FEDERAL POLICY AGENDA 2021–2022

About Power to Decide

Power to Decide, the campaign to prevent unplanned pregnancy, works to ensure that all young people—no matter who they are, where they live, or what their economic status might be—have the power to decide if, when, and under what circumstances to get pregnant and have a child. We do this by increasing information, access, and opportunity. We provide objective, evidence-based information about sexual health and contraceptive options, and we work to guarantee equitable access to, and information about, the full range of contraceptive methods. We are a national, non-partisan organization that is committed to common-ground, commonsense solutions, and catalyzing innovation in the public and private sectors. We work toward three goals:

- Reduce teen pregnancy rates by 50% by 2026.
- Reduce unplanned pregnancy rates among women age 18–29 by 25% by 2026.
- Reduce racial/ethnic and socioeconomic disparities in teen and unplanned pregnancy rates by 50% by 2026.

Our approach focuses on five key strategies we believe are critical in reducing unplanned pregnancy among teens and young people:

1. Build a system of support that enables young people to act consistently with their decisions about if, when, and under what circumstances to get pregnant and have a child.
2. Ensure that all young people will have active connections with trusted champions, mentors, or allies with whom they can discuss sex, relationships, and their futures.
3. Ensure that everybody has reliable, resonant, and accurate information about sexual health, including the full spectrum of reproductive health services.
4. Ensure that everybody has access to the full range of contraceptive methods within 60 minutes of where they live.
5. Make reproductive life planning standard practice in settings influential in the lives of young people.

Our strategies and their corresponding activities address the complex factors that lead to unplanned pregnancy through policy, research, capacity building, convening, and strategic communications. Our work creates opportunities for young people to get informed, take control, and advocate for themselves—and to protect the amazing life opportunities that lie ahead.

NOTE: As we publish this agenda in the midst of COVID-19, we are acutely aware of the toll this pandemic is taking on people's health, well-being, and economic security. We also understand that it has necessarily become the top concern of policymakers. COVID-19 is exacerbating existing challenges and inequities faced by people already struggling to make ends meet. Now more than ever, access to health care, including reproductive health care, is incredibly important.

Table of Contents

The Facts and Why They Matter

The United States has made great progress reducing unplanned pregnancy among teens and young adults, but we should not mistake progress for victory.

- Rates of unplanned pregnancy among women in their 20s have fallen for the first time in many years—a decline of 22% among women age 20–24 and 13% among women age 25–29 between 2008 and 2011.
- The unplanned pregnancy rate, for women of all ages, declined 18% from 2008 to 2011, a marked decrease after several decades of minimal change. This coincided with a decline in the abortion rate.
- Still, nearly half of all pregnancies (almost three million annually) in the United States are reported by the women themselves as unplanned—and that figure increases to nearly 60% among women in their early 20s. While rates have declined for almost every demographic group, significant disparities persist among young women of color and women living in poverty.
- Since the early 1990s, teen pregnancy and birth rates have declined by 63% and 72%, respectively. Both are now at record low levels. Important progress has occurred in all 50 states and among all racial and ethnic groups. Progress has accelerated in recent years, with the teen birth rate falling 49% since 2010.
- Still, there are nearly 450,000 teen pregnancies a year. This equates to roughly one in four girls becoming pregnant at least once by age 20 and means that the United States has much higher teen pregnancy rates than our trading partners and competitors.
- Even with dramatic declines among teens across the board, there are persistent disparities by race/ethnicity, age, and geography. For example, despite significant progress, the teen birth rate is roughly twice as high among Latina teens (27 births per 1,000), African American teens (26 births per 1,000), and American Indian/Alaska Native teens (30 births per 1,000) compared to non-Hispanic white teens (12 births per 1,000). Additionally, by age 19, nearly half of all teen girls in foster care have been pregnant at least once.

When young people have the power to decide, they are more likely to complete their education, and publicly funded programs see significant savings.

- Thirty percent of teen girls who have dropped out of high school report pregnancy or parenthood as a key reason. Fewer than 2% of those who have a child before age 18 attain a college degree by age 30.
- The decline in unplanned teen births between 1990 and 2015 created $4.4 billion in public savings in 2015 alone. If all teens were able to avoid unplanned pregnancy and childbearing, the United States could save an additional $1.9 billion each year.

There is broad bi-partisan support for programs that give young people the power to decide if, when, and under what circumstances to get pregnant.

