


Free the Pill

# Free the Pill and Cover it Too

Strategies for Making OTC Birth Control  
Coverage Work in the Real World

**Published November 4, 2024**



The Free the Pill OTC  
Contraceptive Coverage  
Collaborative's

**Recommendations for Advocates,  
Policymakers, Retailers, Pharmacists,  
Insurers, and Pharmacy Benefit  
Managers**

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# Overview of "Free the Pill and Cover it Too"

## What is this report about?

This report is about successful implementation of insurance coverage of over the counter (OTC) birth control at the state and national levels. An increasing number of private and public insurers provide OTC coverage of birth control without a prescription. Further, currently under the Affordable Care Act, most private health plans are required to cover all US Food and Drug Administration (FDA) approved methods of contraception without cost sharing. However, coverage is only meaningful if it works in the real world. These recommendations were developed by experts with substantial experience in developing and implementing policies on OTC birth control coverage.

## Who is this report for?

This report is for everyone involved in implementing coverage of OTC birth control including:

- Reproductive health, justice and consumer advocates
- Officials in state and federal agencies and executive branch offices
- Members of Congress
- Governors and state legislators
- Retailers with stores or online platforms
- Pharmacies and pharmacists
- Insurers and pharmacy benefit managers (PBMs)
- Healthcare providers and programs
- Funders supporting OTC coverage implementation

## Why this guide is timely in today's birth control landscape?

2024 has been a landmark year for OTC birth control:

- In March 2024, Opill, the first-ever OTC birth control pill in the US, began to appear on retailers' shelves, less than a year after its approval by the US Food and Drug Administration (FDA) for OTC use.
- In March 2024, [CVS Caremark released guidance](#) to pharmacists on processing OTC claims for Opill without a prescription. Since CVS Caremark is the largest PBM in the United States, its guidance could signal the industry standard for the OTC billing process.
- In August 2024, Delaware became the 10th state to enact legislation requiring OTC birth control coverage.
- On October 21, 2024, the Biden-Harris Administration released a proposed rule to require coverage of OTC birth control without a prescription or cost-sharing by plans subject to ACA requirements. After a 60-day public comment period, the rule could be finalized and put into effect for plans in 2026.
  - The proposed rule follows a request for information (RFI) about OTC coverage of preventive services that was issued jointly by the Departments of Treasury, Labor, and Health and Human Services in October 2023. The RFI was preceded by several key executive orders from the Biden-Harris Administration on access to reproductive health in the wake of the Dobbs decision.
  - The proposed rule covers OTC birth control used by women\* including: Opill, Plan B and generic versions of levonorgestrel, and condoms. The proposed rule would also cover any birth control approved by the FDA for OTC use in the future, including other formulations or types of hormonal contraceptives.

\*See *End Notes and References* on page 34 for more information about use of the term "women" throughout the report

## What is the current policy landscape for OTC coverage?

At the national level, the Affordable Care Act (ACA) sets the standards for plans subject to its requirements. Under guidance from the US Preventative Services Task Force, plans must cover all methods of birth control for women\*, including OTC methods. However, access to OTC birth control has been limited because plans are allowed to impose prescription requirements. States have begun to adopt OTC coverage policies that prohibit prescriptions and cost-sharing requirements, but state rules can only reach a portion of the insurance market. Many plans are exempt from state regulation under the federal law known as the Employee Retirement Income Security Act (ERISA).

Federal action on OTC coverage would be a game-changer in ensuring equitable access to OTC birth control across the country.

## How have states led the way on OTC birth control coverage?

Even though a small but growing number of people have OTC birth control coverage under state policies, the majority of people are covered by plans that still require a prescription for birth control. As of the date of this report, ten states have OTC birth control coverage laws, with Maryland leading the way as the first state to adopt OTC coverage requirements in 2016. In addition, governors are beginning to take administrative actions to add OTC birth control coverage to Medicaid and state employee benefit programs.<sup>ii</sup> Momentum for OTC coverage is continuing to build, and in the next year, we expect that as many as one-third of states may have some type of OTC coverage.

## Why is OTC birth control coverage important for reproductive justice and health equity?

OTC birth control has the potential to transform access to contraception; however, to advance reproductive justice and health equity, we must ensure that everyone can access birth control no matter who they are, where they live, how much money they make, or what background they come from. Many people have been unable to access prescribed birth control because of systemic inequities, structural racism, and other forms of discrimination and oppression.

Coverage of OTC birth control is critical to ensuring reproductive justice and equitable access to birth control. Due to systemic inequities, cost barriers disproportionately affect Black, Indigenous, Latine/x, Asian American, Native Hawaiian and Pacific Islander communities, young people, LGBTQ+ communities, people with disabilities, immigrants, those residing in rural areas, and people working to make ends meet.

Research shows that cost is a barrier to accessing OTC birth control pills. A recent [study](#) and [poll](#) assessing U.S. women\* and teens' interest in OTC birth control pills found that half of adult and teen respondents interested in using OTC birth control pills would be able to pay \$10 or less per month for them. This included 11% who could not pay anything at all.<sup>iii,iv</sup> [In another study assessing interest in continued use of over-the-counter progestin-only pills among individuals who used them in a trial](#), sixty four percent (64%) of respondents indicated that their interest in using an OTC oral contraceptive was related to cost-savings because they would save money not having to pay for a visit with a provider. The manufacturer suggested retail price for Opill is \$19.99 per one-month pack, while a single dose of brand name emergency contraception can retail for as much as \$49.<sup>v,vi</sup> Insurance coverage, whether through a public or private plan, can be a significant factor in determining whether consumers can afford birth control.

