

# 2019 FEDERAL POLICY AGENDA

## About Power to Decide

Power to Decide, the campaign to prevent unplanned pregnancy, works to ensure that all young people—no matter who they are, where they live, or what their economic status might be—have the power to decide if, when, and under what circumstances to get pregnant and have a child. We do this by increasing information, access, and opportunity. We provide objective, evidence-based information about sexual health and contraceptive options, and we work to guarantee equitable access to, and information about, the full range of contraceptive methods. We are a national, non-partisan organization that is committed to common-ground, commonsense solutions and catalyzing innovation in the public and private sectors. We work toward three goals:

- Reduce teen pregnancy rates by 50 percent by 2026.
- Reduce unplanned pregnancy rates among women age 18–29 by 25 percent by 2026.
- Reduce racial/ethnic and socioeconomic disparities in teen and unplanned pregnancy rates by 50 percent by 2026.

Our approach focuses on five key strategies we believe are critical in reducing unplanned pregnancy among teens and young women:

1. Build a system of support that enables young people to act consistently with their decisions about if, when, and under what circumstances to get pregnant and have a child.
2. Ensure that all young people will have active connections with trusted champions, mentors, or allies with whom they can discuss sex, relationships, and their futures.
3. Ensure that everybody has reliable, resonant, and accurate information about sexual health, including the full spectrum of reproductive health services.

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4. Ensure that everybody has access to the full range of contraceptive methods within 60 minutes of where they live.
5. Make reproductive life planning standard practice in settings influential in the lives of young people.

Our strategies and their corresponding activities address the complex factors that lead to unplanned pregnancy through policy, research, capacity building, convening, and strategic communications. Our work creates opportunities for young people to get informed, take control, and advocate for themselves—and to protect the amazing life opportunities that lie ahead.

## The Facts and Why They Matter

*The United States has made great progress reducing unplanned pregnancy among teens and young adults, but we should not mistake progress for victory.*

- Rates of unplanned pregnancy among women in their 20s are now falling for the first time in many years—a decline of 22 percent among women age 20–24 and 13 percent among women age 25–29 between 2008 and 2011.
- The unplanned pregnancy rate, for women of all ages, declined 18 percent from 2008 to 2011, a marked decrease after several decades of minimal change. This coincided with a decline in the abortion rate.
- Still, nearly half of all pregnancies in the United States are reported by the women themselves as unplanned (almost three million annually)—and that figure increases to nearly 60 percent among women in their early 20s. While rates have declined for almost every demographic group, significant disparities persist among young women of color and women living in poverty.
- Since the early 1990s, teen pregnancy and birth rates have declined by 63 percent and 70 percent, respectively. Both are now at record low levels. Important progress has occurred in all 50 states and among all racial and ethnic groups. Progress has accelerated in recent years, with the teen birth rate falling 45 percent since 2010 alone.
- Still, there are nearly 450,000 teen pregnancies a year. This equates to roughly one in four girls becoming pregnant at least once by age 20, and means that the United States has much higher teen pregnancy rates than our trading partners and competitors.
- Even with dramatic declines among teens across the board, there are persistent disparities by race/ethnicity, age, and geography. For example, despite significant progress, the teen birth rate is roughly twice as high among Latina teens (32 births per 1,000), African American teens (29 births per 1,000), and American Indian/Alaska Native teens (33 births per 1,000) compared to non-Hispanic white teens (14 births per 1,000). Additionally, by age 19, nearly half of all teen girls in foster care have been pregnant at least once.

*When young people have the power to decide, they are more likely to complete their education, and publicly funded programs see significant savings.*

- Thirty percent of teen girls who have dropped out of high school report pregnancy or parenthood as a key reason. Fewer than 2 percent of those who have a child before age 18 attain a college degree by age 30.
- The decline in unplanned teen births between 1990 and 2015 created \$4.4 billion in public savings in 2015 alone. If all teens were able to avoid unplanned pregnancy and childbearing, the United States could save an additional \$1.9 billion each year.

