

# **Developing a Post-Roe Contraceptive Access Strategy: Findings Report**

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## EXECUTIVE SUMMARY: DEVELOPING A POST-ROE CONTRACEPTIVE ACCESS STRATEGY

Given shifts in abortion access and privacy rights and state attacks on contraception, coordinated efforts to preserve and expand access to contraception are more important than ever. The Coalition to Expand Contraceptive Access (CECA) is bringing together evidence and diverse stakeholders to understand the potential impact of these shifts and foster strategic collaboration and alignment of efforts among various coalitions, organizations, federal agencies, and individuals.

### Initial Activities

- Conducted initial analysis via document scan, listening sessions, and one-on-one conversations
- Convened diverse group of experts
- Developed findings report

### Equity-Informed Principles

Centering reproductive justice and human rights, five principles guide the strategy development process and are intended for all who engage in this work to uphold Sexual and Reproductive Health Equity (SRHE)—with purpose and intention—as we continue identifying priorities and designing and implementing actions. With these equity-informed principles in mind, a vision for contraceptive access is also included to help align the values and goals of all those implementing a strategy.

#### Equity-Informed Principles to Guide Post-Roe Contraceptive Access Strategy Development

1. Ground this work in a holistic vision of sexual and reproductive health that centers justice, equity, autonomy, and choice.
2. Interrogate and re-evaluate the policies, programs, and practices that have guided us.
3. Honor and embrace communities as equal partners throughout the process.
4. Understand and reflect the impact of the historical, sociocultural, political, and economic contexts that influence the lived experiences of community members.
5. Design a strategy that can impact the lives of individuals and communities through changes in systems, policies, and practice.

### Threats, Focus Areas, and Goals

To tackle the outlined threats, realize existing and promising strategies, and achieve equitable contraceptive access in a post-Roe climate, a robust system of support, resources, and tools is necessary. The graphic on the following page highlights the threats, focus areas, and goals identified thus far. This document also highlights a list of potential actions—that is neither exhaustive nor complete—that should be expanded, prioritized, and further developed.

### Dissemination, Implementation, and a Call to Action

This document presents findings from initial activities to collaboratively develop a post-Roe contraceptive access strategy. These findings can serve as a resource to inform discussions on how access to contraception may shift in a post-Roe environment, identify which focus areas and potential actions may help preserve or advance contraceptive equity, and help provide strategic alignment across the field.

Developing, disseminating, and implementing a shared approach to safeguard contraceptive access must be grounded in a SRHE framework and uphold principles of reproductive autonomy and justice. This work must be integrated, holistic, and center those who could be most impacted by the consequences of a post-Roe era.

## Developing a Post-Roe Contraceptive Access Strategy – Overview of Findings

### Values-Aligned Vision

*We envision a world where all people who want contraception can access the contraception that works best for them—when, how, and where they want it, free of barriers and bias. Contraception is part of routine healthcare, and it should be accessible to all people for any reason, not only to prevent pregnancy. Finally, any approach to contraceptive access must align with the values of reproductive justice; contraception cannot be presented as a remedy to abortion restrictions, as a means to reduce abortion rates, or an alternative to comprehensive sexual and reproductive healthcare access, including abortion care.*

### Threats, Focus Areas, and Goals

	Threat	Focus Area	Goal
1	<b>Right to Contraception</b> <b>A convergence of legal, political, and cultural attacks.</b> The <i>Dobbs</i> decision has accelerated legal, political, and cultural attacks that may impact contraceptive access.	<b>Secure the right to contraception</b> , as part of a broader right to reproductive freedom	Secure and preserve protections for the right to contraception at both the federal and state level
2	<b>Misinformation/Disinformation</b> <b>Fear, confusion, misinformation, and stigma.</b> Despite the fact that contraception remains legal throughout the U.S., health systems, providers, and patients fear criminalization in the provision or receipt of contraception, often due to mis- and disinformation and a complex, rapidly evolving legal landscape, creating a further barrier to contraceptive access.	<b>Address misinformation and disinformation</b> related to contraception among providers, users, and the broader public	Provide clear information about contraception—including clarifying the mechanisms of action, legality, availability, and parameters of safe disclosure of contraception—to various audiences
3	<b>Infrastructure</b> <b>The contraceptive care workforce cannot meet current or future demand.</b> Demand for contraception may increase, and anecdotal reports already reference an increased demand in long-acting, permanent, and emergency methods of contraception. Constraints on the contraceptive care workforce may challenge its ability to meet shifting demands.	<b>Improve and enhance infrastructure</b> for contraceptive care	Improve the capacity of the workforce and guard against erosions to quality contraceptive care, including institutional and individual provider refusal policies and the reach of religious healthcare facilities and crisis pregnancy centers
4	<b>Research and Innovation</b> <b>Traditional approaches to contraceptive care are insufficient to meet patient and community needs.</b> Together, novel approaches and innovative research have the potential to expand access to and improve quality of contraceptive care, especially in communities that face access barriers.	<b>Promote research and innovation</b> in all aspects of contraceptive care	Advance novel approaches and research innovation in all aspects of contraceptive care to remain current with scientific evidence and changes in the healthcare system and better meet people’s diverse needs and preferences
5	<b>Sexual and Reproductive Health Equity</b> <b>Historical inequities compounded by recent events.</b> The <i>Dobbs</i> decision threatens contraceptive equity by exacerbating existing barriers to contraceptive access that disproportionately affect Black, Indigenous, and people of color (BIPOC); LGBTQ+ people; young people; people living in poverty; immigrants; people with disabilities; those who are un- or under-insured; and those living in restrictive regions.	<b>Advance SRHE for all</b> , including individuals most impacted by inequities in contraceptive access	Prevent deepening inequities in contraceptive care and provide specific protections to those disproportionately impacted by <i>Dobbs</i>