## About the OTC Coverage Collaborative and the Free the Pill coalition

The OTC Contraceptive Coverage Collaborative (the Collaborative) is a group of reproductive justice and consumer advocates, health insurance experts, pharmacists, and public health analysts (See Appendix 1) dedicated to exploring and developing solutions for the implementation of OTC coverage. This report provides a summary of the lessons learned from the state OTC coverage experience and the Collaborative's recommendations for successful OTC coverage implementation. The recommendations are intended for reproductive health, justice and consumer advocates, policymakers, pharmacies and pharmacists, insurers, PBMs, and other stakeholders at the federal and state levels.

The Collaborative is organized by [Free the Pill](#), a project of Ibis Reproductive Health. The Free the Pill project involves the engagement of a broad coalition and the operation of a public campaign. The [Free the Pill coalition](#) (formerly known as the Oral Contraceptives Over-the-Counter Working Group) is a group of over 250 reproductive health, rights, and justice organizations, research and advocacy groups, youth activists, health care providers, medical and health professional associations, and others who share a commitment to ensuring more equitable access to safe, effective, and affordable birth control to people of all ages, backgrounds, and identities in the United States. The coalition has been working since 2004 to build the evidence in support of OTC birth control pills in the United States, ensuring that they are affordable, fully covered by insurance, and available to people of all ages. The coalition played a lead role in bringing the first birth control pill OTC in the US with collective activities guided by a [steering committee](#) of leaders representing research, health care, youth and advocacy communities.



## Acknowledgements

The Free the Pill team and Ibis Reproductive Health would like to thank the members of the Collaborative for their commitment to exploring innovative solutions to advance OTC coverage and equitable contraceptive access. Further, we would like to acknowledge and express appreciation to state advocates who, since 2016, have been leading the way by passing OTC coverage policies to expand access to birth control, providing us with key lessons to build upon. The Collaborative's work and lessons from state advocates will help ensure that the promise of OTC birth control becomes a reality and will support the development of innovative models of care that advance equitable access. Additionally, we would like to express gratitude to reproductive justice leaders who have helped ground our work in equity principles to ensure that the expansion of contraceptive access is done in a way that centers the people who face the most barriers to care and would benefit the most from affordable OTC birth control options.

This report offers a range of recommendations for operationalizing OTC coverage within the US healthcare system and can be used by advocates, public officials, and industry stakeholders to improve access to OTC birth control for all communities.

This work was made possible with generous support from Bloomberg Philanthropies, the Collaborative for Gender + Reproductive Equity, and the David and Lucile Packard Foundation.



# Guiding Principles for Implementing OTC Birth Control Coverage

OTC birth control coverage is much more than a provision in an insurance policy. State and federal policies that require OTC birth control coverage can be transformative for individuals and entire communities if implemented correctly. Implementation should be centered on the essential question: **“How can OTC birth control coverage support the reproductive autonomy of people in all communities?”** The Collaborative developed guiding principles for advocates, public officials, and industry stakeholders to use in their implementation efforts. These guiding principles ensure that implementation work is grounded in the goals of reproductive justice and health equity.

**Access means meeting people where they are.**

OTC birth control can be transformative, as people can obtain birth control in everyday places – retail stores, online, vending machines, and pharmacies. Our insurance systems should support people in accessing birth control in everyday places too.



## **Access means prioritizing people who have been historically marginalized from our healthcare system.**

Many communities have faced significant challenges in accessing birth control due to systemic inequities and structural barriers in our health care system and society. With the availability of Opill, we have the opportunity and responsibility to support the reproductive autonomy of young people, Black, Indigenous/Native American, Latine/x, Asian American, Native Hawaiian and Pacific Islander communities, people with disabilities, the LGBTQ+ community, people living in rural areas, and those working to make ends meet.

## **Access means affordability.**

Research consistently demonstrates that low-cost or no-cost birth control is essential to access.

## **Access means having multiple pathways or “no wrong door” for OTC birth control.**

Not every person or every community is the same. People have different life circumstances, including the languages they speak, their relationship with their family, their financial resources, and their insurance status. Communities are different too in terms of their retail options and the availability of transportation. People have different preferences, privacy needs, abilities and cultural norms. With these diverse needs, there cannot be just one way to access affordable OTC birth control.



# Making OTC Coverage Work in the Real World

## Opening Doors to OTC Birth Control

State advocates have been at the forefront of the OTC coverage movement for nearly a decade and bring valuable insights on both the opportunities and challenges of operationalizing OTC coverage. The Collaborative developed its implementation recommendations to support states in achieving their OTC coverage goals.

The Collaborative recommendations also are intended to support OTC coverage work at the national level. The state experience provides valuable insight into how OTC coverage can inform national policy and be scaled more broadly to other public and private insurance markets.

In the year spent studying the state implementation experience, the Collaborative found that all the necessary building blocks exist for implementation of OTC coverage. Success can be realized with some additional focus and a few operational changes. Some of the operational fixes have been elusive at the state level – not because the solutions are difficult, but because the solutions require coordination at the national level. This means that implementation of OTC coverage is achievable with collaboration from both state and national partners.

## Two “Doors” to OTC Coverage

The Collaborative’s first task was to identify pathways or “doors” to OTC coverage. The Collaborative used its guiding principles as criteria to determine how these pathways might work best to support equitable access among consumers. There are two pathways for coverage of OTC birth control at the point-of-sale:


### Door #1 for OTC Coverage: The Retail Counter

Consumers should be able to access OTC coverage at the retail counter, whether at a store, online, or through a vending machine. Some types of insurance plans already offer OTC cards for retail counter purchases. For instance, it is becoming common for Medicare Advantage plans to provide OTC coverage cards to subscribers.<sup>vii</sup>

### Door #2 for OTC Coverage: The Pharmacy Counter

Consumers should be able to access OTC coverage at the pharmacy counter. Pharmacy systems are already structured to process claims for prescription medications and, with clear guidance and appropriate support, can do the same for OTC products.

