



FOR GENDER JUSTICE

POLICY BRIEF

REMOVE BARRIERS AND EXPAND ACCESS TO BIRTH CONTROL



THE PROBLEM

Despite enormous advances in birth control access, people still struggle to get and afford birth control. Moreover, the COVID-19 pandemic and the recession have [created new barriers](#) to accessing birth control and worsened existing ones, putting more people in the position of wanting to delay pregnancy or prevent it altogether. When people are not able to use birth control consistently and correctly, they face an increased risk of unintended pregnancy, and related threats to their health, the health of their families, and their economic security. Amidst our current crises, states must seek to improve health and families' economic security through policies that improve access to birth control, which often have associated cost saving for states as well.

Even those who have insurance coverage continue to face barriers in trying to access birth control. Some insurance plans place arbitrary restrictions in their path: for example, some plans limit how many packs of pills they will cover at one time, and some plans require that, if someone wants coverage of an over-the-counter product, they must first obtain a prescription. For many people who use birth control—especially those who are already more likely to experience barriers to access, including Black women, Native American women, and other women of color and LGBTQ people—[these kinds of barriers](#) can keep them from using birth control correctly or consistently, and are especially pronounced for those who rely on public transportation and whose work hours are not predictable.

The Trump-Pence administration was hostile to birth control and took numerous steps to make it more difficult for people to find and afford birth control. Although the Biden administration is expected to repair the damage that the Trump-Pence administration inflicted and will hopefully work to expand access, states have a critical role to play in helping to ensure their citizens can access the birth control they need, when they need it.

Additionally, the federal Medicaid statute requires coverage of family planning services and supplies without out-of-pocket costs, free of coercion, and from the family planning provider of a beneficiary's choice. These protections ensure that birth control is accessible and affordable for women eligible for Medicaid. In fact, Medicaid pays for 75% of all publicly funded family planning in the country. Yet, some women struggling to make ends meet do not qualify for traditional Medicaid. If they live in a state that has not expanded Medicaid or do not have [special Medicaid family planning programs](#), they are forced to go without contraceptive coverage.

THE SOLUTION

States should take action to remove barriers to birth control access, enshrine contraceptive coverage protections in state law, and expand access to birth control through a Medicaid family planning program.

FOR HELP CRAFTING LEGISLATION, TALKING POINTS, FACT SHEETS, AND FOR STATE-SPECIFIC POLICY RESEARCH AND DATA, PLEASE CONTACT US AT PLAYBOOK@NWLC.ORG.

BASIC ELEMENTS OF THE SOLUTION

- Enshrine the Affordable Care Act's contraceptive coverage requirement in state law, requiring insurance plans regulated by the state to cover all FDA-approved birth control methods without out-of-pocket costs. This is especially important in light of the Trump administration's rules that allow virtually any employer to refuse to comply with the federal requirement.
- Expand Medicaid eligibility for family planning services to individuals otherwise ineligible for Medicaid. Especially when so many people are trying to make ends meet with less, expanded Medicaid eligibility can keep birth control accessible for more people.
- Require coverage and dispensing of no less than one full year of birth control by both private and public insurance, removing an unnecessary barrier to birth control, which is particularly important during the COVID-19 crisis.
- Require coverage of over-the-counter methods of birth control without requiring a prescription by both private and public insurance.

TALKING POINTS ON THE SOLUTION

- Everyone should have access to birth control.
- Contraception is basic health care.
- [Nearly all voters](#) (96%) support women having access to birth control. [And nearly eight in 10 voters](#) (78%) see contraception as basic health care for women.
- Birth control is such a core part of women's lives that 99% of sexually active women have used birth control at some point.
- Protecting and expanding access to birth control is essential for many people's autonomy and well-being, and especially so as we face a crisis that threatens the health, livelihoods, and financial security of millions.
- States are facing fiscal crises right now but must still prioritize access to birth control to help people achieve their educational, financial, and family goals. Moreover, family planning programs are often cost saving for states, making them a noncontroversial issue when it comes to budgets.
- Removing barriers to birth control so that people can plan, space, and prevent pregnancies is critically important for their economic security. Access to birth control [is linked to](#) women's greater educational and professional opportunities and increased lifetime earnings.
- A person's chances of unintended pregnancy increase considerably when barriers prevent them from using birth control consistently and correctly.
- Arbitrary barriers, such as limits on how many packs of birth control you can pick up at one time or unnecessary prescriptions, shouldn't keep people from accessing birth control.

- Access to a full year's supply of birth control can help people avoid gaps in using it and improve its effectiveness. When women were [able to obtain a full year of birth control at one time](#), their odds of pregnancy decreased by 30% and odds of abortion decreased by 46%.
- It can be difficult for people to pick up their birth control or see their health care provider when they need it—especially during the coronavirus crisis. They may not be able to get time off from work, have a ride to a pharmacy or clinic, or be able to get to a pharmacy or clinic when it is open, let alone be safe going to any of these places.
- Putting the ACA birth control benefit in state law will protect our residents and could [reduce income-based disparities](#) in unintended pregnancy rates.
- People need coverage of all birth control methods without out-of-pocket costs so that they can use the specific birth control that is right for them without cost being an obstacle. [Seven in 10 voters](#) (71%) support the ACA provision that requires insurance plans to cover birth control without a co-pay.
- People who are uninsured and struggling to make ends meet shouldn't be left without birth control coverage. [One in three Latinas](#) and [nearly half \(46%\) of Black women](#) of reproductive age report that they cannot afford to pay more than \$10 for contraception.
- Expanding access to birth control will put our state alongside states across the country that are pursuing common sense solutions to barriers their residents face:
 - o At least 15 states have passed laws requiring coverage of all FDA-approved birth control methods without out-of-pocket costs (CA, CT, DC, DE, IL, ME, MD, MA, NV, NH, NM, NY, OR, VT, WA).
 - o At least 20 states and the District of Columbia have adopted laws or policies requiring coverage of or supply of 6 or more months of birth control dispensed at one time in private insurance coverage, Medicaid coverage, or both (AL, CA, CO, CT, DC, DE, HI, IL, IN, ME, MA, MD, MO, MS, NV, NH, NJ, NM, NY, OH, OR, RI, SC, TX, VA, VT, WA).
 - o At least 12 states and the District of Columbia have passed laws requiring coverage of some or all over-the-counter methods of birth control without requiring a prescription (CA, CT, DE, DC, IL, MD, MA, NV, NJ, NM, NY, OR, WA).