## INTRODUCTION

Given shifts in abortion access and privacy rights and state attacks on contraception, coordinated strategies to preserve and expand access to contraception are more important than ever. The Coalition to Expand Contraceptive Access (CECA) is bringing together evidence and diverse stakeholders to understand the potential impact of these shifts and foster strategic collaboration on responsive and proactive work. This work specifically engaged both public and private sector organizations, as all have a role to play in advancing contraceptive access and Sexual and Reproductive Health Equity (SRHE) more broadly. Developing common vocabulary, values, and strategies will help advance shared goals that can improve contraceptive access and equity. This work can help align the work of various coalitions, organizations, federal agencies, and individuals and serve as a resource and supportive structure for the reproductive health, rights, and justice fields.

### Who is CECA?

Founded in 2019, CECA is a convener of committed partners working to ensure access to contraception as part of a broader vision to achieve SRHE for the U.S. CECA's goals are to foster collaboration, synthesize and develop evidence, create policy change, and change the conversation. CECA's SRHE framework guided this entire process—from conducting an environmental scan and engaging a diverse workgroup to collectively developing focus areas, goals, and equity principles that center reproductive justice and human rights.

### How to Use this Document

This document presents findings from efforts to identify current needs of the field and considerations for developing a post-*Roe* contraceptive access strategy. It can serve as a resource to inform discussions on how access to contraception may shift in a post-*Roe* environment, identify which focus areas and potential actions may help preserve or advance contraceptive equity, and help provide strategic alignment across the field moving forward. The findings are intended to inform the work of a broad range of individuals and organizations working to advance contraceptive access and SRHE in a post-*Roe* context and more broadly. This includes experts and advocates in sexual and reproductive health, rights, and justice; federal, state, and local policymakers and policy experts/advocates; community members; clinicians and other service providers; researchers; and private sector partners.

In this document, we present the:

- [Equity-informed principles](#) collectively developed to inform the development, dissemination, implementation, and assessment of a potential strategy.
- [Development process](#) to begin understanding the needs from the field, best practices, and opportunities for collaboratively shaping a post-*Roe* contraceptive access strategy.
- [Focus areas and goals](#) collectively identified through a scanning process and Summit participant feedback.
- [Dissemination and implementation approaches](#) to support uptake and advancement of these findings.

### Key Terms and Definitions

**Strategy:** A clear roadmap, including guiding principles, that helps organizations and individuals identify shared goals, prioritize actions to achieve these goals, make decisions and allocate resources, and align work within and between organizations.

**Quality Contraception:** Evidence-based, non-coercive contraceptive care and the full range of contraceptive methods, provided in accordance with the Institute of Medicine (IOM)'s six-pronged definition of quality—that healthcare is safe, effective, patient-centered, timely, efficient, and equitable.<sup>1</sup>

**Sexual and Reproductive Health Equity (SRHE)** means that systems ensure that all people, across the range of age, gender, race, and other intersectional identities, have what they need to attain their highest level of sexual and reproductive health. This includes self-determining and achieving their reproductive goals. Government policy, healthcare systems, and other structures must value and support everyone fairly and justly.<sup>2,3</sup>

**Community:** People who use or would like to use contraception, and those who help them get it, with a particular focus on people who experience barriers to receiving the care they want and have experienced mistreatment in past and present, including, Black, Indigenous, and people of color (BIPOC); LGBTQ+ people; young people; people living in poverty; immigrants; individuals with disabilities; those who are un- or under-insured; and those living in restrictive regions.

