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

**[Identify personal connection to the primary message: Domestic Gag Rule reduces contraceptive access in Missouri]**

* The implementation of the “domestic gag rule” could impact over [30,000 women](https://powertodecide.org/what-we-do/information/resource-library/contraceptive-access-missouri) in need in Missouri.

**[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](https://powertodecide.org/) show that an estimated [30,100 Missouri women](https://powertodecide.org/what-we-do/information/resource-library/contraceptive-access-missouri) of reproductive age (13-44) in need of publicly funded contraception live in a county (St. Louis City) impacted by the implementation of the Title X Family Planning Program “domestic gag rule.”

**[Describe contraceptive deserts in Missouri]**

* Data from [Power to Decide](https://powertodecide.org/) show that [375,800 women living](https://powertodecide.org/what-we-do/information/resource-library/contraceptive-access-missouri) at or below 250% of the poverty level in Missouri 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).

**[Steps Missouri can take to help expand access to contraception and partially alleviate the impact of the damaging federal policies]**

* For example, through [The Right Time Initiative](https://therighttime.org/), a number of clinics in Missouri are providing free and low cost contraception to those who need it most and increasing access to the full range of contraceptive methods.
* Expanding Medicaid to low-income adults would help decrease the percentage of uninsured women, and by extension, give them contraceptive coverage. Towards this end, on August 4, 2020, Missouri voters approved a ballot initiative to expand Medicaid, beginning July 2021.
* Allowing pharmacists to prescribe contraception.
* Requiring insurance to cover an extended supply of prescription contraceptives.
* Guard against additional barriers to access by enacting policies that protect insurance coverage of the full range of contraceptive methods.

**[Conclusion – Some ideas below]**

* Women in Missouri already faced a challenging contraceptive landscape even before the domestic gag rule went into effect.
* Before the rule, close to 376,000 women of low income in Missouri lived in contraceptive deserts.
* The domestic gag rule exacerbates the challenges women face in getting the contraception they need.
* The implementation of the “domestic gag rule” could impact over 30,000 women in need in Missouri.
* We must encourage Missouri to put policies in place to improve access to contraception and thus help alleviate some of the burdens. On August 4, 2020, Missouri voters approved a ballot initiative to expand Medicaid, which will go a long way to providing health coverage, including contraceptive care, to women of low income.
* 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.
* The pandemic has also changed our approach to health care and highlights the opportunity to deliver access to care in innovative ways.
* 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.