

**Care Women Deserve**  
**Congressional Briefing**  
**May 18, 2018**

Hello, my name is Ginny Ehrlich.

Before I begin, I want to extend my appreciation to Representative Waxman, my fellow panelists and partners in our efforts to bring awareness to the importance of women's preventative services. I am honored to be here.

I have the amazing privilege of leading Power to Decide. We are a national organization that works to ensure that all women – no matter who they are or where they live – have the power to decide if, when and under what circumstances to get pregnant.

Power to Decide believes that all people should have the opportunity to pursue the future they want, realize their full possibilities, and follow their intentions. 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, common sense solutions.

The power to decide is important in the context of what we are here to talk about today because it makes it easier for women to live life on their own

terms allowing them to pursue their education, achieve career goals and have healthy babies when and if they want to.

There are few things that are more important to a woman's health than their reproductive well-being. And there is nothing that has helped revolutionize women's reproductive well-being - and health more generally - than birth control.

Since it was made legal for all women – regardless of marital status in 1972 – yes in my lifetime and AFTER we put a man on the moon by the way – birth control - and specifically, the power it provides women to plan and space their pregnancies - has changed the game for women.

It is only since that time that women have become leaders of Fortune 500 companies. And it is no coincidence that today - more 4 times more women graduate from college today than in 1970. Further, studies show that the availability the birth control contributed to 30% of the wage gains made by women between the 1960s and the 1990s. Yes, we still have work to do, but birth control has helped us make progress.

The core benefit of birth control is that it helps women plan and space their pregnancies. When women are healthy and get pregnant only if and when they want to, they stay healthier – and their children do too. Women face fewer challenges in achieving their own educational and career goals, and they are better prepared for the demanding task of parenthood.

Furthermore, research suggests that the life trajectories of the next generation would improve in terms of educational attainment and long-

term economic security if their mothers' timing for childbearing matched their intentions (Sawhill, Karpilow, & Venator, 2014).

Birth control is also a good investment. For every public dollar invested in contraception, the nation saves approximately \$7 in taxpayer dollars. And the savings extend to the private sector too. The National Business Group on Health recommends that employers offer services that help prevent unintended pregnancy including coverage of all FDA-approved methods of contraception at no cost to employees.

Nearly all women (99%) have used contraceptives at some point in their lives.<sup>3</sup> Of the 62 million women in their childbearing years (ages 15 to 44), 7 in 10 are sexually active and do not want to become pregnant.<sup>4</sup>

That is why we need to ensure that all women have the basic health care they deserve – which includes contraceptive services and support.

However - despite these numbers - our system still has a tendency to treat contraceptive services as a separate and in some cases, optional part of health care. Studies suggest that nearly 50% of women go to a separate health care provider for their contraception.

We have seen progress--unplanned pregnancy has begun to decline in recent years, and that's worth celebrating, however, we cannot mistake progress with victory. The rates are still too high and disparities persist. The unplanned pregnancy rate remains higher for African American and Latina women than for white women. Rates of unplanned pregnancy among low income women are 5x as high than their more affluent peers.

I like to think about rates of unplanned pregnancy as a systems challenge – and specifically – our failure to make birth control a part of basic health care – and to make this care truly accessible.

The good news is that the ACA has made huge strides towards expanding 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 were spending between 30 and 40 percent of their total out-of-pocket health costs just on birth control.

The ACA's women's preventive services requirement has resulted in 62 million women with private insurance having 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.

Just as importantly, the birth control benefit is helping women to get the right method for them, rather than being relegated to using something that might not work well for them but is all they can afford. For example, new research shows that “Women enrolled in plans with the greatest reduction

in out-of-pocket costs after mandated coverage of contraception had the greatest gains in IUD insertion.”

It is important to recognize however, that contraceptive **coverage** and contraceptive **access** are not one in the same.

Despite broad popularity (81% love it) and use of birth control, true knowledge about the full range of options and that no co-pay birth control is available is a barrier.

For example, 68% and 77% percent of people stated that they knew little or nothing about the IUD and the implant, respectively. And there are substantial disparities in knowledge about these methods, with large knowledge gaps among women of color, women in rural areas, and low income women.

The ongoing legal challenges to the contraceptive coverage provision have led to confusion among many as to whether or not no co-pay coverage is still the law of the land. Spoiler alert—it is.

So, beyond affordable birth control coverage, people must be able to have a trusted source of information about the full range of methods, what might be right for them, and where to get it.

This is what our Bedsider site offers – by going to Bedsider you too can learn a great deal about birth control - not just about methods and where to get them but also about women’s preventive services, open enrollment, and much more.

In addition to knowledge gaps, we know that there are service access gaps. Our research shows that more than 19 million women eligible for publicly funded contraception live on contraceptive deserts – meaning that even if they do have coverage they do not have reasonable access to the full range of contraceptive methods in the counties in which they live. What does this mean for women? It means that women in need not only have to get to a healthcare appointment – challenging enough – but also need to think about other time and financial costs — extra gas or bus fare, unpaid time off, extra childcare, and the list goes on.

At Power to Decide, we care deeply about women. And we believe that quality sexual health information and true access to birth control are a part of the health care that every woman deserves – no matter who she is or where she lives.

We are headed in the right direction, but we need to stay the course and do more.

We need to maintain the progress we have made in providing no co-pay contraception to more than 62 million women.

We need to protect Title X and expand the safety-net of clinics where women can access contraception.

We need to do more to ensure that uninsured and underinsured women also have true access to the full range of contraceptive methods.

And we need to change the narrative to one that states that birth control – used by the vast majority of women is treated in thought and practice – as what it is...basic health care.

Thank you very much.