



Contraceptive Equity Coalition

*Join the statewide effort to ensure
equal coverage for prescription
contraceptives through insurance
plans.*

- Contraceptives are the most widely used prescription drugs by women of reproductive age, but they are the only prescription drug benefit routinely excluded by insurers.
- 60 million women in the U.S. are currently in their childbearing years, age 15 to 44 on average; 42 million (or 7 out of every 10) are sexually active and do not wish to become pregnant.
- A woman who wants two children (the average in the U.S.) will have to use contraception for more than two decades of her life.
- One of the major barriers to universal contraceptive access is the high cost. Costs for supplies alone can run approximately \$360 per year for oral contraceptives; \$180 per year for Depo-Provera; \$450 for Norplant; and \$240 for an IUD.
- Women pay 68% more than men do in out-of-pocket health care costs. Much of these costs are for reproductive health care, including prescription contraceptives.
- Contraceptive Equity legislation would require equitable coverage of prescription contraceptives and devices, and contraceptive services under health plans.

Sponsor Form

PLEASE FAX THIS FORM TO 608-256-3004 OR EMAIL IT TO SARA.FINGER@WIAWH.ORG.
QUESTIONS? CONTACT SARA FINGER AT 608-251-0139

If YES, please indicate your level of participation (please check ALL that apply):

Do you want to help promote Contraceptive Equity?

- YES! Our group/ I want to join the effort to enact the Contraceptive Equity initiative and would like to be listed as a coalition partner.
- NO, I/we do not wish to join at this time.

- Use our organization's name publicly
- Attend Contraceptive Equity Coalition meetings and assist in development of strategy
- Mobilize our members to contact their legislators in support of the Contraceptive Equity legislation and to write letters to the editor about the critical need for this health care coverage
- Educate our members by sharing Contraceptive Equity Coalition information in member communications
- List my organization or personal name in support of this coalition effort to enact Contraceptive Equity.

Organization Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Date: _____