

# CECA Recommendations for Achieving Universal, Equitable Access to Quality Contraception\*

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## RATIONALE

Sexual and reproductive health and wellbeing, including contraception, is a key component of people's autonomy, overall health, and quality of life. Contraception is essential for individuals' achievement of their personal health, social, and financial goals—and was named as one of the ten great public health achievements of the 20<sup>th</sup> century.<sup>1</sup> Yet, many Americans face barriers to contraception, including lack of knowledge and misperceptions, cost and insurance gaps, unnecessary medical practices, and institutional barriers.<sup>2</sup> These barriers, exacerbated by discrimination within and beyond the healthcare system, are even greater for people of color, people living in poverty, people with disabilities, immigrants, and others with marginalized identities.<sup>3,4</sup> The COVID-19 pandemic has significantly disrupted access, also deepening longstanding inequities.<sup>5</sup>

Federal agencies play a crucial and unique role in mitigating barriers and expanding contraceptive access across the country. But many of the federal processes have stalled or been dismantled, and recent setbacks in contraception access argue for a stronger federal commitment. Contraceptive access will be essential to the country's economic recovery and to the attainment of health equity and social justice. ***Our task for the 21<sup>st</sup> century is to ensure universal, equitable access to all contraceptive methods and to high-quality, person-centered care for all.***

## DEVELOPMENT PROCESS

The [Coalition to Expand Contraceptive Access](#) (CECA) is a group of stakeholders committed to ensuring access to quality contraception as part of the broader vision of achieving sexual and reproductive health equity and reproductive quality of life for all individuals. To develop impactful, feasible, and sustainable recommendations, CECA reviewed evidence and worked with more than 100 technical experts across the U.S. to:

- **Identify challenges and opportunities in federal scientific and administrative processes** to expand access to contraception, increase sexual and reproductive health equity, and support the reproductive health workforce.
- **Identify and harness scientific evidence** by analyzing the current evidence and identifying what is needed to influence policy, leverage federal processes, and set the stage for state-level implementation.
- **Leverage cross-sector expertise**, including healthcare providers and professional organizations; state and local health departments; reproductive justice organizations; health systems experts; and researchers.

### CECA Core Member Organizations

- The American College of Obstetricians and Gynecologists (ACOG)
- Association of State and Territorial Health Officials (ASTHO)
- Black Mamas Matter Alliance (BMMA)
- March of Dimes (MOD)
- National Association of Community Health Centers (NACHC)
- National Birth Equity Collaborative (NBEC)
- National Family Planning & Reproductive Health Association (NFPFRA)
- National Partnership for Women and Families
- Nurse Practitioners in Women's Health (NPWH)
- Society for Adolescent Health and Medicine (SAHM)

## RECOMMENDATIONS

Implementation of these recommendations will reshape the contraceptive landscape—by reconsidering the frameworks that guide us, the questions we ask, and how we design, measure, interpret, and share results. **Leadership** at the highest levels will ensure successful implementation of the recommendations and should be implemented **first**. However, action steps must be taken, regardless of whether they are coordinated by a new office, as strongly recommended, or by an existing structure or office.

### CECA Recommendations

- **Three guiding principles** connect contraception to a larger government purpose and mission to foster sexual and reproductive health and wellbeing (SRHW), sexual and reproductive health equity (SRHE), and research and innovation.
- **Four recommendations** are specific to contraception but may serve as a model for other components of SRHW, such as services related to pregnancy, maternal and child health, well person care, and sexually transmitted infections.

\* "Contraception" includes evidence-based, non-coercive contraceptive care and the full range of contraceptive methods. "Quality" is based on the Institute of Medicine (IOM)'s domains of health care quality: safe, effective, patient-centered, timely, efficient, and equitable.

<sup>1</sup> Centers for Disease Control and Prevention. Achievements in Public Health, 1900-1999: Family Planning. *MMWR Weekly*. 1999;48(47):1073-1080.

<sup>2</sup> American College of Obstetricians and Gynecologists. Access to Contraception. Committee Opinion No. 615. *Obstetrics & Gynecology*. 2015;125:250-255.

<sup>3</sup> Gubrium AC, Mann ES, Borrero S, et al. Realizing Reproductive Health Equity Needs More Than Long-Acting Reversible Contraception (LARC). *Am J Public Health*. 2016;106(1):18-19. doi:10.2105/AJPH.2015.302900

<sup>4</sup> Roberts D. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. Vintage; 1997.

