

BEYOND THE BELTWAY



State Actions to Expand Contraceptive Coverage

March 2026

Since 2014, a third of states have undertaken efforts to expand contraceptive access by mandating that health insurance plans cover the full range of contraceptive methods without cost-sharing and with limits on utilization controls.¹ Whether prompted to build upon their own state statutes, the [federal contraceptive coverage requirement](#), or both, these state laws (sometimes referred to as “[contraceptive equity](#) laws”) represent important steps to ensure everyone can access the contraception they need to pursue the future they want for themselves.

At the federal level, guidelines implementing the Women’s Preventive Services provision of the Affordable Care Act (ACA) require all women covered by Medicaid expansion, marketplace, and employer-based plans—that are not [grandfathered](#)—to cover at least one contraceptive for each of the [FDA approved methods for women](#), as prescribed, without copays or deductibles. Federal guidance also requires that plans reduce administrative barriers for patients.² [An estimated 64.3 million women](#) benefit from the Women’s Preventive Services provision. Women [saved at least \\$1.4 billion](#) in out-of-pocket costs for birth control pills in a single year, and there is [evidence](#) that the provision is increasing the ability of women to obtain more effective birth control methods for those who want it.

Despite evidence of the benefits of the ACA’s contraceptive coverage requirement, over the last decade there have been numerous legal challenges to this provision and the ACA itself.³ In addition, the first Trump administration issued regulations allowing more employers and universities to exempt themselves from covering some or all methods of birth control in their health plans.⁴ [Advocates called upon the Biden-Harris administration](#) to rescind the rules and take other actions to strengthen the contraceptive coverage guarantee. In response, the administration

¹ Utilization controls (or medical management techniques) that have been used for contraceptives include prior authorization and step therapy. For more background, see <https://files.kff.org/attachment/report-coverage-of-contraceptive-services-a-review-of-health-insurance-plans-in-five-states>.

² In 2015, HHS issued guidance clarifying the contraceptive coverage requirements, see https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/aca_implementation_faqs26.pdf.

³ On January 10, 2025, the United State Supreme Court agreed to hear oral arguments in *Becerra v. Braidwood Management, Inc.* [Becerra v. Braidwood Management, Inc. - SCOTUSblog](#)

⁴ For more information, see <https://powertodecide.org/about-us/newsroom/power-decide-statement-supreme-court-decision-allowing-employers-deney>.

issued additional guidance reaffirming the ACA’s contraceptive coverage requirements for health insurers.⁵

Recognizing the opportunity to buttress the federal contraceptive coverage requirement at the state level, state legislatures have codified—and even expanded—upon it. States have provided contraceptive coverage beyond what is required by the ACA by including one or more of the following: coverage of *all* FDA-approved contraceptive drugs, devices, and products in each of 18 categories (with an exception for therapeutically equivalent products, as long as at least one is covered without cost-sharing); coverage for over-the-counter (OTC) methods without a prescription; coverage for male sterilization; and coverage for an [extended supply](#) of prescription contraceptives.

These state actions are positive steps in the right direction, but it is worth noting that state insurance laws usually only apply to plans regulated by the state.⁶ Hence, state laws do not necessarily provide a substitute for the federal contraceptive coverage requirement—and in the case of some plans, state laws simply *are not* a stopgap for the federal provision. The chart on the following pages provides more details on each state’s policy.

⁵ For more information, see <https://powertodecide.org/contraceptive-coverage-and-access>.

⁶ Most state insurance mandates do not apply to self-funded plans, see: Kaiser Health News. (2017). *For Millions of Insured Americans, State Health Laws Don’t Apply* [For Millions of Insured Americans, State Health Laws Don’t Apply](#). According to the Kaiser Family Foundation 2020 Survey of Employer Health Benefits, 67% of covered workers are in a plan that is self-funded.

