Key State Policies at a Glance  
*As of July 1, 2018*

The policies below help expand access to and information about contraception, but none of them alone is a panacea. Taken together these policies can serve to ensure that all women have access to all methods of contraception, giving women the power to decide if, when, and under what circumstances to become pregnant. The ability to plan pregnancies is directly linked to a wide array of benefits to women, men, children, and society—including fewer unplanned pregnancies, more educational and economic opportunities for young women and men, improved maternal and infant health, greater family wellbeing, and increased public savings.

**Medicaid Expansion**  
*Thirty-four states* (including Washington D.C.) have decided to expand Medicaid coverage to childless adults with income up to 138% of the Federal Poverty Level (FPL), as the Affordable Care Act allows and encourages. Expanding access to health insurance coverage can help more women access the most effective methods of contraception by removing cost barriers. However, a number of states are seeking changes to their programs through **1115 Medicaid Demonstration Waivers**, including work requirements, with complex documentation and administrative processes that could result in some eligible people losing coverage.

**Medicaid Family Planning Expansion Waiver or State Plan Amendment**  
*Twenty-five states* have federal approval either through a waiver or state plan amendment to expand Medicaid coverage only for family planning services and family planning related services, to individuals who would otherwise not be eligible for Medicaid coverage. Iowa, Texas, and Missouri operate similar programs that are entirely state-funded. Income eligibility tends to be more generous for family planning expansions than for full scope Medicaid, whether under traditional Medicaid or the Medicaid expansion allowed under ACA (see eligibility levels for parents and childless adults).

**Medicaid Reimbursement for Postpartum Long-Acting Reversible Contraception (LARC)**  
*At least 36 states* (including Washington, D.C.) have issued guidance to make it possible for Medicaid to reimburse for the insertion of LARC devices (IUDs and the Implant), separate from the reimbursement for labor and delivery. Traditionally, fee-for-service Medicaid has issued global payments for labor and delivery, meaning that providers are not reimbursed for insertion of the devices and/or the devices themselves. This is a disincentive to providers and has been a barrier for women who want to receive postpartum LARC.

**Pharmacist Prescribing of Contraception**  
Since 2016, 10 states (California, Colorado, Hawaii, Maryland, New Hampshire, New Mexico, Oregon, Tennessee, Utah, and Washington D.C.) have enacted legislation or regulations that allows pharmacists to prescribe and dispense self-administered hormonal contraceptives. In 2018, at least nine other states introduced or considered similar legislation. The specifics of these laws vary by state, but the goal is to provide another way for women to access some forms of contraception.
Extended Supply of Prescription Contraceptives
Since 2016, 19 states (including Washington, D.C.) have enacted legislation requiring insurers to increase the number of months for which they cover prescription contraceptives at one time. Most of these states have mandated 12 months of coverage for prescription contraceptives at one time in contrast to the 30- to 90-day supplies that insurance plans traditionally covered, in order to increase timely access to contraception and reduce gaps in contraceptive use. At least eight other states introduced or considered similar legislation in 2018.

Educating College Students About Unplanned Pregnancy
Arkansas, Mississippi, and Louisiana have enacted legislation to educate college students about preventing unplanned pregnancy. These bi-partisan laws direct state higher education entities to work with public universities and community colleges to develop action plans to address the issue, as a way to reduce high teen birth rates among 18- and 19-year-olds and to improve college completion. In 2017, Texas and Tennessee introduced similar bills.

Codifying and Strengthening the Affordable Care Act’s Contraceptive Coverage Provision
Currently, 12 states have codified the contraceptive coverage provision of the ACA, which requires all non-grandfathered plans to cover all 18 distinct method categories without out-of-pocket (OOP) costs, and reduce administrative barriers for patients. In 2014, California was the first state to enact such a law; followed by Maryland, Illinois, and Vermont in 2016; and Maine, Nevada, New York (via regulation), and Oregon in 2017.

Connecticut, Delaware, Illinois, Maryland, Oregon, and Vermont have expanded upon the contraceptive coverage protections in the ACA by requiring additional coverage protections without OOP costs.

At least 13 other states introduced or considered legislation in 2018 to codify or expand upon the federal contraceptive coverage provision. This is not surprising given the threats and uncertainty surrounding the federal provisions.

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3 States that expanded Medicaid are able to receive an increased federal matching rate for services provided to “newly eligible” individuals. The federal matching rates are 94% in 2018, 93% in 2019 and 90% in 2020 and thereafter.