

STATE FACT SHEET

# Colorado

*State of Access: A Contraceptive Policy Scorecard* provides a comprehensive overview of how state-level policies protect or restrict access to contraception within each U.S. state and the District of Columbia. The scorecard synthesizes complex policy environments into a clear and comparable framework, offering insights for a wide range of audiences working to advance contraceptive access and improve reproductive health outcomes.



### Affordability Policies

- Medicaid Expansion
- Family Planning Medicaid Expansion
- Contraceptive Coverage



### Availability Policies

- Prescriptive Authority
- Extended Supply of Contraceptives
- Emergency Contraception



### Environment of Care Policies

- Minor Consent
- Sex Education
- Refusal Clauses

## Colorado Policy Environment

OVERALL RATING: PROTECTIVE

Colorado's policy environment for contraceptive access is protective, with no fully restrictive policies currently in place. While the state has a fully protective policy environment for affordability, it has partial protections for emergency contraception, extended supplies of contraceptives, and sex education and restricts access by allowing refusal by providers and private health facilities. These limitations suggest that, despite progress, more steps can be taken to fully expand access to comprehensive contraceptive care in Colorado.





## Affordability Policies

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### Medicaid Expansion

**RATING: PROTECTIVE**

In January 2014, Colorado adopted and began implementing Medicaid expansion under the Affordable Care Act. This legislation expands eligibility for Medicaid's free or low-cost services, including contraceptives, to adults earning up to 138% of the federal poverty level. This decision protects many low-income residents who might otherwise fall into a health insurance coverage gap, and it reduces reproductive health inequities. In addition, Colorado has not enacted work requirements that would tie resident eligibility to employment, or a trigger law that would modify or end its expansion program due to federal funding changes. Because it is implementing a full Medicaid expansion, Colorado scores as protective.

### Family Planning Medicaid Expansion

**RATING: PROTECTIVE**

Colorado has expanded Medicaid coverage of family planning services through a state plan amendment that broadens eligibility to include residents with incomes up to 260% of the federal poverty level, including men and individuals younger than 19. This policy supports access to contraceptive services for many low-income residents, especially young people, who often face significant financial and logistical barriers to care, and adults without dependent children. Because state policy expands Medicaid coverage of family planning services—and includes men and young people—Colorado scores as protective.

### Contraceptive Coverage

**RATING: PROTECTIVE**

Colorado policy requires insurers to cover prescription and at least some over-the-counter contraceptives without a prescription. It also prohibits insurers from sharing costs with patients. These policies expand access for all policyholders—especially for those who would not be able to afford out-of-pocket costs—and enhance reproductive health equity. Because it requires insurers to cover prescription and some over-the-counter contraceptives and prohibits cost-sharing, Colorado scores as protective.





## Availability Policies

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### Prescriptive Authority

**RATING: PROTECTIVE**

Colorado policy allows pharmacists, nurse midwives, and nurse practitioners to prescribe contraceptives independently. The state allows pharmacists to provide self-administered hormonal contraceptives (pill, patch, ring, and shot) to patients above age 17 who are within three months of their initial prescription. Nurse midwives and nurse practitioners may prescribe contraceptives after meeting a set of additional licensing requirements, including coursework, a preceptorship, and a mentorship period. By permitting non-physicians to independently prescribe contraceptives, this policy environment supports access for patients receiving care through pharmacies, clinics, and other non-physician settings; living in areas with physician shortages; and unable to see a physician due to cost, time, or other constraints. Because it protects access around the authority to prescribe, Colorado scores as protective.

### Extended Supply of Contraceptives

**RATING: SOME PROTECTIONS AND/OR SOME RESTRICTIONS**

Colorado policies require private health insurers and Medicaid to cover a 12-month extended supply of prescription contraceptives but mandates that patients first receive a smaller supply (three months). While these policies generally facilitate consistent contraceptive use and help prevent gaps for Coloradans, they may limit access for those who cannot make repeated pharmacy or provider visits. Because state policies extend supplies of contraceptives through all insurers but require an initial smaller disbursement, Colorado scores as some protections and/or some restrictions.

### Emergency Contraception

**RATING: SOME PROTECTIONS AND/OR SOME RESTRICTIONS**

While Colorado policy requires hospital emergency rooms to provide information about emergency contraceptives (EC), it does not require emergency rooms to dispense EC upon request, limiting timely access by patients in critical situations, such as survivors of sexual assault. State law does not exclude emergency contraception from the state family planning program or the contraceptives coverage mandate, supporting access for individuals who have low income or are uninsured. Because state policy requires information sharing but does not expand EC access in emergency rooms, Colorado scores as some protections and/or some restrictions.





## Environment of Care Policies

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### Minor Consent

**RATING: PROTECTIVE**

Colorado policy mandates that all minors can consent to contraceptive services without parental involvement. This policy expands access to contraceptives for minors, supporting their autonomy and contributing to reduced rates of unintended pregnancies among teenagers. Because state policy affirms the right of all minors to independently consent to contraceptive care, Colorado scores as protective.

### Sex Education

**RATING: SOME PROTECTIONS AND/OR SOME RESTRICTIONS**

Colorado does not require sex education in schools, leaving schools to decide whether to offer it to their students. However, in schools where sex education is offered, Colorado does not require parental consent before instruction or abstinence-only instruction, and it mandates medical accuracy in curricula, supporting broad access to high-quality, comprehensive sex education, including contraceptive information, among students. Because it protects sex education where it is offered—but does not require sex education in all schools—Colorado scores as some protections and/or restrictions.

### Refusal Clauses

**RATING: SOME PROTECTIONS AND/OR SOME RESTRICTIONS**

No Colorado policy governs the right of pharmacists or pharmacies to refuse to provide contraceptive services for religious or moral reasons, potentially supporting broader access in pharmacies. However, the state explicitly allows individual providers and private health facilities to refuse to provide contraceptive services for religious or moral reasons, jeopardizing access for individuals seeking care at multiple points of contact with the health system. Because it does not explicitly permit refusal in pharmacies but does explicitly permit refusal by providers and private health facilities, Colorado scores as some protections and/or restrictions.