*There is broad bi-partisan support for programs that give young people the power to decide if, when, and under what circumstances to get pregnant.*

- Eighty-five percent of adults (including 75 percent of Republicans and 89 percent of Democrats) favor maintaining federal funding for the Teen Pregnancy Prevention (TPP) Program and the Personal Responsibility Education Program (PREP).
- Seventy-nine percent of adults (including 73 percent of Republicans and 81 percent of Democrats) believe teens should receive more information about abstinence and birth control and sexually transmitted infection (STI) protection.
- Seventy-five percent of adults (including 66 percent of Republicans and 84 percent of Democrats) favor continuing the Title X Family Planning Program.
- Seventy-eight percent of adults (including 66 percent of Republicans and 91 percent of Democrats) agree that birth control is a basic part of women’s health care.
- Almost all Americans (91 percent) find birth control morally acceptable, according to a recent Gallup poll.
- Virtually all (94 percent) adults agree that everyone should have the power to decide if, when, and under what circumstances to get pregnant.

*When women have information about, and access to, the full-range of birth control methods, they have the power to decide if, when, and under what circumstances to get pregnant. Increasing access to contraception helps reduce unplanned pregnancy and is a smart return on investment.*

- Forty-eight percent of births in the United States are Medicaid-funded. In 2010, the average cost for one Medicaid-covered birth was \$12,770. In comparison, the annual per-client cost for contraceptive care was \$239.
- For every dollar spent, public funding for contraception saves the nation approximately \$7 that would otherwise be spent on pregnancy- and STI-related health care.
- More than 19 million American women live in contraceptive deserts—defined by their lack of reasonable access to public health care sites in their county offering the full range of contraceptive methods.

*Women who do experience an unplanned pregnancy should have information and access to all legal options available to them, including abortion, as part of the full spectrum of reproductive health services.*

- While the rate of abortion in the United States has gone down in recent years, nearly 1 in 4 women will have an abortion before she turns 45.
- Similar to disparities in contraceptive access and provision, there are geographic, socioeconomic, and racial disparities in access to abortion.
- In 2018, 64 percent of those surveyed said the 1973 decision that legalized abortion nationwide should stand—an 11-percentage point increase from 2012.
- 63 percent of young people oppose restricting access to abortion care.

When young people have the power to decide if, when, and under what circumstances to get pregnant and have a child, they have the opportunity to pursue the future they want for themselves. This not only benefits young people, but also supports shared goals around workforce readiness, family well-being, and maternal and infant health—and produces significant savings in publicly funded programs. However, not all young people today have this power. We can build a system of support for young people by providing equitable access to evidence-based sex education, high-quality contraceptive access, and a sense of future opportunity.

If policymakers are serious about reducing public spending, strengthening economic competitiveness, increasing opportunity, improving the health and well-being of families, and reducing abortion in this country, then it is critical to support policies and programs that have been demonstrated to prevent unplanned pregnancy among teens and young adults. This agenda summarizes Power to Decide’s federal policy priorities, which broadly fall

into three categories: information, access, and opportunity. However, there is also much that state policymakers can do, and a diverse group of states are taking positive steps to improve information about, and access to, contraception. See our [state policy page](#) for more information.

### ***Information: Protect Evidence-Based Teen Pregnancy Prevention Funding***

Over the past nine years, federal funding has supported two complementary funding streams supporting high-quality, evidence-based teen pregnancy prevention programs. Through the TPP Program and PREP, state, community, and tribal organizations have replicated a variety of models that have demonstrated, through rigorous evaluation, to have a positive effect on teen sexual behavior. With 48 evidence-based models, including those that focus on abstinence alone, abstinence and contraception, and even parent-child communication, communities can choose an approach that reflects their needs and values. In fact, many communities use multiple approaches, in order to serve youth of various ages. These programs also invest in high-quality evaluation and innovation to continue learning what works best for particular settings and populations, expanding the menu of options for communities, and strengthening outcomes. The TPP Program and PREP exemplify evidence-based policymaking, a results-oriented approach that is gaining bi-partisan support. In fact, in September 2017, the bi-partisan Commission on Evidence-Based Policymaking (established by House Speaker Paul Ryan and Senator Patty Murray) unanimously agreed on a report that highlighted the TPP Program as an example of a federal program developing increasingly rigorous portfolios of evidence.

Evidence-based teen pregnancy prevention programs also enjoy broad public approval: 85 percent of adults favor maintaining federal funding for the TPP Program and PREP. This support cuts across political, racial, ethnic, and geographic lines. Furthermore, a diverse array of more than 200 national, state, and local groups support these investments.