## BACKGROUND AND APPROACH

In June 2022, the Supreme Court of the United States (SCOTUS) overturned the constitutional right to abortion with their decision in *Dobbs v. Jackson Women’s Health Organization*. This ruling eliminates longstanding federal standards for abortion access in the U.S. and enables states to severely restrict and even ban abortion. While the *Dobbs* decision focuses on abortion rights, the decision’s logic and the responses of lawmakers, clinicians, and others underscore the precarity of contraceptive access. Even prior to the *Dobbs* decision, contraceptive access had long been limited by existing policies and uneven resources.<sup>4</sup>

In 2022, CECA launched an iterative and collaborative effort to bring together evidence and diverse stakeholders to: 1) understand the potential impact of shifts in abortion and privacy law on contraceptive access; 2) determine and prioritize areas of contraceptive access that will need to be safeguarded or expanded most urgently; and 3) consider how to best shape a responsive, proactive, and collaborative strategy. This document describes the findings from the first six months of these efforts and will be updated periodically in the future.

### Equity-Informed Principles

To support strategic alignment and collaboration that leads to more equitable and just contraceptive policies and practices, CECA and our partners identified equity-informed principles at the outset of this effort. Defining principles to uphold equity in a post-*Roe* strategy is especially crucial in the sexual and reproductive health sphere, given the history of injustice in this field. Black, Indigenous, and people of color (BIPOC); LGBTQ+ people; young people; people living in poverty; people living in rural or isolated communities; immigrants; and individuals with disabilities have historically been harmed by contraceptive policies, practices, and research, and continue to experience systemic barriers to sexual and reproductive healthcare and discrimination within and outside of the healthcare system.<sup>5-7</sup> Unethical testing of the birth control pill without proper informed consent, forced sterilizations, and coercive use of contraception are notable examples.<sup>8</sup>

These principles center reproductive justice and human rights and were crafted based on CECA’s past work and expert colleagues’ input. They are being used throughout this process and are intended for implementation partners to uphold SRHE—with purpose and intention—as they continue to identify priorities, design and implement actions, and align strategies.

#### Equity-Informed Principles to Guide the Post-*Roe* Contraceptive Access Strategy

1. Ground this work in a holistic vision of sexual and reproductive health that centers justice, equity, autonomy, and choice.
2. Interrogate and re-evaluate the policies, programs, and practices that have guided us.
3. Honor and embrace communities as equal partners throughout the process.
4. Understand and reflect the impact of the historical, sociocultural, political, and economic contexts that influence the lived experiences of community members.
5. Design a strategy that can impact the lives of individuals and communities through changes in systems, policies, and practice.

#### **1. Ground this work in a holistic vision of sexual and reproductive health that centers justice, equity, autonomy, and choice.**

All efforts to preserve and expand contraceptive access should have a fundamental basis in the human right of all people, regardless of age, gender, race, and other intersectional identities, to realize their highest level of sexual and reproductive health based on their own self-determined goals. We must actively work to dismantle all barriers to reproductive autonomy (the power to decide about and control matters related to contraceptive use, pregnancy, and childbearing<sup>9</sup>) and choice, including systemic racism and discrimination.

## ***2. Interrogate and re-evaluate the policies, programs, and practices that have guided us.***

To fundamentally change systems, policies, and practice to reflect equity, we must shift away from some of the frameworks that have traditionally guided sexual and reproductive health work to more meaningful ones. This includes asking essential questions about what matters—which processes, structures, and outcomes are deemed important, and thus considered worth funding and measuring. For instance, past contraceptive access efforts have often sought to reduce unintended pregnancy. As a growing body of literature has exposed the flaws in that framework, including a lack of person-centeredness and a grounding in eugenics, it has been questioned as a programmatic and policy goal. A SRHE approach breaks down silos and supports seeing people's health in the holistic, integrated way that they experience it. To reflect the needs of communities and remove all barriers to full autonomy, policies and programs must address a wide range of issues, such as housing, environment, employment, paid family leave, childcare, and affordable healthcare.<sup>10</sup> Existing and newly developed policies and programs should be analyzed to determine the extent to which they reflect equity and result in equitable outcomes.

