

FACT SHEET

If Opponents of Birth Control Have Their Way, Millions of Women Would Lose Access to Birth Control

*Opponents of birth control in Congress are working night and day to enact new laws and policies that would deny millions of women access to birth control -- including access already guaranteed to women by law. Thankfully, so far, supporters of birth control have stopped the worst of these Congressional attacks. Although the anti-birth control efforts have taken several forms, they all would have the same effect: taking birth control coverage away from women nationwide. A comparison of opponents' and supporters' legislative priorities makes the difference clear: **while opponents of contraception would take it away from women, supporters work to ensure that women have access to affordable birth control.***

Line of Attack # 1: Target Women with Private Insurance

The House majority has voted 33 times to repeal, defund or overturn all or part of the Affordable Care Act (ACA).¹ In addition, opponents have targeted the specific provisions that provide access to the full range of FDA-approved contraceptive methods without co-pays for millions of women with private insurance who otherwise would not have it.

- As of August 1st of this year, the ACA guarantees birth control coverage with no co-pay to the 47 million women with private insurance as their new plans are issued.^{2,3*} If the ACA repeal effort had been successful, no women would be guaranteed this coverage.

Simply put, the difference between what supporters of contraceptives have done and opponents would do:

✓ **Supporters have GUARANTEED 47 MILLION WOMEN with private insurance contraceptive coverage with no co-pay.**

✓ **OPPONENTS WOULD TAKE THIS GUARANTEE OF COVERAGE AWAY.**

- Unable to repeal the ACA, opponents have attempted to limit birth control coverage in other ways. Notably, one effort would limit the guarantee of birth control by allowing bosses and insurers to deny coverage of it if they have any "religious or moral" objection.⁴ 40.2 million women get their health insurance through their job or their spouse's job. The anti-birth control plan would put women's health care decisions -- about birth control and every other kind of healthcare -- in the hands of their bosses.^{5*} Opponents have also tried to impose this restriction on all of the services in the new health care law.⁶

Simply put, the difference between what supporters of birth control have done and opponents would do:

✓ **Supporters give 40.2 MILLION WOMEN WITH EMPLOYER-PROVIDED INSURANCE THE ABILITY TO DECIDE about their health care, including contraceptive coverage.**

✓ **OPPONENTS WOULD TAKE THIS DECISION AWAY FROM WOMEN AND GIVE IT TO THEIR BOSSES.**

Line of Attack # 2: Target Women with Public Health Insurance and/or Services

Publicly-supported family planning programs have helped women avoid 1.94 million unintended pregnancies annually.⁷ Two federal programs -- Medicaid and the Title X family planning program -- make up 85 percent of the public support for birth control services.⁸ Yet, the House majority has attempted to cut off the funds for these programs in several different ways.

- Medicaid is the single largest public program providing coverage for birth control in the country;⁹ 4.5 million women receive birth control services through it annually.¹⁰ The ACA contains an expansion of Medicaid that will allow 7 million additional women to enroll in Medicaid and thus gain comprehensive coverage including birth control.^{11*} If the ACA repeal efforts had worked, none of these women would have been able to join Medicaid and get this coverage. In fact, despite the opportunity this gives states to expand Medicaid coverage, officials in several states have indicated that they are likely not to take the Medicaid expansion.¹²

Simply put, the difference between what supporters of birth control would do and opponents would do:

- ✓ **Supporters propose that 7 MILLION WOMEN GAIN comprehensive coverage including birth control through the Medicaid expansion.**
- ✓ **OPPONENTS WOULD TAKE THIS AWAY.**
- Title X of the Public Health Services Act is the national family planning program for low-income, uninsured and underinsured women, and it serves more than 4.7 million women annually.^{13*} In addition to contraceptive care, Title X clinic services promote healthy pregnancies, reduce the transmission of sexually transmitted infections, and reduce the incidence and impact of reproductive cancers. Title X provides these necessary services to low-income and uninsured women who might not otherwise receive them.¹⁴ Despite the long-standing success of this program, the House leadership has tried to de-fund the program each of the last two years.¹⁵

Simply put, the difference between what supporters of birth control have done and opponents would do:

- ✓ **Supporters want to ensure that 4.7 MILLION WOMEN continue to have access to Title X family planning services.**
- ✓ **OPPONENTS WOULD TAKE AWAY FUNDING FOR THIS PROGRAM.**

Line of Attack # 3: Target Organizations that Provide Birth Control Services

Congressional opponents of birth control have attempted to de-fund Planned Parenthood's affiliates.¹⁶ Together, Planned Parenthood's network of providers makes up the leading reproductive health care resource in the nation. Annually, they provide millions of people with a full range of reproductive health care services, including not only birth control, but pregnancy testing, lifesaving cancer screenings, testing and treatment for sexually transmitted infections, abortions and education about reproductive health.

