



the campaign to prevent unplanned pregnancy

## Federal Policy Action Center *Contraceptive Access Resources*

[Click](#) for resources on evidence-based teen pregnancy prevention education.

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### **Contraception**

Women who decide to become pregnant, rather than having it “just happen,” are better prepared emotionally and financially for the demands of parenting. But they can’t make that decision if they lack access to contraception.

Forty-five percent of pregnancies among all women are described by the women themselves as unplanned. Women under age 30 account for the majority of these (nearly 2 million of the 2.8 million unplanned pregnancies in the US). We have seen progress in recent years—as unplanned pregnancies have begun to decline—but more work remains to ensure that everyone has the power to decide.

Unlike many other health issues, unplanned pregnancy is completely preventable. Only 5% of unplanned pregnancies occurred in women using birth control carefully and consistently. The other 95% of unplanned pregnancies occur among women who don’t use contraception or who use it inconsistently.

The reasons for this are complex, but it often comes down to a lack of access to the full range of contraceptive options. This is particularly important for people who face the greatest disparities in unplanned pregnancy. For example, the unplanned pregnancy rate remains higher for black and Hispanic women than for white women, and these disparities remain even when controlling for income.

**The Title X Family Planning Program** (Title X) and **Medicaid** are important programs that support low-income women’s access to birth control. While Title X needs to be funded annually through the appropriations process, Medicaid funding is mandated by law, separate from appropriations. In addition, the **Affordable Care Act** (ACA) strengthened affordable access to contraception by expanding the number of Americans with public or private health insurance and eliminating cost-sharing for contraception.

## Key Messages on Birth Control Coverage and Access

- [75% of adults](#) favor continuing the Title X Program, including 66% of Republicans and 84% of Democrats.
- [85% of adults](#) agree that birth control is a basic part of women's health care.
- More than [90% of all Americans](#) (across political parties, race, and ethnicity) agree that for those trying not to get pregnant, using birth control is taking personal responsibility.
- Ensuring women have the power to decide if, when, and under what circumstances to become pregnant improves educational attainment and family wellbeing, saves taxpayer dollars, and reduces abortion.

## Title X Family Planning Program

In addition to the ongoing FY 2019 appropriations process (discussed below) that funds Title X, there are two other things to be aware of:

- 1) **The current grant competition** - In February 2018, the Trump Administration [released](#) a funding opportunity announcement (FOA) for the next round of Title X grantees, which raised several concerns:
  - a) The FOA does not mention the word contraception once in its 60 pages;
  - b) It fails to refer to the Quality Family Planning recommendations—the national standard of clinical care for family planning services produced by the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs; and
  - c) Funding may go to providers who do not provide the full range of contraceptive methods.

See Power to Decide's [full statement](#) on the FOA.

In May, [two lawsuits](#) (later consolidated into one) were filed in Washington, DC in response to the FOA. In July, the court ruled in favor of the government and the plaintiffs promptly filed a notice of appeal.

- 2) **Proposed Rulemaking** - On June 1, the Administration published a notice of proposed rulemaking (NPRM) that is essentially a "domestic gag rule." The proposed rule would strip funding from certain health facilities that provide high quality, affordable contraceptive services, and other critical health services. Specifically, it would block Title X funds from any health center that also provides abortion, unless abortion services are provided at a physically separate site. The rule would also prohibit health providers at sites that receive Title X funds from providing patients with information about abortion, along with other options. See Power to Decide's [statement](#) on the draft rule. The 60 day public comment period is now closed.

## FY 2019 Appropriations

**Status: COMPLETE**—see our handy [budget chart](#)

**Latest action:** On September 28, President Trump signed [H.R. 6157](#) into law (P.L. No. 115-245). The bipartisan spending package provides full funding for Labor, Health and Human Services and Education (LHHS) for fiscal year (FY) 2019, which runs from October 1, 2018 to September 30, 2019. The bill includes \$286.5 million (level-funding) for the Title X Family Planning Program.