## ***3. Honor and embrace communities as equal partners throughout the process.***

We must engage more diverse and new voices in a meaningful way that includes the power to make decisions. This means those partners sometimes added as an afterthought (if at all) must be invited from the beginning, such as patient partners, community-based organizations, and those who do adjacent work (e.g., reproductive health advocates partnering with doula organizations). This also includes demonstrating the value of community members' time by compensating participants and equitably dividing resources and funding among partner organizations. For many, this will be a cultural shift that can be supported by explicit guidance about who should be at the table and how they can be involved during every stage of the process.<sup>2,3</sup>

## ***4. Understand and reflect the impact of the historical, sociocultural, political, and economic contexts that influence the lived experiences of community members.***

Recognizing and honoring the history, culture, values, politics, and other neighborhood contexts can contribute to the design and implementation of strategies that center the full lives and experiences of individuals and communities. We must be educated about, and responsive to, the historical injustices communities have faced and the impacts of systemic racism and discrimination, in both its past and present contexts. This may involve conducting thorough background research prior to approaching community members; investing in long-term, meaningful, and reciprocal relationships with community partners and members; and talking with community members about how this work to preserve and expand contraceptive access can help advance community priorities.

## ***5. Design a strategy that can impact the lives of individuals and communities through changes in systems, policies, and practice.***

The current approach to sexual and reproductive health in the U.S. has often failed to center the experiences, priorities, and needs of communities. An equity-informed and inclusive strategy based on research and stakeholder input and centering those most impacted can identify the most timely and impactful solutions. Such a strategy promotes sustainable policy and practice change to create equitable systems of care for all people, as opposed to creating further harm. In setting priorities, those actions with the most potential for immediate and durable impact and the greatest odds of reducing inequities should be prioritized, even when those actions may require breaking with past norms and practices. All those working to create change should be held accountable for the impact of their actions and decisions, not just the stated intention.

## Our Values-Aligned Vision for Contraceptive Access

With the equity-informed principles in mind, we offer a vision for contraceptive access to help align the values and goals of those implementing these findings and, ultimately, a more comprehensive strategy. We envision a world where all people who want contraception can access the contraception that works best for them—when, how, and where they want it, free of barriers and bias. Contraception is part of routine healthcare and should be accessible to all people for any reason, not only to prevent pregnancy. Finally, any approach to contraceptive access must be holistic; contraception cannot be presented as a remedy to abortion restrictions, as a means to reduce abortion rates, or an alternative to comprehensive sexual and reproductive healthcare access, including abortion care.

## DEVELOPING A POST-ROE CONTRACEPTIVE ACCESS STRATEGY

As initial steps to identify the needs of the field and considerations for strategy development, CECA conducted a scanning process to understand the potential impact of *Dobbs* and other threats to contraceptive access at federal and state levels, as well as current efforts underway to protect and expand contraceptive access. CECA then convened a “Summit” of experts to consider how these insights could help inform a collaborative strategy to preserve and expand access to contraception in the post-*Roe* context. Findings from both processes shaped the focus areas, goals, and potential actions outlined in this report.

### Scoping to Identify Needs and Reviewing the Existing Evidence

The scanning process responded to four key questions:

1. What is the status of contraceptive access at federal and state levels?
2. How does the Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization* impact this access?
3. What efforts are underway to preserve and expand contraceptive access in a post-*Roe* era?
4. What support is needed to preserve and expand contraceptive access?

The scan combines key findings and themes from the following information-gathering activities:

- **Review of written materials:** CECA conducted a review of policy and issue briefs, fact sheets, news articles, federal legislation, white papers, peer-reviewed literature, and other relevant written materials published between June 2021 and February 2023. CECA also reviewed state legislative trackers to identify existing and anticipated policies related to contraception.
- **Listening sessions and one-on-one discussions:** CECA convened seven structured small group discussions (“listening sessions”) and approximately 15 one-on-one discussions with diverse experts to gather insights on the existing and potential threats to equitable contraceptive access in a post-*Roe* environment.

#### Listening Session and One-on-One Discussion Participants

- Federal policymakers and agencies
- State-level lawmakers and advocates
- Reproductive justice leaders
- Reproductive healthcare and rights organizations
- Clinicians and representatives of clinical organizations
- Private industry leaders
- Researchers

The CECA Environmental Scan can be found [on CECA's website](#).

Given this topic is rapidly evolving, the environmental scan will serve as a living document that will require periodic updates to remain reflective of the current and shifting context.



