

Questions for Policymakers about Birth Control Coverage and Access

Public funding for low income women -

Question: *Do you think the federal government should continue funding so that low-income women (people who make less than \$30,000/year) have access to birth control?*

Supporting points to make:

- There is strong bi-partisan public support for federal programs that do exactly this. For example, 75% of adults (66% of Republicans and 84% of Democrats) favor continuing the Title X Family Planning Program.¹
- Helping low-income women prevent unplanned pregnancy by helping them access the full range of contraceptive methods saves taxpayers money.
- Nearly half of all births in the U.S. are Medicaid-funded. Providing publicly funded contraception to low-income women directly reduces Medicaid costs. The average cost for one Medicaid-covered birth is \$12,770. In comparison, the average annual cost for providing one woman with publicly funded birth control is \$239.² For every \$1 invested in contraception, the nation saves \$7 in taxpayer dollars.³
- *All* women should have access to the full range of contraceptive methods, but not all methods are cheap or easy to get. Those who say birth control is cheap and can easily be purchased at places like Walmart or CVS are likely referring to condoms—which are not among the most effective methods for preventing pregnancy.⁴
- For those who don't want to get pregnant, effective use of contraception is taking personal responsibility. However, some of the most effective forms of contraception—like IUDs and the Implant—also have the highest up-front costs. Without insurance coverage, or with high deductibles and co-pays, these costs can be hundreds of dollars and sometimes more than \$1,000, which prevents some women from using these most effective methods.
- Why shouldn't low-income women have the same access to the most effective methods of birth control?
- Even if we just maintain current programs and funding, not all women can access all methods of contraception. In fact, did you know that 20 million American women currently live in contraceptive deserts—defined by their lack of reasonable access to public health care sites offering the full range of contraceptive methods?⁵

1 <http://thenationalcampaign.org/resource/survey-says-january-2017>

2 <https://thenationalcampaign.org/resource/everyone-loves-birth-control>

3 <https://thenationalcampaign.org/resource/everyone-loves-birth-control>

4 https://www.nytimes.com/interactive/2014/09/14/sunday-review/unplanned-pregnancies.html?_r=0

5 <http://thenationalcampaign.org/press-release/new-research-shows-millions-american-women-lack-access-full-range-birth-control>

Contraceptive coverage – no-co pay birth control

Question: ***Right now, [thanks to the ACA] women can get no co-pay coverage for the type of birth control that they and their doctor decide is best for them. Will you commit to continuing this? If so, how?***

Supporting points to make:

- 81% of Americans (70% of Republicans and 90% of Democrats) agree that birth control is a basic part of women’s health care.⁶
- In fact, 6 in 10 young Republican women say birth control should be treated like any other preventive health care service.⁷
- Furthermore, 86% of Americans (76% of Republicans and 95% of Democrats) support policies that make it easier to get the full range of birth control methods.⁸
- Those who say birth control is cheap and can easily be purchased at places like Walmart or CVS are likely referring to condoms—which are not among the most effective methods for preventing pregnancy.
- Some of the most effective forms of contraception—like IUDs and the Implant—also have the highest up-front costs. Without insurance coverage, or with high deductibles and co-pays, these costs can be hundreds of dollars and sometimes more than \$1,000, which prevents some women from using these most effective methods.⁹
- It’s a common misconception that the birth control coverage provision of the ACA means free birth control for women. However, it is not free—women pay for contraception through their premiums. The provision simply ensures that they don’t pay *additional* out-of-pocket costs on top of those premiums.