The Collaborative recommended that advocates, public officials, and industry stakeholders collaborate to make both doors to coverage work. Not every consumer or community is the same, so it is imperative that policy solutions support individuals in being able to use their coverage anywhere OTC contraception is available.



**OTC Collaborative Recommendation:** Consumers should be able to use their coverage wherever OTC contraception is available. Advocates, public officials, and industry stakeholders should collaborate to make the two doors to coverage work: Door #1 at the retail counter and Door #2 at the pharmacy counter.

## Door #1 for OTC Coverage: The Retail Counter

The Collaborative identified advancing retail counter coverage as the top priority for implementation of OTC coverage. With retail counter coverage, we can realize the promise of OTC birth control, as coverage would meet consumers where they are. Retail counter coverage provides more access than the traditional coverage model, where consumers go to the pharmacy counter for OTC coverage. The pharmacy counter model can work, but it requires consumers to engage with the healthcare system for an OTC product. If consumers are from a community that has faced barriers to contraceptive care due to systemic inequities in our health care system and society, they may face challenges when trying to access OTC birth control through pharmacies. Therefore, the retail counter coverage model offers the broadest access to all people, including communities that face disproportionate barriers.

The Collaborative found that there are a growing number of examples of retail counter coverage of OTC products and more work is needed to expand this option. Medicare Advantage plans commonly provide OTC coverage cards to their members. With these cards, consumers can pay for covered OTC medications at the retail counter.

There are other models such as health savings accounts (HSAs), flexible spending accounts (FSAs), and employer-funded lifestyle cards which utilize technology that can be leveraged to support OTC coverage. These cards are used to pay for OTC products, including birth control, at the retail counter with funding set-aside by the employer and/or employee. HSA and FSA cards are governed by Internal Revenue Service (IRS) rules, as they are funded with pre-tax dollars.<sup>viii</sup> Lifestyle cards are not pre-tax, but offer employers flexibility on extending a wide range of benefits to employees.

The technology used in OTC coverage, HSA, FSA, and lifestyle cards appear to be similar. There are codes that identify both the

product and location of the sale. The insurer, employer, or administrator sets the rules on which codes are allowed with the card.

After its research, the Collaborative determined that retail counter coverage of OTC birth control is attainable. The technology already exists and is commonly used with OTC, HSA, FSA, and lifestyle cards. We can utilize the same technology to provide for retail counter coverage of birth control. To support equitable access, we can also use the technology to create digital “cards,” or apps, to support seamless coverage. OTC coverage cards and apps may offer more privacy protections than traditional pharmacy claims systems, where the policy holder may be able to access claims data. Privacy concerns are of particular importance for ensuring confidential care for young people and other communities that experience bias, stigma or other barriers.

The Collaborative found that it was not alone in its interest in retail counter coverage. Insurers and employers also consistently highlighted the need for retail counter coverage in their responses to the September 2023 RFI from the Departments of Treasury, Labor, and Health and Human Services, along with members of the [Free the Pill](#) coalition and [Ibis Reproductive Health](#). Several examples are:

*"Patients purchase OTC preventive products through many channels. Therefore, the solution to OTC preventative care coverage should include a wide array of options for patient access. These options should include, but not be limited to, traditional pharmacy access, post-purchase reimbursement, online purchasing with shipment portals or retail pick-up, **"debit card-like" methods issued by plans**, and other options that meet the minimum standards determined by further guidance."*

*-[From AHIP, America's Health Insurance Plans](#)  
(emphasis added)*



*"ERIC member companies would **prefer a debit/payment card substantiation process, similar to the process established for Flexible Spending Arrangements ("FSAs") and Health Reimbursement Arrangements ("HRAs")**, provided the Departments recommended OTC preventive and contraceptive preventive items and services are properly coded in the debit/payment card substantiation system."*

*-From ERIC, the ERISA Industry Committee (emphasis added)*

*"One of the simplest ways for health plans/insurers to cover OTC preventive products without cost-sharing and without a prescription would be to provide beneficiaries with **an FSA-style debit card that beneficiaries could use to purchase covered OTC preventive products at retail**. Especially considering that non-pharmacy retail point of sales systems lack the capability to process pharmacy claims, **providing beneficiaries with debit cards to purchase OTC preventive products would broaden patient access to these products by making covered OTC preventive products accessible to beneficiaries at non-pharmacy retail locations.**"*

*-From National Association of Chain Drug Stores (emphasis added)*

After reviewing the RFI comments, the Collaborative concluded that many industry and consumer advocates share an interest in retail counter coverage. These groups have an opportunity to work together to expedite adoption of OTC cards and apps across insurance markets. State and federal agencies should be part of those discussions and can play the role as the convener of key stakeholders.



**OTC Collaborative Priority Recommendation:**

Retail counter coverage is essential to realizing the promise of OTC birth control. Retail counter coverage meets people where they are – rather than requiring them to navigate coverage at the pharmacy counter.

Retail counter coverage of OTC birth control is an attainable goal. The technology already exists and is commonly used with OTC, HSA, FSA, and lifestyle cards.

Consumer advocates, public officials, and industry stakeholders should work together to expedite adoption of OTC coverage cards and apps for coverage of birth control. Retail counter coverage is the best pathway for OTC coverage for young people and individuals from communities that experience systemic inequities or marginalization.

