The final analytical sample consisted of 360,141, 352,169 and 391,138 commercially insured females aged 15-49 years as of December 31, 2011 to 2013, respectively. The initiation rate of LARCs was significantly higher after the mandate compared to previous periods (OR=1.44, 95% CI =1.36-1.54).

The study only analyzed members continuously covered by commercial insurance. Previously uninsured women who gain access to coverage in other portions of PPACA are implemented may have very different utilization patterns. This study also provides insight into patterns occurring through the first 6 months of 2013. The longer-term impact is unknown.

The mandate aimed at reducing or eliminating out-of-pocket costs for commercially insured women seeking contraception. However, utilization did not increase appreciably for refillable contraceptives. Overall, the increase in contraceptive use among the three cohorts (2011, 2012 and 2013) was 3.59% (p<0.01) for refillable contraceptives and 3.72% (p<0.01) for LARCs. This indicates a lack of overall contraceptive coverage improvements associated with the mandate.

The findings could reflect ample access to affordable contraception (e.g., generic oral contraceptives) in the pre-mandate period. In such a scenario, removing copays would do little to taper demand. Previous studies have reported relatively soft changes in demand for other types of medications as co-payments decrease, consistent with the observations of refillable contraceptives observed in this analysis.

The mandate appeared to be an inefficient mechanism for improving contraceptive utilization. The overall increase in contraceptive coverage among commercially insured females increased by 3.8% among women of childbearing age, and this increase was smaller than the increase observed between the periods prior to the implementation of the coverages – there was a 4.1% increase from 2011 to 2012. On the other hand, initiation of LARCs was significantly higher after the mandate compared to previous periods (OR=1.44, 95% CI =1.36-1.54).

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