## Convening the Post-Roe Contraceptive Access Summit

CECA convened a Summit of experts to analyze the current and anticipated contraceptive access landscape and begin developing strategic alignment across organizations and efforts to address the most pressing threats and promising opportunities. Summit participants were selected based on their deep understanding of the reproductive health, rights, and justice landscape and a steadfast commitment to equitable contraceptive access. The Summit was composed of 22 racially and ethnically diverse healthcare providers, researchers, policy and legal experts, and reproductive justice advocates. CECA convened this diverse group to ensure that the process and outputs reflect values, needs, experiences, and perspectives from the field.

Summit participants reviewed and synthesized findings from the environmental scan, contributed their own experiences and expertise, and worked together to identify key areas of focus for the field. In a series of two 3-hour virtual meetings held in January 2023, Summit participants:

- Developed a shared understanding of how contraceptive access has been affected by the *Dobbs* decision and other federal and state actions.
- Identified and refined focus areas and goals.
- Developed action items for each focus area, along with potential next steps, including how findings from this process will be disseminated.

In addition to attending the convenings, Summit participants reviewed and provided feedback on project materials and participated in ad-hoc discussions with CECA, as needed. For eligible participants, CECA supported meeting-related costs, including stipends to recognize individuals' time. All Summit participants share responsibility for disseminating and advancing these findings and continuing to collaborate on developing a responsive and iterative strategy, in their respective capacities in the field.

## Outlining the Next Steps

This document describes the initial steps in a strategy development process, including conducting the environmental scan and engaging diverse stakeholders, to both document the work and help increase credibility as it is shared broadly. Vetting these findings with implementation partners, such as state and local advocates and community members, is a key next step. These findings can then be used to identify and further develop priority steps that can be taken collectively and individually to continue understanding and aligning the needs from the field, best practices, and opportunities for collaboratively developing a post-*Roe* contraceptive access strategy. Viewed as an evolving effort, this process must adapt and meet community needs as the legal and public health landscapes continue to shift.

## FOCUS AREAS, GOALS, AND POTENTIAL ACTIONS

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Five focus areas and goals emerged from CECA's environmental scan, and were refined by the Summit participants:

1. **Secure the right to contraception**, as part of a broader right to reproductive freedom.
2. **Address misinformation and disinformation** related to contraception among providers, users, and the broader public.
3. **Improve and enhance** infrastructure for contraceptive care.
4. **Promote research and innovation** in all aspects of contraceptive care.
5. **Advance sexual and reproductive health equity** for all, including individuals most impacted by inequities in contraceptive access.

The following table outlines the threats, focus areas, and goals. Specific short-, medium-, and long-term actions will be developed later.

## Developing a Post-Roe Contraceptive Access Strategy: Threats, Focus Areas, and Goals

	Threat	Focus Area	Goal
1	<b>Right to Contraception</b> <b>A convergence of legal, political, and cultural attacks.</b> The <i>Dobbs</i> decision has accelerated legal, political, and cultural attacks that may impact contraceptive access.	<b>Secure the right to contraception</b> , as part of a broader right to reproductive freedom	Secure and preserve protections for the right to contraception at both the federal and state level
2	<b>Misinformation/Disinformation</b> <b>Fear, confusion, misinformation, and stigma.</b> Despite the fact that contraception remains legal throughout the U.S., health systems, providers, and patients fear criminalization in the provision or receipt of contraception, often due to mis- and disinformation and a complex, rapidly evolving legal landscape, creating a further barrier to contraceptive access.	<b>Address misinformation and disinformation</b> related to contraception among providers, users, and the broader public	Provide clear information about contraception—including clarifying the mechanisms of action, legality, availability, and parameters of safe disclosure of contraception—to various audiences
3	<b>Infrastructure</b> <b>The contraceptive care workforce cannot meet current or future demand.</b> Demand for contraception may increase, and anecdotal reports already reference an increased demand in long-acting, permanent, and emergency methods of contraception. Constraints on the contraceptive care workforce may challenge its ability to meet shifting demands.	<b>Improve and enhance infrastructure</b> for contraceptive care	Improve the capacity of the workforce and guard against erosions to quality contraceptive care, including institutional and individual provider refusal policies and the reach of religious healthcare facilities and crisis pregnancy centers
4	<b>Research and Innovation</b> <b>Traditional approaches to contraceptive care are insufficient to meet patient and community needs.</b> Together, novel approaches and innovative research have the potential to expand access to and improve quality of contraceptive care, especially in communities that face access barriers.	<b>Promote research and innovation</b> in all aspects of contraceptive care	Advance novel approaches and research innovation in all aspects of contraceptive care to remain current with scientific evidence and changes in the healthcare system and better meet people’s diverse needs and preferences
5	<b>Sexual and Reproductive Health Equity</b> <b>Historical inequities compounded by recent events.</b> The <i>Dobbs</i> decision threatens contraceptive equity by exacerbating existing barriers to contraceptive access that disproportionately affect Black, Indigenous, and people of color (BIPOC); LGBTQ+ people; young people; people living in poverty; immigrants; people with disabilities; those who are un- or under-insured; and those living in restrictive regions.	<b>Advance SRHE for all</b> , including individuals most impacted by inequities in contraceptive access	Prevent deepening inequities in contraceptive care and provide specific protections to those disproportionately impacted by <i>Dobbs</i>

