CONTRACEPTIVE ACCESS IN VERMONT

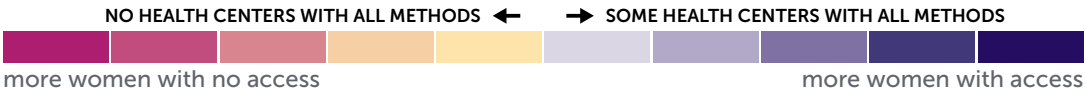
As of March 1, 2023

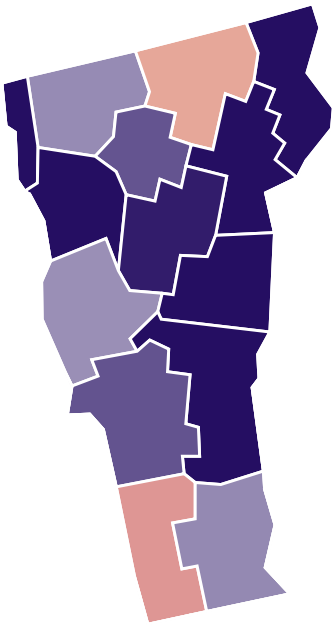
Contraceptive Deserts Nationwide

More than 19 million U.S. women with low incomes live in contraceptive deserts—counties in which there is not reasonable access to a health center offering the full range of contraceptive methods. Of those 19 million women, roughly 1.2 million women live in counties without a single health center that offers the full range of contraceptive methods.

These barriers put women already struggling to make ends meet at risk of not being able to access the birth control method right for them. These women might face additional transportation costs, child care costs, and unpaid time off work because of the long distances they need to travel to access care.

Contraceptive Deserts in Vermont





17,740

Women in need live in contraceptive deserts, counties that lack reasonable access to the full range of methods.*

3,110

Of the 17,740 women in need, 3,110 live in counties without a single health center that provides the full range of methods.

*For more information please see: https://powertodecide.org/what-we-do/information/resource-library/understanding-contraceptive-deserts

Title X and the Impact of the Gag Rule

In 2019, the Trump administration undermined the ability of Title X health centers to provide quality care by enforcing the "domestic gag rule." To continue receiving Title X funding, clinics were forced to withhold some information regarding abortion services and care and not to provide abortion care at the same physical site where Title X services were provided. Many clinics could not comply with this and roughly 1,000 were forced to leave the Title X program as a result. The loss of this funding meant that these clinics had fewer resources to serve people who depended on them for care.

In 2021, the Biden-Harris administration released a new Title X rule that will begin to repair the damage done to the Title X network and help patients to receive equitable, affordable, and client-centered family planning care. The new rule eliminates the gag rule restrictions and paves the way for health centers forced out of the program to rejoin the network of Title X clinics. However, Title X has been chronically underfunded. The program needs a significant increase in federal funding to meet community needs around the country.

For more information, please see https://powertodecide.org/what-we-do/information/resource-library/impacts-domestic-gag-rule

Title X in Vermont

- In 2021, there were no Title X-supported centers in Vermont. As a result, the number of patients served from 2018-2021 declined by **100%**.
- All Title X-supported clinics in Vermont were forced to leave the program as a result of the gag rule. New Title X grants were awarded in 2022 and participating clinics are no longer subject to the harmful rule. However, current Title X funding levels are not sufficient to meet the need in Vermont.

States Can Improve Contraceptive Access, Here's What Vermont is Doing	Is Vermont Doing This?
Expand Medicaid to low-income adults as the ACA allows	Yes
Medicaid Family Planning Waiver or State Plan Amendment (SPA)	No*
Medicaid reimbursement for postpartum long-acting reversible contraception	Yes
Medicaid 12-month postpartum coverage extension	No
State law/policies that allow pharmacists to prescribe contraception	Yes
State law/policies to extend the supply of prescription contraceptives	Yes
State laws/policies to protect contraceptive coverage	Yes

***Vermont operates an entirely state-funded program to provide family planning services to individuals who have income up to 200% of the federal poverty level.**

For more information please see: https://powertodecide.org/what-we-do/information/resource-library/key-information-about-us-states

State Telehealth Policies Relevant to Contraceptive Access

Telehealth policies have long been a way to increase access to health care, including contraception. Since the start of the COVID-19 pandemic, use of telehealth has greatly expanded in the US and has proven itself a viable option for some folks to obtain contraception. Power to Decide's polling data found that 77% of respondents agree that telehealth is a useful method to get birth control when in-person visits are not possible.

Over the course of the pandemic, states have changed their policies to facilitate access to telehealth. To better understand the ways in which telehealth access has changed and expanded over the course of the pandemic, we have synthesized and visualized the state-level landscape of telehealth access for Medicaid and private payor insurance both pre-COVID and during the pandemic. We focused on data that answers three questions: how is telehealth delivered, who can provide it, and what services are provided?

We've chosen these three questions to help simplify complicated policies so that advocates, public health officials, elected officials, and everyday health care users can more easily understand the various telehealth policies that are most likely to affect access to birth control in their states.

While telehealth shows great promise in increasing access to health care, including contraception, there are also cautions. Power to Decide's polling data revealed gaps in access and knowledge for women with lower income, with 67% of respondents with annual household incomes over $50,000 reporting understanding what telehealth is, compared to only 21% of respondents with annual household incomes under $50,000. Additionally, there are concerns over quality of care, payment parity, HIPAA compliance, individual privacy, and internet access. To ensure that telehealth is not only beneficial but also equitable, these are important considerations to address as states decide whether and in what form to continue temporary telehealth expansions past the COVID-19 pandemic.

For more information on state telehealth policies, please read our Overview of State Telehealth Polices Relevant to Contraceptive Access. To see the most up-to-date information for your state, please check out our interactive maps and tables.

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