- Eighty-five percent of adults (including 75% of Republicans and 89% of Democrats) favor maintaining federal funding for the Teen Pregnancy Prevention (TPP) Program and the Personal Responsibility Education Program (PREP).
- Seventy-nine percent of adults (including 73% of Republicans and 81% of Democrats) believe teens should receive more information about abstinence and birth control and sexually transmitted infection (STI) protection.
- Seventy-five percent of adults (including 66% of Republicans and 84% of Democrats) favor continuing the Title X Family Planning Program.
- Seventy-six percent of adults agree that birth control is a basic part of women's health care.
- Eighty-six percent of adults—regardless of race/ethnicity, region, and political affiliation—support access to all methods of contraception, including 75% of Republicans and 93% of Democrats.
- Almost all people in America (90%) find birth control morally acceptable.
- Eighty-four percent of adults are thankful that birth control allows them to decide if, when, and under what circumstances to get pregnant and have a child.

When people have information about, and access to, the full range of birth control methods, they have the power to decide if, when, and under what circumstances to get pregnant. Increasing access to contraception helps reduce unplanned pregnancy and is a smart return on investment.

- Forty-three percent of births in the United States are Medicaid-funded. In 2010, the average cost for one Medicaid-covered birth was $12,770. In comparison, the annual per-client cost for contraceptive care was $239.
- For every dollar spent, public funding for contraception saves the nation approximately $7 that would otherwise be spent on pregnancy- and STI-related health care.
- More than 19 million American women in need of publicly funded family planning live in contraceptive deserts—defined by their lack of reasonable access health centers in their county offering the full range of contraceptive methods.

People who do experience an unplanned pregnancy should have information and access to all legal options available to them, including abortion, as part of the full spectrum of reproductive health services.

- While the rate of abortion in the United States has gone down in recent years, nearly 1 in 4 women will have an abortion before she turns 45.
- Similar to disparities in contraceptive access and provision, there are geographic, socioeconomic, and racial disparities in coverage for and access to abortion.

- In 2018, 64% of those surveyed said the 1973 decision that legalized abortion nationwide should stand—an 11-percentage point increase from 2012.
- A 2020 poll of young people found that 66% of those surveyed were in favor of federal funding for abortion. Less than half think that states should have the power to restrict timing of abortions.

The coronavirus pandemic has disproportionately harmed the health and economic security of women of color, the same people who already face the greatest barriers to reproductive health care coverage and access.

- Women are more likely than men to have lost their jobs due to the pandemic, and women of color have thus far experienced the most job losses, and with that are often losing employer-based health insurance.
- This puts even more pressure on them and on an already strained public health safety net, including public health clinics and providers who are doing their valiant best to respond to the COVID-19 pandemic while keeping patients safe as they seek basic services such as birth control.
- At the same time, recent research shows one-third of women want to delay getting pregnant or want fewer children because of the pandemic, with this figure rising to 44% of Black women and 48% of Hispanic women.
- Similarly, Black, Hispanic, and women with low incomes are more likely to report pandemic-related delays in access to contraceptive care or other sexual and reproductive health services and are more worried about getting access to such care.

In other words, at a time when more people don't want to get pregnant, especially people with lower incomes and Black and Latinx people, they are facing higher hurdles to getting the contraception they need to achieve their own goals.

When people have the power to decide if, when, and under what circumstances to get pregnant and have a child, they have the opportunity to pursue the future they want for themselves. This not only benefits individuals, but also supports shared goals around workforce readiness, family well-being, and maternal and infant health—and produces significant savings in publicly funded programs. However, not everyone has this power. We can build a system of support for people by providing equitable access to evidence-based sex education, high-quality reproductive health care access, and a sense of future opportunity.

If policymakers are serious about reducing public spending, strengthening economic competitiveness, increasing opportunity, improving the health and well-being of families, and reducing abortion in this country, then it is critical to support policies and programs that have been demonstrated to prevent unplanned pregnancy. This agenda summarizes Power to Decide's federal policy priorities, which broadly fall into three categories: information, access, and opportunity. However, there is also much that state policymakers can do, and a diverse group of states are taking positive steps to improve information about, and access to, contraception. See our state policy page for more information.

