

BEYOND THE BELTWAY



Coverage for an Extended Supply of Contraception

August 8, 2022

Insurance plans have typically covered 30- to 90-day supplies of prescription contraceptives at one time. Limiting the supply of prescription contraceptives to these short intervals reduces timely access to contraception and can create gaps in use. Removing this barrier can reduce unplanned pregnancies that result from a delay in accessing contraception.

In fact, one study found that a 12-month supply of birth control decreased unplanned pregnancies by 30 percent, compared with a supply of just one or three months.¹ That study also found that giving women a one-year supply of birth control reduced the odds of an abortion by 46 percent. The Centers for Disease Control finds that “the more pill packs given up to 13 cycles, the higher the continuation rates” and has included this in its Select Practice Recommendations.² A 2019 analysis from researchers at the University of Pittsburgh and the US Department of Veterans Affairs showed that adoption of 12-month dispensing would result in substantial cost savings and reduction of unplanned pregnancy.³ Notably, a recent study found that women who received contraception from their [pharmacists](#) were more likely to get a 6-month supply of their chosen method and less likely to get a 1-month supply when compared to women who received contraception from a clinician.⁴

To improve access to contraception, 23 states (including D.C.) have enacted policies requiring Medicaid and/or private payor insurers to increase the number of months for which they cover prescription contraceptives at one time—usually a 12-month supply.ⁱ This policy appears to be reaching a critical mass in the states and is doing so with bi-partisan support. For instance, bills in eleven of these states, ranging from Colorado to Maine had bi-partisan sponsors.

Similar to most insurance mandates, these modest proposals have had some push back from insurers. As a result, some states have a requirement that the insured person first receives a smaller supply of the contraceptive before receiving an extended supply. Importantly, none of these laws require providers to *prescribe* an extended supply of contraception at one time—only that insurers cover the quantity of contraceptives dispensed in accordance with a prescription.

These laws are still relatively new, and their implementation is ongoing. As states issue guidance and gain experience, we will learn more about how each works in

ⁱ Louisiana and New Mexico require coverage for a six-month supply at one time.

practice. New York provides an example of consumers who have encountered barriers trying to access a 12-month supply of contraception. After receiving complaints from residents, the state’s attorney general sent a letter to three private insurers in April 2020 demanding they comply with the Comprehensive Contraception Coverage Act.⁵

The table that follows provides more details on each state’s bill, which may be helpful as more states move forward on similar measures.

State	Law/ Guidance	Year Passed	Date By Which Plans Must Comply	Length of Rx & (Length of Initial Rx, if required)^	Applies to Medicaid?	Other Limits (-) or Features (+)
California*	SB 999	2016	January 1, 2017	12 months	Yes: Medi-Cal Managed Care Plans	(+) Provides authority to providers and pharmacists. (+) The state Medicaid Family Planning Expansion, Family PACT, has allowed an extended supply of oral contraceptives for over 25 years, when dispensed at a clinic. ⁶ (+) The state began requiring Medi-Cal managed care plans to do the same on May 1, 2016 and has since updated the requirements. ⁷ (+) Law specifies that coverage is not excluded for contraception prescribed for reasons other than contraception. ⁻
	Dec. 2016 Guidance					
Colorado	SB 19-113	2019	July 1, 2019	12 months (3 months initially)	Yes	(+) SB 19-113 provides \$1.8 million in funds to cover dispensing of a 12-month supply of contraceptives at one time for Medicaid beneficiaries. Prior to this the state allowed a 6-month supply of oral contraceptives for Medicaid beneficiaries. ⁸
	HB 17-1186	2017	January 1, 2019	12 months (3 months initially)	No	(+) HB 17-1186 applies to CHIP (-) The maximum amount of cycles that can be dispensed at once for the contraceptive ring is 3 months.
Connecticut	Sub. HB 5210	2018	January 1, 2019	12 months	No	N/A
D.C.	B21-0020	2015	January 1, 2017	12 months	Yes	N/A
	May 2017 Guidance					

State	Law/ Guidance	Year Passed	Date By Which Plans Must Comply	Length of Rx & (Length of Initial Rx, if required)^	Applies to Medicaid?	Other Limits (-) or Features (+)
Delaware*	SB 151	2018	July 11, 2018	12 months	Yes	(+) Law specifies that coverage is not excluded for contraception prescribed for reasons other than contraception.~
Hawaii	SB 2319	2016	January 1, 2017 (private plans)	12 months	Yes: Medicaid Managed Care	N/A
Illinois*	HB 5576	2016	January 1, 2017	12 months	No	(+) The state already allows a 3-month supply of oral contraceptives for Medicaid beneficiaries. ⁹
Louisiana	H 557	2022	January 1, 2023	6 months (6 months)	Medicaid only	(-) This law only applies to Medicaid. Private insurance plans are not included.
Maine*	LD 1237	2017	January 1, 2019	12 months	No	N/A
Maryland*	HB 1283	2018	January 1, 2020	12 months	No	(+) HB 994 and HB 1283 increased the length of Rx supply from 6 months to 12 and removed the requirement for an initial prescription. HB 994 applies to Medicaid and CHIP and HB 1283 applies to private plans.
	HB 994	2018	July 1, 2018		Yes	
	HB 1005	2016	January 1, 2018	6 months (2 months initially)	Yes	
Massachusetts^*	H 4009	2017	August 2018	12 months (3 months initially)	Yes: Medicaid Managed Care	(+) Law specifies that coverage is not excluded for contraception prescribed for reasons other than contraception.~
Nevada*	AB249/ SB 233	2017	January 1, 2018	12 months (3 months initially)	Yes	(-) Requires a second dispensing of up to 9 months in the first year, then allows a refill of up to 12 months in subsequent year if insured by the same plan.
New Hampshire	SB 421	2018	January 1, 2019	12 months	Yes	(+) Will also provide authority to pharmacists, due to HB 1822 becoming law in the same session
New Jersey#	S413 / A4698	2022	January 1, 2023	12 months	Yes	(+) Replaced 2017 law A 2297 that only required coverage for 6 months at one time
New Mexico**	HB 89	2019	January 1, 2020	6 months	Yes	(+) Medicaid beneficiaries can receive up to 12-month supply
New York*	S659A	2019	January 1, 2020	12 months	No	(+) Law specifies that coverage is not excluded for contraception prescribed for reasons other than contraception.~

