

REPRODUCTIVE RIGHTS & HEALTH

ACCESS TO CONTRACEPTIVES DURING THE COVID-19 PANDEMIC AND RECESSION

Protecting and expanding access to birth control is essential for many people's autonomy and wellbeing, and especially so as the country faces a crisis that threatens the health, livelihoods, and financial security of millions. The COVID-19 pandemic and the recession, however, have created new barriers to accessing birth control and worsened existing ones. For many people who use birth control—especially those who are already more likely to experience barriers to access, including Black women, indigenous women, and women of color—this means that they may not be able to access birth control when they need it or at all, or may not be able to use the birth control that fits their needs.

The right to access birth control is enshrined in the U.S. Constitution and a range of state and federal laws.¹ These legal protections are grounded in the principle that birth control and the ability to determine if and when to have children are inextricably tied to one's wellbeing, equality, and ability to determine the course of one's life. These protections have helped birth control access become a driving force in improving the health and financial security of women and their families.²

Ensuring that reproductive care, including contraception, is accessible and affordable must be a core component of the nation's response to COVID-19 and the economic crisis. This response must include short-term measures that respond to challenges emerging during the pandemic; longer-term measures that anticipate the impacts of the recession; and comprehensive structural reforms that address the disparities magnified by the current crisis.

This issue brief provides an overview of ways that COVID-19 and economic instability can impact contraceptive access and offers solutions for state and federal policymakers to protect and expand access to birth control during the pandemic and the recession.

Barriers to Accessing Birth Control During the COVID-19 Pandemic

The growing pandemic and its immediate economic consequences have left increasing numbers of people unable to afford birth control, see a medical provider for contraceptive services, or otherwise access the services or products they need.³ In a national survey of women of reproductive age, one in three (33%) experienced a cancellation or delay of contraceptive or other reproductive health care—a rate especially high among marginalized communities of women, including Black (38%), Latina (45%), and queer (46%) women.⁴ And over a quarter (27%) said that they worried more about being able to afford contraception because of the pandemic, including 29% of Black women, 38% of Latinas, and 35% of queer women.⁵

One common barrier has been the cost of birth control. For many, being unable to afford birth control is a reality that predates the pandemic,⁶ especially for people of color, disabled people, and others who face disproportionate rates of poverty, uninsurance, and discrimination.⁷ For example, one in three Latinas⁸ and nearly half (46%) of Black women of reproductive age report that they cannot afford to pay more than \$10 for contraception.⁹ The current crisis has exacerbated this problem. Unemployment is now at historic highs,¹⁰ and women, who are overrepresented in frontline industries¹¹ and in low-wage jobs,¹² have been especially hard hit.¹³ Women of color have been

particularly likely to become unemployed during the pandemic: while 10.3% of white women and 9.0% of white men were unemployed in June 2020, the unemployment rate was 14.0% among Black women and 15.3% among Latinas.¹⁴ Nearly one in five (18.4%) disabled women were unemployed in June, compared to 11.8% of non-disabled women.¹⁵ And among women aged 20–24, more than one in five (20.6%) were unemployed.¹⁶ Additionally, because employer-sponsored health insurance is the primary source of coverage in the United States, losing a job or having a family member who lost their job often also means losing one's insurance, including birth control coverage. It is estimated that 27 million people lost their health insurance between March 1 and May 2, 2020, after becoming unemployed,¹⁷ and a May–June 2020 survey found widespread disruptions to health insurance coverage among those who lost a job.¹⁸

Even those who can afford birth control may encounter hurdles to accessing it, such as struggling to find and visit a health care provider. Many people have long contended with limited options for contraceptive providers: millions of women—disproportionately Black women¹⁹—live in contraceptive deserts without adequate access to birth control options²⁰; LGBTQ people, people of color, disabled people, and those with limited English proficiency are too often denied service because of discrimination and bias²¹; and those in low-wage jobs may be unable to see a provider during work hours because of inflexible and unpredictable schedules and no paid sick leave.²² The pandemic has made seeing a provider even more difficult for many. With the continuing spread of the virus, some providers are overwhelmed with demand related to COVID-19 and do not have the staff or resources to also provide contraceptive services, or may not have the personal protective equipment they need to provide services safely. Demand may be especially high at free or subsidized health care centers that serve low-income or uninsured people as growing numbers lose their job-based insurance.²³ Meanwhile, some health care centers that provide family planning services, whose ability to serve patients was already severely limited by the Trump Administration's 2017 domestic gag rule, have shut down or reduced their hours of operation.²⁴ The health risks of traveling to a provider's office can further impede access to birth control, especially in the absence of adequate protective measures, such as mandatory face masks or social distancing. Additionally, many of the services that patients rely on to allow them to go to a health care provider, such as public transportation and childcare, may be limited or unavailable during the pandemic.²⁵

Being unable to use the form of birth control that meets one's needs—or being unable to use birth control at all—can result in medical complications²⁶ and unintended pregnancies, which are associated with higher risks for maternal and infant health²⁷ and higher rates of poverty.²⁸ Approximately half of all pregnancies in the United States are unintended,²⁹ and inadequate access to birth control during the COVID crisis may increase the proportion of people who experience an unintended pregnancy. This is the outcome projected by global-scale estimates of the pandemic's impact: up to 51 million women who would have otherwise used modern contraceptives will be unable to if mitigation strategies are not put in place, resulting in up to 15 million unintended pregnancies.³⁰

The Impact of the Recession

The immediate economic impacts of COVID-19 will likely be prolonged in the recession that has followed in its wake.

