Expanding Contraceptive Access Through Funding Strategies

Nearly half of all women in need of contraception—20.6 million people—likely need public support for contraceptive supplies and services. The federal government funds contraception through a variety of mechanisms, enabling people to access quality care and needed supplies. Existing policies and programs help to meet the need for contraception, but many people still experience financial barriers to access.

Where funding strategies come in

Funding strategies are policies, processes, and programs aimed at reducing or eliminating financial barriers to contraception. Most funding strategies are intended to reduce costs to health care providers so that contraception is more affordable or free to patients. Supportive funding strategies enable providers to implement guidelines, meet performance expectations, and integrate innovations in care.

Funding sources for contraception

The primary sources of publicly funded contraception are:

- Medicaid
- Title X Family Planning Program
- 330-Funded Health Centers Program

Financial barriers to contraception

Since 2001, the number of women in need of public support for contraception has grown, while the proportion of likely need met by publicly supported providers has declined. While Medicaid and the Affordable Care Act seek to guarantee that contraception can be obtained without cost-sharing, variations in state policies, provider shortages, and inadequate support for service delivery innovations limit access. This means that over 19 million US women currently live in "contraceptive deserts" where access to the full range of contraception methods is limited. In addition to these challenges:

- The Affordable Care Act's requirement that health plans cover contraception is limited to "women" and excludes "services for male reproductive capacity, like vasectomies." Only 7% of family planning clinics provide vasectomy services and, without cost sharing, the cost to patients can range from $300-$3,500.
- Access to over-the-counter contraception is also disparate across states, with some jurisdictions requiring prescriptions for reimbursement, while others do not.
- Population-specific gaps persist. Twenty-seven million people under the age of 65 are uninsured. Reflecting the more limited availability of public coverage in some states, adults are more likely to be uninsured than children and most uninsured people are in low-income families. People of color are also at higher risk of being uninsured, including undocumented immigrants, who are ineligible for Medicaid or coverage through the Affordable Care Act.
- People living in rural areas are particularly susceptible to barriers in accessing care.

Solutions to expand contraceptive access through funding strategies

There have been great strides in expanding contraceptive access through funding strategies. For instance, in 2014, the Office of Population Affairs (OPA), Centers for Medicare and Medicaid Services (CMS), and the Centers for Disease Control and Prevention (CDC) came together to inform CMS's Maternal and Infant Health Initiative. Non-federal stakeholders have also conducted complementary efforts to share guidance and best practices. These efforts were especially successful in improving access to postpartum contraception, including long-acting methods.

To continue closing gaps in funding strategies more must be done, including:

Advancing innovative approaches to providing contraceptive care to patients, including pharmacist-provided hormonal contraception, over-the-counter contraception, and telemedicine.

Broadening the lens of who can provide contraceptive care to include community health workers and other non-clinician providers.

Facilitating and developing patient-centered alternative payment models.

Furthering support for health care providers and the public to better understand funding strategies for contraceptive access.

CECA
Coalition to Expand Contraceptive Access