Together, multi-year TPP Program and PREP grants have served more than one million youth. Providing stable funding for these programs is important in order for grantees to effectively plan, carry out, and evaluate programs. Maintaining investments in these high-quality, evidence-based programs will ensure that federal dollars are spent most effectively.

Policymakers should:

- Restore funding to \$110 million for the evidence-based TPP Program administered by the Office of Adolescent Health and protect the integrity of the program.
- Return to a five-year reauthorization for PREP. In February 2018, Congress reauthorized PREP, along with other so-called “health extenders”, for two years through FY 2019. This occurred more than four months after the program expired, leaving grantees uncertain about the future of the program. Reauthorizing PREP for five years will allow states, tribes, and communities more stability to plan and serve vulnerable youth without disruption.
- Provide oversight and accountability to ensure that evidence-based funding for TPP Program and PREP are administered as intended.
- Support efforts such as the Supporting Foster Youth in Successful Parenting Act introduced in 2017, to address the high rates of teen pregnancy and childbearing among youth in foster care and the juvenile justice system. This act would use targeted efforts to build knowledge about effective approaches within the systems that serve these young people, as well as through coordination with the TPP Program and PREP.

For additional information, see:

- Fact Sheet: Federal Funding Streams Dedicated to Preventing Teen and Unplanned Pregnancy at a Glance <https://powertodecide.org/what-we-do/information/resource-library/federal-funding-streams-at-a-glance>
- Fact Sheet: It's About Evidence: What You Need to Know About the Teen Pregnancy Prevention Program <https://powertodecide.org/what-we-do/information/resource-library/its-about-evidence>
- Fact Sheet: PREP at a Glance <https://powertodecide.org/what-we-do/information/resource-library/prep-at-a-glance>
- Fact Sheet: PREP at a Glance: Pregnancy Prevention Among Youth in Foster Care <https://powertodecide.org/what-we-do/information/resource-library/prep-and-foster-youth>
- Polling: Survey Says: Support for Birth Control <https://powertodecide.org/what-we-do/information/resource-library/survey-says-support-for-birth-control-january-2017>
- Brief: The Trump Administration Deals a Blow to Evidence Based Policymaking <https://www.evidencecollaborative.org/policy-briefs/trump-administration-deals-blow-evidence-based-policy>
- Letter from More Than 200 Groups: Protect the Evidence-Based Teen Pregnancy Prevention Program <https://powertodecide.org/what-we-do/information/resource-library/group-letter-to-protect-evidence-based-tppp>

## ***Access: Ensure All Women Have Equitable Access to the Full Spectrum of Reproductive Health Care***

### *Coverage and Access to Contraception*

Nearly half (45 percent) of pregnancies among all women are described by the women themselves as unplanned according to the most recent data available, and women under age 30 account for the majority of these pregnancies (nearly 2 million of the 2.8 million unplanned pregnancies in the United States). We have seen progress. As noted earlier, unplanned pregnancy has begun to decline in recent years, and that's worth celebrating, but more work remains to ensure that everyone has the power to decide.

Unlike many other health issues, unplanned pregnancy is completely preventable. Among the 2.8 million unplanned pregnancies annually, only 5 percent occurred in women using birth control carefully and consistently. The other 95 percent of the time the couple didn't intend to get pregnant, but their behavior did not match their intention. The reasons for this are complex, but it often comes down to a lack of access to the full range of contraceptive options. More than 19 million women live in contraceptive deserts, or counties in which there is not reasonable access to the full range of contraceptive methods. 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. These disparities remain, even when controlling for income.

The Affordable Care Act (ACA) expanded contraceptive coverage significantly, improving the breadth of contraceptive methods covered and removing many cost barriers. Before the ACA, one in seven women with private health insurance and nearly one-third of women covered by Medicaid either postponed or went without needed services in the prior year because they could not afford it. Women spent between 30 and 40 percent of their total out-of-pocket health costs just on birth control. Eliminating cost barriers has helped increase access to contraception for women with employer-sponsored coverage. For example, the ACA's women's preventive services requirement has resulted in more than 62 million women with private insurance gaining coverage for

the full range of birth control methods, without the burden of additional cost-sharing such as co-pays and deductibles. Thanks to the birth control benefit, women saved more than \$1.4 billion in out-of-pocket costs on birth control pills in 2013 alone. Evidence also exists that the provision is increasing the ability to obtain more effective contraception for those who want it. Therefore, Power to Decide opposes efforts to weaken or roll back this provision, including the final birth control rules issued by the Administration in November 2018 and currently blocked from implementation by a nationwide injunction.