EARLY POLLING AND LESSONS FROM THE 2008–09 RECESSION SUGGEST THAT THE CURRENT RECESSION MAY CONTINUE TO EXACERBATE BARRIERS TO CONTRACEPTION, OVERWHELM FAMILY PLANNING CLINICS, AND PUT THE COSTS OF CONTRACEPTION BEYOND MANY PEOPLE'S REACH, ALL AT A TIME WHEN DEMAND FOR BIRTH CONTROL IS LIKELY TO BE HIGHER.

HEIGHTENED DEMAND FOR BIRTH CONTROL

The recession, in combination with COVID-19, may lead to an increased demand for contraception as more people decide to avoid pregnancy or have fewer children,³¹ a trend typical to economic downturns and high-mortality events like pandemics.³² In a May 2020 survey of reproductive-age women, more than one-third (34%) wanted to get pregnant later or wanted fewer children because of the COVID-19 pandemic, a desire especially prevalent among Black (44%), Latina (48%), and queer women (46%).³³ Among those who were concerned about their ability to access contraception, more than half (53%) said that they were thinking more about getting longer-acting birth control like an IUD or implant.³⁴ The pandemic and the recession are likely to continue to shift people's reproductive goals as their economic impacts continue to unfold.³⁵ In the midst of the

2008–09 recession, for example, nearly half of women in a national survey reported that they wanted to avoid or delay childbearing because of the economy, and about two-thirds said they could not afford to have a baby.³⁶

BARRIERS TO AFFORDABLE SERVICES

At the same time as the demand for birth control may be increasing, losing income or health coverage may make it harder for people to afford birth control. A survey of women during the 2008–09 recession is instructive: 23% said they had a harder time paying for birth control than they had in the past, and about one-quarter said they had to put off a gynecological or birth control visit to save money in the previous year. Many women also made the difficult decision to reduce their birth control use in order to cut costs. For example, among those who were financially worse off than in the previous year, one-quarter of those who were on the pill used it inconsistently to save money, like by skipping pills or delaying getting a prescription filled.³⁷ Having to see a doctor—which may mean having to take time off work and securing childcare—added an additional barrier. For example, about half of surveyed women said that because of the economy they worried more about taking time off from work to visit a doctor or clinic.³⁸

IMPACTS ON FAMILY PLANNING CLINICS

Publicly funded family planning clinics are the primary safety-net providers of contraceptive services for uninsured or low-income women. They also provide a range of other services, including preventive care and screening for conditions like high blood pressure and diabetes. In fact, a majority (60%) of patients who obtained contraceptive care from a publicly funded family planning clinic reported that it was their only source of medical care over the previous year.³⁹ For many of these patients, delays or obstacles to receiving care from these clinics mean that they may not be able to see a health care provider at all.

Family planning clinics are more important than ever during a recession. As more people struggle financially or lose their employer-based insurance, more are likely to turn to these clinics for their reproductive health needs and other medical needs. In the previous recession, the increased reliance on family planning clinics meant that the clinics faced a demand for services that far exceeded their scarce resources.⁴⁰ A 2009 survey of family planning centers found that more than half reported service delivery challenges, like longer wait times, fewer hours, layoffs, and hiring freezes, while one-third had to reduce the number of contraceptive methods they offered.⁴¹

Since the last recession, family planning networks have been further undermined through continued underfunding, state funding restrictions, and punitive federal policies. For example, harmful Trump Administration policies like the domestic gag rule have targeted Title X, the nation's public family planning program, which serves millions of people seeking contraceptive services. This rule has pushed a large portion of providers out of the program and imposed such burdensome restrictions on clinics that many were forced to close—slashing the Title X program's capacity by at least 46% nationally, and up to 100% in some states.⁴² Harmful and unnecessary policies like these have left family planning centers stretched thin and under-resourced at a time when they will be essential for the growing numbers of low-income and uninsured people.

Putting Contraceptive Access at the Heart of Recovery: Policy Recommendations

Our collective strategy for recovering from the pandemic and the recession must treat access to contraception as a core component. Polling shows bipartisan agreement that access to birth control is essential during the COVID-19 pandemic; indeed, the majority of those surveyed believe it is even more essential to ensure access to birth control during the pandemic than usual.⁴³ There are many immediate measures that federal and state governments can take during the COVID-19 pandemic to improve access, as well as longer term policies that anticipate and mitigate harms of the upcoming recession. Additionally, federal and state governments must address the structural racism that undergirds health care inequalities, including inequalities in contraceptive care.