To tackle the outlined threats, realize existing and promising strategies, and achieve equitable contraceptive access in a post-*Roe* climate, a robust system of support, resources, and tools is necessary. The potential actions below are examples based on 1) actions that federal agencies, state governments, and organizations are enacting or considering enacting to protect contraceptive access identified in the environmental scan and 2) ideas shared by Summit participants. While this list highlights some actions that may be prioritized and should be further developed, it is neither exhaustive nor complete.

### Focus Area #1: Secure the right to contraception, as part of a broader right to reproductive freedom

**Goal:** Secure and preserve protections for the right to contraception at both the federal and state level

#### Potential Actions:

- **Develop a long-term coordinated plan for a legal framework** by convening diverse expert stakeholders to define what success looks like and identify incremental and long-term actions. This includes strengthening current protections and establishing new protections for the right to contraception through legislation; legal theory, strategy, and proactive and responsive litigation; and coordination within and between federal, state, and local policy. This work encompasses enacting a variety of policies to ensure that rights are not in name only, but that people are robustly supported in accessing contraception information and services. This could include, for example, strengthening and expanding contraceptive coverage requirements and establishing and enacting standards around evidence-based, comprehensive information about contraception in schools.
- **Hold policymakers and others in power accountable to their role in defending the right to contraception** by enforcing existing laws and policies; passing and implementing new laws and policies; supporting candidates and elected officials who advance SRHE; and engaging the public in understanding what legal changes are needed. This will involve coordination with groups engaged in electoral strategy.
- **Appropriately resource advocates and policymakers to carry out this work** by reinforcing connections and opportunities for resource-sharing among federal, state, and local advocates and policymakers as well as increasing institutional bandwidth in diverse organizations, particularly for responsive litigation, mobilization, framework shift, and overall legal strategy.

### Focus Area #2: Address misinformation and disinformation related to contraception among providers, users, and the broader public

**Goal:** Provide clear information about contraception—including clarifying the mechanisms of action, legality, availability, and parameters of safe disclosure—to various audiences

#### Potential Actions:

- **Develop clear informational resources for policymakers, providers, and the public** by developing accurate and accessible guidelines that outline how to safely disclose health histories to contraceptive care providers, culturally and linguistically responsive fact sheets or talking points that clearly convey the legality of contraception and abortion, and resources that describe the mechanisms of action of contraceptive methods.
- **Ensure strategic dissemination and uptake of resources** by implementing direct campaigns that dispel and discredit sources of mis- and disinformation; tailoring messaging and dissemination tactics to meet the needs of specific health system, legislative, and community contexts; and investing in broader informational efforts (e.g., comprehensive sex education programs).
- **Better understand and communicate the implications of *Dobbs*** by conducting innovative research to help describe the consequences of the decision, anticipate its long-term impact, and lift up the stories of the people behind the data.

### Focus Area #3: Improve and enhance infrastructure for contraceptive care

**Goal:** Improve the capacity of the workforce and guard against erosions to quality contraceptive care, including institutional and individual provider refusal policies and the reach of religious healthcare facilities and crisis pregnancy centers

#### Potential Actions:

- **Address drivers of burnout for providers** to promote mental health and wellbeing, improve working conditions and compensation, and support providers in offering care that prioritizes patient health and wellbeing by identifying and sharing best practices or organizational suggestions that can support the rest, recovery, and self/community care of the workforce. Ideas include creating spaces of community and connection among the workforce and developing, sharing, and implementing sabbatical policies or other actions that prioritize worker wellbeing.
- **Expand structural and regulatory supports to expand the capacity of the workforce** including expanding scope of practice regulations for advanced practice providers and nurses to practice contraceptive care to the full extent of their licensing; integrating allied health professionals into the contraceptive care workforce; and instituting effective training approaches and reimbursement strategies to improve care delivery, worker retention, and practice sustainability.
- **Identify needed actions to ensure an infrastructure for broad, equitable access to contraceptive care**, including bolstering and increasing patient-centered care in traditional clinical care delivery systems (e.g., establishing sustainable federal investment for the Title X Family Planning Program; expanding access to same-day contraception; and increasing availability of the full-range of contraceptive methods) while supporting evolving care delivery systems, such as telehealth and over-the counter contraception, particularly in areas where religiously-affiliated healthcare institutions and crisis pregnancy centers have a growing presence.

