



Birth Control's Transformative Effects –

And the Need for Expanded Access

Table of Contents

- 01 Introduction**
- 03 Why Birth Control Matters**
- 06 How the ACA Has Expanded Birth Control Access**
- 08 How Birth Control Is Under Attack**
- 13 Lessons from 99 Years as a Birth Control Provider, Educator, and Advocate**

Introduction

Birth control has been nothing short of revolutionary for women and society. Since it became legal a half-century ago, birth control has led to such a dramatic societal impact, materially improving the lives and conditions of women and families, as well as the U.S. economy at large, that the Centers for Disease Control and Prevention (CDC) named it one of the top 10 public health achievements of the past century.¹ Invention of the pill – which became available to American women as a contraceptive in 1960 – was one of the top ten most transformative moments in the business sector over the last 85 years, according to *Bloomberg Businessweek*.²

Birth control has real, tangible effects on women's lives. It is a ladder for women's economic advancement, educational attainment, and health outcomes. Now able to control their fertility, women today are a majority of undergraduate students in America and have achieved equity in getting law degrees, doctorate degrees, and medical degrees.

Because of birth control, women today can finish school, pursue careers, and succeed in life. Being able to control the timing and spacing of their children has benefited women's economic stability. Studies show a connection between access to birth control and women's wage gains.³ Simply put, birth control is essential to women's economic security.

In addition, the rate of teen pregnancy is now at a historic 40-year low⁴ – in large part because more young people than ever before are using birth control when they do have sex.⁵

The Affordable Care Act (ACA) has solidified and advanced the transformative benefits of birth control. This law provides insurance coverage to more women than ever before, including birth control and well-woman visits with no copay. The ACA eases the disproportionate health care burdens on women – who continue to earn less than men while also often facing more health care costs – and increases access to reproductive health care. As a result of the ACA, women today have access to the full range of FDA-approved birth control services with no copay. The decision to include birth control as part of the women's preventive health benefit (the "birth control benefit") was grounded in science and based on the recommendations of the nonpartisan Institute of Medicine (IOM).⁶

In the past 50 years, women, families, and society have moved forward – thanks to birth control.

Yet perversely, over the past few years, birth control has become increasingly politicized. One year has passed since the landmark U. S. Supreme Court decision *Burwell v. Hobby Lobby*. In a 5-4 decision in favor of two corporations, Hobby Lobby and Conestoga Woods, the Court denied American women and families access to basic health care.⁷ The Court ruled that private, family-run, for-profit companies are not required to provide birth control as part of their health insurance coverage – as mandated by the birth control benefit of the ACA – when the owners claim that birth control violates their personal religious beliefs. In short, the birth control benefit remains in place,

and millions of women will still get no-copay birth control because of it, but some bosses are able to interfere with their employees' access to birth control.

The *Hobby Lobby* decision became a flashpoint for U.S. women, a majority of whom believe that women and their doctors, not politicians or bosses, should be the ones making health care decisions. The ruling has led women to reflect on the importance of birth control as basic health care.

Meanwhile, some legislators on the state and federal levels are doing everything they can to reduce access to birth control, taking us backward, not forward. In June 2015, Congress is considering a proposal that would eliminate Title X, the nation's family planning program, cutting the preventive care – including birth control – that nearly 4.6 million people rely on. In addition, nearly every Republican contender for president in 2016 has said that corporations should be allowed to deny birth control coverage for their female employees, and many have pledged to dismantle public family planning services programs.

Yet for women and families, there can be no turning back the clock on birth control – and Planned Parenthood is here to continue moving forward, **no matter what.**



Cecile Richards

Cecile Richards

President,
Planned Parenthood Action Fund

Why Birth Control Matters

Birth control is astoundingly popular: More than 99 percent of women of reproductive age who have had sexual intercourse have used it at some point.⁸ It's no surprise that birth control is used nearly universally, since it helps women lead happy, healthy lives. The fact is, birth control is basic health care for women: The average woman will spend about three decades of her life trying to avoid pregnancy. Every medical authority agrees that birth control is advantageous to both individual women and society at large. The easier it is for women to prevent unintended pregnancies, the better they are able to control their bodies, take care of their health, and protect the well-being of their families.

