Overview
Authored by Senator Connie M. Leyva, SB 523 – the Contraceptive Equity Act of 2021 – seeks to expand and modernize birth control access in California, and ensure greater contraceptive equity statewide, regardless of an individual's gender or insurance coverage status. The measure is sponsored by Essential Access Health, NARAL Pro-Choice California, and the National Health Law Program.

Background
California enacted SB 1053 (Mitchell) – the Contraceptive Coverage Equity Act in 2014 to build on existing policy and codify the Affordable Care Act’s contraceptive coverage mandate into state law. The measure required Medi-Cal managed care and most commercial health plans to cover all FDA-approved contraceptive methods without co-pays, cost-sharing, or restrictions like step-therapy or prior authorization.

SB 1053 was the first of its kind and served as model legislation for other states to follow. Since SB 1053 was enacted, several states have expanded access to birth control even further by requiring health plans to cover over-the-counter birth control pills, condoms and vasectomies and other male birth control methods on the horizon. In addition, SB 999 (Pavley) was enacted to require most health insurance plans in California to cover a year’s supply of birth control dispensed at once. Some states have combined the two progressive measures and further extended these birth control benefits to state workers, university employees and college students.

The Problem: Inequitable Access Persists
Despite the progress made in California, health disparities in reproductive health outcomes persist among Black, Indigenous and People of Color, including disproportionate unintended pregnancy, infant and maternal mortality, and STD rates. The COVID-19 public health emergency has also further illuminated the structural inequities that disproportionately affect youth, low-income people and communities of color in accessing birth control services. A report by the Guttmacher Institute revealed that 38 percent of Black women and 45 percent of Latinas, compared to 29 percent of white women, now face difficulties accessing birth control as a result of the pandemic. Lower-income women were also more likely than higher-income women to report having experienced delays or being unable to get contraceptive care because of the pandemic (36% vs. 31%).

It’s time for California to modernize and expand our contraceptive equity laws to reduce barriers to contraceptive care, improve sexual and reproductive health outcomes, and create greater health equity. A poll conducted by Lake Research Partners in 2019 showed that 9 in 10 likely voters in California believe that access to birth control is important.

Birth control is essential health care and all Californians should be able to equally access the method that is right for them, regardless of their income, insurance status or where they work. After four years of attacks on reproductive health during the Trump administration, California can and must advance pro-active solutions to ensure that Californians get the birth control they want, when they need it, without delay.

The Contraceptive Equity Act of 2021 will:
- Make California’s contraceptive equity laws gender neutral
- Require coverage of over-the-counter birth control options to increase access to time-sensitive care
- Extend contraceptive coverage benefits to millions of Californians including state workers, university employees, and college students
- Clearly prohibit employers from discriminating against their employees based on their contraceptive and reproductive health decisions

Contact
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