evidence that by eliminating cost-sharing for contraception, the ACA has led to more consistent contraceptive use, with fewer gaps in use.[47]

Pregnancy and birth By helping people to use contraception, to afford highly effective methods, and to avoid gaps in contraceptive use, the ACA requirement is empowering them to avoid unintended pregnancies and to plan and space wanted pregnancies. One study found that the requirement was associated with not only an increase in contraceptive use but also a decline in births among privately insured women and especially among low-income women.[48] Another study estimated that eliminating contraceptive coverage would result in 33 more pregnancies per 1000 women and would increase health care expenditures by $10.50 per member per month.[49] This type of outcome is consistent with a long history of studies showing that increased access to contraception—through Medicaid, private insurance, and public programs like the Title X family planning program—results in fewer unintended and unwanted pregnancies and healthier pregnancy spacing.[50]

Gaps in coverage The ACA's contraceptive coverage requirement would be even more impactful if the government were to close the remaining gaps in coverage and improve its oversight and enforcement. A 2022 national study of women found that 25% of privately insured contraceptive users were still paying at least part of the cost out of pocket.[51] Another recent study found that the proportion of privately insured women paying zero dollars for their contraception has started to decline.[52] Notably, Black women were more than twice as likely (11%) to report problems getting their plan to cover or pay the full cost of their prescription birth control than White women (5%).[53] Some of these gaps are the result of exemptions from the ACA requirement, including plans with religious or moral exemptions and "grandfathered plans" (which are exempt from many ACA rules).[54] Other gaps come from insurance practices that exclude many newer and brand-name products and set up red tape that results in denial of coverage. If federal and state officials take action to address these problems, they could help even more people access the contraceptive counseling, services, and methods that they need to exercise their reproductive autonomy and improve their health, social, and economic well-being.

1 The ACA contraceptive coverage requirement reaches all people who are indicated for the service, regardless of gender identity or sex assigned at birth.

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