



NATIONAL WOMEN'S LAW CENTER

Justice for Her. Justice for All.

MARCH 2020 | FACT SHEET

REPRODUCTIVE RIGHTS & HEALTH

PROMOTING EQUITABLE ACCESS TO HEALTH CARE IN RESPONSE TO COVID-19

The spread of COVID-19 has unleashed a health and economic crisis of unprecedented scope. This disaster has laid bare the fragility of our health care system and the inequities that pervade it. Unless we change course, the pandemic and the recession predicted to follow will continue to exacerbate those inequities. Policymakers must focus both on meeting immediate health needs and making comprehensive structural reforms that address deep-rooted inequities in our health care system and protect access to basic care, including reproductive care.

Inequity in health care is a more urgent problem than ever

Marginalized women—including [black women](#), women of color, women with low incomes, women who are transgender, and women with disabilities—already face barriers to care. These barriers will likely worsen in the wake of COVID-19.

- **COVID-19 will disproportionately harm the health of women with low wages.** Women who earn low wages are at an increased risk of both exposure to COVID-19 and loss of livelihood. Jobs with low wages—like cashiers, wait staff, and health aides—disproportionately employ women and [are often at the highest risk of exposure](#). And because of [barriers to accessing health care](#), [no guaranteed sick leave](#), and other structural inequities—as well as their higher risk of job and income loss in the wake of COVID-19—women with low wages are less likely to access or afford care.
- **New barriers to health care will have an outsized impact on marginalized women.** The barriers that marginalized women already face to accessing general health care are heightened during the COVID-19 crisis. Getting care for needs unrelated to the epidemic is difficult for most people at a time when health care resources are limited, but marginalized women may be especially impacted—particularly those who, for

example, rely on now-unavailable child care support or public transit to be able to go to a doctor, live paycheck-to-paycheck, or have limited options because of discrimination by health care providers.

- **Health disparities would become more pronounced during a recession.** Black women, Latinx women, and other women pushed to the margins would likely be [hardest hit](#) during a recession. Women of color already have higher rates of death due to [maternal mortality](#), [diabetes](#), [asthma](#), and [breast cancer](#). Fewer resources and reduced access to health care will only exacerbate the [health consequences of poverty](#).

Existing barriers to reproductive care are likely to increase

Reproductive health care, including abortion, is essential health care. But the hurdles that people already face to accessing reproductive health care may be worsened in the face of COVID-19 and a recession.

- **Reproductive care is already difficult to access.** For decades, state legislatures and Congress have passed [hundreds of restrictions](#) on health care professionals who provide abortion care, as well as on the people who need that care. At the same time, the country has systematically underfunded reproductive health care. The result is that many people already lack access to the care they need. For example, 19 million women in need

currently [lack reasonable access](#) to a publicly funded health center in their country offering the full range of contraceptives.

- **Many people currently struggle to afford reproductive health care.** Most women who pay out of pocket for abortion services because of insurance coverage restrictions [spend the equivalent of more than one-third of their monthly income](#). And an IUD—one of the most effective methods of birth control—can cost [nearly a month's salary](#) without insurance coverage for someone working at minimum wage. For many women, these costs will mean deciding between getting the care they need and [paying bills, food, and rent](#), even outside of a recession.
- **These barriers have gotten worse during the epidemic and likely will continue to worsen.** Unless policymakers undo laws that make reproductive care costly and inaccessible, the impact of these barriers will worsen during times of economic distress. During the last recession, [one study](#) found that women had a hard time paying for birth control and were more likely to delay a related doctor's visit because of the economic situation. On top of that, those opposed to abortion have already sought to use COVID-19 to [erect new barriers](#) to reproductive health care.
- **Access to reproductive care is key for economic recovery.** The economic security of women and families is directly tied to access to reproductive health care. Compared to people who were able to receive an abortion, those who are denied abortion are [more likely to live in poverty](#), [more likely to be in debt](#), and [more likely to have low incomes in the future](#). Access to birth control contributes to [higher income in the long term](#), [higher rates of post-secondary educational attainment](#), and [greater labor force participation](#).

Any attempts to address COVID-19 or a recession must include bold reforms that center women's health needs

- **Economic stimulus packages should promote women's health.** Ensuring that women can access and afford care, including reproductive care, must be a central goal for any response to the recession.

- **Health care reform should center the needs of the most marginalized communities.** Existing disparities and the uneven impacts of COVID-19 and the recession require an approach that prioritizes the needs of women of color, disabled women, women in low-wage jobs, and other marginalized people.
- **Access to reproductive care should be protected and expanded.** There are already too many burdensome and unnecessary restrictions on reproductive care. Congress' focus must be on removing these barriers, not adding to them. Additionally, any efforts must ensure reproductive health care is considered essential health care that is accessible and affordable for all.
- **Ensuring more people can get health insurance that meets their needs but does not hurt their financial stability.** In times of crisis—whether a public health crisis or economic crisis—it is critical that uninsured individuals can get health insurance that meets their needs and does not force them to choose between health care and paying for other critical needs. This includes taking steps to open enrollment outside of traditional enrollment periods, encouraging enrollment through measures like increasing FMAP funding for administrative costs, and waiving cost-sharing for critical care, like COVID-19 treatment.
- **Investing in public programs that help people meet basic needs.** When more people are struggling to make ends meet, public benefits, including their family planning care, often become their only source of health care. Title X, the nation's only federally funded family planning program, has helped meet increased needs at times of crisis over the last 50 years and should be strengthened and supported to ensure people receive the quality, confidential care they deserve.

Health inequities and lack of access to basic care, including reproductive care, have for too long jeopardized the wellbeing of women and families. The COVID-19 crisis demands immediate action to eliminate these barriers to care.