States that require contraceptive coverage without additional cost-sharing for plan enrollees					
State	Bill/ Guidance	Year Passed	When the Law Applies to Plans ⁴	Coverage for OTC Methods w/o an Rx ⁵	Other Limits (-) or Features (+)
California~	SB 525	2022	January 1, 2024	Explicit requirement to cover OTC “drugs, devices, and products” at in-network pharmacies w/out an Rx	+ Covers all FDA-approved contraceptive drugs, devices, and products in private insurance and Medi-Cal managed care plans, with an exception for therapeutically equivalent products (if at least one is covered w/out cost-sharing).
	SB 1053	2014	January 1, 2016		+ Covers 12-month contraceptive supply in private insurance and Medicaid Managed Care ¹
Colorado	SB 284	2023	August 7, 2023	Law explicitly requires coverage of OTC “contraception” while regulations require coverage of “OTC oral and emergency contraception”	+ Regulations implementing this law require private insurers to cover all FDA-approved contraceptive or contraceptive care, regardless of whether there is a therapeutic equivalent. + Applies to student health plans + Covers 12-month contraceptive supply ¹
Connecticut	Sub. HB 5210	2018	January 1, 2019	Unclear if an Rx is needed for requirement to cover OTC “drugs”	+ Covers of all FDA-approved contraceptive drugs, devices, and products, in private plans with an exception for therapeutically equivalent products (if at least one is covered w/out cost-sharing). + Covers 12-month contraceptive supply ¹ - Co-pays may apply for out-of-network providers
Delaware~	SB 232	2024	August 29, 2024	Explicit requirement to cover OTC contraception with or w/out an Rx, including emergency contraception	+ SB323 added coverage for all OTC methods
	SB 151	2018	July 11, 2018		+ Applies to public and private plans - Coverage not required for male condoms + Covers 12-month contraceptive supply ¹
District of Columbia~	B 22-106	2018	January 1, 2019	Unclear if an Rx is needed for requirement to cover OTC “contraceptives”	+ Applies to private insurance, Medicaid, and D.C. Health Alliance plans + Covers all FDA-approved contraceptive drugs, devices, and products with an exception for therapeutically equivalent products (if at least one is covered w/out cost-sharing). Private plans may impose cost-sharing for male contraceptive products for enrollees in high-deductible plans. + Covers 12-month contraceptive supply ¹ + Also covers a wide range of women’s preventive health services
Hawai’i	SB 25	2019	October 1, 2019	No	+ Covers 12-month contraceptive supply ¹ (continues on next page)

(For more state policy resources, visit our [state policy page](#).)

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State	Bill/ Guidance	Year Passed	When the Law Applies to Plans ⁴	Coverage for OTC Methods w/o an Rx ⁵	Other Limits (-) or Features (+)
Hawai'i (continued)					+ Covers all "prescription contraceptive supplies" without cost-sharing. There's an exception for oral contraceptives (at least one of each type of pill must be covered without cost-sharing: monophasic, multiphasic, and progestin-only.
Illinois	HB 5576	2016	January 1, 2017	Implies a requirement to cover OTC "drugs, devices, and products... excluding male condoms" w/out an Rx	+ Covers all FDA-approved contraceptive drugs, devices, and products in private insurance, with an exception for therapeutically equivalent products (if at least one is covered w/out cost-sharing). + Covers male sterilization
Maine	LD 163	2025	January 1, 2026	Explicit requirement to cover non-Rx oral hormonal contraceptives and non-Rx emergency contraceptives"	+ Expands on LD 1954 to cover some OTC contraceptives and a 12-month supply of nonprescription oral hormonal contraceptives. ¹
	LD 1954	2022	January 1, 2023	No	+Expands on LD 1237 to require private insurers to cover all FDA-approved contraceptive drugs, devices, and products with an exception for therapeutically equivalent products (if at least one is covered w/out cost-sharing). LD 1237 required coverage of at least one contraceptive in each of the FDA-approved contraceptive method categories.
	LD 1237	2017	January 1, 2019	No	+ Covers 12-month contraceptive supply
Maryland	HB 1024	2018	October 1, 2018	Explicit requirement to cover OTC "drugs" w/out an Rx	+ Extends coverage provisions of HB 1005 to state employee and retiree health plans
	HB 1005	2016	January 1, 2018		+ Covers all FDA-approved contraceptive drugs, devices, and products in private insurance, with an exception for therapeutically equivalent products (if at least one is covered w/out cost-sharing). + Covers male sterilization + Prohibits public and private plans from requiring prior authorization for long-acting reversible contraceptives (LARC) +Covers 12-month contraceptive supply ¹
Massachusetts~	H 4009	2017	August 2018	Explicit requirement to cover EC w/out an Rx, if purchased pursuant to a standing order	+ Also applies to Medicaid Managed Care and state employee health insurance + Covers of all FDA-approved contraceptive drugs, devices, and products - Coverage not required for male condoms or FDA-approved oral contraceptives without a therapeutic equivalent + Covers 12-month contraceptive supply ¹