In addition to the women's preventive services provision, the Medicaid program plays an essential role in preventing unplanned pregnancies, representing 75 percent of all public expenditures for family planning. For every dollar spent on publicly funded contraception, the nation saves taxpayers seven dollars. A bi-partisan group of states are taking proactive policy actions that leverage Medicaid to improve access to the full range of contraceptive methods. Any cuts or restrictions that reduce access to Medicaid would undercut the progress that's been made and be at odds with state efforts.

For women who remain uninsured, the Title X Family Planning Program remains critical. Title X provides over four million low-income and uninsured individuals a year with access to high-quality contraceptive services. Two-thirds of patients served by Title X have an income at or below 100 percent of the federal poverty level (FPL) and receive services free of charge. Another 24 percent of patients have incomes between 101 percent and 250 percent FPL and receive services on a sliding fee scale. In 2015, Title X-funded clinics helped women avert 822,300 unintended pregnancies, which would have resulted in 387,200 unplanned births and 277,800 abortions. Given how vital Title X is to helping low-income, uninsured individuals have access to the full range of contraceptive methods, the administration's shift in priorities away from high-quality contraceptive care, as reflected in recent funding announcements and in the recently issued "domestic gag rule" would have a devastating impact on women's ability to access quality health care—especially women who are low-income.

Eliminating out-of-pocket cost barriers to contraception, maintaining and ideally expanding Medicaid coverage, robustly supporting the Title X program, and bolstering state-level efforts to leverage these federal policies and programs are all critical to making sure that people can access services that empower them to decide if, when, and under what circumstances to get pregnant and have a child. Yet even with these policies and programs, there are gaps. The need for publicly funded contraception is already far greater than the supply, and as noted earlier, more than 19 million American women live in contraceptive deserts. Any policy action that reduces coverage or access only exacerbates these existing gaps.

Americans understand this intuitively and do not see birth control as controversial. Seventy-eight percent of adults believe that birth control should be considered a basic part of women's health care. Furthermore, 75 percent of adults (including 66 percent of Republicans and 84 percent of Democrats) favor continuing the Title X program.

Policymakers should:

- Maintain the ACA's women's preventive services provision, including coverage of the full range of contraceptive methods without cost-sharing, without broad exemptions.
- Maintain and expand insurance coverage for the millions of women who have gained it through the marketplaces and through the ACA's Medicaid expansion option.
- Maintain and ideally expand Medicaid coverage of contraception through the ACA's Medicaid expansion, demonstration waivers, and state plan amendments.
- Maintain existing key features of Medicaid coverage of family planning—including the enhanced 90/10 match rate for contraceptive services and supplies and the freedom of choice of provider—that have enabled states to improve access to the full range of contraceptive methods and yield both state and federal cost savings in the process.

- Oppose Medicaid work requirements that would result in significant numbers of people losing coverage, including for contraception (more than 18,000 people lost Medicaid coverage in just the first four months the requirement was in effect in Arkansas).
- Increase funding for the Title X Family Planning Program to \$400 million.
- Support state policies (and the federal programs they leverage) that expand information, coverage, and access to the full range of contraceptive methods.

For additional information, see:

- Fact Sheet: Everyone Loves Birth Control 2018  
<https://powertodecide.org/what-we-do/information/resource-library/everyone-loves-birth-control>
- Polling: Survey Says: Thanks, Birth Control  
<https://powertodecide.org/what-we-do/information/resource-library/survey-says-thanks-birth-control-november-2018>
- Polling: Survey Says—Support for Birth Control  
<https://powertodecide.org/what-we-do/information/resource-library/survey-says-support-for-birth-control-january-2017>
- Contraceptive Deserts Research: Lack of Access = Lack of Power to Decide  
<https://powertodecide.org/what-we-do/access/access-birth-control>
- The Benefits of the Title X Family Planning Program  
<https://powertodecide.org/what-we-do/information/resource-library/benefits-of-title-x>
- State Policies to Increase Information About and Access to Contraception:  
<https://powertodecide.org/what-we-do/information/resource-library/briefly-state-policies>
- Key State Policies at a Glance:  
<https://powertodecide.org/what-we-do/information/resource-library/key-state-policies>