**Prior Actions in the FY 2019 Appropriations Process:**

On February 12, President Trump released his fiscal year (FY) 2019 budget. It proposed to level fund Title X, while prohibiting those that receive services through the program (and Medicaid beneficiaries) from accessing high quality family planning providers, including Planned Parenthood. See Power to Decide's statement on the President's FY 2019 Budget [here](#).

- On June 15, the **House Appropriations LHHS Subcommittee** voted to pass its version of the FY 2019 [LHHS bill](#), via voice vote. Among other things, the bill would have eliminated the Title X Family Planning Program (see the [subcommittee's press release](#)). See Power to Decide's [statement](#) on the subcommittee bill.
- The week of June 25, both the **Senate Appropriations LHHS Subcommittee and full Senate Appropriations Committee** passed their version of the funding bill on a strong bi-partisan basis. It continues the TPP Program and Title X at the FY 2018 levels along, with current legislative language on how the program is to be implemented. It would also level fund evaluation of teen pregnancy prevention approaches and fund competitive Sexual Risk Avoidance at \$35 million (a \$10 million increase from FY 2018). See Power to Decide's [statement](#).
- On July 11, **the full House Appropriations Committee** voted to pass their version of the bill, along party lines (30 - 22). Like the bill that passed the House LHHS Subcommittee, this one would've eliminated Title X.
- On August 23, in an overwhelming bi-partisan vote of [85-7](#), the **Senate** passed a FY 2019 spending package that includes among other things \$286.5 million for Title X.
  - The Senate defeated an amendment from Senators Rand Paul (R-KY) and Mike Lee (R-UT) to block funding from going to Planned Parenthood. Senators Susan Collins (R-ME) and Lisa Murkowski (I-AK) joined Senate Democrats in opposing the amendment, which was defeated 48-45.
- On September 13, **Congressional leadership** released a bi-partisan package for FY 2019 that includes among other things, \$286.5 million in funding for the Title X program. Please see Power to Decide's full statement on the bill [here](#).
  - September 18, the **Senate** overwhelmingly passed H.R. 6157 by a [vote of 93-7](#),
  - September 24, the **House** did the same with a vote of [361-61](#),
  - September 28, the President signed the bill.

**Title X Resources**

- [Key points on Title X](#)
- [Polling data](#) that shows widespread support for Title X
- Our [state profiles](#) with key info on Title X
- NFPRHA's [state profiles](#) with additional data on Title X

## FY 2018 Appropriations

### Status: Complete (previous fiscal year)

On March 23, 2018, the President signed a bi-partisan omnibus spending bill that funds the government through the end of FY 2018, which ends September 30, 2018. The bill included:

- level-funding for [Title X](#) (\$286.5 million)
- level-funding for the TPP Program (\$101 million)
- level-funding for evaluating teen pregnancy prevention approaches (\$6.8 mil.)
- an increase of \$10 million for Sexual Risk Avoidance Education, formerly called abstinence education (\$25 million).

The omnibus [bill](#) also continues existing legislative language for Title X and the TPP Program, see page 960. See Power to Decide's full statement on the omnibus appropriations bill [here](#).

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# Medicaid

**Current Status:** There have been numerous efforts to weaken or dismantle Medicaid, and it is likely to face other challenges in the future. We'll continue to monitor this and let you know about challenges that could reduce access to high quality contraceptive care through Medicaid

**About Medicaid:** The Medicaid program is a partnership between states and the federal government, with several different pathways to eligibility. States have been required to cover family planning services for reproductive age beneficiaries since 1972. States also have the option to provide a more limited set of benefits, such as family planning services, to those with income above the traditional Medicaid eligibility levels. Twenty-five states [have federal Medicaid Family Planning expansions](#). In addition, 34 states (including Washington, D.C.) have [adopted the full Medicaid expansion](#), in order to provide health insurance coverage to low-income, non-disabled adults (a group that was not eligible under traditional Medicaid), as the ACA allows. Medicaid plays a vital role in offering contraception to low-income individuals, accounting for 75% of public spending on family planning.