Information: Protect Evidence-Based Teen Pregnancy Prevention Funding

Since 2010, federal funding has supported two complementary funding streams providing high-quality, evidence-based teen pregnancy prevention programs. Through the Teen Pregnancy Prevention (TPP) Program and the Personal Responsibility Education Program (PREP), state, community, and tribal organizations have replicated a variety of models that have demonstrated, through rigorous evaluation, to have a positive effect on teen sexual behavior. In fact, the first two five-year cycles of TPP Program grants made vital contributions to the growing body of knowledge of what works to prevent teen pregnancy and were recognized by evidence experts as a leading examples of a tiered evidence approach to evidence-based policymaking. In fact, in 2017, the Congressionally-established bi-partisan Commission on Evidence-Based Policymaking unanimously agreed on a report that highlighted the TPP Program as an example of a federal program developing increasingly rigorous portfolios of evidence. PREP is also recognized

as an example of evidence-based policymaking and has contributed to the evidence base. This results-oriented approach has bipartisan support, including 75% of Republicans and 89% of Democrats (85% of adults overall) who favor maintaining federal funding for the TPP Program and PREP.

Despite this support, beginning in 2017, HHS repeatedly sought to eliminate or undermine the TPP Program by attempting to terminate grants, weakening evidence standards in grant announcements, and diverting funds supporting high-quality evaluation. While courts blocked most of these egregious actions, they harmed ongoing research and the scientific enterprise underway. HHS also stopped funding and updating the Teen Pregnancy Prevention Evidence Review, an independent, systematic, rigorous review of evaluation studies that informed TPP and PREP grantmaking and provided a clearinghouse of evidence-based programs for other federal, state, and community initiatives.

At the same time, funding for both the mandatory and discretionary abstinence-only programs (so-called "Sexual Risk Avoidance") have grown, neither of which have rigorous evidence requirements on par with the TPP Program and PREP. The most recent (FY 2020) funding levels for abstinence-only funding streams reflect an increase of $25 million (mandatory) and $30 million (discretionary), respectively, over FY 2015 levels. Federal funding should be used to support programs with evidence that meet the needs of all young people.

Both the TPP Program and PREP have generally prioritized young people and communities with the greatest need, including young people of color, young people in foster care, and young people in rural communities, but current funding levels leave many young people and communities without critical sexual health information and education. PREP was recently reauthorized for three years at its historic funding level of $75 million annually. Increased funding for the TPP Program would ensure more young people receive evidence-based information (for a total of 375,000 young people annually). Additional federal legislation would help ensure high quality sexual health education becomes a reality for more young people, especially young people of color, LGBTQ young people, immigrants, those with lower incomes, those living in rural areas, and those in foster care.

Policymakers should:

- Provide $150 million for the TPP Program (increase from $101 million in FY 2020), administered by the U.S. Department of Health and Human Services Office of Population Affairs, to support restoration of evidence-based implementation of grants, supporting adequate technical assistance and high-quality evaluation, and serve more youth and communities.
- Dedicate at least $900,000 within existing Public Health Services funding to reactivate the Teen Pregnancy Prevention Evidence Review.
- Provide oversight and accountability to ensure that funding for the TPP Program and PREP adhere to rigorous standards of evidence and complete, unbiased, and science-based information in its grant announcements, grant awards, evaluations, and implementation.
- Support legislation to help ensure all young people receive high-quality, culturally competent sexual health information and access to the care they need, such as the Real Education for Healthy Youth Act (REHYA) and the Youth Access to Sexual Health Services Act (YASHS) and legislation such as the Health Equity and Accountability Act (HEAA).
- Cease funding for the discretionary abstinence-only program ("Sexual Risk Avoidance Education"). Historically, the TPP Program funding supported a broad array of evidence-based program models, including those with a focus on delaying sex. Funding streams should focus on evidence and meet the needs of all young people.
- Support efforts such as the Supporting Foster Youth in Successful Parenting Act introduced in 2017, to better meet the unique needs of youth in foster care and the juvenile justice system when it comes to unintended pregnancy and parenting. This act would use targeted efforts to build knowledge about effective approaches within the systems that serve these young people, as well as through coordination with the TPP Program and

PREP.

- Include and expand, through the new Title IV-E Prevention Services Clearinghouse, the use of the new Title IV-E Prevention Services funding for teen pregnancy prevention and parenting support programs for youth in foster care.

