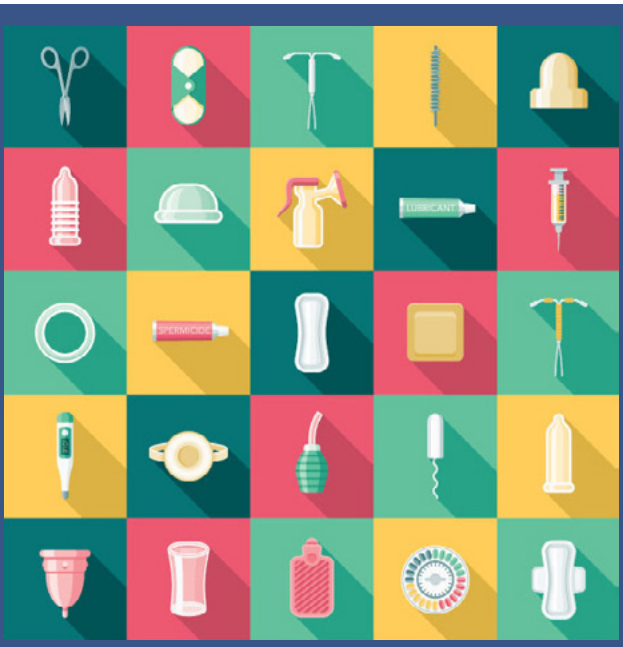
Why Contraceptive Access Matters

What is contraception?

Contraception, also known as birth control, is defined as any method, medicine, or device used to prevent pregnancy. People also use contraception for a number of reasons beyond preventing pregnancy, including regulating their menstrual cycles, reducing menstrual pain, and treating health conditions. Over the course of a lifetime, nearly all people who can become pregnant will use contraception. Most people will use more than one contraceptive method to meet their specific needs at different points in their lives.



Click here to learn more about various birth control methods

What does contraceptive access mean?

Universal, equitable contraceptive access means that all people who want contraception can get the contraceptive information, products, methods, and/or services that work best for them – when, how, and where they want it, free of barriers and bias.

Equitable contraceptive access also means that people who do not want contraception, or who want to discontinue contraception, should be free to make and realize that decision for any reason, without pressure, judgment, or coercion.

Contraception, along with evidence-based, comprehensive, non-coercive contraceptive care, is part of routine healthcare and should be accessible to all people for any reason.

Learn more about what you can do to advance contraceptive access!

Contact us at CECA@contraceptionaccess.org

Why is access to contraception important?

Research shows that contraception plays a critical role in helping people achieve their personal health, social, and financial goals. Contraceptive access:

- **Helps people achieve their highest level of sexual and reproductive health and wellbeing,** including self-determining and achieving their own sexual and reproductive goals.
- **Helps people control the timing of their pregnancies** by allowing people to time, space, prevent or delay pregnancy.
- **Improves physical and mental health outcomes,** including improving maternal and infant health outcomes; reducing the risk of sexually transmitted infections, pelvic inflammatory disease, and reproductive cancers that may impair fertility; and reducing stress in people's lives.
- **Helps people maintain their economic security** by supporting people to achieve their educational and employment aspirations.
- **Links people with other lifesaving healthcare,** such as screening for breast and cervical cancers, smoking cessation counseling and support, and other preventive care.
- **Advances sexual and reproductive health equity** so that all people across the range of age, gender, race, and other intersectional identities have what they need to attain their highest level of health.

What is the current state of contraceptive access in the U.S.?

Contraception is legal in every state in the U.S., and it is available in a variety of settings, including doctor's offices, clinics, pharmacies, and online platforms. In recent years, important strides have been made to improve access; for instance, the expansion of insurance coverage and reduced out-of-pocket costs for users; the development of new birth control methods; the growth of telehealth and alternative delivery systems; and approval of the first daily oral contraceptive pill available over-the-counter.

Despite these advances, more than 19 million women[1] of reproductive age in the U.S. live in a "contraceptive desert," an area with insufficient access to the full range of contraceptive methods.

And even this staggering number does not account for people across the U.S. who do not have access to high-quality and person-centered contraceptive care and information. Recent surveys show that less than half of women report receiving the highest quality person-centered counseling, with women who are Black, Hispanic, low-income, and uninsured even less likely to receive high-quality care. Only 30% of women say they had all the information they needed to choose a contraceptive method, denoting a gap that is even more significant among young people.