## What Can You Do to Protect Coverage and Access to Publicly Funded Contraception (Title X and Medicaid)?

**If you have two minutes:** Tell us your [birth control access story](#). Whether you are one of the millions of women who gained access to affordable contraceptive services through Medicaid or other provisions of the ACA, [we want to know your story](#).

**If you have more time:**

Write a letter to the editor or an op-ed about:

- o The effect of the repeal of Medicaid expansion, increase in cost of private plans, or option for plans not to cover birth control w/ no co-pay will have for women in your District/state, or

- The difference Medicaid has made in your life.

The next time Congress is on recess, take advantage of the opportunity when members of the [House](#) and [Senate](#) will be in their home districts. Try to set up meetings with your members or attend their [town hall meetings](#). Prepare for your meeting with our [Questions for Policymakers about Birth Control Coverage and Access](#).

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## No Co-Pay Birth Control

**Current Status: In Effect (For Now)** - This is no longer in Congress' hands. In December 2017, two federal court judges issued preliminary injunctions on the Trump Administration's rules to restrict birth control. The court injunctions put a stop, for the time being, to the rules released in October 2017. The rules significantly expanded the number of employers eligible for exemptions from covering contraception based on religious or moral objections. Many women could be left without access to no co-pay coverage for some or all methods of birth control if the rules are allowed to go into effect. (Read our statement on the rules [here](#).)

[In January and February 2018, the Trump Administration appealed those rulings.](#) It's likely these cases will end up in the Supreme Court. We will update you when something changes.

### **About No Co-Pay Birth Control:**

Thanks to the Women's Preventive Services provision of the ACA, women covered by Medicaid expansion, marketplace, and employer-based plans are not required to pay *extra* out-of-pocket costs for women's preventive services, which includes birth control. An estimated 62.4 million women benefit from the Women's Preventive Services provision. In 2013 alone, women saved at least \$1.4 billion in out-of-pocket costs for birth control pills, and there is evidence that the provision is increasing the ability of women to obtain more effective birth control methods for those who want them.

### What (Else) Can You Do to Protect Access to No Co-pay Birth Control?

**If you have two minutes:** Tell us your [birth control access story](#). Whether you are one of the millions of women who gained access to affordable contraceptive services through the ACA, or one of many that still lack access to the full range of methods, [we want to know your story](#).

### **If you have more time:**

- Call your [Senator](#) and tell them to protect access to health care, including no co-pay birth control. Ask them to support the [Save Women's Preventive Care Act](#). Send an alert to others in your network asking them to do the same.
- Write a letter to the editor or an op-ed about one of the following:
  - The effect that rolling back no co-pay birth control will have on you and/or other women in your District/state.
  - The difference no co-pay birth control has made for you or other women you know.

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## Additional Resources

[Birth control access maps](#). More than nineteen million women in need of public funding for contraception live in contraceptive deserts meaning they lack “reasonable access” to a public clinic with the full range of methods. See how your state compares.

[#HandsOffMyBC: Judge temporarily blocks birth control rules](#). But the fight isn't over just yet. Our sister site, [Bedsider.org](#), explains the temporary court injunction and what you can do to keep the fight going.

Polling on the popularity of birth control

- [Everyone Loves Birth Control](#)
- [Survey Says: Power to Decide](#)
- [Survey Says: Thanks, Birth Control](#)
- [Survey Says: Support for Birth Control](#)

[Birth control stories](#). Feel free to use stories we've collected about how birth control access has helped women around the country OR share your story with us.

Visit (and share) our [birth control activation toolkit](#) to learn how to take charge of your own health, help your family and friends get informed, and activate your community.

[Questions for Policymakers about Birth Control Coverage and Access](#). We encourage anyone in a setting where there is an opportunity to interact with legislators to ask these key questions.

Kaiser Family Foundation: [State and Federal Contraceptive Coverage Requirements—Implications for Women and Employers](#). This issue brief summarizes the continuing litigation on the federal contraceptive requirement and explains the interplay between the federal and state contraceptive coverage laws.

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