### Focus Area #4: Promote research and innovation in all aspects of contraceptive care

**Goal:** Advance novel approaches and research innovation in all aspects of contraceptive care to remain current with scientific evidence and changes in the healthcare system and better meet people's diverse needs and preferences

#### Potential Actions:

- **Expand innovations in contraceptive care delivery**, such as telehealth for contraceptive care, over-the-counter hormonal contraception, and pharmacist-prescribed contraception, by enacting policy that supports uptake, identifying best practices for implementation, and centering community needs and preferences for care. Activities may include increasing awareness of delivery approaches among providers and the public; developing pathways for consistent, adequate reimbursement for services; and engaging communities to inform person-centered delivery of care.
- **Improve contraceptive science and technology** by investing resources to develop and evaluate new methods of contraception that align with individuals' needs and preferences and mitigate medication side effects.
- **Advance innovative research** that addresses the growing inequities in contraceptive care, access, and policies. Such work may include examining shifts in use, source, and provision of care since the *Dobbs* decision and assessing the impact of diverse care delivery models on contraceptive access, quality of care, and equity; this work should be informed and conducted by a variety of diverse stakeholders, and prioritize community-led and community-engaged research aligned with the [equity-informed principles for contraceptive access research](#). Innovative research will also be central to assessing progress and expanding the evidence base across each of the focus areas.

## Focus Area #5: Advance SRHE for all, including individuals most impacted by inequities in contraceptive access

**Goal:** Prevent deepening inequities in contraceptive care and provide specific protections to those disproportionately impacted by *Dobbs*

### Potential Actions:

- **Reshape the way we carry out this work as a field** by holding conversations about power dynamics within the sexual and reproductive health field, committing to relinquishing power, leveraging institutional pressure and positions, and learning from global work on how to do this work in a human rights framework.
- **Use the equity principles to further develop, implement, and evaluate the strategy** by further defining the communities, systems of influence, and accountabilities; identifying key “pain points” and shared problems in accessing care and opportunities for expansion; and evaluating the impact of the strategies on communities that have historically experienced reproductive injustices, including Black, Indigenous, and people of color (BIPOC); LGBTQ+ people; young people; people living in poverty; immigrants; individuals with disabilities; those who are un- or under-insured; and those living in restrictive regions.
- **Appropriately resource access points for groups that have the biggest barriers to accessing care** by developing creative funding mechanisms at federal and state levels that center community-based organizations and support community-building and community care and dedicating additional financial resources to support the uptick in contraceptive demand and innovations in contraceptive science and technology.

## DISSEMINATION, IMPLEMENTATION, AND FUTURE STRATEGY DEVELOPMENT

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These findings outline five collectively developed focus areas and goals, specifically to: 1) advance SRHE; 2) foster discussions in the field about specific actions and next steps to support strategic alignment and potential strategy development in a post-*Roe* context; and 3) help inform conversations with federal and state policymakers. Implementation partners can use these findings, including the potential actions, to identify and initiate priority steps to preserve and expand contraceptive access in the post-*Roe* environment. As the legal and public health landscapes continue to shift, strategy development efforts and outputs must adapt to meet community needs.

### Potential Audience

Future implementation of these findings and development of a collective, responsive post-*Roe* contraceptive access strategy requires strategic action by key audiences to achieve the goals set forth in this document. These groups include:

- Experts and advocates in sexual and reproductive health, rights, and justice.
- Federal, state, and local policymakers and policy experts/advocates.
- Community members.
- Clinicians and other service providers.
- Researchers.
- Private sector partners.

It will be particularly important for coalitions dedicated to sexual and reproductive health to analyze these findings and determine how collective, as well as individual and organizational, efforts can advance the goals identified here. These will also be critical spaces for identifying opportunities for strategic alignment across coalitions over time.

## Potential Outputs

The following outputs should be developed to assist with dissemination and implementation of the findings:

- **Environmental scan and executive summary** to summarize the potential impact of *Dobbs* and other threats to contraceptive access. - *completed*
- **Findings Report with a description of the process, principles, and recommended focus areas and goals** for use by various audiences seeking to preserve and expand contraceptive access (with short-, medium-, and long-term actions to be developed later). - *completed*
- **Brief overview and/or slide deck** that synthesizes how access to contraception may be impacted by erosions of abortion access and recommends actions to address the most urgent threats to contraceptive access. - *in development*
- **Peer-reviewed publication** describing the findings of the scan and expert convenings.