Carving out qualified providers

Question: ***Do you think women should have the freedom to go to the health center of their choice to get their contraceptive care? If so, will you oppose any legislation blocking lower income women from using their coverage at the provider they decide is best for them?***

Points to make:

- The need for publicly funded contraception is already far greater than the supply. Excluding high quality providers from publicly funded programs or from being reimbursed by Medicaid only increases this need.¹⁰
- Nearly 20 million American women live in contraceptive deserts—defined by their lack of reasonable access to public health care sites offering the full range of contraceptive methods.¹¹

6 <http://thenationalcampaign.org/resource/survey-says-november-2016>

7 <http://thenationalcampaign.org/resource/young-republicans-birth-control>

8 <http://thenationalcampaign.org/resource/survey-says-november-2016>

9 <https://www.nytimes.com/2014/09/14/opinion/sunday/beyond-marriage.html> and https://www.eurekalert.org/pub_releases/2015-07/uops-aca070615.php

10 <http://www.vox.com/identities/2017/3/17/14942772/planned-parenthood-defund-tom-price-dana-bash-counties-list>

11 <http://thenationalcampaign.org/press-release/new-research-shows-millions-american-women-lack-access-full-range-birth-control>

- Shifting funding from current high quality providers of contraceptive care—like Planned Parenthood—to community health centers will make gaps in birth control access worse. Community health centers are important providers of health care services but most do not currently have the capacity to provide more specialized, high quality contraceptive care.¹² For example, compared to other types of providers offering family planning services, they have longer wait times and are less likely to offer patients the most effective contraceptive methods at all, or in one visit.¹³
- In 332 of the 491 counties where it had locations in 2010 (the latest year numbers were available), Planned Parenthood served at least half of the women obtaining contraception through the public safety net. In 105 counties, Planned Parenthood is the only clinic offering the full range of contraceptive methods.¹⁴
- For the first time in decades, unplanned pregnancy is declining in the U.S. Abortion is also at its lowest levels since *Roe v. Wade*. This is the case in states that have passed significant restrictions on abortion and in states that have not, leading researchers to attribute the decline significantly to greater use of effective contraception and, consequently, less unplanned pregnancy.¹⁵
- At such a time, and with other potentially destabilizing changes to the health care system on the horizon, the last thing we should do is weaken an already fragile family planning safety net by excluding high quality providers able to offer the full range of contraceptive methods, including the most effective ones. This is the gold standard of care, and low-income and vulnerable women and men deserve nothing less.

Other questions:

Question: ***Do you think that policymakers who oppose abortion should strongly support birth control? What specifically will you be willing to do to ensure all women can get access to effective and affordable birth control?***

Points to make:

- By preventing unplanned pregnancies in the first place, birth control reduces abortion. This makes common sense to most Americans. In fact, 81% of Americans (74% of Republicans and 86% of Democrats) agree that those who oppose abortion should strongly support birth control.¹⁶
- For the first time in decades, unplanned pregnancy is declining in the U.S. Abortion is also at its lowest levels since *Roe v. Wade*. This is the case in states that have passed significant restrictions on abortion and in states that have not, leading researchers to attribute the decline significantly to greater use of effective contraception and, consequently, less unplanned pregnancy.¹⁷

12 http://www.rchnfoundation.org/wp-content/uploads/2013/04/Health_Centers_and_Family_Planning-final-1.pdf

13 <https://www.guttmacher.org/gpr/2017/01/understanding-planned-parenthoods-critical-role-nations-family-planning-safety-net>

14 <http://www.vox.com/identities/2017/3/17/14942772/planned-parenthood-defund-tom-price-dana-bash-counties-list>

15 <http://onlinelibrary.wiley.com/doi/10.1363/psrh.12015/full>

16 <http://thenationalcampaign.org/resource/survey-says-november-2016>

17 <http://onlinelibrary.wiley.com/doi/10.1363/psrh.12015/full>

- Some policymakers have proposed over-the-counter access to contraception as an answer to this problem. This would be a positive step that could help some women access some methods. However, making some contraceptives available over the counter is neither a panacea nor a substitute for insurance coverage that increases access to the full range of methods, including the most effective contraceptive methods, IUDs and the Implant, which are not candidates for over-the-counter (OTC) status.
- Furthermore, without extending insurance coverage to OTC contraception, women may face higher out-of-pocket costs for a basic health care need.