## Door #2 for OTC Coverage: The Pharmacy Counter

The Collaborative also reviewed how OTC birth control coverage is operationalized at the pharmacy counter. This is the most predominant model of OTC coverage in the current landscape, as most state laws are built on the pharmacy benefit model for prescribed medication. The Collaborative found that OTC coverage at the pharmacy counter works well on paper. However, several operational challenges have slowed implementation of state coverage requirements. After its careful review, the Collaborative identified concrete and attainable solutions to these challenges.

The Collaborative found that there is widespread confusion among pharmacists and pharmacy personnel about how to bill for an OTC product due to a lack of consistent guidance. Pharmacists must use the same form to bill for a medication or device, whether prescribed or OTC. Billing forms include a required field for the prescriber's identification number, also known as the National Provider Identifier (NPI). For pharmacy staff, it is not clear how to fill out the prescriber field for an OTC product, as there is no prescriber.

Pharmacies must follow the direction of payors in submitting claims. These directions could come from insurers or PBMs as claims administrators. Some insurers and PBMs direct pharmacies to use the pharmacy's NPI, but it is not required across insurance plans. The Collaborative concluded that a uniform billing protocol for OTC claims would address the largest operational issue with OTC coverage. This recommendation is a priority for the Collaborative, as it is both achievable and essential to support existing OTC birth control coverage requirements. There are several options for next steps:


- At the state level, regulators should establish a requirement that the pharmacy NPI be used in the prescriber field for an OTC product. This is already becoming the industry norm, but not a requirement. This recommendation is particularly important for states that allow pharmacists to prescribe birth control. Claims

would clearly distinguish between medication that is OTC with the pharmacy NPI number and medication that is prescribed by the pharmacist using the pharmacist NPI number.

- At the state level, there should be collaboration among the board of pharmacy, insurance commissioner, Medicaid director, state pharmacist/pharmacy associations, and industry stakeholders on communication with pharmacists and pharmacies about OTC billing protocols and coverage requirements.
- At the federal level, there are opportunities to address the prescriber NPI question more broadly for OTC products: 1) The Centers for Medicare and Medicaid Services could establish a universal NPI for use in the prescriber field of a claim for any covered OTC product; or 2) the National Council for Prescription Drug Plans (NCPDP), under the authority of the FDA, could modify the form to allow pharmacists to check a box indicating the claim is for an OTC product, rather than filling out the prescriber NPI field.

**OTC Collaborative Priority Recommendation:**


The Collaborative found that billing confusion poses the most significant challenge for OTC birth control coverage at the pharmacy counter. This confusion could be addressed by the adoption of uniform billing requirements across insurance plans. State and federal regulations have concrete options for advancing uniform billing protocols for OTC birth control and other OTC products.



**OTC Collaborative Recommendation:** The Collaborative also found that insurers and PBMs should pay a processing fee to pharmacies for the provision of OTC birth control. Pharmacists and pharmacy personnel invest time and resources in supporting the consumer and processing claims. To ensure access to OTC birth control, our reimbursement system must recognize the role of pharmacies and their staff in supporting consumers.

The Collaborative also found that consumers may not be aware of OTC coverage, even in states where it has been a long-standing requirement. There are many avenues to increase consumer awareness and having consistent coverage across all types of plans--private and public--will make it easier to clearly communicate this information to consumers. The Collaborative recommends a three-pronged approach that can be applied in states with OTC coverage policies:

- Agencies and community partners should incorporate information about OTC birth control coverage into existing consumer education campaigns. There should be additional resources set aside to uplift consumer awareness of OTC birth control coverage.
- Insurance regulators should require clear consumer communication about OTC birth control coverage from insurers and pharmacy benefit managers.
- Retailers should have signage in the aisles about OTC birth control coverage in languages common in their communities, including non-English resources. This recommendation embodies the Collaborative's guiding principle of "meeting consumers where they are" and supports people in navigating coverage systems.




**OTC Collaborative Recommendation:** The Collaborative recommends several steps to increase consumer awareness of OTC birth control coverage, including incorporating OTC coverage into existing consumer education campaigns, clear consumer communications from insurers and pharmacy benefit managers, and signage in the retail aisles to “meet consumers where they are.”

## Other Operational Recommendations for Implementing OTC Coverage

The Collaborative studied implementation questions that are relevant to coverage at both the retail and pharmacy counters. The Collaborative’s goals focused on increasing access to OTC birth control by ensuring the OTC coverage experience is seamless for the consumer. Many individuals have encountered barriers in obtaining prescribed birth control. We have the opportunity to reduce barriers with an OTC coverage model.

### ***Providing coverage at the point-of-sale***

The Collaborative found that insurance coverage is only meaningful when the costs of birth control are covered at the point-of-sale. If plans require consumers to submit receipts for reimbursement, the up-front cost will be a barrier for consumers, especially those working to make ends meet. After-the-fact reimbursement systems have the “shoebox effect” where consumers collect receipts but never obtain reimbursement, as it is cumbersome to navigate the claims submission process. Therefore, the Collaborative found that coverage of OTC birth control must be at the point-of-sale to be effective for consumers.




**OTC Collaborative Recommendation:** Insurance coverage must cover the up-front cost of OTC birth control to be effective. If a plan will only reimburse a consumer after purchase, the plan is closing the door on access, especially for those who are working to make ends meet. Whether through law, regulation, or policy, regulators and industry stakeholders should ensure plans are paying for the up-front cost of OTC birth control.