<sup>5</sup> Lindberg LD, VandeVusse A, Mueller J, Kirstein M. *Early Impacts of the COVID-19 Pandemic: Findings from the 2020 Guttmacher Survey of Reproductive Health Experiences*. Guttmacher Institute; 2020. doi:10.1363/2020.31482

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### Guiding Principles

<b>G1. Sexual and Reproductive Health and Wellbeing (SRHW):</b> Frame contraception within a broader context, including a wider range of health services and social supports, to help de-silo clinical care, public health programming, and policy to better reflect how people live and envision their health and wellbeing.	<b>G2. Sexual and Reproductive Health Equity (SRHE):</b> Ground the work in SRHE in a way that will redress the history of racism and reproductive coercion and how they manifest today and ensure that all people have what they need to achieve full reproductive autonomy.	<b>G3. Research and Innovation:</b> Make strategic research investments, engage patients and communities throughout all phases of the process, foster innovative practices, and ensure public policy is consistent with the most current scientific evidence.
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Recommendation (SRHW Focus)	Actions
<b>R1. Leadership</b> Create a <u>permanent infrastructure</u> dedicated to promoting SRHW grounded in a human rights and racial equity lens.	<ol style="list-style-type: none"> <li>1. <b>Create an Office of Sexual and Reproductive Health and Wellbeing (OSRHW)</b> within the White House, responsible for numbers 2-4 immediately below.</li> <li>2. <b>Develop a National SRHW Strategy, including a framework for integrating SRHE into federal processes,</b> intended to remove all barriers to full reproductive autonomy and align and promote equitable policy and programmatic solutions across a range of SRHW topics, such as contraception; maternal and infant health; quality childcare; comprehensive paid family leave; and school sexual health curricula.</li> <li>3. <b>Coordinate a SRHW Federal Interagency Workgroup</b> that aligns policies and activities related to SRHW across federal agencies and integrates the work of White House policy offices (e.g., Covid-19 Task Force).</li> <li>4. <b>Oversee the development and implementation of agency-specific implementation and accountability plans</b> to support the National Strategy and issue an annual status report to the President on access to reproductive care in the U.S.</li> </ol>



Recommendations (Contraception Focus)	Actions
<b>R2. Clinical and Programmatic Guidelines</b> Ensure <u>clinical and programmatic guidelines</u> incorporate scientific evidence and stakeholder input and are implemented across systems to support contraceptive access.	<ol style="list-style-type: none"> <li>1. <b>Identify key principles and best practices</b> to ensure guidelines require and support stakeholder engagement, reflect the needs of the field, are updated on a timely basis, use up-to-date scientific evidence, and are consistent with scientifically sound development principles and standards.</li> <li>2. <b>Strengthen development and implementation of existing and new guidelines related to contraception</b> by implementing an evidence-based process to develop, update, and prioritize guidelines and building the evidence base to expand access (e.g., for alternative service delivery models, like telehealth).</li> <li>3. <b>Support dissemination and implementation of guidelines</b> across all appropriate systems.</li> </ol>
<b>R3. Performance Measures</b> Develop an evidence-based, consistent, and accountable <u>measurement approach</u> to assess, improve, and incentivize access to quality contraception.	<ol style="list-style-type: none"> <li>1. <b>Identify key principles and best practices</b> in measurement that enhance access to the full range of contraceptive methods and ensure patient-centered and respectful care.</li> <li>2. <b>Strengthen development and implementation of existing and new measures,</b> including current contraceptive provision and patient-centered counseling measures and potential new measures addressing clinical care, individual reproductive wellbeing, and population health (e.g., Healthy People objectives).</li> <li>3. <b>Support dissemination and implementation of performance measures</b> across all appropriate systems.</li> </ol>
<b>R4. Funding and Payment Strategies</b> Advance <u>funding and payment strategies</u> that support access to quality contraception, regardless of coverage or care setting.	<ol style="list-style-type: none"> <li>1. <b>Align federal definitions of contraception and standardize contraceptive coverage</b> to ensure consistency with clinical and programmatic guidelines and availability at no cost to all individuals.</li> <li>2. <b>Continuously adopt new, evidence-based funding strategies</b> to strengthen the service delivery infrastructure and foster inclusion and innovation.</li> </ol>