States that require contraceptive coverage without additional cost-sharing for plan enrollees					
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Minnesota	SF 2995	2023	January 1, 2024	Implies a requirement to cover OTC methods w/out an Rx	+ Applies to public and private plans + Plans must list the contraceptives that are covered w/o cost-sharing, and promptly update enrollees when there are changes + Covers 12-month contraceptive supply ¹
Nevada	AB 249	2017	January 1, 2018	No	+ Covers 12-month contraceptive supply ¹ + Applies to Medicaid managed care plans and private plans
New Hampshire	HB 421	2018	January 1, 2019	No	+ Covers 12-month contraceptive supply ¹ + Applies to public and private plans
New Jersey	A 5508	2020	April 16, 2020	Explicit requirement to cover OTC "drugs" w/out an Rx	+ Covers male sterilization and male condoms (but cost-sharing is permitted in high-deductible plans)
New Mexico	HB 89	2019	January 1, 2020	Explicit requirement to cover any OTC "drug, item, or service" w/out an Rx	+ Covers a 6-month contraceptive supply for private plans ¹ + Covers male sterilization and condoms, except in high-deductible plans, before deductible is met.
New York	SB 659A	2019	January 1, 2020	Yes	+ Covers all FDA-approved contraceptive drugs, devices, and products in private insurance, with an exception for therapeutically equivalent products (if at least one is covered w/out cost-sharing). + Covers OTC contraceptive drugs, device and supplies ⁵
	DFS-06-17-00015-A	2017	August 27, 2017	No ³	+ Covers 12-month contraceptive supply ¹
Oregon~	HB 3391	2017	January 1, 2019	Unclear if an Rx is needed for requirement to cover OTC "drugs"	+ Covers all FDA-approved contraceptive drugs, devices, and products in private insurance, with an exception for therapeutically equivalent products (if at least one is covered w/out cost-sharing). + Directs the state to appropriate funds to provide coverage for the aforementioned to women who are of reproductive age but are temporarily ineligible for Medicaid due to their immigration status + Private insurers must cover <i>all</i> Women's Preventive Services required by federal guidelines as of 1/1/17 + Requires a report on insurer compliance
Vermont	H 620	2016	October 1, 2016 (Medicaid) October 1, 2017 (private plans)	No	+ Applies to public and private plans + Plans must cover sterilizations for men and women, with some limits + Directs the state's Department of Health Access to establish and implement

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Vermont (continued)					value-based payments for LARC insertion and removal ²
Washington	Sub.SB 621	2017	January 1, 2019	Explicit requirement to cover OTC "drugs, devices, and products" w/out an Rx	+ Covers all FDA-approved contraceptive drugs, devices, and products in private insurance. + Plans must cover male sterilization + Covers all OTC methods without a Rx

Table Notes

~ State law specifies that coverage is not excluded for contraception prescribed for reasons other than contraception. This does not necessarily mean that this would be excluded in states where such coverage is not specified.

¹ These laws/regulations include coverage for an extended supply of prescription contraceptives. For more details: <https://powertodecide.org/what-we-do/information/resource-library/extended-supply-contraception>.

² Value-based payments reward providers for the value of the care they deliver, thus value-based payments for LARC should take into account the value of preventing unintended pregnancy.

³ This is required for Medicaid beneficiaries pursuant to regulation [HLT-39-16-00031](#).

⁴ This applies to plans issued or renewed after the effective date. As explained earlier, these policies generally do not apply to self-funded plans. Also, most states have exemptions for religiously affiliated employers.

⁵ Language in quotations is a direct reference to the language used in legislation.