For additional information, see:

- Fact Sheet: Federal Funding Streams Dedicated to Preventing Teen and Unplanned Pregnancy at a Glance https://powertodecide.org/what-we-do/information/resource-library/federal-funding-streams-at-a-glance
- Fact Sheet: PREP at a Glance https://powertodecide.org/what-we-do/information/resource-library/prep-at-a-glance
- Fact Sheet: PREP at a Glance: Pregnancy Prevention Among Youth in Foster Care https://powertodecide.org/what-we-do/information/resource-library/prep-and-foster-youth
- Polling: Survey Says: Support for Birth Control https://powertodecide.org/what-we-do/information/resource-library/survey-says-support-for-birth-control-january-2017
- Brief: The Trump Administration Deals a Blow to Evidence Based Policymaking https://powertodecide.org/sites/default/files/2020-11/Trump%20Admin%20Blow%20Evidence-Based%20Policy.pdf
- Letter from More Than 200 Groups: Protect Evidence-Based Teen Pregnancy Prevention Programs https://powertodecide.org/what-we-do/information/resource-library/group-letter-to-protect-evidence-based-tppp

Access: Ensure all people have equitable access to the full spectrum of reproductive health care

Coverage and Access to Contraception

More than 19 million women of reproductive age living in the US in need of publicly funded contraception live in contraceptive deserts—counties where they lack reasonable access to a clinic offering the full range of contraceptive methods. Nearly 1.5 million of these women live in counties without a single clinic offering the full range of contraceptive methods. These barriers to contraceptive access fall hardest on those who disproportionately lack access to the birth control method they need, namely people of color, people living in rural areas, and people struggling to make ends meet. Many of these people also depend on safety-net programs like Medicaid and the Title X Family Planning Program for their coverage and access to affordable contraception. Together with insurance coverage from the Affordable Care Act (ACA) and particularly its requirement that contraception be covered without co-pays or deductibles, these programs and policies form a web that aims to ensure contraceptive coverage and access for as many as possible. However, this web was never adequate to overcome all the barriers people face and has itself been significantly damaged in recent years. This damage must be undone, but in doing so we must also work to build a system that truly meets everyone's contraceptive needs—focusing on those who face the greatest barriers to contraceptive care.

The ACA expanded contraceptive coverage significantly, improving the breadth of contraceptive methods covered and removing many cost barriers. Thanks to the ACA, the number of women of reproductive age who were uninsured declined from 20.9% in 2015 to 12.2% in 2018, in the wake of the ACA's coverage expansions. However, that number has begun to creep up again (to 12.6% in 2020), as attempts to hinder or dismantle the ACA and the COVID-19 pandemic have begun to take their toll. Before the ACA, one in seven women with private health insurance and nearly one-third of women covered by Medicaid either postponed or went without needed services in the prior year because

they could not afford it. Women spent between 30 and 40% of their total out-of-pocket health costs just on birth control. Eliminating cost barriers has helped increase access to contraception for women with employer-sponsored or marketplace coverage. For example, the ACA's women's preventive services requirement has resulted in more than 61 million women gaining no co-pay coverage of women's preventive services, including the full range of birth control methods. Thanks to the birth control benefit, women saved more than $1.4 billion in out-of-pocket costs on birth control pills in a single year. Evidence also exists that the provision is increasing the ability to obtain more effective contraception for those who want it.

However, in July 2020, the Supreme Court in *Trump v. Pennsylvania* upheld regulations allowing employers and universities to opt out of covering birth control in their insurance plans for just about any reason—leaving women covered by those plans to shoulder the full cost of their birth control without any insurance coverage. The Court ruled that this was within the Trump Administration's executive authority to do, and President Biden committed during the campaign to undoing these regulations. Power to Decide strongly supports undoing the Trump birth control regulations and restoring the ACA's contraceptive coverage requirement so that more women have the coverage they need to access the birth control that's right for them.

In addition to the women's preventive services provision, the Medicaid program plays an essential role in preventing unplanned pregnancies, representing 75% of all public expenditures for family planning. Medicaid covers 20% of reproductive age women nationwide, including 31% of black women, 27% of Hispanic women, and 50% of women with incomes below the federal poverty level. For every dollar spent on publicly funded contraception, the nation saves taxpayers seven dollars. A bi-partisan group of states are taking proactive policy actions that leverage Medicaid to improve access to the full range of contraceptive methods. However, other states such as Texas and Louisiana, have done the opposite—erecting additional barriers to contraceptive access by working to prohibit those on Medicaid from receiving services from any provider that also provides abortion care. Research shows that when Texas implemented this policy in its Texas Women's Health Program, nearly 45,000 fewer women in Texas received birth control, cancer screenings, and other services as a result of the policy.

While the latest barriers are being challenged in the courts, it's important for the federal government not to approve state Medicaid waivers that put up additional barriers to reproductive health care and should also take steps to end existing waivers of that nature. Any cuts or restrictions that reduce access to Medicaid or the contraceptive care it covers undercut contraceptive coverage and access at the same time as states are looking for opportunities to expand that coverage and access. The Biden-Harris Administration has signaled its intent to reverse policies that make it more difficult for people to gain coverage through Medicaid, but Congress must also support policies that expand Medicaid coverage and access to services.