### *Coverage and Access to Abortion as Part of the Full Spectrum of Reproductive Health Care.*

While unplanned pregnancy has begun to decline recently, disparities persist and progress is uneven. Despite impressive strides, African-American and Latina women are 1.5-to-2 times more likely to experience an unplanned pregnancy than their white counterparts, and women living in poverty are five times more likely to experience an unplanned pregnancy than their more affluent peers. The system is failing these women, and these system inequities lead to inequities in women's power to decide if, when, and under what circumstances to get pregnant and have a child. All people—regardless of who they are or where they live—must have access to the full spectrum of reproductive health services, and that spectrum includes access to abortion.

The abortion rate declined steadily between 2011 and 2014, by between three and six percent per year. However, an estimated one in four women will have an abortion by age 45. At least 162 abortion clinics have closed or stopped offering the procedure since 2011, while just 21 clinics opened during the same time period. As a result, access to abortion services has become even more limited in many parts of the country. In 2014, 90 percent of U.S. counties had no clinics providing abortions. Some 39 percent of women of reproductive age lived in those counties. For many women, geographic location is the primary determinant of ability to plan for their family. This is particularly true for African-American and Latina women who disproportionately depend on public health insurance like Medicaid where abortion is covered in some states and not in others.

While polls show that people in the U.S. may be divided fairly equally in their personal views of abortion, there is strong support for safe and legal access to abortion. A [2018 NBC/Wall Street Journal poll](#) found that 71 percent of people across party lines strongly support the Roe vs. Wade decision and do not want to see it overturned.

Disparities in access to abortion mean disparities in access to the opportunities that come from the power to decide if, when, and under what circumstances to have a child.

Policymakers should:

- Support efforts to protect and expand coverage and legal access to abortion for all people—no matter who they are or where they live.

Additional Resources:

- Expanding Our Work to Meet the Needs Of Young People  
<https://powertodecide.org/news/expanding-our-work-to-meet-needs-of-young-people>

### ***Opportunity: Promote the Power To Decide in Efforts to Improve Educational and Economic Opportunity, and Improve Outcomes for Women and Children***

Access to information and birth control cannot solve poverty, racism, economic inequity, or other social challenges that make it hard for all young people to create the future they want. But, especially when coupled with a meaningful sense of possibility, they can empower young people to make major life decisions that can affect their opportunities. Without question, we as a society must support women once they are pregnant with prenatal care, healthy childbirth, and postpartum supports for women and children so that they can thrive. But it's also essential to provide high-quality information and contraceptive options that empower all women to decide if and when to get pregnant in the first place. Having the power to decide if, when, and under what circumstances to get pregnant increases young people's opportunities to be mentally and physically healthy, to complete their education, to pursue the future they want, and to be stronger contributors to their communities. There are also benefits for the next generation. But too many young people—especially those who are economically disadvantaged or marginalized—lack that power.

The evidence is clear that the ability to plan and space pregnancies is directly linked to numerous benefits to women, men, children, families, and society, including more educational and economic opportunities and healthier babies. Below, we highlight each of these issues in turn—education, economic opportunity and mobility, and maternal and infant health—followed by brief recommendations.

The national graduation rate is a critical priority—yet nearly one-third of teen girls who have dropped out of high school cite early pregnancy or parenthood as a key reason. Only 40 percent of teen moms finish high school, and less than 2 percent finish college by age 30. Girls in foster care, already at risk of dropping out of high school, are 2.5 times more likely than their peers to get pregnant as a teen. Ensuring that all teens have quality information about and access to birth control is one of the best strategies to boost the graduation rate.

Empowering young adults with relevant and resonant sexual health information and access to contraceptive services is also key to promoting college success. In fact, it is estimated that unplanned births account for nearly one in 10 community college dropouts among female students. Colleges and universities have a vested interest in helping their students stay in school, graduate, and build a lifetime of opportunity. Ensuring that all of their students have the power to decide if and when to get pregnant—as well as supporting them with other issues such as sexual violence and STIs—is an investment in their success. Colleges can do more to help their students succeed and help them realize they have the power to decide if, when, and under what circumstances to start or expand their family.