***Ensuring people do not leave empty handed: Coverage of all OTC birth control options on the shelf***

While Opill is only available as a brand name product, there are many OTC options for emergency contraception and condoms. The Collaborative reviewed the problems with coverage of a limited number of OTC birth control options. Unless there is coverage for all OTC birth control options on the shelf, consumers may leave empty handed. Without resolution of this issue, consumers will face the following barriers:

- The consumer goes to a retail store or pharmacy to obtain OTC birth control.
- The consumer selects an OTC birth control product on the shelf. Retailers and pharmacies may have a couple of options but are unlikely to have every generic OTC birth control product.
- The consumer tries to use their OTC birth control coverage. If their plan does not cover the option they selected, they may have to leave empty handed. They will either have to travel to another location or forgo obtaining OTC birth control.



The Collaborative found that OTC cards and apps offer the most promising solution. OTC cards and apps cover items on an approved products list. An approved products list could include all OTC birth control options. As soon as the FDA approves an OTC birth control product, it could be added to the list. OTC cards and apps offer the consumer greater flexibility as well, as they can be used at either the retail or pharmacy counter. In either location, the purchase of OTC birth control may be processed as a retail transaction, rather than a pharmacy claims transaction.

The Collaborative found that operational changes are needed to ensure a seamless experience for consumers using insurance cards. With an insurance card, the purchase of OTC birth control is processed as a pharmacy claim. The claim is only reimbursed if: 1) the birth control product is on the formulary; or 2) the insurer or PBM has made an exception. Under the existing exceptions process, a prescriber must request the exception based on medical necessity. The prescriber may do this ahead of time, so that the consumer is not left waiting in a pharmacy. The Collaborative found that changes need to be made to the exceptions process for OTC birth control:

- Either a pharmacist or consumer should be able to request an exception to the formulary. Under the current system, only the prescriber can request the exception. However, for an OTC product, there is no prescriber and therefore no one to request the exception.
- The exceptions process should be automatic. Otherwise, the consumer may have to wait a long period of time at the pharmacy counter or return the next day. This lag time creates a barrier for access.






## ***Ensuring frequency limits do not impose unnecessary barriers for access to OTC birth control***

The Collaborative examined the question of frequency limits imposed by insurers and PBMs on coverage of OTC birth control. While insurers and PBMs may view frequency limits as a necessary medical management tool, the Collaborative was concerned about the risk posed to consumers. Research demonstrates that consumers are less likely to become pregnant when they don't want to be if they can obtain a year's worth of birth control at a time.<sup>ix, x, xi, xii</sup> Pregnancy poses a greater risk in the post-*Dobbs* environment, as pregnant individuals face more barriers to health care services, including abortion care or management of high-risk pregnancies.

The Collaborative recommended that decisions about frequency limits for OTC birth control take into account: 1) the clinical evidence that demonstrates individuals using birth control are less likely to become pregnant if they have a sufficient supply of birth control; and 2) the risks faced by pregnant individuals in the post-*Dobbs* environment:

- For daily birth control pills, the CDC recommends dispensing one-year's worth of birth control at a time. This recommendation applies to both combined and progestin-only birth control pills.<sup>xiii</sup> Any frequency limits should allow for the consumer to obtain one-year's supply (13 pill packs) at a time.
- For emergency contraception, the CDC recommends advance provision, thus consumers may need to obtain more than one dose of emergency contraception at a time.<sup>xiii</sup> Any frequency limit should allow for the purchase of multiple packs of EC at the same time to enable advance provision.



**OTC Collaborative Recommendation:** The Collaborative recommends that decisions about frequency limits take into account: 1) the clinical evidence demonstrating that individuals using birth control are less likely to become pregnant if they have a sufficient supply of birth control; and 2) the risks pregnant individuals face in the post-*Dobbs* environment.

- For daily birth control pills, frequency limits should allow for the consumer to obtain at least one-year's supply at a time; and
- For emergency contraception, frequency limits should allow for the purchase of multiple packs of EC at the same time to enable advance provision.

# Reaching the Tipping Point: Expanding OTC Birth Control Coverage for All

## State and Federal Action Needed to Realize Full OTC Coverage

The Collaborative examined the history of OTC birth control coverage and found that there was slow but steady growth in expanding OTC birth control coverage in the last decade. Since the FDA approved Opill, there has been more rapid growth in OTC coverage initiatives:

- Several states were early adopters. After the FDA approved OTC status for Plan B in 2013, a core group of Medicaid programs removed prescription requirements for Plan B. Some Medicaid plans also extended OTC coverage to condoms.
- In 2016, Maryland became the first state to require coverage of OTC birth control medication. After the FDA approved Opill as an OTC birth control pill in 2023, a wave of states expanded coverage through administrative actions under Medicaid and state employee health coverage programs or legislation. By September 2024, a total of 10 states had OTC coverage laws, as detailed in Appendix B. More states will be considering OTC coverage legislation when legislatures convene in 2025.
- In 2023, the federal government issued a request for information about OTC coverage through the Departments of the Treasury, Labor, and Health and Human Services.
- In 2024, shortly after Opill, the first OTC daily birth control pill became available on shelves, CVS CareMark announced it had adopted a nationwide protocol for processing OTC birth control claims. As the largest pharmacy benefits manager in the country, this announcement signaled that industry stakeholders were

preparing for expansion of OTC birth control coverage.

- On October 21, 2024, the Biden-Harris Administration announced a proposed rule to require coverage of OTC birth control without a prescription or cost-sharing under plans subject to ACA requirements.