Simply put, the difference between what supporters of birth control have done and opponents would do:

- ✓ **Supporters stand up for Planned Parenthood (PPFA) and the 2.2 MILLION WOMEN to whom PPFA provides birth control annually.¹⁷**
- ✓ **OPPONENTS WOULD TAKE FUNDING FOR PLANNED PARENTHOOD AWAY.**

** This data is also available for all 50 states and the District of Columbia. The state data is attached.*

State	Women guaranteed birth control coverage with no co-pay per ACA 2012	Women with employer-based insurance whose birth control is at risk if bosses can decide	Women who could get Medicaid, and thus birth control coverage, through the Medicaid Expansion	Number of female contraceptive clients served at Title X-funded centers, 2006	Number of female contraceptive clients served at Title X-funded centers, 2008
Alabama	742,787	637,666	156,000	67,700	107,800
Alaska	107,031	94,037	19,000	7,700	6,700
Arizona	916,996	777,691	45,000	57,500	39,900
Arkansas	388,275	331,531	106,000	106,800	75,400
California	5,306,748	4,360,699	856,000	823,400	963,600
Colorado	868,691	704,246	98,000	50,000	46,400
Connecticut	637,900	550,493	37,000	41,400	39,200
Delaware	144,717	125,611	4,000	23,400	22,300
District of Columbia	101,816	89,918	7,000	10,800	17,500
Florida	2,489,759	2,118,917	613,000	244,300	223,100
Georgia	1,481,402	1,234,834	342,000	165,600	147,300
Hawaii	210,665	185,328	14,000	15,000	20,300
Idaho	222,749	177,091	51,000	30,600	25,400
Illinois	2,048,961	1,766,794	219,000	141,000	133,900
Indiana	983,850	873,787	177,000	51,500	39,800
Iowa	519,908	445,474	48,000	80,700	66,800
Kansas	450,915	380,952	67,000	42,200	38,900
Kentucky	650,425	575,203	139,000	114,400	103,600
Louisiana	592,117	489,403	176,000	54,300	58,200
Maine	212,588	184,642	20,000	30,400	27,100
Maryland	1,042,794	902,616	70,000	78,500	74,100
Massachusetts	1,212,350	1,022,050	34,000	73,000	61,100
Michigan	1,557,614	1,338,480	247,000	183,000	120,800
Minnesota	899,810	749,549	51,000	37,500	36,700
Mississippi	381,704	328,099	114,000	64,000	61,000
Missouri	940,103	787,987	173,000	83,800	72,000
Montana	140,400	112,570	29,000	27,000	25,400
Nebraska	306,915	244,358	36,000	37,500	22,300
Nevada	391,181	318,490	78,000	23,900	23,500
New Hampshire	253,146	218,962	24,000	27,600	26,200
New Jersey	1,445,004	1,245,816	140,000	125,300	123,600
New Mexico	259,439	220,334	61,000	47,600	36,200
New York	3,092,653	2,694,806	80,000	302,200	311,500
North Carolina	1,352,427	1,186,099	277,000	145,300	135,800
North Dakota	110,215	88,546	12,000	15,100	14,100
Ohio	1,852,561	1,587,643	256,000	120,100	103,300
Oklahoma	555,857	483,226	108,000	69,800	81,600
Oregon	633,784	525,782	119,000	73,400	70,300
Pennsylvania	2,121,806	1,818,960	241,000	259,700	287,200
Rhode Island	174,974	153,754	16,000	12,700	17,000
South Carolina	649,693	563,534	140,000	97,100	95,900
South Dakota	132,029	108,451	20,000	13,800	11,300
Tennessee	960,501	829,858	159,000	75,600	120,900
Texas	3,412,175	2,948,088	903,000	220,200	221,100
Utah	465,617	397,426	46,000	29,400	28,600
Vermont	109,043	95,410	na	8,400	8,300
Virginia	1,376,205	1,156,584	169,000	74,500	70,100
Washington	1,095,830	921,835	134,000	124,800	101,900
West Virginia	258,764	242,299	66,000	51,100	54,400
Wisconsin	967,875	796,224	70,000	54,000	52,200
Wyoming	84,685	71,386	13,000	14,500	12,000
United States	47,315,454	40,263,538	7,080,000	4,729,000	4,683,300