Birth Control Prevents Unintended Pregnancies

Just about everyone knows that birth control prevents unintended pregnancy. Indeed, improved contraceptive use has contributed to the lowest U.S. teenage pregnancy rate in nearly 40 years, though it still remains one of the highest in the developed world.⁹ Between 1990 and 2010 it decreased from 116.9 pregnancies per 1,000 women aged 15-19 to 57.4 per 1,000, a drop of 51 percent.¹⁰ An analysis of the National Survey of Family Growth, the major source of government data on population and reproductive health, found that contraception accounted for 86 percent of the recent decline in teenage pregnancy through 2002.¹¹ The decline in teen pregnancy in more recent years can be linked to improvements in teens' contraceptive use.¹²

Women of all ages benefit from the contraceptive use of birth control. Family planning services available through Medicaid and Title X of the U.S. Public Health Service Act help women prevent 2.2 million unintended pregnancies each year. Without these family planning services, the numbers of unintended pregnancies and abortions would be nearly two-thirds higher than they are now.¹³

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Birth Control Helps Women and Children Live Healthy Lives

While the most common reason women use the pill is to prevent pregnancy, 58 percent of pill users also cite non-contraceptive health benefits as a contributing factor.¹⁴ Many women turn to hormonal birth control like the pill to treat the chronic pain of endometriosis, a condition that occurs when tissue from the lining of the uterus grows outside the uterus. Endometriosis affects more than five million people in the U.S., and it is most often diagnosed in women in their 30s and 40s, although it can occur in anyone who has a uterus, including transgender individuals.¹⁵ The pill is also prescribed to treat menstrual pain and to help with menstrual regulation. Additionally, oral contraceptive use has consistently been found to be associated with a reduced risk of ovarian and endometrial cancers.¹⁶

Birth control is not only basic health care for women; it results in better outcomes for children, too. Federally funded family planning programs are associated with significant reductions in child poverty rates and poverty in adulthood. A study of the long-term effects of access to contraception found that individuals born in the years immediately after the federal family planning programs started were less likely to live in poverty in childhood and adulthood.¹⁷ Another study found children conceived in areas with greater financial access to contraception were 2 to 7 percent more likely to attain 16 or more years of education.¹⁸

Birth Control Drives Women's Economic, Educational, and Professional Opportunities

Birth control has another benefit that is too often overlooked by policy makers: It expands opportunities for women. A substantial body of research confirms that birth control advances women's economic empowerment. Availability of the pill is responsible for one-third of women's wage increases relative to men since the 1960s. And while the wage gap between men and women is still significant (particularly for women of color) and must be addressed, access to birth control has helped narrow the gap. The decrease in the gap among 25–49-year-olds between men's and women's annual incomes "would have been 10 percent smaller in the 1980s and 30 percent smaller in the 1990s" in the absence of widespread legal birth control access.¹⁹

Birth control also advances women's educational opportunities. The ability to get the pill before age 21 has been the most influential factor in enabling women already in college to stay in college.²⁰ College enrollment was 20 percent higher among women who could access the birth control pill legally by age 18 in 1970, compared with women who could not, and women who could access the pill before having to decide whether to pursue

Kanisha Hans 20, Boston, MA

"I just graduated from college, and I couldn't have done it without birth control! I was able to get my degree and plan for my career without having to worry about getting pregnant."

higher education obtained an average of about one year more of education before age 30.²¹ Between 1969 and 1980, the dropout rate among women with access to the pill was 35 percent lower than women without access to the pill.²² And finally, young women's legal access to the pill before age 21 led to a significant increase in the women who were college graduates.²³

Access to contraception has also led to more college-educated women pursuing advanced professional degrees. Birth control has been estimated to account for more than 30 percent of the increase in the proportion of women in skilled careers from 1970 to 1990.²⁴