Another critical piece of the puzzle for contraceptive coverage and access is the Title X Family Planning Program. For 50 years, the Title X Family Planning Program has provided federal funding to a network of health centers around the country that provide free or low-cost birth control and related services to people who have low incomes. Two-thirds of patients served by Title X have an income at or below 100% of the federal poverty level (FPL) and receive services free of charge. Another 24% of patients have incomes between 101% and 250% FPL and receive services on a sliding fee scale. It is not only those who receive services directly paid for by Title X who are losing access to birth control. Title X funds are critical to keeping clinic doors open for thousands of clinics that also serve patients who have insurance, such as Medicaid and ACA plans.

In August 2019, the Trump Administration damaged the Title X program severely by enforcing the "domestic gag rule." Put simply, the domestic gag rule has forced health centers that receive Title X funds to make an impossible choice—reject the Title X funds they need to support their patients who might not otherwise be able to afford family planning care or withhold some information from patients about abortion services, including where to access abortion care. Nationwide, more than 900 clinics have left the Title X program since the gag rule went into effect. Between 2018 and 2019 (when the gag rule went into effect) the Title X program served 844,000 fewer patients, a 21% decline in a single year.

Finally, in addition to the damage of the gag rule, the Title X program is also not funded at a level high enough to meet the needs of the people who depend on it. A 2016 study published in the American Journal of Public Health estimated that the Title X Family Planning Program would need to be funded at $737 million annually to fully address the unmet need for publicly funded family planning care. The damage of the gag rule must be undone—including a path for grantees and clinics forced out to rejoin the program—and funding for Title X must be increased. President Biden instructed the Department of Health and Human Services (HHS) to review the Title X gag rule and consider rescinding it. HHS has announced they will begin this process by April 15, 2021, and they aim to have the Title X gag rule replaced by Fall 2021. The Title X program has also received a one-time funding allocation in the American Rescue Plan, the bill Congress passed on March 10, 2021, to address the COVID-19 pandemic. The bill included $50 million in funding for the Title X program. This will help to bring clinics back into the program once the domestic gag rule is rescinded. But to fully repair the damage done to Title X and restore its ability to serve those struggling to make ends meet, the program needs significantly more money each year. This funding would help bring new clinics into the Title X program to meet the demand and increase access particularly for those who face the greatest barriers to family planning care. Power to Decide urges the Biden-Harris Administration and Congress to move quickly on these actions that would truly make a difference for people who need free or low-cost birth control.

Coverage of contraception also remains inequitable for those covered by TRICARE and for veterans. While TRICARE covers contraception without co-pays for active-duty service members, it does not extend that no co-pay coverage to non-active-duty servicemembers or to dependents, creating a situation where America's military families have less coverage for contraception than their civilian counterparts. Women also represent the largest growing population to access care through the Veterans Health Administration (VHA) and female veterans are more likely to live in poverty than male veterans. Yet the VHA charges veterans a co-pay for some methods of contraception.

Finally, as we move closer and closer to having an FDA-approved over-the-counter birth control pill, we must ensure that everyone has coverage for it and access to it. Ensuring any FDA-approved over-the-counter birth control is covered by insurance without cost-sharing and without requiring a prescription is vital to ensuring everyone has access to the contraceptive method that's best for them, regardless of where they access it or their income.

Eliminating out-of-pocket cost barriers to contraception, protecting and expanding Medicaid coverage, undoing the damage of the gag rule, robustly funding the Title X program, ensuring our servicemembers, their families, and our veterans have parity in contraceptive coverage, and bolstering state-level efforts to leverage these federal policies and programs are all critical to making sure that people can access services that empower them to decide if, when, and under what circumstances to get pregnant and have a child.

Americans understand this intuitively and do not see birth control as controversial. Eighty-six percent of adults (93% of Democrats, 75% of Republicans, and 87% of Independents) support access to all methods of contraception.

Policymakers should:

- Restore the ACA's women's preventive services provision, including coverage of the full range of contraceptive methods without cost-sharing, without broad exemptions.
- Maintain and expand insurance coverage for the millions of women who have gained it through the marketplaces and through the ACA's Medicaid expansion option.
- Prevent states from violating Medicaid's freedom of choice of provider provision—as some states have done so, blocking access to high quality contraceptive care.
- Oppose Medicaid work requirements that have resulted in significant numbers of people losing coverage, including for contraception (for example, more than 18,000 people lost Medicaid coverage in just the first seven months the requirement was in effect in Arkansas).

