

Insurance Coverage for Contraceptives

An official position statement of the Association of Women's Health, Obstetric & Neonatal Nursing

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Position

AWHONN supports legislation and policies that mandate insurance coverage for the range of U.S. Food and Drug Administration-approved contraceptive drugs and devices, as well as related services. AWHONN considers access to affordable and acceptable health care, which includes safe and reliable contraceptives, a basic human right.ⁱ

- Benign Breast Cysts and Tumors
- Cancer of the Uterus
- Ectopic Pregnancy
- Endometrial Cancer
- Nonmalignant Ovarian Cysts
- Ovarian Cancer
- Pelvic Inflammatory Disease
- Sexually Transmitted Infections

Background

Most insurance policies in the United States provide some level of prescription drug coverage. However, many plans do not provide coverage for prescription contraceptive drugs and devices. While federal law requires insurance coverage of contraceptives for federal employees and their dependents, other coverage varies greatly depending on the type of plan and state insurance policies.ⁱⁱ

The choice of what contraceptive to use depends on a number of factors, including the efficacy of the drug or device, a person's health, frequency of sexual activity, number of sexual partners, and desire to have children in the future.ⁱⁱⁱ A woman should have the right to choose a particular contraceptive based on whether it is the most appropriate one for her - not whether the method happens to be covered by her insurance plan.

From a social and economic perspective, women who can delay the birth of their first child and plan the spacing of any subsequent children are more likely to enter or stay in school and more likely to have better opportunities for employment.^{vi} Mandated coverage for contraceptives will inevitably result in cost savings to the health care system by decreasing unintended and unwanted pregnancies.

In fact, the Washington Business Group on Health, an organization representing over 150 large, multinational employers, estimates that failing to provide contraceptive coverage could cost an employer 15–17% more than providing this coverage. These cost savings translate to public programs, as well. The Guttmacher Institute estimates that for every dollar spent to provide publicly-funded contraceptive services, an average of \$3.00 is saved in Medicaid costs.

Health, Economic and Social Benefits of Contraceptive Use

Contraceptive drugs and devices allow women and families the option to space out or avoid pregnancies. More than one-half of all pregnancies in the U.S. are unplanned.^{iv} Research suggests that planned pregnancies generally result in healthier babies and mothers. Further, pregnancies that are properly spaced out can reduce infant and child mortality, and also benefit maternal health.

While there are some risks associated with contraceptive use, it also has a number of additional health benefits.^v They can include protection from:

- Acne
- Anemia

ⁱAssociation of Women's Health, Obstetric and Neonatal Nurses. *Access to Health Care* Position Statement. November 2008.

ⁱⁱThe Guttmacher Institute. *Insurance Coverage of Contraceptives*. March 1, 2009. Accessed online at: <http://www.guttmacher.org/statecenter/spibs/spib.ICC.pdf>.

ⁱⁱⁱU.S. Food and Drug Administration. *Birth Control Guide*. December 2003. Accessed online at: <http://www.fda.gov/Fdac/features/1997/babytabl.html>

^{iv}The National Campaign to Prevent Teen and Unplanned Pregnancy. *Unplanned Pregnancies in the United States*. May 2008. Accessed online

at: <http://www.thenationalcampaign.org/resources/pdf/briefly-unplanned-in-the-united-states.pdf>

^vPlanned Parenthood Federation of America, Inc. "Birth Control Pill." February 2008. Accessed online at: <http://www.plannedparenthood.org/>

[health-topics/birth-control/birth-control-pill-4228.htm#benefits](http://www.plannedparenthood.org/health-topics/birth-control/birth-control-pill-4228.htm#benefits)

^{vi}The Guttmacher Institute. *The Broad Benefits of Investing in Sexual and Reproductive Health* March 2004. Accessed online at: <http://www.guttmacher.org/pubs/tgr/07/1/gr070105.html>