POLICY BRIEF

ENSURE EVERYONE CAN ACCESS BIRTH CONTROL WHEN THEY WANT OR NEED IT

THE PROBLEM

True reproductive freedom means having access to the full spectrum of reproductive health care, including birth control, and the freedom to make your own decisions about when you use these health services. But too many people do not have access to the contraceptive methods they want or need and face increased attacks on their access to birth control in the years following the Supreme Court overturning *Roe v. Wade* and the proliferation of rampant misinformation and anti-science rhetoric about birth control.

At the federal level, proposals such as those outlined in Project 2025, seek to gut the Affordable Care Act's (ACA) no-cost birth control coverage requirement by excluding certain contraceptive methods, allowing employers to opt out of coverage requirements for any reason, and replacing science-based guidance with ideologically motivated decision-making. Congress and the Trump administration are defunding family planning programs, taking away health coverage that provides people with family planning services, and imposing unjustified restrictions on family planning providers, including Planned Parenthood. And at the state level, 2025 legislative sessions saw bills with fetal personhood definitions that threatened access to emergency contraception and IUDs, bills that allowed health providers and pharmacists to refuse to dispense birth control based on personal beliefs, and stalled efforts to pass Right to Contraception Acts.

Meanwhile, even where the right to contraception is not under attack, access remains out of reach for too many. Some people struggle to access and afford birth control, due to arbitrary limitations put in place by their insurance plans or insurance plans' lack of compliance with coverage requirements. This includes being forced to use methods they do not want or to forgo contraception altogether. People are also being subjected to ideologically motivated misinformation and restrictions on birth control. For many people who use birth control—especially those who are already more likely to experience barriers to access, including Black women, Indigenous women, immigrant women and other women of color and LGBTQIA+ people—these kinds of barriers can keep them from accessing the care they need.

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The right to birth control is not only the right to access contraception, but also the right to be free from pressure, coercion, or force in contraception decision-making. This is especially true of sterilization, which is not reversible after it is performed on people who could have become pregnant. But forced sterilization is legal across most of the country. Currently, 31 states and Washington, D.C., explicitly allow the forced sterilization of many disabled people. Under these laws, a judge can order someone's sterilization without their consent, purportedly for their own good.

When people are not able to get the birth control they want and need, they face threats to their health, the health of their families, and their economic security.

THE SOLUTION

States can enact and strengthen state-level birth control protections and access to ensure people are free to make their own decisions about what methods work best for them. Importantly, policies should be drafted to include the full range of FDA-approved birth control methods. This ensures that no specific type of birth control is treated preferentially over other types and no type of birth control is excluded due to political pressure.

- **Enshrine a broad right to reproductive freedom**, including the right to birth control and abortion, in state law.
- **Enact Right to Contraception legislation**. Modeled after a federal bill which recognizes that although there is a federal constitutional right to contraception, attacks on the right to contraception are increasing, a state Right to Contraception Act can separately enshrine a right to contraception in state law. (Reach out to stategenderpolicy@nwlc.org for additional resources on such legislation)
- **Codify the ACA contraceptive coverage requirement in state law**, requiring insurance plans regulated by the state to cover all FDA-approved birth control without out-of-pocket costs.
- **Increase access points for birth control**, like permitting pharmacists to prescribe and dispense birth control and requiring coverage and dispensing of no less than one full year of birth control by both private and public insurance, removing an unnecessary barrier to birth control.
- **Require coverage of over-the-counter (OTC) methods of birth control** without requiring a prescription by both private and public insurance. The introduction of the first daily OTC oral contraception has great potential for improving reproductive health and autonomy—but only if it is affordable.
- **Fund a public awareness campaign about the right to birth control**, state and federal laws requiring insurance coverage of birth control, and how to access birth control, and counter mis- and disinformation about birth control.

- **Require hospitals to provide medically accurate and culturally competent information** about emergency contraception (EC) to all sexual assault survivors, as well as EC to survivors who want it. These laws should not contain exceptions and should include all emergency health care facilities.

- **Repeal laws allowing the forced sterilization of disabled people**. Replace them with laws that empower disabled people to make their own decisions about whether to be sterilized and ensure they have the support and accommodations they may need to do so.

- **Prioritize enforcement of state contraceptive coverage laws.** Where states have their own contraceptive coverage requirements that mirror or expand upon federal law, **state executive agencies** can actively enforce those protections. States have significant authority to regulate fully insured plans and to address compliance issues plaguing their residents. States can identify violations by insurers, require restitution to consumers, and impose meaningful penalties on noncompliant insurers.

- **Collaborate on statewide contraceptive access initiatives (SCAI) between government agencies, community-based organizations, health care organizations, and academic institutions.** These cross-sector initiatives, like the one created in Maryland, aim to increase health center capacity to provide contraceptive services, remove structural barriers to contraceptive access, such as cost, and advance equitable access to care.