- Restore the integrity of the Title X Family Planning Program by rescinding the domestic gag rule, providing a pathway for grantees and clinics forced out of the program to rejoin, and increase its funding to at least $512 million annually.
- Support policies that ensure that when the FDA approves birth control pills for over-the-counter use, they will be covered without cost sharing and without requiring a prescription.
- Support policies that improve contraceptive coverage and access for military servicemembers, their dependents, and veterans.
- Support state policies (and the federal programs they leverage) that expand information, coverage, and access to the full range of contraceptive methods.

For additional information, see:

- Birth Control 101
  https://powertodecide.org/what-we-do/information/resource-library/birth-control-101
- Fact Sheet: Everyone Loves Birth Control
  https://powertodecide.org/what-we-do/information/resource-library/everyone-loves-birth-control
- Impacts of the Domestic Gag Rule
  https://powertodecide.org/what-we-do/information/resource-library/impacts-domestic-gag-rule
- Contraceptive Deserts Research
  https://powertodecide.org/what-we-do/access/access-birth-control
- Polling: Survey Says: Thanks, Birth Control
  https://powertodecide.org/what-we-do/information/resource-library/survey-says-thxbirthcontrol-november-2019
- How the Administration that Takes Office in January 2021 Can Advance Reproductive Well-Being
  https://powertodecide.org/what-we-do/information/resource-library/how-administration-takes-office-january-2021-can-advance
- Serving Those Who Serve: Access to contraception for Servicemembers, Their Dependents, and Veterans
  https://reproductiverights.org/sites/default/files/2020-04/USP-Fed-IssueBrief-Contraception_FINAL.pdf
- Advancing Contraceptive Access Toolkit (highlights state-level policies):
  https://powertodecide.org/Access-Toolkit

Coverage and Access to Abortion as Part of the Full Spectrum of Reproductive Health Care

Everyone deserves reproductive well-being, which includes access to the full spectrum of reproductive health services, including abortion care. The abortion rate has declined steadily, dropping 20% between 2011 and 2017. However, an estimated one in four women will have an abortion by age 45. Similar to disparities in contraceptive access, there are geographic, socioeconomic, and racial disparities in access to abortion. Eighty-nine percent of US counties have no abortion provider and people in 27 US cities have to travel more than 100 miles to reach an abortion facility. As COVID-19 hit, many states sought to further limit access to abortion care by deeming it a "non-essential" service and shutting down access to abortion care until courts intervened. Despite the pandemic, people seeking medication abortion care must still go in person to a provider—an additional barrier to access and additional risk due to COVID-19—after the Trump Administration went to the Supreme Court who in turn reinstated the restriction. Further impeding access to care are hundreds of medically unnecessary state restrictions on abortion care and access. In 2019 and 2020 alone, 86 state abortion restrictions were enacted. Finally, in addition to access barriers, people face coverage barriers. Thirty-four states and DC also ban state Medicaid funds from covering abortion care, leaving roughly 7.1 million women—half of whom are women of color—without coverage. Three million of those women live below the federal poverty line.

While polls show that people in the US may be divided fairly equally in their personal views of abortion, there is strong support for safe and legal access to abortion. A January 2020 poll found that 69% of people support the Roe vs. Wade decision and do not want to see it overturned. However, even if Roe remains, it does not mean access to abortion is truly a reality for all. Geography, income, race—none of these should determine a person's ability to plan their family, but right now they do.

Policymakers should:

- Support efforts to protect and expand coverage for abortion care for all people—no matter who they are, where they live, or what type of insurance they have. This means eliminating the harmful Hyde Amendment from the President's budget and from Appropriations legislation, and passing the Equal Access to Abortion Coverage in Health Insurance (EACH) Act of 2021 (H.R. 2234 /S. 1021).
- Support access to abortion care by supporting legislation that blocks medically unnecessary restrictions that apply to no similar medical care, specifically by passing the Women's Health Protection Act.
- Encourage President Biden and HHS to issue guidance to lift the FDA's in-person dispensing requirement for medication abortion (mifepristone) for the duration of the public health emergency, consistent with similar directives and waivers issued to reduce risk of COVID-19.
- Encourage the FDA to review the Risk Evaluation and Mitigation Strategy (REMS) for mifepristone to determine whether the REMS should be revoked because it unnecessarily interferes with access to this vital medicine, which has a documented history of safe use.

