

Table 1. State approaches to decrease contraceptive costs through insurance. Adapted from [KFF 2022](#).

Required Coverage	Prescriptions (partial)	Over-the-counter methods (partial)	Male sterilization (partial)	Female sterilization (partial)	1yr supply of short-acting, reversible contraceptives (full, no-cost)	All contraception (full, no-cost)
# of states	30	13	8	15	21	17

Contraceptive costs depend on type, insurance coverage, and access to community health centers, ranging from about \$0-\$400/year for insured and \$50-\$6,000/year for uninsured people ([GoodRx 2021](#)).

- Between 2016-2021, 4% of MO women did not use contraception because they could not afford it ([PRAMS 2021](#)).
- Nationally, women (18-29) who have difficulty affording housing, food, and utilities are less likely to use contraceptives than others ([Lyons 2019](#)).

Insurance and drug pricing. Under federal law, most insurance plans must cover contraceptives at no cost ([HHS 2022](#)).

Some states have set additional policies for plans sponsored through the insurance market that reduce contraceptive costs by:

- Requiring insurers to cover more methods and services at no cost (**Table 1**; [KFF 2018](#))
- Limiting insurer religious exemptions for required contraceptive methods and doses
- Providing stricter enforcement criteria
- Regulating drugs costs by increasing pricing transparency in the pharmaceutical supply chain

Most free or low-cost contraception is covered by insurance (private and Medicaid) and can be distributed by community clinical programs (e.g., Title X clinics, federally qualified health clinics).

- Clinics accept uninsured patients and charge based on income ([KFF 2019](#)).

Tax incentives. Taxpayers may lower their taxable income by itemizing their federal tax deductions, including medical expenses (e.g., surgery, medical devices, therapy) to lower their taxable income.

Middle income taxpayers use the medical expense deduction most often, but low-income taxpayers with high medical expenses (at least 7.5% of their annual gross income) get the highest tax return as a percent of income (8-10%; [Serocki 2009](#)).

There is no data on if a tax credit for contraceptives increases access, increases usage or lowers overall costs. No states currently offer such a tax credit.

Related Science Notes

- [Contraceptive Accessibility](#)
- [LARCs and Unintended Pregnancies](#)
- [Expanded Prescription Contraceptive Supply](#)
- [Prescription Drug Costs](#)
- [Drug Pricing Transparency](#)
- [Tax Credits & Medical Device Tax Exemptions](#)