We may soon reach a tipping point where OTC birth control coverage without a prescription becomes a standard part of public and private insurance plans. With widespread adoption of fully covered OTC birth control, access could be dramatically improved:

- **Ensuring More People Can Access OTC Birth Control:** Insurance coverage is critical to ensuring access to OTC birth control. Research has consistently demonstrated the importance of insurance coverage in access to health care and studies [show that interest in OTC birth control increases when it is covered by insurance](#).<sup>xiv, xv</sup>
- **Operationalizing OTC Coverage:** As OTC coverage continues to expand across different markets, it will become easier to operationalize. Industry stakeholders can make needed investments to adapt their systems to make OTC coverage work seamlessly for the consumer.
- **Engaging, Educating and Empowering Consumers:** As more plans have OTC birth control coverage, it will be easier to engage and empower consumers. When only a portion of the market has coverage, it can be challenging to convey a consistent message about OTC coverage.

The Collaborative found that states have laid the policy groundwork for OTC birth control coverage without a prescription or cost sharing. A combination of additional federal- and state-level actions would help us reach the tipping point for OTC coverage becoming the standard across plans. At the request of advocates from several states, Free the Pill created a state action checklist for policy officials which can be found in Appendix 3.

### **OTC Collaborative Priority Recommendation:**

The Collaborative found that states have laid the policy groundwork for coverage of OTC birth control without a prescription. Additional federal and state actions are needed to expand and operationalize coverage for more people. We could reach the tipping point of making OTC birth control coverage without a prescription standard if:

- More states adopt coverage requirements through legislation or administrative action in state-regulated private plans, Medicaid, and state employee health plans. At some point, OTC birth control coverage without a prescription could become a standard plan offering even in states without requirements.
- Federal guidance is modified to require plans to provide OTC birth control coverage without prescription or cost-sharing requirements under Affordable Care Act plans, and coverage requirements are broadened to include people of all gender identities. Federal action could also expand coverage in Medicaid, Medicare, TriCare, and the Federal Employee Benefits Program.




# Creating Pathways to Affordable OTC Birth Control: Beyond the Insurance Model

The Collaborative recognizes the importance of providing other pathways to affordable OTC birth control beyond the insurance model. Some people do not have access to insurance coverage because of their employment, income level, or immigration status. Sometimes people with insurance coverage need other options, as they may not want to use their insurance because of a heightened need for confidentiality. In certain circumstances, policy holders may be able to see the claims of their family members. Further, many people rely on federally funded programs that provide no- or low-cost contraceptive care that must also be equitably accessible without barriers.

## The Importance of Affordable Retail Prices

The Collaborative reviewed the lessons learned by advocates with pricing for Plan B. Even though it has been twenty-five years since the FDA approved OTC status for Plan B, the retail price for the brand name and even some generics has remained high. Advocates have been able to make some in-roads in advancing affordability. Recently, the [American Society for Emergency Contraception](#) secured lower priced options for college vending machines through the [Emergency Contraception for Every Campus \(EC4EC\) initiative](#). At a manufacturer's suggested retail price of \$19.99, Opill is not as expensive as Plan B was when it hit the market, yet this price may not be affordable for everyone. [Opill has a cost assistance program that offers product at discounted rates or for free to those who qualify](#), and it is expected that the program will continue to evolve to meet consumers' needs.




The Collaborative acknowledged the challenges of influencing the retail pricing of OTC medications. There are opportunities to engage both the public and private sector to make OTC birth control pills more affordable. The Collaborative recommends continued advocacy for affordable retail prices, discounts and coupons for OTC birth control. The Free the Pill coalition and allied partners can address cost barriers by amplifying the voices of consumers, including communities who face systemic barriers and young people, for whom affordability issues remain paramount. These voices can also help shape effective consumer assistance programs and how they evolve over time as we learn more about consumer needs.

**OTC Collaborative Recommendation:** The Collaborative recommends continued advocacy for affordable retail prices for OTC birth control by amplifying the voices of consumers, including young people, to influence retail pricing and shape consumer assistance programs.

## The Importance of Trusted Community Partners

The Collaborative discussed that consumers may turn to trusted community partners for free or low-cost birth control. Some consumers may not have the means to access OTC birth control even with cost assistance programs. Some consumers who experience stigma or bias, including some LGTBQ+ youth or people who are unhoused, may also feel more comfortable turning to trusted community partners rather than purchasing OTC birth control in more public retail settings.

Community partners could include youth centers, LGBTQ+ support programs, community colleges, peer-to-peer networks, community health centers--including federally supported programs--and local



health departments. Community partners may be able to ask for donations, discounted pricing, or bulk purchase arrangements from drug manufacturers. Some health providers may participate in the Title X or 340(b) program, although the intersection between 340(b) and OTC medications is complicated by reimbursement practices. Further, it is imperative that OTC birth control be offered at no cost and without a prescription or provider visit at Indian Health Service facilities to ensure that Native American/Alaskan Indian communities have equitable and timely access, without medically unnecessary barriers.

The Collaborative recommends that consumer advocates, public health officials, community partners, and retail stakeholders work together to identify gaps in affordable OTC birth control. Public health programs can provide free or low-cost OTC birth control through community partners.

**OTC Collaborative Recommendation:** The Collaborative recommends that consumer advocates, public health officials, community partners, and retail stakeholders work together to identify gaps in affordable OTC birth control. Public health programs can provide free or low-cost OTC birth control through community partners.





# Closing Thoughts on Making OTC Birth Control Coverage Work

The Collaborative was honored to work together to build upon and learn from the efforts of state advocates and evaluate how OTC birth control coverage has been operationalized. By advancing policies that cover OTC birth control without a prescription in California, Colorado, Delaware, Illinois, Maryland, New Jersey, New Mexico, New York, Oregon, and Washington, state advocates have laid the groundwork for broadening OTC birth control coverage in other states and on the national level. We now have a responsibility to ensure that these policies can be implemented and operationalized in a way that supports equitable access and leads to more state and federal policies that fully cover OTC birth control without a prescription or cost sharing. The Collaborative’s recommendations are embedded throughout this document. At the request of state advocates, we have summarized these recommendations for their use in the form of an “Action Checklist of State Officials” (Appendix 3).


