

BEYOND THE BELTWAY



Tip Sheet for Advocates: How to Use this Toolkit to Take Action

The purpose of the [Advancing Contraceptive Access Toolkit](#) is to enable you, an advocate, to increase awareness of and support for 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.

Plan a Meeting

Gather your fellow advocates for a virtual organizational or coalition meeting to advocate for the policies promoted in the [toolkit](#). An agenda for such a meeting might include (a) an explanation of selected policies you have chosen to promote, (b) a discussion of how attendees will advocate for policies (e.g., social media, e-mails, phone calls, letters, and virtual rallies), and (c) talking points for speaking with policymakers about individual policies. In advance of the meeting, start to:

- *Survey your state landscape:* View the [interactive state reproductive health access](#) and [telehealth maps](#) to see what policies your state already has in place so that you don't advocate for a policy that your state already has. Also identify your [contraceptive deserts](#) and assess the overall [contraceptive access landscape](#).
- *Build coalitions:* Consider other organizations that have an overlapping interest in advancing contraceptive access and start to build (or strengthen) relationships with them and coordinate your efforts.
- *Identify champions:* View bills introduced in the most recent legislative session in your state that haven't yet passed (linked at the bottom of each [policy map](#)). You'll want to contact the legislators who introduced the bill(s) to learn more about their interest in the policy, what roadblocks the bill encountered, and other potential champions in the legislature.

Talking Points for Speaking with Policymakers

Use the following talking points when contacting your policymaker about the three policy areas that this toolkit focuses on (i.e., [pharmacist prescribing](#), [extended](#)

[supply](#), and [protecting contraceptive coverage](#)). Tailor your presentation to the policy needs and concerns of your state and try to connect how advancing contraceptive access supports other issues that the legislator cares about.

Pharmacist Prescribing

- 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 (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 a provider.

Extended Supply

- Limiting the supply of birth control to a 30 to 90-day supply reduces timely access to contraception.
- 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

- Current federal guidelines implementing the ACA require all non-grandfathered plans to cover at least one contraceptive for each of the FDA approved methods for women, as prescribed, without copays or deductibles. Federal guidance also requires that plans reduce administrative barriers for patients.
- Some state legislatures have taken action to codify and/or expand upon the federal provision that requires all non-grandfathered 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).
- As legislators work to address the needs of their residents, some states have passed bills—sometimes referred to as “contraceptive equity” bills—with protections that go beyond those at the federal level. For example, some states require insurers to cover male sterilization, over-the-counter drugs without a prescription, and/or prohibit insurers from requiring prior authorization and step therapy before a patient can access certain methods.

Telehealth

- Providers and patients can communicate in multiple ways beyond in-person visits, all of which are potential telehealth delivery methods. They include telephonic, live video, store and forward, and email. It is important that folks have access to multiple forms of communication to ensure equity and access.
- There are four types of providers that are often involved in providing contraception: physicians, nurse practitioners, physician assistants, and nurse-midwives. Many states have worked to ensure that people can continue to see their provider of choice via telehealth.

- Service parity (meaning that any services covered for patients in-person must also be covered for patients when delivered via telehealth) and online prescribing (which is different than an electronic prescription and refers to the act of prescribing drugs based on an online interaction) are both important to ensure folks can access contraception via telehealth.

Write an Op-Ed or Blog

Help build public support for your advocacy efforts through media. Use our state-specific [sample-op eds](#) and try to get one published in a local media outlet. You can also use the samples to write a blog post for your organization or coalition website, then share it via social media. You can see examples of published op-eds in the bottom row of the “From Our Partners” section of our [toolkit](#).