STATE POLICIES

States can take the following measures, including both long-term policies and policies that can be adopted on an emergency basis during the pandemic and the recession:

1. Ensure patients can safely access birth control during the pandemic.

Clarify that contraceptive care is essential care that can be accessed while social distancing or stay-at-home guidelines are in place. Access to contraceptive care is time-sensitive and essential. Guidelines that restrict non-essential businesses or travel should permit patients to travel for contraceptive care.

Protect reproductive health care providers. States should ensure that family planning clinics and reproductive care providers are able to do their jobs safely, such as by ensuring that they have adequate access to personal protective equipment.

Encourage the use of telemedicine for reproductive care. With more patients relying on remote medicine, states should make it easier to use telemedicine, expand Medicaid reimbursement for telehealth services, and reassess unnecessary or outdated restrictions.⁴⁴

2. Increase contraceptive access.

Suspend harmful and unnecessary restrictions on birth control access. Several states have already taken provisional measures to suspend burdensome requirements on Medicaid recipients, such as requirements that they make medically unnecessary visits to health care providers before receiving their birth control.⁴⁵

Allow pharmacists to prescribe birth control. Currently, 12 states and Washington, DC, allow pharmacists to prescribe birth control directly to consumers, making it possible for people to access their birth control without needing to visit a doctor or nurse.⁴⁶ Expanding pharmacists' scope of practice to include prescribing birth control helps alleviate many of the obstacles to finding and seeing a doctor that have been exacerbated by the pandemic.

Adequately fund family planning services. Family planning services have been chronically underfunded, leaving them without sufficient resources to meet the growing demand. States must increase funding for family planning centers and reverse policies that restrict or deprioritize funds for these essential services.

Ensure that a pharmacist's personal views on morality do not prevent someone from accessing contraception. In many states, pharmacists can refuse to dispense medically appropriate contraception simply based on their personal disapproval, making timely access to birth control difficult or even impossible—especially so when people's options for pharmacies are already limited by the pandemic. States should repeal laws and update guidelines that give pharmacists broad latitude to refuse to dispense birth control and adopt affirmative protections.

3. Expand coverage.

Expand Medicaid programs. As growing waves of people lose their employment-based insurance or struggle financially, it will become more essential than ever that states expand income-based eligibility for Medicaid, which provides critical birth control coverage for its beneficiaries.

Expand Medicaid family planning coverage. States can expand eligibility for family planning services to those who are otherwise not covered under Medicaid through a waiver or a state plan amendment. This Medicaid coverage helps reduce cost and other barriers to care.

Ensure Medicaid beneficiaries can access the full range of cost-free birth control methods. States that have not yet done so should adopt explicit protections for beneficiaries' access to the full range of FDA-approved birth control methods without cost sharing.

Require insurance coverage of a 12-month supply of birth control. State governments can mitigate the risks of repeated visits to health care providers by requiring insurance companies to cover an extended supply of birth control, a policy that has already been adopted by 20 states.⁴⁷ Medicaid programs should similarly adopt explicit policies of reimbursing providers for a 12-month supply.

Require coverage for and ensure access to emergency contraception. At a time when many people may have their access to birth control interrupted, it is especially important that emergency contraception is covered by insurance with or without a prescription. And states should ensure that someone who needs emergency contraception is able to access it regardless of a pharmacist's personal views.

FEDERAL POLICIES

The federal government also has a responsibility to reduce barriers to birth control. Necessary measures include:

1. Strengthen program funding and infrastructure.

Support the Title X program. Stop the implementation of the domestic gag rule, which has slashed the Title X program's capacity by half at a time when it will be critical to many low-income and uninsured people, and increase federal funding for the program.

Strengthen Medicaid programs and end policies that undermine them. Medicaid funding makes up the majority of public expenditures for family planning client services, accounting for 75% of the total in 2015.⁴⁸ Incentivize states to expand Medicaid and family planning services, and subsidize higher reimbursement rates for providers.

Preserve the Affordable Care Act's (ACA) birth control benefit. In 2019, the ACA contraceptive benefit guaranteed no-cost coverage of birth control to 61.4 million women.⁴⁹ The federal government should abandon efforts to undermine this benefit, including the ongoing efforts to create sweeping and illegal exemptions from its requirements.

Ensure funding for health care providers, including those who provide contraceptive care. Health care providers are experiencing incredible tumult as a result of the COVID-19 crisis, the recession, and—for those who provide contraceptive care—ongoing attacks by the Trump Administration. Future economic relief packages must include funding to sustain these providers.

2. Expand access.

Expand contraceptive access to servicemembers, veterans, and their families. Ensure that non-active duty servicemembers, military dependents, and veterans can access the full range of birth control options with no copays.

Ensure that patients can access contraception and other basic care regardless of a health care provider's refusal to provide care based on personal beliefs. At a time when patients' options are already limited, a variety of Trump Administration rules that put religious or moral objections over patients' access to care are especially dangerous. Congress should prevent these rules from being enforced and pass measures to ensure patients' health comes first.

Expedite FDA review of an over-the-counter oral contraceptive. An over-the-counter birth control pill has been shown to be safe and effective and is already available in over 100 countries. With rising rates of uninsurance and poverty, an affordable, over-the-counter option that reduces the need for health care provider visits will be important, especially for those facing the greatest barriers to care.

Notes

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