INSTITUTE FOR WOMEN'S POLICY RESEARCH

RESEARCH BRIEF

IWPR #B400
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Cost, Coverage, and Contraception:

How Policy Can Improve Access for Community College Students

Introduction

Access to affordable health care is a fundamental determinant of public health, shaping health outcomes across populations.[1] Many people, even those covered by health insurance, delay or forgo medical care due to cost concerns, including one-third of young people aged 18–29.[2] Contraceptive access is one area in which young people face cost barriers and serious potential challenges as a result.

Community college students face unique challenges in accessing contraception due to financial instability, lack of health insurance, and limited access to on-campus health services.[3] Many of these students work part-time or full-time jobs while attending school,[4] making it difficult for them to find time for medical appointments. At the same time, many young people rely on contraception to have greater autonomy over their lives and pursue their education and work aspirations.[5]

Community colleges serve a diverse student body, including immigrant and first-generation students. Given that many of these students come from low-income backgrounds,[6] publicly funded family planning programs often play a critical role in supporting their reproductive health needs. It is also worth noting that the increasingly restrictive immigration policy landscape may discourage immigrant students from using publicly funded programs—even when eligible—due to fears of surveillance, discrimination, or legal consequences.[7] **Regardless of income or immigration status, awareness of these programs is low among all community college students.**[8]

This policy brief examines barriers to health care and contraceptive access, describes the impact of policies on affordability and access, and proposes actionable policy recommendations to improve contraceptive affordability and availability. It provides examples from the Reproductive Equity and Access in College Health (REACH) Youth study, which surveyed over 2,000 community college students aged 18–25 in California and Texas.[9] These states represent contrasting health policy contexts that impact health insurance coverage and access to subsidized family planning services.[10]

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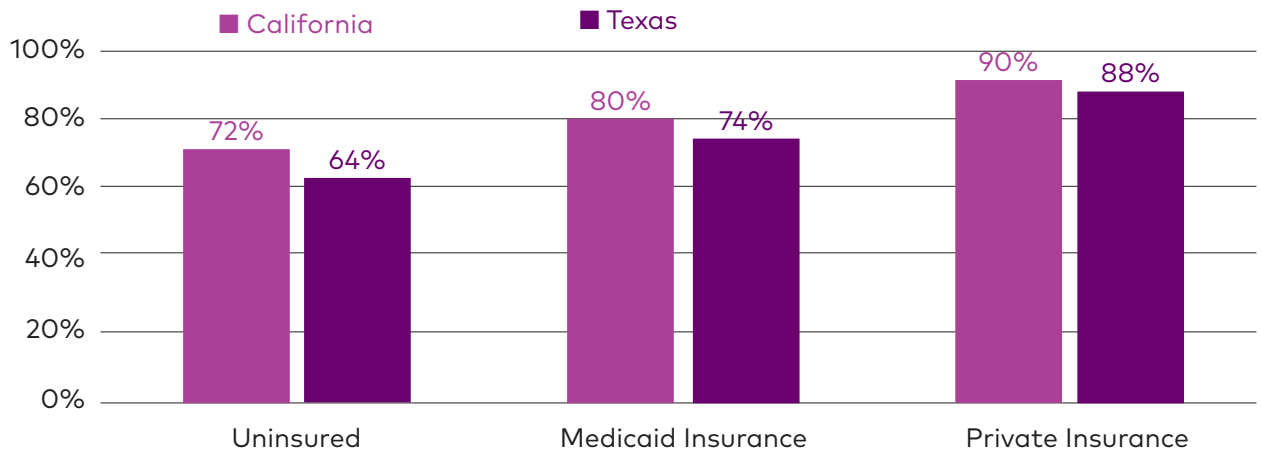
Community College Students: Working, Studying, and Struggling to Access Care

The REACH Youth study found that insurance status affects students' ability to seek care. Fewer uninsured community college students in both states visited a health provider in the past year compared to insured students (Figure 1). Compared to California students, Texas students were less likely to see a provider across all insurance categories. This is significant in the context of Texas's broader reproductive health policies that include no Medicaid expansion, restrictions on who can provide reproductive health care, and abortion bans that have affected the larger care ecosystem. Indeed, 27 percent of 19–25-year-old young adults in Texas were uninsured in 2023 compared to 10 percent in California.[11]