An important piece of any effort to help men and women break the cycle of poverty and improve economic opportunity for this and future generations is to empower young people with information and health services to help them align their intentions with their actions when it comes to becoming pregnant. For example, a bipartisan group of experts convened by the American Enterprise Institute and the Brookings Institution included among its consensus recommendations for reducing poverty “promoting delayed, responsible childbearing.” They identified “providing young adults with education about and access to the full range of effective contraceptive options” as one strategy to achieve this recommendation. The opportunity that the power to decide provides—to young women, their partners, the next generation of children, our workforce, our communities, and our nation—is priceless. However, as noted previously, research also shows that investing in prevention yields savings for taxpayers. What’s more, nine out of 10 adults (across age, region, and race/ethnicity) agree that if young people have the power to decide when and under what circumstances to get pregnant, they have more opportunities and are better able to realize their full potential.

Extensive evidence shows that maternal and infant health are greatly improved through adequate birth spacing, as well as timely and high-quality preconception and prenatal care. In particular, very short intervals between pregnancies raise the risk of preterm birth, low birthweight, slow neonatal growth, and infant death. Moreover, supporting women in achieving their own pregnancy intentions is key to improving maternal and child health. Compared to women with a planned pregnancy, women who have an unplanned pregnancy are twice as likely to lack prenatal care and their babies are two-thirds more likely to be born with low birthweight. Children born as the result of an unplanned pregnancy are also more likely to experience poor mental and physical health during childhood and to have lower educational attainment and more behavioral issues in their teen years.

One way to help women align their own pregnancy intentions with appropriate supports is through pregnancy intention screening tools such as One Key Question® that focus on understanding a woman’s intentions and providing follow-up care based on her response. By working with women proactively, One Key Question® addresses the root causes of unintended pregnancies, poor birth outcomes, and disparities in maternal and infant health. It is non-judgmental and equally supports women who want to become pregnant, those who do not, and those who are unsure or would be open to pregnancy. It can be integrated into a variety of settings including primary care practices, home visiting, and other safety net supports. Based on early research, this pregnancy intention screening protocol has produced promising results and garnered recommendations for use by professional associations and organizations such as the American College of Obstetricians and Gynecologists and March of Dimes. Another important source of support for mothers, children, and families is the Maternal and Child Health (MCH) Services Block Grant program. This program helps improve access to health care, improve quality of care (especially for low-income women and children), reduces infant mortality, and provides access to comprehensive prenatal and postnatal care to women, particularly at-risk pregnant women.

The opioid epidemic underscores the imperative to provide appropriate and voluntary access to contraception for women struggling with substance use disorders, including opioid use disorder (OUD). Women with OUD are at increased risk for unplanned pregnancy. Among all women of childbearing age, 45 percent of pregnancies are unplanned; however, as many as 86 percent of pregnancies among women with OUD are reported as unplanned. As the incidence of OUD in pregnancy has increased, so too has the number of infants born with neonatal abstinence syndrome (NAS). NAS refers to the withdrawal symptoms exhibited by infants who are exposed to substances such as opioids in utero. Though rarely fatal, NAS can lead to significant distress, extended hospital stays, and prolonged treatment with medications, which have a large financial impact. In 2012, an infant with NAS had an average hospital stay of 17 days and an average bill of \$66,700. The medical bills for all infants treated for NAS that year totaled \$1.5 billion, 80 percent of which was financed by Medicaid. In addition to medical and economic costs, substance use disorder has negative social outcomes for families. From 2012 to 2016, the 10 percent increase in the number of children entering foster care nationally has been largely attributed to the opioid epidemic. Given these considerations, one primary prevention strategy for reducing the incidence of NAS and the utilization of the foster system, and for improving maternal and infant health, is to address the reproductive health

needs of women with substance use disorder. Any efforts to expand access to contraception, especially among vulnerable populations including women with substance use disorder, should be voluntary and non-coercive, patient-centered, and provide the full range of contraceptive options in order to empower them to decide if, when, and under what circumstances to get pregnant.

While there are myriad reasons to encourage pregnancy planning that have nothing to do with these health risks, ensuring that all women—including those struggling with addiction—have information about and access to effective contraception can help women to avert preventable health issues among infants.

