

STATE FACT SHEET

Wyoming

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

Wyoming Policy Environment

OVERALL RATING: RESTRICTIVE

Wyoming's policy environment for contraceptive access is restrictive. While the state has not expanded Medicaid under the ACA, it partially extends Medicaid coverage for family planning services and has no policy on contraceptive coverage, reducing affordable access for Wyoming residents. While Wyoming fully protects minors' independent access to contraceptive services, it has no policy on emergency contraception, extended supply of contraceptives, and sex education. These critical policy gaps indicate the need to do more to ensure access to comprehensive contraceptive care.



Affordability Policies

Medicaid Expansion

RATING: RESTRICTIVE

Wyoming has not adopted Medicaid expansion under the Affordable Care Act, which would extend eligibility for Medicaid's free or low-cost services, including contraceptives, to adults earning up to 138% of the federal poverty level. This decision bars many low-income residents in Wyoming from coverage and leaves them in a health insurance coverage gap, severely limiting their access to contraceptive care and services and reinforcing reproductive health inequities. Because it has not adopted Medicaid expansion, Wyoming scores as restrictive.

Family Planning Medicaid Expansion

RATING: SOME PROTECTIONS AND/OR SOME RESTRICTIONS

Wyoming has expanded Medicaid coverage for family planning services through a waiver that expires December 31, 2027. The waiver broadens eligibility to include individuals with incomes up to 159% of the federal poverty level and women who lose Medicaid coverage postpartum; however, men and individuals under age 19 are not included. While this legislation supports broader access to contraceptive services for many low-income residents (especially adults without dependent children), it limits access for young people, who often face significant financial barriers to care. Because state policy expands Medicaid coverage for family planning services—but excludes men and young people—Wyoming scores as some protections and/or some restrictions.

Contraceptive Coverage

RATING: NO POLICY

No Wyoming policy requires insurers to cover prescription or over-the-counter contraceptives or prohibits them from sharing costs with patients. While no restrictive policy is in place, the policy void could limit access among Wyomingites who have health insurance but cannot afford to pay out-of-pocket costs, especially policyholders with low income. As such, Wyoming scores as no policy.



Availability Policies

Prescriptive Authority

RATING: SOME PROTECTIONS AND/OR SOME RESTRICTIONS

Wyoming policy does not allow pharmacists to prescribe contraceptives; nurse midwives and nurse practitioners have full independent practice and prescriptive authority. By barring pharmacists from prescribing independently, this policy environment creates barriers to access for Wyomingites seeking care through pharmacies, especially among those without access to a physician or unable to see a physician before visiting the pharmacy. However, by allowing nurses to independently prescribe contraceptives, it may support access for patients receiving care through 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 both reduces and reinforces barriers around the authority to prescribe, Wyoming scores as having some protections and/or restrictions.

Extended Supply of Contraceptives

RATING: NO POLICY

No Wyoming policy requires insurers to cover an extended supply of contraceptives beyond typical short-term dispensing limits (such as 12 months versus three months). While not restrictive, this policy void means individuals may face more frequent refill requirements, which can create barriers to consistent contraceptive use, including additional pharmacy or provider visits. As such, Wyoming scores as no policy.

Emergency Contraception

RATING: NO POLICY

No Wyoming policy requires emergency rooms to provide information about or dispense emergency contraceptives (EC), nor does it restrict EC from the state family planning program or contraceptive coverage mandate. Without policies explicitly expanding or restricting access to EC, Wyoming's policy void may lead to inconsistent access to care. As such, Wyoming scores as no policy.



Environment of Care Policies

Minor Consent

RATING: PROTECTIVE

Wyoming policy mandates that all minors can consent to contraceptive services without parental involvement. In addition, Wyoming funds a statewide program that ensures minors have access to confidential contraceptive care. These policies expand access to contraceptives for minors, supporting their autonomy and contributing to reduced rates of unintended pregnancies among teenagers. Because state policies affirm the right of all minors to independently consent to contraceptive care, Wyoming scores as protective.

Sex Education

RATING: NO POLICY

Wyoming does not require sex education in schools, leaving schools to decide whether and how to offer sex education to their students. In schools where sex education is offered, no policies govern abstinence instruction, medical accuracy, or parental permission. Thus, Wyoming scores as no policy.

Refusal Clauses

RATING: NO POLICY

No Wyoming policy governs the right of individual providers, health facilities, or pharmacists to refuse to provide contraceptive services for religious or moral reasons. While not overtly protective, this landscape limits the legal authority of providers across care settings to determine whether someone receives contraceptives, potentially supporting broader access to care. Given this void, Wyoming is considered to have no policy.