Access to Contraception

OVERVIEW

The ability to obtain or continue contraception improves reproductive autonomy, reduces unintended pregnancies, and profoundly affects a person's life, health, and well-being, particularly in times of anxiety and financial hardship. The COVID-19 pandemic, particularly in the context of increased economic stress, social distancing, shelter-in-place recommendations, and strained health care infrastructure, may significantly exacerbate existing obstacles to contraceptive care. For patients who already face the most barriers, including adolescents, those living long distances from health care facilities, and people with low incomes, the access challenges presented by this public health crisis are even more pronounced. As the nation's unemployment rate rises to historic levels, these barriers threaten to become more pronounced and affect larger numbers of persons.

CALLS TO ACTION

(1) Eliminate coverage gaps
(2) Invest in the family planning safety net
(3) Promote continuous, timely access to care

ADVOCATE!

Call on state legislators and regulators to expand affordable access to contraceptives, prioritize patient-centered and equitable care, and invest in a robust family planning safety net with evidence-based policies that:

Eliminate coverage gaps. Cost already poses a significant barrier to contraceptive initiation and continuation, which the COVID-19 pandemic will only worsen. States can mitigate financial obstacles with policies that:

- Guarantee insurance coverage of all U.S. Food and Drug Administration (FDA)-approved contraceptives without cost sharing or prior authorization, including over-the-counter contraceptive methods such as emergency contraception and male condoms
- Suspend limits on contraceptive refills and require coverage of a 12-month supply of oral contraceptives at one time, rather than conventional but arbitrary one- to three-month interval

COVID-19 State Advocacy Brief

The COVID-19 pandemic has exacerbated weaknesses in our health care infrastructure, exposed limitations in our nation's health care policies, and comes at a time in our nation's history when women's health is in crisis. Individuals continue to become infected with the virus and no vaccine is presently available. Continued vigilance and evidence-based strategies for infection control are imperative as are policies that promote essential and critical health care access during this time. As the leading organization of physicians dedicated to the health care of women, ACOG's calls to action prioritize equity in women's health care access and outcomes, value equitably and fairly the care provided by obstetrician-gynecologists, and should be considered for broad-scale implementation.
Advocate for appropriate reimbursement from public and private insurers for long-acting reversible contraception (LARC) insertion immediately postpartum.

Ensure alternative vehicles for contraceptive coverage for women who receive health insurance through employers and plans that refuse to cover contraception.

Invest in a safety net of comprehensive services, referrals, and qualified providers. Publicly funded family planning programs that provide access to quality, evidenced-based preventive services should be consistently available to patients with low incomes. As the crisis continues and as we emerge from it, redouble commitment to close access gaps, for example with initiatives that:

- Ensure women have a free choice of provider by lifting all restrictions on qualified health care professionals’ ability to participate in state and federal family planning programs.

- Expand Medicaid to low-income adults.

- Pursue family planning waivers or state plan amendments to increase covered individuals, if additional access gaps are identified.

- Maintain Medicaid coverage of delayed postpartum tubal ligations or LARC insertions for women who lose coverage before their procedures are rescheduled.

- Educate state agencies, patients, and health-care professionals about federal emergency response requirements that Medicaid patients maintain coverage during the crisis.

Promote continuous, timely access to care. COVID-19 response, including social distancing recommendations and delays to routine in-person visits, amplifies logistical obstacles to contraceptive initiation and continuation. States should reduce in-person contact and minimize scheduling and travel barriers, particularly for self-administered contraceptives such as oral contraceptive pills, vaginal rings, the contraceptive patch, and subcutaneous depo injections, including through measures that:

- Expand telemedicine and telehealth. Many contraceptive services can be effectively offered using telemedicine, including counseling, new-patient screening, prescribing, and adverse-effect management. States can lessen logistical barriers and coverage variability with policies that:

  - Guarantee insurance coverage regardless of geographic location or typical benefits and waive originating site requirements, so that patients can receive services in their homes.

  - Reimburse telehealth visits at the same rate as in-person visits, waive place-of-service and modality restrictions, and suspend licensure and in-state requirements.

  - Adopt expanded Medicare telehealth guidance to ensure uniform coverage and reimbursement policies across payers.

  - Are part of a multi-pronged strategy to improve access; telehealth expansion is not a panacea, and the ability to access telemedicine may vary by patient resources, such as home internet, smartphones, language, and consistent telephone access.

  - Offer direct pharmacy access. Already, pharmacists can prescribe or directly dispense some types of hormonal contraception in a number of states. This strategy provides an additional access point, but should:

    - Preclude age restrictions and cost-sharing for both the medication and in-person consult fees.

    - Pair with advocacy for FDA-conferron over-the-counter (OTC) status—pharmacy access is an intermediate step to improve access, but over-the-counter contraception would reduce more barriers.

Contraception is an essential component of comprehensive health care. As the nation continues to combat the COVID-19 pandemic, it is essential that women be afforded access to contraception and that barriers and inequities in access be removed. Policies expanding contraceptive access should be prioritized for broad-scale implementation.

1 Free the Pill, What’s the law in your state? at http://freethepill.org/statepolicies/ (last accessed Apr. 28, 2020)