For additional information, see:

- How the Administration that Takes Office in January 2021 Can Advance Reproductive Well-Being https://powertodecide.org/what-we-do/information/resource-library/how-administration-takes-office-january-2021-can-advance

Opportunity: Promote a Culture of Reproductive Well-Being to Improve Outcomes for Women and their Families

We envision a culture in which there is a system of support that makes it possible for every person—no matter who they are or where they live—to achieve reproductive well-being. A culture of reproductive well-being is one in which all people have access to the supports and services they need to determine if, when, and under what circumstances to have a child and to support a healthy start for the next generation. To enable this to happen, we are working with a wide variety of national, state, and community partners to build a nationwide movement that transforms the culture to one that works collectively towards building, aligning, and enhancing systems that enable a culture of reproductive well-being.

Since the CDC began tracking maternal mortality data in 1986, the rate of maternal mortality has only increased across the country. Currently, compared to white women, Black women are more than three times as likely to die from a pregnancy-related death. Between 2011-2014, white women experienced 12.4 deaths per 100,000 live births while Black women experienced 40 deaths per 100,000. Native Americans are more than twice as likely to die from pregnancy-related causes. While a variety of factors (such as access to accurate information and services, the money to pay for the highest quality of care, and a rise in chronic conditions such as diabetes and obesity) play a role in contributing to rising maternal mortality, the impact of structural racism cannot be ignored. To make pregnancy, birth, and postpartum life safer for Black people and people of color in America, we must acknowledge and address a number of factors. Health care and service providers are beginning to engage in meaningful conversations with people to understand their reproductive well-being desires, and this is a trend that must grow and spread. More research and data must be collected to improve our understanding of people's circumstances and the challenges they face. We

must also better understand and respect their reproductive health goals in order to better address unmet needs. And finally, increased public awareness around the maternal health crisis facing Black people and other people of color can help others confront institutional barriers that contribute to this public health issue.

One way to support people's power to decide and reproductive well-being is to transform their health care experience by helping patients align their own pregnancy desires with appropriate follow-up care. One Key Question® is a transformative tool that starts the conversation about if, when, and under what circumstances people want to get pregnant and have a child. One Key Question provides a framework for health providers, social service providers, and champions to routinely ask, "Would you like to become pregnant in the next year?" One Key Question is person-centered and focuses on understanding people's goals, addressing ambivalence, and providing follow-up care based on their response, whether that is for birth control, preconception health, prenatal care, or referral to other services. One Key Question proactively addresses the root causes of mistimed pregnancies, poor birth outcomes, and disparities in maternal and infant health. It is non-judgmental and equally supports those who want to become pregnant, those who do not, and those who are ambivalent. One Key Question has been studied by a number of researchers on measures such as health care quality, patient experience and satisfaction, and patient outcomes and has shown positive results. It is endorsed by the American Public Health Association and the American College of Obstetricians and Gynecologists as an effective Reproductive Life Planning strategy and is recognized as a best practice by the Association of Maternal and Child Health Programs. One Key Question providers include thousands of clinicians, community health workers, home visiting nurses, behavioral health staff, and many more in approximately 36 states to address a myriad of health equity efforts, including patient satisfaction, perinatal equity, and maternal child health.

Young people who are pregnant and parenting face many system barriers to enrolling, attending, and succeeding in high school and college, such as discrimination, the challenge of juggling schoolwork with parenting, and a lack of access to health services and other concrete supports for themselves and their children. Failure to support student parents so that they may complete their educations has severe short- and long-term consequences for the economic success and wellbeing of their families and communities, as well as our nation. The Pregnancy Assistance Fund (PAF) was established in 2010 to address these challenges, and to combat violence against pregnant women. Administered by the Office of Population Affairs, it provided $25 million annually from FY 2010–2019 for competitive grants to states, tribes, and territories. Projects helped teens in high schools and community service centers and young women in institutions of higher education complete school and gain access to health care, child care, family housing, and other critical supports. Participants in PAF have experienced positive outcomes including improvements in high school graduation, acceptance into college, and reductions in subsequent unintended pregnancies. Since PAF started, about 110,000 expectant and parenting teens, women, fathers, and their families in 32 states and seven Tribal entities have benefited from the program. This program expired as of the end of FY 2019, and funding for grantees ended in June 2020. Without further action by Congress, this valuable work will not continue.

Another important source of support for mothers, children, and families is the Maternal and Child Health (MCH) Services Block Grant program. This program helps improve access to health care, improve quality of care (especially for families of low-income), reduces infant mortality, and provides access to comprehensive prenatal and postnatal care to women, particularly at-risk pregnant women.