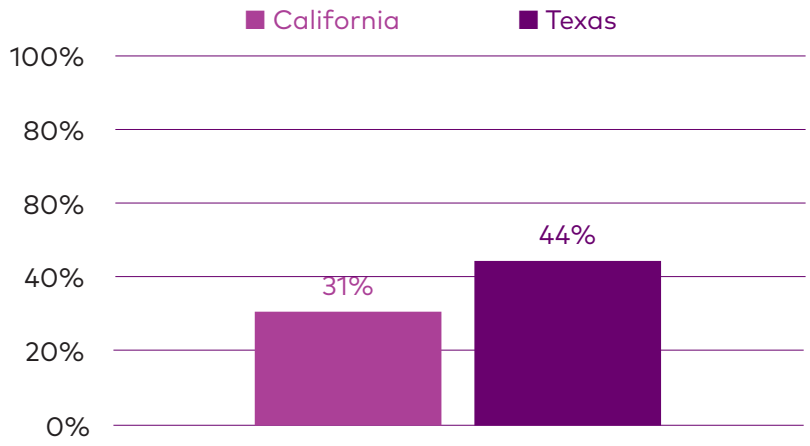
Figure 1. The Percentage of Students Who Went to a Doctor or Nurse in the Past Year, by Insurance Status



Source: Cynthia C. Harper, "REACH Youth Baseline Data," 2025.

Cost of contraception remains a key barrier. Out-of-pocket expenses for contraceptive services can be prohibitively high, discouraging use.[12] The REACH Youth study found that many students expected challenges paying for a contraceptive services visit (Figure 2).[13]

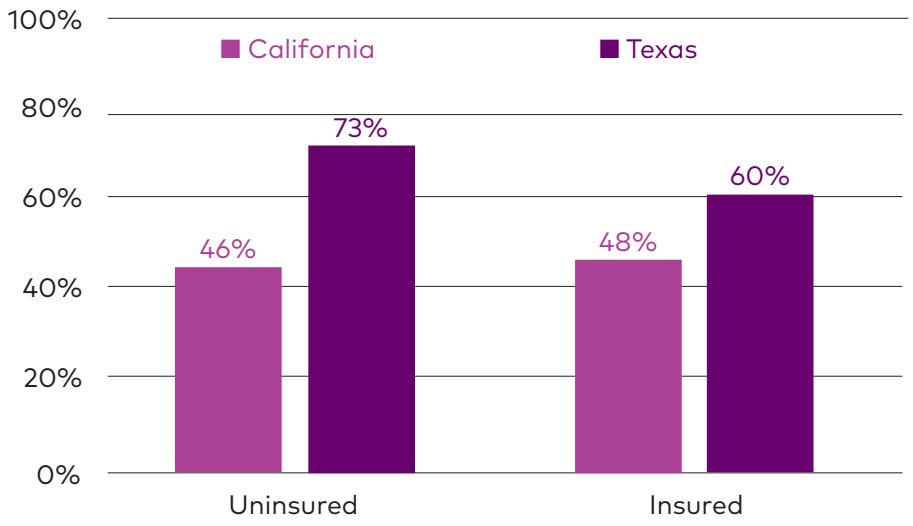
Figure 2. Percentage of Students Who Experienced Challenges Paying for Contraceptive Services



Source: Jennifer Yarger, Kristine Hopkins, Sarah Elmes, Danielle Van Liefde, Irene Rossetto, Stephanie De La Melena, Lisa Marquez, Audrey Sanchez, and Cynthia C. Harper, "The Impact of State Policy Environment on Contraceptive Access: A Comparison of Community College Students in California and Texas," presented at the Annual Meeting of the American Public Health Association, Boston, MA, November 2022.

Cost barriers can lead to fewer community college students using the methods of contraception that they want to use. In the REACH Youth study, 53 percent of students were not using their preferred method, with cost frequently cited as a barrier. Texas students were less likely than California students to use their preferred method across insurance categories (Figure 3), and cost was a bigger barrier for Texans (37 percent) than Californians (19 percent).[14]

