**Sample Op-Ed or Blog and General Tips**

**[Identify personal connection to the primary message: Domestic Gag Rule reduces birth control access in Minnesota]**

* An [estimated 193,110 Minnesota women](https://powertodecide.org/what-we-do/information/resource-library/contraceptive-access-minnesota) in need of publicly funded contraception live in counties impacted by the implementation of the “domestic gag rule.”
* Nearly one-quarter of Minnesota’s counties have lost some or all of their Title X resources.

**[****Explain the domestic gag rule]**

* The domestic gag rule requires health providers receiving Title X funds to withhold information from patients about abortion services and care.
* Health centers are required to stop providing abortion care with non-Title X funds at sites that offer Title X supported services, such as contraceptive care, breast and cervical cancer screening and STI testing.
* The rule requires that abortion services, no matter how they are funded, be performed at a separate physical site, is a financial burden most centers cannot meet.

**[Explain Title X]**

* For nearly 50 years, the Title X Family Planning Program has provided federal funding to health centers that provide free or low-cost birth control and related services.
* **Add** information about Title X in your state/community.

**[Describe impact of domestic gag rule]**

* Data released by Power to Decide show that an [estimated 193,110 Minnesota women](https://powertodecide.org/what-we-do/information/resource-library/contraceptive-access-minnesota) of reproductive age (13-44) in need of publicly funded contraception live in counties impacted by the implementation of the Title X Family Planning Program “domestic gag rule.”
* According to the same data, nearly one-quarter of Minnesota’s counties have lost some or all of their Title X resources.

**[Describe contraceptive deserts in Minnesota]**

* Data from [Power to Decide](https://powertodecide.org/) show that 283,400 [women living](https://powertodecide.org/what-we-do/information/resource-library/contraceptive-access-minnesota) at or below 250% of the poverty level in Minnesota live in contraceptive deserts, counties in which there is not reasonable access to a health center offering the full range of contraceptive methods.
* This means women struggling to make ends meet must incur additional costs such as transportation, child care, and taking unpaid time from work just to get the type of contraception they need. [**Add** local story or example if possible].
* Nationally, more than 19 million U.S. women of low income live in [contraceptive deserts](https://powertodecide.org/what-we-do/access/birth-control-access).

**[Proactive steps taken by Minnesota to expand access to contraception that help to partially alleviate the impact of damaging federal policies]**

* Minnesota has expanded Medicaid to low-income adults, which helps decrease the percentage of uninsured women, and by extension, give them the contraceptive coverage they need to live healthy lives.
* Minnesota is currently considering legislation that would allow pharmacists to prescribe contraception.

**[Minnesota could take the following additional steps]**

* Allow pharmacists to prescribe contraception.
* Require insurance to cover an extended supply of prescription contraceptives.
* Enact policies that protect insurance coverage of the full range of contraceptive methods.

**[Conclusion- Some ideas below]**

* To further expand access, Minnesota could allow pharmacists to prescribe contraception, require insurance to cover an extended supply of prescription contraceptives, and enact policies that protect insurance coverage of the full range of contraceptive methods.
* The implementation of the domestic gag rule could impact nearly 200,000 women in need in Minnesota.
* Women in need in Minnesota already faced a challenging contraceptive landscape.
* Even before the domestic gag rule was implemented, almost 300,000 low-income women in Minnesota lived in contraceptive deserts.
* These women must incur additional costs such as transportation, child care and taking unpaid time from work just to get the contraception they need.
* For the long term, we must all work together to reverse the administration’s harmful domestic gag rule.
* Birth control has widespread support. For one, nearly all women (99%) who have ever had sex with men [have used contraceptives at some point in their lives](https://powertodecide.org/what-we-do/information/resource-library/everyone-loves-birth-control).
* The majority of adults [(76%)](https://powertodecide.org/sites/default/files/2019-11/Survey%20Says_Thx%20BC_2019.pdf), believe that birth control is a basic part of women’s health care. Further, 86% of adults, support access to all birth control methods, with broad support  [regardless of race, region, and political affiliation](https://powertodecide.org/what-we-do/information/resource-library/survey-says-thxbirthcontrol-november-2019).
* Access to contraception is more important than ever.
* COVID-19 is putting front and center the need for women to be able to access birth control in a variety of ways.
* COVID-19 is having a significant impact on the health and economic security of people nationwide.
* We hope these innovative methods to deliver medical care will become established practice across the country and thus make it easier for women to access the birth control they need and deserve.
* The pandemic has also changed our approach to health care and highlights the opportunity to deliver access to care in innovative ways.