

BEYOND THE BELTWAY



Tip Sheet for State and Local Public Health Officials¹

The purpose of the Advancing Contraceptive Access [Toolkit](#) is to enable you, a public health official, to increase awareness of and promote policies in your state that expand contraceptive access. The overarching goal is to ensure all people have access to the full range of methods so they can choose the one that works best for them and have the power to decide if, when, and under what circumstances to get pregnant. This tip sheet provides actionable ideas and linked resources from the [toolkit](#) to get you started.

Engage Stakeholders

We encourage you to partner with a variety of stakeholders including community leaders, tribal entities, health providers, and medical associations and societies to discuss your policy priorities. Through these discussions you can identify who is eligible to serve as a policy influencer and can then advocate or lobby for the desired policies. The talking points we have provided in this document will be a guide for you and other stakeholders as you discuss contraceptive access in your community or state. Feel free to pull language from our toolkit [blog](#) and your state's contraceptive access [fact sheet](#). Use our state-level information to communicate what policies your state has in place to improve contraceptive access and highlight key data points. Our [interactive maps](#) on pharmacist prescribing, extended supply, and protecting contraceptive coverage will be helpful in identifying what policies your state has in place to increase contraceptive access and which you can work toward promoting. These maps also show what other states have done, which is often of interest to policymakers (especially if they are similar or neighboring states).

Advocacy vs. Education

Effective advocacy can build relationships with policymakers, influence policy, alter laws and budgets, and potentially result in the creation of new programs. Advocacy, like lobbying, seeks to influence a legislative body through communicating with members of that body or government officials who have a role in shaping the legislation (some definitions distinguish between lobbying, which includes expressing an opinion about specific legislation, and advocacy which doesn't weigh in on specific legislation). If you can't advocate, you can still educate policymakers. Simply sharing information,

¹ We recognize the important role that territories, as well as some tribal health entities, play in providing contraception, but we currently do not provide information specific to either.

research, and analysis without value judgements or opinions on legislation is not advocacy, it's education.

State rules vary on the use of public funds to lobby the state legislature, and on what types of advocacy state officials can do. Some states permit state employees to advocate or lobby on behalf of an agency, while others prohibit it altogether. Check with your government ethics office or Secretary of State for your state's laws, and refer to this handy [guide](#) from the Association of State and Territorial Health Officials. The National Conference of State Legislatures also [has a quick reference chart](#) on each state's regulations on the use of public funds for lobbying.

Sample Op-Eds

You or your stakeholders can help build public support for your policy priorities through media. Using our state-specific [sample op-eds](#), try to get someone from your communications team or a stakeholder to publish one in a local media outlet. You can also use the samples to write a posting for your agency's website or that of one of your stakeholders, and share it via social media. If you don't see your state yet in the list of sample op-eds, check back soon as we're working on samples for all 50 states.

Talking Points

The following talking points outline policies that can improve contraceptive access in states and are potentially cost saving.

[Pharmacist Prescribing](#)

- A growing number of states have enacted policies that allow pharmacists to prescribe and dispense hormonal birth control, including the pill, patch, ring, and shot.
- Allowing pharmacists to prescribe is not a new concept or limited to birth control. It eliminates some of the barriers that can come with having to visit a provider for a prescription, such as taking time off from work and transportation (both of which are especially important during COVID-19).
- Research shows that allowing women to get birth control directly from a pharmacist fills important gaps for women who often lack access to contraception because of transportation, childcare, or lack of paid leave from jobs, this includes younger women and uninsured women.
- For more information about pharmacist prescribing, see our [infographic](#).

[Extended Supply](#)

- Limiting the supply of birth control to a 3-month maximum supply reduces timely access to contraception by creating gaps in use.
- Research has found a 12-month supply of birth control decreased unplanned pregnancies by 30%, compared with a supply of just one or three months.

Contraceptive Equity

- Ongoing challenges to the ACA, including pending litigation challenging the individual mandate, have created uncertainty about the future of the law and the protections it provides for contraceptive access. Job loss due to COVID-19 has also threatened the affordability of health insurance coverage under the ACA.
- As legislators work to address the needs of their residents, some 16 states (including DC) have passed bills—sometimes referred to as “contraceptive equity” bills—that codify the federal provision that requires health plans to cover at least one contraceptive for each of the 18 FDA approved methods, as prescribed, without copays or deductibles (as well as patient education and counseling).
- Research shows that more than one in five women at risk for unplanned pregnancy reported that they would want to use a different contraceptive method if cost were not an issue.
- Some states have built on the federal provision by also requiring insurers to cover male sterilization, over-the-counter drugs without a prescription, or prohibiting insurers from requiring that a physician get permission to prescribe a certain method or first prescribe a cheaper drug or device before a patient can access their desired brand.