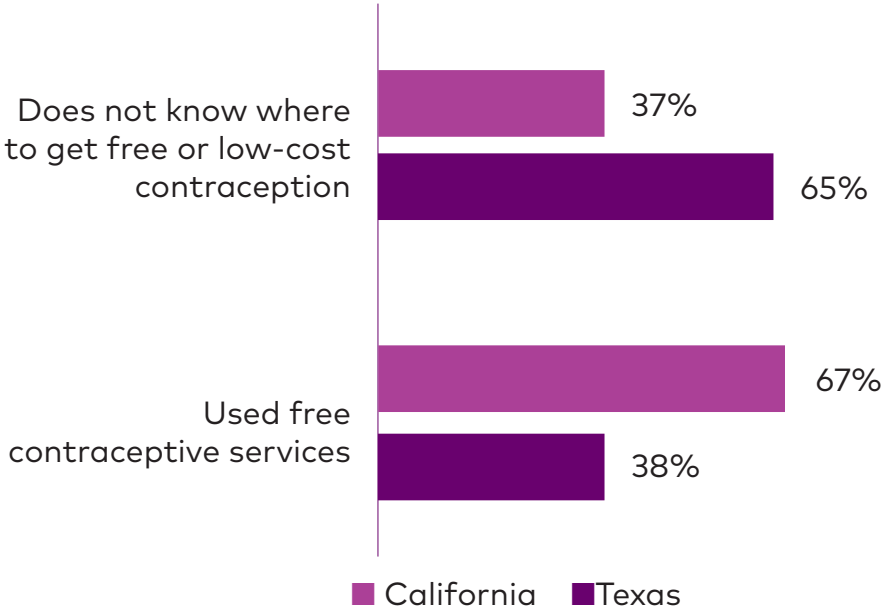
Figure 3. Predicted Probability of Students Not Using a Preferred Contraceptive Method



Source: Kristine Hopkins, Jennifer Yarger, Irene Rossetto, Audrey Sanchez, Elisa Brown, Sarah Elmes, Thaddeus Mantaro, Kari White, and Cynthia C. Harper, "Use of Preferred Contraceptive Method among Young Adults in Texas and California: A Comparison by State and Insurance Coverage," edited by Kamran Baig, *PLOS ONE* 18, no. 8 (August 31, 2023): e0290726, https://doi.org/10.1371/journal.pone.0290726.
Note: *Predicted probability refers to the likelihood that students will not use their preferred method after adjusting for factors that may affect contraceptive access and choice, such as age, race and ethnicity, and previous childbearing.

Students' use of publicly funded programs varies. The federal Title X family planning program funds clinics throughout the US to provide free and low-cost contraceptive services to populations in need. State family planning programs, such as California's Family PACT and Healthy Texas Women, also provide free and low-cost contraceptive services.[15] **However, the REACH Youth study found that many students are not accessing these services** (Figure 4).[16] Nearly two-thirds of Texas students did not know where to get free or low-cost contraception, compared to about one-third of California students. Consequently, about one-third of Texas students used free contraceptive services, compared to two-thirds in California. While it is unclear why so few students in Texas know where to access free services, it is possible that the state's exclusion of trusted providers such as Planned Parenthood from providing Title X and state-funded family planning services, as well as growing investments in a program designed to discourage people from obtaining abortions, has fragmented the reproductive care landscape in Texas.

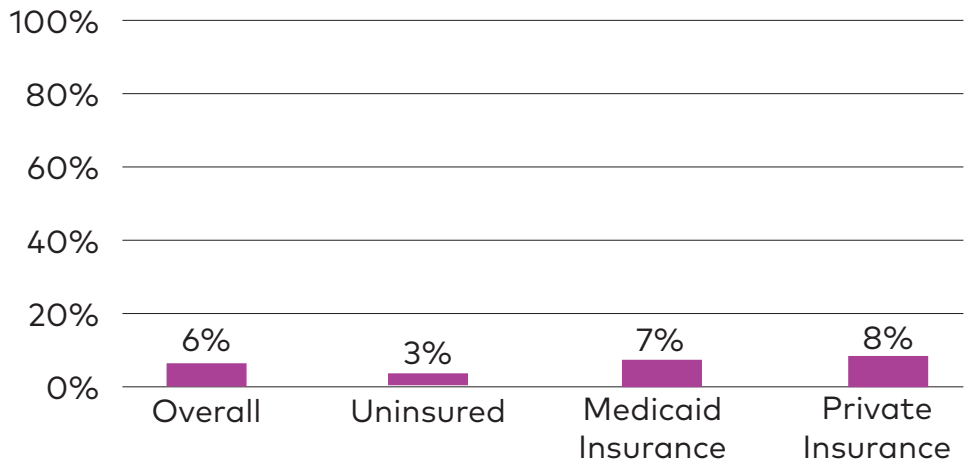
Figure 4. Percentage of Students with Knowledge and Use of Low-Cost or Free Contraceptive Services



Source: Jennifer Yarger, Kristine Hopkins, Sarah Elmes, Danielle Van Liefde, Irene Rossetto, Stephanie De La Melena, Lisa Marquez, Audrey Sanchez, and Cynthia C. Harper, "The Impact of State Policy Environment on Contraceptive Access: A Comparison of Community College Students in California and Texas," presented at the Annual Meeting of the American Public Health Association, Boston, MA, November 2022.

