

CONTRACEPTIVE ACCESS IN LOUISIANA

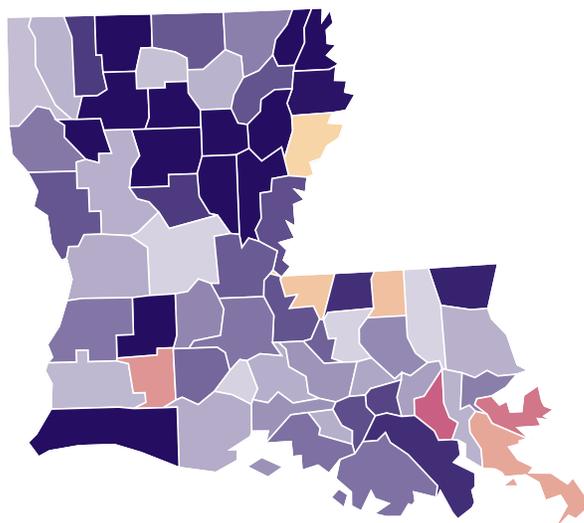
As of July 19, 2022

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 that is 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 Louisiana



314,450

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

10,350

Of the **314,450** women in need, **10,350** 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>

**Guttmacher Institute Analysis, see more information at:

https://www.guttmacher.org/sites/default/files/article_files/insurance-people-repro-age-2019-background-tables.xlsx

What is the Impact of the Gag Rule?

For 50 years, the Title X Family Planning Program has provided federal funding to health centers, so that they can offer free or low-cost birth control and related services. In 2019, the Trump administration undermined the ability of Title X health centers to provide quality care by enforcing the “domestic gag rule.” The HHS Office of Population Affairs estimates that Title X-funded health centers served an estimated 1.5 million fewer people as a result of the rule.

For many of those living paycheck to paycheck, the loss of affordable access to the contraceptive method of their choice (because the health center they depended on lost its Title X funding) compromised their reproductive health and well-being. 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 ensure patients receive equitable, affordable, and client-centered family planning care.

For more information, please see:

<https://powertodecide.org/about-us/newsroom/power-decide-hails-biden-harris-administration-for-eliminating-domestic-gag-rule>

Gag Rule Impact in Louisiana



- The gag rule had no direct impact in Louisiana because all Title X funds went to the Louisiana State Department of Health.
- In 2020, Title X supported centers provided contraceptive care to **25,732** women in Louisiana. The number of patients served from 2018-2020 declined by **36.1%***

*Nationally, HHS OPA attributes roughly 2/3 of the decline to the gag rule and roughly 1/3 to the COVID-19 pandemic.

States Can Improve Contraceptive Access, Here's What Louisiana is Doing

Is Louisiana Doing This?

Expand Medicaid to low-income adults as the ACA allows	Yes
Medicaid Family Planning Waiver or State Plan Amendment (SPA)	Yes
Medicaid reimbursement for postpartum long-acting reversible contraception	Yes
State law/policies that allow pharmacists to prescribe contraception	No
State law/policies to extend the supply of prescription contraceptives	Yes
State law/policies to educate college students about unplanned pregnancy	Yes
State laws/policies to protect contraceptive coverage	No

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 Policies Relevant to Contraceptive Access](#). To see the most up-to-date information for your state, please check out our interactive [maps and tables](#).