- **Address federal funding gaps that reduce contraceptive access.** When action reduces access to health care coverage, family planning coverage, or family planning providers,states can allocate general funds or establish new funding mechanisms to preserve access.

TALKING POINTS ON THE SOLUTION

- Contraception is basic health care and helps people plan their lives and futures. Everyone should have the freedom to use birth control and access to the birth control method that works best for them.

- Every person should have access to all the resources they need to make meaningful decisions about birth control use. No one should be pressured, coerced, or forced to use birth control or to use any particular type of birth control.

- Birth control is such core preventive care that 99% of sexually active women have used birth control at some point.

- Access to contraception receives support across the political spectrum.

- Removing barriers to birth control so that people can plan, space, and prevent pregnancies is critically important for their economic security. Access to birth control is linked to women's greater educational and professional opportunities and increased lifetime earnings.

- Over four in 10 (42%) Black women of reproductive age reported in 2017 that they cannot afford to pay more than $10 for contraception—an affordability crisis that is likely to be exacerbated by federal actions that create barriers to coverage that disproportionately impact low-income communities and communities of color.
- Without no-cost coverage, individuals are left to pay out of pocket for the birth control they need. A 2022 study demonstrates that women are often not using their preferred birth control method due to cost.
- Putting the ACA birth control benefit in state law will protect our residents and could increase preferred contraception use among disadvantaged communities, reducing unintended pregnancies.
- Legislation that increases access points for birth control, like extended supply and pharmacist dispensing, can also help people avoid gaps in using birth control and support consistent use. It can be difficult for people to pick up their birth control or see their health care provider when they need it. They may not be able to get time off from work, have a ride to a pharmacy or clinic, or be able to get to a pharmacy or clinic when it is open, let alone be safe going to any of these places.
- Improving contraceptive rights and access is critical, but it will not solve the ongoing crisis in abortion access. Measures that restrict either birth control or abortion access threaten people's bodily integrity, liberty, dignity, equality, and economic security. We need robust abortion access and strong, enforceable contraceptive protections to help shape the future that we want.

Public Popularity

- Seventy-three percent of adults supported guaranteeing rights and access to birth control and contraception as of April 2026.
- Fifty-seven percent of adults said protecting access to birth control would help them and their families, including 62% of women as of January 2026.
- Contraception receives strong support from voters across the political spectrum. Eighty-six percent of registered voters and 78% of Republican primary voters agreed that it is important that adults have easy access to birth control as of September 2025.
    - » Of the Republican primary voters who identify as "very conservative," 73% agree that easy access is important. Similarly, 74% of "strongly pro-life" voters agree with this statement.
    - » Lack of health insurance (51%), cost (40%), and lack of provider access (39%) were noted as the top three barriers adults face to contraceptive access.

- Additional polling underscores the deep, bipartisan support for contraception, including emergency contraception and over-the-counter pills.

Examples of State and Local Policies

States across the country are pursuing commonsense solutions to the barriers their residents face when trying to access contraception. For example:

- In 2026, Virginia enacted the Right to Contraception Act, which establishes a statutory right to access contraceptives, including emergency contraception and sterilization procedures. The law also protects the right of health care providers, acting within the scope of their practice, to provide contraceptives and contraception-related information.
- Eighteen states, including Maine, Illinois, and New York, and the District of Columbia have passed laws requiring coverage of all FDA-approved birth control methods without out-of-pocket costs.
- Twenty-four states and D.C. require insurers to cover an extended supply of 12 months of contraceptives at one time. For example, legislators in Georgia and Tennessee passed bills that would allow pharmacists to prescribe contraception and require insurers to cover up to a 12-month supply of birth control.
- Four states—Idaho, Louisiana, New Mexico, and Oklahoma—require insurers to cover an extended supply of six months at one time.
- At least nine states, including Maryland, Massachusetts, Nevada, and Washington, have passed laws requiring coverage of some or all over-the-counter methods of birth control without requiring a prescription.
- Thirty-six states, including Virginia, Maryland, and South Carolina, and the District of Columbia have passed laws that allow pharmacists to prescribe oral birth control.
- At least 22 states, including Louisiana and Massachusetts, and the District of Columbia have passed laws and regulations that require hospital emergency rooms to provide information about or access to emergency contraception to sexual assault survivors.
- In response to federal cuts, states are finding ways to fill gaps in funding. For example, as part of the FY 2027 proposed budget, the Michigan governor included a mix of revised tax rates to generate revenue to fund Medicaid and recommended state officials find ways to cut expenses elsewhere. In Colorado, the governor called a special session where the legislature passed a law to use a state-only funding source to continue providing reimbursements to Planned Parenthood.