



## Contraceptive Equity Act: (Sen. Hashmi & Del. King)

Updated: 1/13/23

### What is the Contraceptive Equity Act?

- This bill addresses cost barriers to contraceptive access and equity by eliminating burdensome co-pays, cost-sharing, reimbursement requirements, and coverage delays.
- The Bill requires insurers, corporations, and health maintenance organizations to offer coverage for prescription contraceptive drugs, devices, or therapeutic equivalents without cost-sharing.

### **\*Insurance companies are ALREADY covering these basic services\***

- This is not a new requirement that would raise insurance costs significantly. It simply enshrines popular elements of the existing federal law in the Virginia Code.

### **No Co-Pay Contraceptive Coverage is about increasing reproductive health equity in Virginia.**

- Some of the most cost-efficient contraceptive methods, like IUDs and implants come with steep up-front costs. According to the Guttmacher Institute, up to 40% of lower income women in the United States would use a different contraceptive method if cost were not a factor, <https://www.guttmacher.org/news-release/2022/cost-related-barriers-prevent-low-income-women-united-states-using-their-preferred>.
- “In 2018, **65% of US women** aged 15-49 were using contraceptive methods, and **99%** of women who reported to be “sexually experienced” and aged 15-44, have used one of those methods since 2008 and these rates have remained steady (of contraceptive use) since 2002. <https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states>.
  - Virginians will continue to seek out contraception as a method to plan their lives and at such high rates, people should be able to access various contraceptive methods and have a choice over which one works best for them, even after continued long-term use, regardless of income - not constrained to only one option.
- Without no co-pay contraceptive coverage, these safe and effective methods of birth control are out of reach for many.
- Because of structural and environmental health disparities uniquely impacting BIPOC women and gender expansive people, economic and administrative barriers to



contraceptive care make treating chronic reproductive health conditions and preventing pregnancy most difficult for Virginians that are already experiencing barriers to care. This includes Virginians living in “contraceptive deserts” or counties without a single health center offering the full range of contraceptive methods.

- More than 19 million U.S. Women live in contraceptive deserts - regions in which there is a reduced or non-existent access to the full range of healthcare options, including diverse contraceptive methods. (Power to Decide, 2020)  
<https://powertodecide.org/about-usnewsroom/more-400000-women-virginia-live-contraceptive-deserts>
- About 400,000 women in Virginia face barriers in accessing the contraception they need. Given the fact that they live in a contraceptive desert, these individuals specifically, have to spend more funds in transportation and childcare trying to access it.  
<https://powertodecide.org/about-usnewsroom/more-400000-women-virginia-live-contraceptive-deserts>
- Everyone should have access to the full range of reproductive health care regardless of their income.

### **Affordable Contraceptive Coverage is good health policy.**

- Contraceptive use helps prevent unintended pregnancies and supports people in exercising reproductive autonomy. Avoiding unintended pregnancies can enable people to complete their education, retain employment and support themselves and their families.
- Accessible contraception is also critical for a range of reasons including and beyond preventing pregnancy. This essential care includes treating a range of healthcare needs such as hormonal regulation, endometriosis, uterine fibroids, gender dysphoria, premenstrual dysphoric disorder, ovarian cysts, and dysmenorrhea, just to name a few.