

## HHS Issues Guidance on Contraceptive Care Coverage

- On Jan. 22, 2024, the Department of Health and Human Services (HHS) issued a letter to Medicare plans, health insurance issuers, and State Medicaid and CHIP programs (Letter) and a set of Frequently Asked Questions (FAQs) outlining how plans and issuers can make sure they meet their contraception coverage obligations.
- HHS reminded plans and issuers that are subject to the preventive services requirements that they must cover the full range of FDA-approved, -cleared, or -granted contraceptives (including emergency contraception), effective family planning practices, and sterilization procedures. Plans and issuers should remove impermissible barriers as required under the law.
- Medical management techniques will generally be considered reasonable if the plan or issuer covers all FDA-approved contraceptive drugs and drug-led devices in that category (or group of substantially similar products) without cost sharing, other than those for which there is at least one therapeutic equivalent drug or drug-led device that the plan or issuer covers without cost sharing. The plan or issuer must also provide an exceptions process to allow an individual to access the specific contraceptive drug or drug-led device if determined to be medically necessary for the individual, as determined by the individual's attending provider.
- HHS also updated the Medicare Part D formulary clinical review process to include additional birth control types, such as intramuscular long-acting contraceptives, for plan year 2024, and to include intrauterine devices (IUDs) for subsequent plan years.

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### More on This Topic:

- [Press Release and Letter](#)
- [FAQs](#)
- [Report on Reproductive Health Care](#)

For questions, please reach out to [Vicky Jucelin](#).

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