Policymakers should:

- Support the Black Maternal Health Momnibus, a package of twelve bills to improve maternal health outcomes and close racial disparities in outcomes.
- Support policies that expand 12-month postpartum Medicaid coverage nationwide, which would ensure moms have access to the care and support they need and deserve for the full postpartum period.

- Support efforts such as the Enhancing Questions to Understand Intentions for Pregnancy (EQUIP) Act to support, evaluate, and expand pregnancy desire screening tools such as One Key Question.
- Maintain and ideally expand funding for the MCH Block Grant.
- Support efforts to reauthorize the Pregnancy Assistance Fund, to support pregnant and parenting young people and pregnant people harmed by sexual violence, including bi-partisan legislation such as the Pregnancy Assistance Act.

For additional information, see:

- Dying to Give Birth
  https://powertodecide.org/news/dying-give-birth
- The Black Maternal Health Momnibus
  https://blackmaternalhealthcaucus-underwood.house.gov/Momnibus
- One Key Question®
  https://powertodecide.org/one-key-question
- About the Pregnancy Assistance Fund
  https://www.hhs.gov/ash/oah/grant-programs/pregnancy-assistance-fund/about/index.html
- Maternal and Child Health Journal Special Issue: Supporting Expectant and Parenting Teens: The Pregnancy Assistance Fund
  https://link.springer.com/journal/10995/volumes-and-issues/24-2/supplement

Support Trusted Champions, Mentors, and Allies in Communicating with Young People about Their Futures

Teens report that they learn about sex from a variety of sources. This ranges from sex education in school to peers to parents. At the same time, according to young people, champions—not pop culture—most influence their decisions about sex, love, and relationships. The top three places young people say they learn about sex as a teen are from school (65%), friends (58%), and their parents (36%). Indeed, over half of teens age 12-15 report that their parents most influence their decisions about sex.

Even though adults remain doubtful about their value as influencers, they universally agree that young people should have champion(s) or trusted adults in their lives, such as an older sibling, other family member/adult, educator, or other community supporter. To spark meaningful conversations between young people and the champions who care about them most, Power to Decide supports #TalkingisPower Month in May and provides resources year-round. This includes resources focused on the increased opportunity for these conversations created by sheltering in place during the pandemic.

Policymakers should:

- Provide encouragement and tools to support parents and other trusted champions, mentors, and allies to communicate about sex, love, relationships, and their futures. Building on efforts in the teen pregnancy prevention area, this could be done through youth serving organizations, as well as through family support, fatherhood and healthy relationship, and two-generation initiatives.

For additional information, see:

- #Talking is Power
  https://powertodecide.org/sexual-health/resources-for-parents-champions-mentors/talkingispower

- Fact Sheet: #TalkingisPower Polling Data
  https://powertodecide.org/what-we-do/information/resource-library/polling-data-talkingispower-2018
  Parent Power (October 2016): Survey Says
  https://powertodecide.org/what-we-do/information/resource-library/parent-power-october-2016-survey-says

Support Research and Data Collection on Pregnancy and Childbearing to Advance Equity

Although birth data are available on a timely basis, data on sexual activity, contraceptive use, pregnancy, and abortion are more difficult to obtain, are collected episodically, and often lag by quite a few years. Such data are essential for tracking progress at the national and state level; identifying disparities among different segments of the population; informing the public, policymakers, practitioners, and the media about teen and unplanned pregnancy; and mobilizing evidence-based action. Broader measures of population collected by the Census Bureau are necessary to calculate population-based rates. In addition, federally funded research plays a vital part in continuing to learn what works and how best to continue progress on reducing unplanned pregnancy.

Policymakers should:

- Provide adequate resources for the Centers for Disease Control and Prevention (including the National Center for Health Statistics), National Institute of Child Health and Human Development, and the Census Bureau to continue important surveys such as the Youth Risk Behavior Survey and Behavioral Risk Factor Surveillance System, data collection, and other research activities.
- To the extent possible, encourage that all data collected by HHS on sexual and reproductive health, including data on teen and unplanned pregnancies and births, be disaggregated within racial and ethnic groups and socioeconomic status.
- Direct divisions that directly address minority health, women's health, health equity, and LGBTQ+ health to announce plans to enhance data collection and analysis to address health disparities.
- Support legislation that strengthens health data collection to inform policies that eradicate racial health disparities, such as the Health Equity and Accountability Act and the Data to Save Moms Act (part of the Black Maternal Health Omnibus Act of 2021).

For more information about Power to Decide's public policy views and activities, go to:

https://powertodecide.org/what-we-do/access/federal-policy

NOTE: Most references can be found in the resources listed under "Additional Information" and are also available upon request.