Today, women are the primary breadwinners in more than 40 percent of American households with children.²⁵ Women-owned firms are the fastest growing segment of new business in the U.S.,²⁶ and research shows a correlation between more women on corporate boards and higher profits.²⁷ Today, women are a majority of undergraduate students in America.²⁸ The number of women who complete four or more years of college is six times what it was before birth control became legal.²⁹ Women earn half of all doctorate degrees,³⁰ half of medical degrees,³¹ and half of law degrees.³²

In sum: Research demonstrates that birth control is one of the most important drivers of women's economic stability, leading to better health outcomes for women and their children, which benefits our entire workforce in the long run. Study after study shows that when women control the timing and spacing of their children, they finish school, pursue their career, and succeed. Without affordable and easily obtainable birth control, coupled with safe and legal abortion, women cannot achieve economic stability.

Moreover, birth control is beneficial to American society at large because it lifts a substantial financial burden. For every public dollar spent on family planning services, the government saves \$7.09 in state and federal dollars. In 2010, the government saved \$13.6 billion as a result of family planning services investment.³³



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How the ACA Has Expanded Birth Control Access

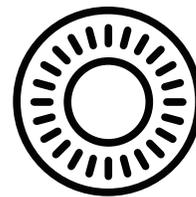
But birth control is expensive, costing as much as a luxury item – even though it is basic health care and essential for women’s well-being. The cost of the pill, for example, typically ranges from \$15 to \$50 a month – up to \$600 per year. The up-front cost for other forms of birth control, such as the IUD, ranges from \$500-\$1,000 for the device, insertion, and follow-up visit. It’s no wonder that about 55 percent of women 18-34 report having struggled with the cost of birth control at some point in their lives, and as a result have used it inconsistently.³⁴

Cost should never be a barrier to birth control access, yet before passage of the ACA, although 89 percent of insurance plans covered almost the full range of contraceptive choices, many charged copays.³⁵ And while funding for contraception for low-income women has been provided through Title X and Medicaid, funding in the past has been inconsistent and has not kept up with demand.

This is the reason that women’s health champions in Congress pushed for the ACA to require new health plans to cover women’s preventive health services without out-of-pocket costs. Once the law passed, the administration tasked the IOM, an independent, nonpartisan medical body, to determine which women’s preventive health services should be covered under this provision of the law. The IOM recommended that birth control be among the women’s preventive health services available under insurance plans without copays or cost sharing. On August 1, 2011, the U.S. Department of Health and Human Services (HHS) announced it would adopt IOM’s recommendation and began to craft policy.³⁶ In February 2012, the administration released a final rule requiring most health plans starting on or after August 1, 2012, to cover the full range of FDA-approved contraception without cost-sharing.

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As of May 2015, more than 55 million women are now eligible for this benefit.³⁷ And they are going to their pharmacies in droves. In 2013, the first year of the birth control benefit, 24 million more prescriptions for the birth control pill were filled with no copay than in 2012³⁸ – and between 2012 and 2014, the number of birth control pills dispensed increased by nearly 7 percent. Indicating the transformative effect of the ACA in ensuring women who previously lacked access to birth control have it now, the total number of prescriptions filled for birth control since 2012 has increased six percent.³⁹

Also during the ACA birth control benefit's first year, between fall 2012 and spring 2014, the proportion of privately insured women who paid no out-of-pocket costs for the pill rose dramatically from 15 percent to 67 percent. Similar changes occurred among privately insured women using other forms of birth control as well – the shot (from 27 percent to 59 percent), the ring (from 20 percent to 74 percent), and IUDs (from 45 percent to 62 percent).⁴⁰

In this one-year period, women saved \$483 million on their out-of-pocket costs on birth control – an average savings of \$269 per woman. Meanwhile, the share of women with no out-of-pocket costs for these forms of birth control increased to 56 percent from 14 percent one year ago.⁴¹

The evidence is clear: When cost is not an issue, birth control is used more widely. This leads to a reduction of unintended pregnancies and is expected to contribute to a continuation in the decline of the abortion rate in the U.S., which in 2011 reached its lowest level since *Roe v. Wade*.⁴²