[1] While most of the literature on the topic of contraception discusses the needs and experiences of women, CECA recognizes that all people, including transgender men and gender non-conforming people, use contraception and experience barriers to care. CECA uses gender-inclusive language except when referring to evidence, programs, or other topics that pertain specifically to (cisgender) women.

What are barriers to contraceptive access in the U.S.?

While birth control is legal in the U.S., many people still face barriers to contraceptive access, including:

- **Threats to constitutional protection for the right to contraception:** A series of U.S. Supreme Court decisions, beginning with *Griswold v. Connecticut* in 1965, establish the right to use contraception. However, the Court's 2022 decision in *Dobbs v. Jackson Women's Health Organization* presents a threat to the constitutional right to contraception and personal privacy rights, more broadly.

- **Policies that restrict contraceptive access:** Contraceptive access is limited in several states by policies that restrict the allocation of state and federal family planning funds; allow refusal of care by healthcare providers; limit young people's access to reproductive healthcare; and more. The Dobbs decision is expected to amplify barriers to reproductive healthcare across the country, and may have already contributed to clinic closures, reduced availability of care, longer wait times for services, and threats to confidentiality of services.

- **Widespread misinformation and disinformation:** The rapidly changing reproductive health policy landscape, along with targeted disinformation campaigns and the misclassification of emergency contraception and other birth control methods as abortion by some policymakers, has created confusion about contraception among health systems, providers, and the public. Many people are confused about which contraceptive methods are legal and available to them.

- **Cost and health insurance gaps:** Cost remains a primary barrier to accessing healthcare services, including contraceptive care. People who are uninsured often experience delays in accessing contraception due to cost. Many people with insurance still contend with high out-of-pocket costs for contraception and health plans that exclude contraceptive coverage. The Title X Family Planning Program and Medicaid, which make affordable access to contraception a reality for millions of people, are under constant threat of being restricted, reduced, or eliminated.

- **Healthcare provider shortages:** There is a shortage of reproductive health providers, especially in rural areas and in communities impacted by systemic racism. There is growing concern that the Dobbs decision will further diminish workforce capacity due to burnout; drive reproductive health providers to move away from states with restrictive reproductive health policy; and lead to declines in medical residency applications, especially in states that restrict access to comprehensive reproductive healthcare.

- **Bias and harm:** Efforts to increase contraceptive access often continue a legacy of differential treatment and harm, devaluing the fertility of individuals whose reproduction is perceived to carry a public cost. Overt and subtle contraceptive coercion directed at Black, Indigenous, and other people of color, young people, and others, as well as historical and present-day racism in healthcare, persists, in part, because of outdated public health narratives that focus on goals like reducing unintended pregnancy or saving public costs, instead of addressing the root causes of health inequities.

Barriers to contraceptive access often disproportionately impact those who already face barriers to accessing quality care, including Black, Indigenous, and other people of color; LGBTQ+ people; people with few financial resources; young people; people with disabilities; immigrants; people traveling for care; and those living in rural or highly restrictive regions.

How can we collectively advance contraceptive access for all people?

In addition to addressing the barriers mentioned above, several efforts are underway that also expand contraceptive access, including:

- **Efforts to solidify the right to contraception** at the federal and state levels, such as introducing the Right to Contraception Act in the U.S. Congress and enshrining the right to contraception into state constitutions in California, Vermont, and Michigan.
- **Improvements in contraceptive coverage,** including the Affordable Care Act's contraceptive coverage benefit, recent guidance clarifying the obligation of health insurers and employer health plan organizations to comply with the contraceptive coverage benefit, and expanded eligibility for Medicaid coverage for family planning services.
- **Innovations in contraceptive care delivery,** such as over-the-counter hormonal contraception, telehealth for contraceptive care, and pharmacist-prescribed contraception.
- **Efforts to improve the quality of contraceptive care** to align care with people's needs and preferences, including person-centered care frameworks and trainings, and the development of person-centered measures to assess contraceptive care quality, access, and equity.
- **Improvements in access to up-to-date, high-quality information** about contraception, including comprehensive sex education.
- **Development of new contraceptive technologies** to increase people's options and ensure a wide range of options are accessible to all people without cost or other barriers.

Contraceptive access has multiple interlocking benefits for individuals and communities.

All work to expand contraceptive access must be grounded in a Sexual and Reproductive Health Equity framework and uphold principles of reproductive autonomy and justice.