The Collaborative’s recommendations provided in this report are practical and implementable. We can build on existing systems to realize the promise of access to OTC birth control in all communities. OTC birth control offers the opportunity to literally meet people where they are, as OTC birth control is found in everyday places such as independent and chain pharmacies, grocery stores and online retail sites. If we can meet people where they are, we can overcome the systemic and structural barriers that have made birth control unobtainable for people in many communities. Now more than ever, we must open all doors and expand avenues for affordable and equitable birth control access.


# End Notes and References

\*Note: The term women may be used throughout this report in reference to research studies or policies that identified the gender of participants or beneficiaries as women. We acknowledge that using the term "women" may be inaccurate if participants or beneficiaries were not asked or allowed to provide their gender and that these limitations may exclude the experiences of some people who do not identify as women, such as non-binary or transgender individuals. Free the Pill is committed to ensuring contraceptive access is inclusive of all individuals who want or need to use contraception, regardless of their gender identity. Ibis Reproductive Health engages in [important research](#) to support increased understanding of the sexual and reproductive health needs and experiences of transgender and gender-expansive people which is critical to ensuring that our policies and systems are inclusive of people of all genders.

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# Appendix 1: OTC Coverage Collaborative Membership

## Collaborative Co-Facilitators

- Robyn Elliott, Free the Pill Consultant, Managing Partner, Public Policy Partners and Maryland state advocate
- Victoria Nichols, Free the Pill Project Director, Ibis Reproductive Health

## Free the Pill Project Supporting Staff

- Bria Goode, Senior Policy, Advocacy and Research Manager, Ibis Reproductive Health
- Britt Wahlin, Vice President of Development and Public Affairs, Ibis Reproductive Health
- Carmela Zuniga, Associate Research Scientist, Ibis Reproductive Health
- Izamar Rodriguez, Free the Pill Project Coordinator, Ibis Reproductive Health
- Yevanit Reschechtko, Associate Communications Director, Ibis Reproductive Health

## Collaborative Members

The Implementation Collaborative included a broad range of reproductive justice and consumer stakeholders, pharmacists, and regulatory experts including:

- Alizeh Bhojani, Legal Voice
- Kelly Cleland, Executive Director, the American Society for Emergency Contraception
- Don Downing, Clinical Professor Emeritus, University of WA School of Pharmacy
- James Lin, PharmD
- Lee Che Leong, Northwest Health Law Advocates
- Beau Nelson, Free the Pill Youth Council
- Sally Rafie, Founder, Birth Control Pharmacist
- Beth Sammis
- Staff from National Latina Institute for Reproductive Justice
- Nichole Ellis Sweeney

## Special thanks to Civitas Consultants

- Rubab Hassan
- Celine Mizrahi
- Hannah Tyrrell

# Appendix 2: States with OTC Contraceptive Coverage Laws

## Overview of state OTC contraceptive coverage laws

In 2016, Free the Pill began working with state advocates in Maryland, the first state to enact an OTC contraceptive coverage law. Now, ten states have laws requiring OTC coverage.<sup>1</sup> To understand the OTC contraceptive coverage landscape in each state, two factors should be considered.

- **Coverage requirements by type of insurance plan**

State laws apply to certain types of insurance plans, including individually purchased plans, some employer plans, Medicaid, and state employee plans while other types of insurance plans, especially large employer plans and Medicare, are governed by federal rules.

- **Types of contraception covered**

State OTC coverage laws distinguish between two types of contraception: medications and devices. Currently the FDA has approved two medications, a progestin-only daily birth control pill (Opill) and levonorgestrel emergency contraception (Plan B and its generics), and two devices, internal and external condoms, for OTC use.<sup>2</sup> However, state laws are generally flexible enough to provide coverage to any future OTC products without the need for statutory updates.

State	Enacted	Plan Type			Required Contraceptive Coverage	
		State-regulated private plan	Medicaid	State employee plan	All OTC medications	All OTC devices
California	2022	X		X	X	X
Colorado	2023	X			X	X
Delaware	2024	X			X	X
Illinois <sup>3</sup>	2016	X	X <sup>4</sup>		X	
Maryland	2016	X	X <sup>4</sup>	X	X	
New Jersey	2020	X	X <sup>4</sup>	X	X	
New Mexico	2019	X			X	X
New York	2019	X	X <sup>4</sup>		X <sup>5</sup>	X
Oregon	2017	X	X		X	X
Washington	2018	X	X <sup>4</sup>	X <sup>4</sup>	X	X