Policymakers should:

- Encourage collaboration at the federal, state, and local level between those working on improving graduation rates and those preventing teen pregnancy, with a particular focus on the use of evidence-based teen pregnancy prevention programs.
- Integrate sexual health information, including education about preventing unplanned pregnancy as one important element of initiatives to increase college success and completion. This would build on innovative efforts underway in a number of states and communities.
- Integrate pregnancy planning and prevention as one effective strategy within broader efforts to promote economic opportunity and mobility.
- Support efforts such as the Enhancing Questions to Understand Intentions for Pregnancy (EQUIP) Act introduced in 2017 to support, evaluate, and ultimately expand pregnancy intention screening.
- Maintain and ideally expand funding for the MCH Block Grant.
- Consider appropriate and voluntary ways to meet the reproductive health needs of women dealing with substance use disorder by learning from and building on innovative efforts underway in several states and communities.

For additional information, see:

- Brief: State Policies to Educate College Students About Unplanned Pregnancy  
<https://powertodecide.org/what-we-do/information/resource-library/state-policies-to-educate-college-students>
- Fact Sheet: Everyone Loves Birth Control 2018  
<https://powertodecide.org/what-we-do/information/resource-library/everyone-loves-birth-control>
- Fact Sheet: One Key Question®  
<https://powertodecide.org/one-key-question>
- Survey Says: Power to Decide  
<https://powertodecide.org/what-we-do/information/resource-library/survey-says-power-to-decide>
- Fact Sheet: Access is Power: Opioid Use Disorder and Reproductive Health  
<https://powertodecide.org/what-we-do/information/resource-library/access-power-opioid-use-disorder-and-reproductive-health>

## ***Support Trusted Champions, Mentors, and Allies in Communicating with Young People about Their Futures***

Teens report that they learn about sex from a variety of sources. This ranges from sex education in school to peers to parents. At the same time, according to young people, champions—not pop culture—most influence their decisions about sex, love, and relationships. Even though adults remain doubtful about their value as influencers, they universally agree that young people should have champion(s) or trusted adults in their lives, such as an older sibling, other family member/adult, educator, or other community supporter. Further they believe that having a network might be a key component in helping teens successfully navigate adolescence and avoid risky decisions throughout their lives.

Policymakers should:

- Provide encouragement and tools to support parents and other trusted champions, mentors, and allies to communicate about sex, love, relationships, and their futures. Building on efforts in the teen pregnancy prevention area, this could be done through youth serving organizations, as well as through family support, fatherhood and healthy relationship, and two-generation initiatives.

For additional information, see:

- Tips and Tools for Trusted Adults  
<https://powertodecide.org/sexual-health/resources-for-champions-advocates/materials-for-parents-champions-mentors>
- Fact Sheet: #TalkingisPower Polling Data  
<https://powertodecide.org/what-we-do/information/resource-library/talkingispower-polling-data>
- Fact Sheet: Survey Says: Network of Trust  
<https://powertodecide.org/what-we-do/information/resource-library/survey-says-network-trust-may-2017>

## ***Support Research and Data Collection on Pregnancy and Childbearing***

Although birth data are available on a timely basis, data on sexual activity, contraceptive use, pregnancy, and abortion are more difficult to obtain, are collected episodically, and often lag by quite a few years. Such data are essential for tracking progress at the national and state level; identifying disparities among different segments of the population; informing the public, policymakers, practitioners, and the media about teen and unplanned pregnancy; and mobilizing evidence-based action. Broader measures of population collected by the Census Bureau are necessary to calculate population-based rates. In addition, federally funded research plays a vital part in continuing to learn what works and how best to continue progress on reducing teen and unplanned pregnancy.

Policymakers should:

- Provide adequate resources for the Centers for Disease Control and Prevention (including the National Center for Health Statistics), National Institute of Child Health and Human Development, and the Census Bureau to continue important surveys such as the Youth Risk Behavior Survey and Behavioral Risk Factor Surveillance System, data collection, and other research activities.
- To the extent possible, encourage that data collected on teen and unplanned pregnancies and births be disaggregated within racial and ethnic groups and socioeconomic status.

For more information about Power to Decide’s public policy views and activities, go to:

<https://powertodecide.org/what-we-do/access/federal-policy>

*Note: Most references can be found in the resources listed under Additional Information or available upon request.*