Students, especially the uninsured, face barriers to telemedicine for contraception. Telemedicine could improve contraceptive access for community college students, especially for uninsured students facing challenges, such as transportation.[17] However, some students may not prefer telemedicine because they worry that confidentiality could be compromised or they perceive that providers are less engaged during a telemedicine visit.[18] The REACH Youth study found that only 6 percent of all students used telemedicine to receive counseling for their contraceptive method or to obtain their contraception, and only 3 percent of uninsured students received their contraception through telemedicine (Figure 5).[19]

Figure 5. Percentage of Students Who Used Telemedicine for Contraception



Source: Jennifer Yarger, Kristine Hopkins, Sarah Elmes, Irene Rossetto, Danielle Van Liefde, Stephanie De La Melena, and Cynthia C. Harper, "Use of Telemedicine to Obtain Contraception among Young Adults: Inequities by Health Insurance," *Contraception* 134 (June 2024): 110419, https://doi.org/10.1016/j.contraception.2024.110419.

Impact of Policies on Contraceptive Access and Affordability

Funding for the **Title X** program has been stagnant at $286.5 million per fiscal year for over a decade, and as a result, it has not been able to keep up with rising medical costs or the increasing need for family planning services.[20] A Title X funding freeze instituted in March 2025 will impact nearly one in four Title X clinic sites in the US.[21] All Title X funds have been withheld in California,[22] and withheld funds in Texas could lead to as many as half of that state's Title X clients losing access to care.[23]

The **Affordable Care Act** (ACA) has improved contraceptive coverage by requiring insurance plans to cover birth control without co-pays.[24] However, loopholes and inconsistent implementation continue to create barriers, particularly for individuals on employer-sponsored plans who have religious exemptions.

Variability in state policies creates inconsistencies in contraceptive coverage. While states such as California have expanded access, others—including Texas—have restrictive measures that limit availability and affordability.[25] These state policies and funding priorities affect community college students, many of whom rely on publicly funded clinics for contraceptive services. The REACH Youth findings described in this brief provide multiple examples showing that students in California have better access to affordable contraceptive services than students in Texas. However, even in California, with its more supportive reproductive health care policy environment, young people still experience notable gaps in care and difficulties accessing the methods they want at affordable prices.

Potential Solutions and Policy Recommendations

Increase Funding for Reproductive Health Programs. Increasing annual federal funding for the Title X family planning program to $737 million would improve the availability of affordable contraception, particularly for low-income populations who rely on subsidized care. Expanding funding for community college health initiatives could ensure more students have access to on-campus or community-based reproductive health services. As part of this expansion, efforts should focus on restoring patient access to the full range of Title X grantees, especially in light of the administration's withholding of funding and funding cuts to existing grantees, which have completely eliminated access to Title X clinics in 7 states and partially reduced access in 15 others.

Improve Insurance Coverage and Reduce Cost Barriers. It is important to protect Medicaid from funding cuts or program changes. In addition, expanding Medicaid in the 10 states (primarily located in the South) that have yet to adopt expansion remains a critical strategy for reducing cost-related barriers to contraceptive access. In these states, a lack of comprehensive coverage disproportionately affects low-income individuals, particularly people of color, who already face systemic barriers to reproductive health care. Contraceptive access is a cornerstone of reproductive justice, which affirms all people's right to avoid or delay pregnancy, to parent with dignity, and to live in safe, thriving communities.[26] Medicaid expansion not only improves access to a full range of contraceptive methods but also plays a key role in advancing racial and economic justice in regions with some of the highest rates of poverty and poor health outcomes. In addition, policies that ensure zero out-of-pocket costs for all contraceptive methods should be enforced to promote affordability and accessibility.

Ensure Affordable Access via Telehealth and Pharmacies. Ensuring telehealth services are covered by insurance is essential to making such services more widely accessible. Over-the-counter (OTC) oral contraceptives (OCs) available in pharmacies can further expand access. However, without insurance coverage guarantees, cost barriers may persist, limiting accessibility.

By implementing these policy recommendations, policymakers and community college administrators can work toward equitable and affordable contraceptive access. This, in turn, would ensure improved health, economic, and social outcomes for all individuals, particularly community college students who face unique challenges in accessing reproductive health care.

To learn more about IWPR's federal policy recommendations on contraception, go to https://iwpr.org/reproductive-health-care-across-the-lifespan/.

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