1. California: [https://leginfo.ca.gov/faces/billTextClient.xhtml?bill\\_id=2021202205B523](https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=2021202205B523)  
Delaware: <https://legis.delaware.gov/BillDetail?LegislationId=140986>  
Colorado: [https://leg.colorado.gov/sites/default/files/2023a\\_284\\_signed.pdf](https://leg.colorado.gov/sites/default/files/2023a_284_signed.pdf)  
Illinois: <https://www.ilga.gov/legislation/billstatus.asp?DocNum=5576&GAID=13&GA=99&DocTypeID=HB&LegID=95006&SessionID=88>  
Maryland: <https://mgaleg.maryland.gov/mgaweb/Legislation/Details/hb1005?ys=2016RS&search=True>  
New Jersey: [https://pub.njleg.state.nj.us/Bills/2018/PL19/361\\_PDF](https://pub.njleg.state.nj.us/Bills/2018/PL19/361_PDF)  
New Mexico: <https://www.nmlegis.gov/Legislation/Legislation?Chamber=H&LegType=B&LegNo=89&year=19>  
New York: <https://www.nysenate.gov/legislation/bills/2019/s1507/amendment/c>  
Oregon: <https://olis.oregonlegislature.gov/liz/2017R1/Downloads/MeasureDocument/HB3391/Enrolled>  
Washington: <https://app.leg.wa.gov/billsummary?BillNumber=6219&Year=2017>
2. The FDA has also approved spermicide and sponges for OTC use as a medication and device respectively. State OTC coverage implementation has been primarily focused on Opill, levonorgestrel emergency contraception and condoms, as spermicides and sponges are not generally available in as many pharmacy or retail settings.
3. State law covers OTC contraceptive devices but excludes male (external) condoms. Since male condoms are the most common type of contraceptive device, the chart indicates that OTC devices are not covered.
4. Coverage is provided under state regulation or policy, rather than a statutory requirement. Policies may need to be updated for Opill. Information about Medicaid coverage of OTC contraception may be found in a KFF survey: <https://www.kff.org/report-section/medicaid-coverage-of-family-planning-benefits-findings-from-a-2021-state-survey-report/>
5. State law may need to be updated for Opill to be covered. All other state laws are broad and extend to any future OTC contraceptives.

# Appendix 3: State-Level Checklist for OTC Birth Control Coverage

Many US states have laid the groundwork for broadening over-the-counter (OTC) birth control coverage and an increasing number of private and public insurers provide OTC coverage of birth control without a prescription. Further, under the current statutes of the *Affordable Care Act*, most private health plans are required to cover all FDA approved methods of contraception without cost sharing. However, coverage is only meaningful if it works in the real world. It is important to ensure that these policies can be implemented in a way that supports equitable access and meeting consumers where they are to overcome the systemic and structural barriers that have made birth control unobtainable for many communities of people. This checklist is a set of recommendations that seeks to assist national and state partners in successfully implementing and operationalizing insurance coverage of OTC birth control.

Actions	
<b>Governor and Executive Branch</b>	Establish coverage of OTC birth control without a prescription under Medicaid
	Establish coverage of OTC birth control under State employee health plan
	Support legislative action to establish OTC birth control coverage requirements for state-regulated private plans, Medicaid, and state employees' health plans
	For states with existing coverage requirements for OTC birth control: <ul style="list-style-type: none"> <li>✓ Support collaboration among advocates, state officials, and industry by convening stakeholders.</li> <li>✓ Establish clear, uniform protocols for pharmacies to submit claims for OTC products. Guidance may be issued by the insurance commissioner, Medicaid director, and/or state employee health plan. The guidance should address the most common question from pharmacists regarding the claims form: <i>How should a pharmacist fill out the field requiring identification of the prescriber of an OTC product?</i></li> <li>✓ Create incentives for industry stakeholders to create an OTC coverage card and app to be used at the retail counter.</li> <li>✓ Educate the pharmacy and broader healthcare community on OTC birth control coverage. State boards of pharmacy can be particularly effective in educating the pharmacy community.</li> <li>✓ Identify and secure resources, including through public-private partnerships, for consumer education and engagement campaigns.</li> <li>✓ Develop consumer and community engagement strategies to reach individuals who face barriers in using insurance coverage.</li> <li>✓ Monitor compliance with coverage requirements. If there are challenges, identify appropriate pathways to improve compliance.</li> <li>✓ Evaluate the utilization of OTC birth control coverage.</li> <li>✓ Develop and implement a plan to increase utilization if the need for improvement is indicated.</li> </ul>
	Support innovative programs to provide OTC birth control through trusted community partners <i>Programs could include vending machines on college campuses or at community centers</i>
	Facilitate bulk purchasing of OTC birth control for local health departments, community health centers, college campuses, and other trusted community partners
	Ensure coverage requirements are inclusive of all gender identities



<b>State Legislatures</b>	Enact legislation to establish OTC coverage requirements for state-regulated private plans <ul style="list-style-type: none"> <li>✓ In some states, it may also be appropriate to include Medicaid and state employee health plans</li> <li>✓ Even with the pending federal rule on OTC birth control requirements, states should not wait to take action</li> <li>✓ State laws can also provide important implementation tools through education and enforcement</li> </ul>
	If a state already has OTC coverage, review state coverage requirements. As with other federal insurance requirements, states may have the opportunity to make coverage requirements more robust
	Ensure coverage requirements are inclusive of all gender identities
	Provide resources for implementation of coverage requirements and community education
	Support collaboration among advocates, policy makers, and industry stakeholders on implementation
	Monitor implementation efforts and make statutory adjustments as needed

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*Free the Pill, operated by Ibis Reproductive Health, is a campaign to educate and engage in support of over-the-counter (OTC) birth control pills in the United States that are affordable, fully covered by insurance, available to people of all ages and accessible to everyone who needs it in the United States. Campaign activities are driven by a coalition of more than 200 reproductive health, rights, and justice organizations, research and advocacy groups, youth activists, health care providers, medical and health professional associations, and other professionals, who share a commitment to ensuring more equitable access to safe, effective, and affordable birth control.*

*An initiative of Free the Pill, the OTC Contraceptive Coverage Collaborative is a group of reproductive justice and consumer advocates, health insurance experts, pharmacists, and public health analysts dedicated to exploring and developing solutions for the implementation of OTC coverage. The Collaborative works together to build upon and learn from the efforts of state advocates and evaluate how OTC birth control coverage has been operationalized. These recommendations were developed by experts with substantial experience in developing and implementing policies on OTC birth control coverage.*