- 1 Jennifer Haberkorn & Seung Min Kim, *House votes to repeal 'Obamacare' – again*, Politico, July 11, 2012, available at <http://www.politico.com/news/stories/0712/78403.html>.
- 2 Patient Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, § 1001, 124 Stat. 119, 131 (2010) (amending the Public Health Service Act) (to be codified at 42 U.S.C. § 300gg-13).
- 3 Number is based on the Kaiser Family Foundation's estimates of the number of ungrandfathered plans and census bureau data on the number of women between 18-64 who have private health insurance. We assumed the percentage of plans that lost grandfather status in 2011 will remain consistent in 2012. Sources: National Women's Law Center analysis of 2010 health insurance data from the U.S. Census Bureau Current Population Survey's (CPS) *2011 Annual Social and Economic (ASEC) Supplements*, available at <http://www.census.gov/cps/data/cpstablescreator.html>; Kaiser Family Found., *Employer Health Benefits: 2011 Annual Survey (2011)*, available at <http://ehbs.kff.org/pdf/2011/8225.pdf>.
- 4 See, e.g., 158 Cong. Rec. S1173 (daily ed. March 1, 2012) (Rollcall Vote No. 24) (vote to table S.Amdt. 1520 to MAP-21, S. 1813, 112th Cong. (2012)).
- 5 Number is based on the Kaiser Family Foundation's estimates of the number of ungrandfathered plans and census bureau data on the number of women between 18-64 who receive employer based insurance. The NWLC calculation assumes the percentage of plans that lost grandfather status in 2011 will remain consistent in 2012. Sources: National Women's Law Center analysis of 2010 health insurance data from the U.S. Census Bureau Current Population Survey's (CPS) *2011 Annual Social and Economic (ASEC) Supplements*, available at <http://www.census.gov/cps/data/cpstablescreator.html>; Kaiser Family Found., *Employer Health Benefits: 2011 Annual Survey (2011)*, available at <http://ehbs.kff.org/pdf/2011/8225.pdf>.
- 6 Draft FY2013 Labor, Health and Human Services, Funding Bill, 112th Cong. § 537 (as released by the H. Comm. on Appropriations, July 17, 2012), available at <http://appropriations.house.gov/uploadedfiles/bills-112hr-sc-ap-fy13-laborhhsed.pdf>.
- 7 Guttmacher Inst., *Facts on Publicly Funded Contraceptive Services in the United States (May 2012)*, available at http://www.guttmacher.org/pubs/fb_contraceptive_serv.html.
- 8 *Id.*
- 9 *Id.*
- 10 National Women's Law Center calculations based on data from The Medicaid Statistical Information System (MSIS) State Summary Datamart (2008), available at <http://msis.cms.hhs.gov> (Date Accessed July 17, 2012).
- 11 Genevieve Kenney et. al., The Urban Inst., *Opting in to the Medicaid Expansion under the ACA: Who Are the Uninsured Adults Who Could Gain Health Insurance Coverage?* (Aug. 2012), available at <http://www.urban.org/UploadedPDF/412630-opting-in-medicaid.pdf>.
- 12 The Advisory Bd. Co., *Where Each State Stands on ACA's Medicaid Expansion*, The Daily Briefing, July 5, 2012 (updated Aug. 28, 2012), available at <http://www.advisory.com/Daily-Briefing/2012/07/05/Where-each-state-stands-of-the-Medicaid-expansion>.
- 13 Jennifer J. Frost et al., *Contraceptive Needs and Services: National and State Data, 2008 Update* (2010), available at <http://www.guttmacher.org/pubs/win/contraceptive-needs-2008.pdf>.
- 14 Nat'l Family Planning & Reproductive Health Ass'n, *Increasing Access to Preventive Care for Underserved Populations 1* (June 2012), available at <http://www.nationalfamilyplanning.org/document.doc?id=514>.
- 15 Draft FY2013 Labor, Health and Human Services Funding Bill, 112th Cong. § 219 (as released by the H. Comm. on Appropriations, July 17, 2012) available at <http://appropriations.house.gov/uploadedfiles/bills-112hr-sc-ap-fy13-laborhhsed.pdf>, and H.R. 3070, 112th Cong. § 222 (as released by the H. Comm. on Appropriations, Sept. 29, 2011).
- 16 157 Cong. Rec. H1235 (daily ed. Feb. 18, 2011) (Roll Call Vote No. 93) (vote on Pence Amendment to prohibit use of funds for Planned Parenthood Federation of America); U.S. House of Representatives vote on final passage of H.R. 1, (Feb. 19, 2011) (Roll Call Vote No. 147) available at <http://clerk.house.gov/evs/2011/roll147.xml>; 157 Cong. Rec. H2802 (daily ed. April 14, 2011) (Roll Call Vote No. 271) (vote on final passage of H.Con. Res. 36).
- 17 Planned Parenthood Fed'n of Am., Inc., *This is Who We Are: Creating a Healthier World for Women, Men and Teens* (2012), available at http://www.plannedparenthood.org/files/PPFA/Planned_Parenthood_Who_We_Are.pdf.