

Contraception not as affordable as health-care law intended

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Elena Jones, a birth control counselor at Washington University in St. Louis, educates a woman about different forms of contraception. A commentary published Feb. 1 in JAMA lays out the existing barriers to implementing contraceptive coverage under the Affordable Care Act. Credit: Robert Boston/Washington University School of Medicine

Although the Affordable Care Act (ACA) has benefited millions of women by reducing out-of-pocket spending on contraception, many still continue to have to pay for all or some of their contraceptives.

The health-care law's contraceptive coverage requires—with some limitations—that privately insured women not have out-of-pocket costs for Food and Drug Administration-approved contraceptive methods, sterilization procedures and contraceptive counseling.

A commentary published Feb. 1 in *JAMA* lays out the existing barriers to implementing contraceptive coverage under the ACA. It also includes steps that state regulators, [insurance companies](#) and health-care providers should take to ensure that the law reaches its potential in improving public health.

"The whole goal of the ACA is to provide access to needed health care," said Mary Politi, MD, co-author and an associate professor of surgery at Washington University School of Medicine in St. Louis. "But there are numerous situations in which women are not receiving contraceptive services that they are entitled to under the law."

Some insurance plans limit the contraceptives they cover, by only paying for generic versions of [oral contraceptives](#) or excluding certain methods of contraception, such as the vaginal ring. Other insurance plans do not cover all of the costs of intrauterine device (IUD) insertion, or they exclude health-care providers from their networks to limit coverage.

Additionally, some women are charged for office visits when they come in for contraceptive counseling because of billing issues. Under the health-care law, there should not be a charge for a visit if the primary purpose of the appointment is preventive care. Many insurance companies have been slow to learn how to modify billing codes to indicate that a visit primarily was preventive.

To comply with the law, the authors recommend that state regulators focus on ensuring that health plans provide timely access to more in-network providers and insurance companies provide more transparent information about covered contraceptives. They also recommend that providers do more to educate themselves and their patients about insurers' rules and procedures and learn more about how to properly bill services so patients are not inappropriately charged.

"Improved implementation could ensure that the contraceptive coverage guarantee fully meets its potential to improve women's preventive care, including contraception," said Tessa Madden, MD, co-author and an associate professor of obstetrics and gynecology. "We know that access to contraception without out-of-pocket costs reduces unintended pregnancies and births, which can have a great impact on the health of women and families."

More information: Mary C. Politi et al. Addressing Challenges to Implementation of the Contraceptive Coverage Guarantee of the Affordable Care Act, *JAMA* (2016). DOI: [10.1001/jama.2016.0204](https://doi.org/10.1001/jama.2016.0204)

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