State	Law/ Guidance	Year Passed	Date By Which Plans Must Comply	Length of Rx & (Length of Initial Rx, if required)^	Applies to Medicaid?	Other Limits (-) or Features (+)
New York* (cont.)						(+) Gets rid of initial prescription that was required under 2017 regulations
	DFS-06-17-00015-A	2017	August 27, 2017	12 months (3 months initially)	Yes	
Oregon	HB 3343	2016	January 1, 2016	12 months (3 months initially)	No	(+) Also applies to student health insurance policies. (+) The state Medicaid Family Planning Expansion, CCare Program, already requires this. ¹⁰
Rhode Island	S 2529	2018	July 1, 2019 (Medicaid) April 1, 2019 (private plans)	12 months	Yes	N/A
South Carolina	Part of SCDHHS' July 2020 pharmacy benefit changes	2020	July 1, 2020	12 months	Medicaid only	(+) This applies to contraceptive pills, patches, and rings (-) This law only applies to Medicaid. Private insurance plans are not included.
Vermont	H 620	2016	October 1, 2016 (Medicaid) October 1, 2017 (private plans)	12 months	Yes, and any other public health care program	N/A
Virginia	SB 1227	2021	July 1, 2021	12 months	Medicaid only	(+) The Department of Medical Assistance Services cannot impose controls over dispensing unless there are contraindications.
	H 2267	2017	January 1, 2018	12 months	No	(+) Law specifies that coverage is not excluded for contraception prescribed for reasons other than contraception~ (+) The state already allows 12-months dispensing of oral contraceptives for Medicaid beneficiaries at clinics. ¹¹
Washington	H 1234	2017	January 1, 2018	12 months	No	(-) The plan may limit refills obtained in the last quarter of the plan year if a 12-month supply of the contraceptive has already been dispensed during the plan year. (+) The state already allows 12-months dispensing of oral contraceptives for Medicaid beneficiaries. ¹²

State	Law/ Guidance	Year Passed	Date By Which Plans Must Comply	Length of Rx & (Length of Initial Rx, if required)^	Applies to Medicaid?	Other Limits (-) or Features (+)
West Virginia	HB 4198	2020	January 1, 2021	12 months (unclear ⁺)	No	(+) Law specifies that coverage is not excluded for contraception prescribed for reasons other than contraception~

* Indicates that the provision is part of a more expansive bill or regulation on contraceptive access.

~ This does not necessarily mean that this would be excluded in states where such coverage is not specified.

^ Some states require the patient to first have an “initial dispensing” of a few months’ worth of a given contraceptive, before receiving a subsequent larger quantity of the same method or therapeutic equivalent. Laws in Colorado, Massachusetts, New Jersey, and Oregon specify that the covered person can receive the larger quantity, whether or not they were enrolled in the same plan when they received the initial dispensing. While an initial dispensing is not a required practice from the medical community, it is a balance some states have struck in order to assuage insurer concerns.

Currently, Louisiana and New Mexico are the only states that requires coverage for a six-month supply at one time. The rest of the states in the chart require coverage for a 12-month supply at one time.

+ The West Virginia law requires coverage for a 12-month refill after the insured has completed the initial supply, but it does not specify the length of the initial supply.

References

¹ Foster, D.G., Hulett, D., Bradsberry, M., Darney, P., and Policar, M. (2011). Number of Oral Contraceptive Pill Packages Dispensed and Subsequent Unintended Pregnancies. *Obstetrics & Gynecology*, 117(3):566-572. <https://doi.org/10.1097/AOG.0b013e3182111111>.

² The Centers for Disease Control and Prevention. US Selected Practice Recommendations for Contraceptive Use, 2016. Retrieved from www.cdc.gov/reproductivehealth/contraception/mmwr/spr/combined.html.

³ Judge-Golden, C.P., Smith K.J., Mor M.K., Borrero S. (2019). Financial Implications of 12-Month Dispensing of Oral Contraceptive Pills in the Veterans Affairs Health Care System. *JAMA Intern Med*. Published online July 08, 2019. <https://doi.org/10.1001/jamainternmed.2019.1678>.

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⁵ James, Letitia. (2020, April 19). *Attorney General James demands health insurance providers obey the law, protect women’s access to birth control* [Press release]. Retrieved from <https://ag.ny.gov/press-release/2020/attorney-general-james-demands-health-insurance-providers-obey-law-protect-womens>.

⁶ Effective January 1, 2017, Family PACT policy covers an extended supply of the contraceptive ring and patch at clinics. Family PACT Update. (2017). Retrieved from <http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/fpact201704.asp#a4>.

⁷ State of California-Health and Human Services Agency, Department of Health Care Services. All Plan Letter 16-003 Revised. (2016). Retrieved from www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-003R.pdf.

⁸ KFF Medicaid Coverage of Family Planning Benefits: Results from a State Survey. Retrieved from kff.org/attachment/Report-Medicaid-Coverage-of-Family-Planning-Benefits-Results-from-a-State-Survey.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.