## Dissemination and Implementation Considerations

**Engaging other key partners in this effort.** This document presents efforts to identify the current needs of the field and considerations for shaping a post-*Roe* contraceptive access strategy. We will continue to vet the findings with key stakeholders, such as state and local advocates, and collaboratively identify opportunities for strategic alignment across the field. It will also be critical to vet these findings with community members and organizations to ensure that this work reflects and advances community priorities.

**Understanding needs from the field to inform a responsive, impactful strategy.** Ongoing convening of and collaborative conversation across various stakeholder groups are needed to advance efforts to preserve and enhance contraceptive access. This includes creating spaces for information sharing of ongoing work to increase awareness, support partner connections, and identify gaps—like a repository accessible to everyone in the field. This also includes connecting with partners to discuss the development, evolution, and alignment of a post-*Roe* strategy across various existing tables and coalitions, especially among those working to expand abortion access.

**Updating and evaluating the work.** These findings and any resulting strategy recommendations will require ongoing assessment and updates to remain timely, address emerging priorities, and reflect the evolving landscape. Looking forward, markers of successful implementation of these findings include:

- Adoption of the equity principles by policymakers, funders, and other decision-makers.
- Funding announcements that draw from the findings as the basis for project development.
- Strategic investments by funders in implementation partners who are not the “usual suspects.”
- Increased coordination and collaboration between stakeholder groups to further develop and implement the outlined focus areas and actions and contribute to ongoing strategic alignment.

## A CALL TO ACTION

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Findings from this work demonstrate that people experienced many barriers to contraceptive access even prior to the *Dobbs* decision, and barriers stand to worsen. The consequences of the *Dobbs* decision already include elevated fear, confusion, and misinformation among contraceptive users and providers; emboldened anti-contraception advocacy; and increased burdens on the contraceptive care workforce. Without timely and strategic actions, these trends will continue, amplifying contraceptive inequities and barriers to care.

Developing, disseminating, and implementing a shared approach to safeguard contraceptive access in the post-*Roe* context must be grounded in a SRHE framework and uphold principles of reproductive autonomy and justice. This includes rejecting any language or actions that may over-promote contraception, or present contraception as a “solution” for limited abortion access or a means to reduce abortion, even if it may seem politically expedient. As many of the experts engaged in this process highlighted, we cannot fight one reproductive injustice with another. Instead, we must craft an integrated and holistic contraceptive access strategy and take actions to center those who could be impacted most by the consequences of a post-*Roe* era.

## APPENDIX A. ACKNOWLEDGEMENTS

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Summit Participants	Organizations
<b>Megan Burrows</b>	American Civil Liberties Union
<b>Kavelle Christie</b>	Community Catalyst
<b>Kelly Cleland</b>	American Society for Emergency Contraception
<b>Amanda Dennis</b>	Society of Family Planning
<b>Mara Gandal-Powers</b>	National Women’s Law Center
<b>Candace Gibson</b>	National Latina Institute for Reproductive Justice
<b>Erin Grant</b>	Abortion Care Network
<b>Yvonne Hsu</b>	National Asian Pacific American Women’s Forum
<b>Megan Kavanaugh</b>	Guttmacher Institute
<b>Fran Linkin</b>	State Innovation Exchange
<b>Berna Mason</b>	Every Body Texas
<b>Liz McCaman-Taylor</b>	National Health Law Program
<b>Raegan McDonald-Mosley</b>	Power to Decide
<b>Jamila Perritt</b>	Physicians for Reproductive Health
<b>Whitney Rice</b>	Emory University
<b>Laurel Sakai</b>	Planned Parenthood Federation of America
<b>Alina Salganicoff</b>	Kaiser Family Foundation
<b>Lisa Satterfield</b>	American College of Obstetricians and Gynecologists*
<b>Dana Singiser</b>	Contraceptive Access Initiative
<b>Robin Summers</b>	National Family Planning and Reproductive Health Association*
<b>Diana Thu-Thao Rhodes</b>	Advocates for Youth
<b>Crystal Tyler</b>	Rhia Ventures
<b>Clarke Wheeler</b>	Black Mamas Matter Alliance*

*\*Asterisk denotes CECA Core Members*

CECA Team Members		
Sheila Desai Jamie Hart	Nikita Malcolm Tanishia Smith	Lisa Stern Jules Wilson

## APPENDIX B. REFERENCES

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