Researchers at Washington University School of Medicine in St. Louis, with assistance from researchers at Planned Parenthood of the St. Louis Region and Southwest Missouri, simulated the birth control benefit through a four-year study of more than 9,200 women and teens who received education about types of birth control and full coverage of costs of the methods they selected. In this study, birth rates among teens were less than a fifth of the national rate (6.3 per 1,000 teens, compared with 34.3 per 1,000 teens in 2010) and abortion rates among women were less than half the regional and national rates (4.4 to 7.5 abortions per 1,000 women compared with 19.6 per 1,000 women).⁴³ Therefore, the researchers estimate that full implementation of the birth control benefit in the ACA could prevent 41-71 percent of abortions performed annually in the U.S.⁴⁴

No wonder the birth control benefit of the ACA is exceedingly popular, with 70 percent of Americans saying they believe insurance companies should cover the full cost of birth control.⁴⁵ And that popularity will only grow with the rising generation of Millennials. Seventy-one percent of those between the ages of 18 and 29 support the ACA's contraceptive coverage requirement.⁴⁶ More than eight in ten Millennials of color report that they believe birth control is part of basic health care and should be covered by insurance, with half (53 percent) reporting that they hold this view strongly.

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How Birth Control Is Under Attack

Increasingly, women and men no longer need to abstain from sex for fear of having more children than they can afford. But access is at risk of being restricted because of political challenges. Incredibly, a number of extreme politicians regard birth control as a political issue rather than as basic health care, arguing that politicians and bosses should be able to interfere in private health care decisions that belong solely to women and their doctors.

Political Posturing Against Birth Control

Support for birth control coverage is not a partisan issue, yet within the crowded field of Republican candidates, nearly all have records that indicate they won't protect access to affordable birth control. In addition, nearly all support defunding Planned Parenthood health care centers, even though over 90 percent of the health care they provide is preventive, and many also support defunding Title X family planning clinics, even though these clinics serve low-income women, many of them uninsured.

This position, however, is deeply unpopular, including among the emerging Republican electorate. In fact, the majority of young Republicans surveyed (58 percent) believe that every woman should have access to affordable, effective birth control because it is cheaper to prevent an unplanned pregnancy than to pay for the consequences of one. Additionally, 59 percent of young Republican women think that birth control should be treated like any other preventive health care service.⁴⁸

Religiously Affiliated Organizations

Many of the challenges to the birth control benefit are made in the name of religious freedom – despite the fact that the ACA accommodates religiously affiliated organizations. An expansive religious exemption allows approximately 350,000 churches, religious schools, and houses of worship⁴⁹ to refuse to provide the birth control benefit to their employees, even those that don't share the same faith.⁵⁰ Nevertheless, the U.S. Conference of Catholic Bishops fought to block the birth control benefit altogether. As a result, the Obama administration created an accommodation allowing religiously affiliated entities such as

**Rebekah
Rodriguez-Lynn
38, Calimesa, CA**

“Because I was able to get birth control from Planned Parenthood, I was able to plan my family. After college graduation, I gave birth to my son. I went on to graduate school at Harvard and a career in Washington DC on Capitol Hill.”

hospitals and universities that serve and employ the broader public to also opt out of providing their employees access to the birth control benefit, and instead insurance companies would be required to cover the benefit at no charge.⁵¹

Interference of Bosses of For-Profit Corporations

The bosses of for-profit businesses also want to impose their personal beliefs on their employees and deny them access to the birth control benefit. Approximately 50 for-profit corporations filed litigation in the federal courts challenging the ACA's contraceptive coverage provision, asserting that it violated their religious beliefs.⁵² Specifically, these for-profit companies claimed that requiring their employer health insurance plans to include coverage of contraception violates the Religious Freedom Restoration Act (RFRA) and the Free Exercise Clause of the First Amendment. The Free Exercise Clause of the First Amendment protects an individual's religious exercise from laws that target religion specifically, and RFRA is a federal law that provides greater protection for an individual's religious exercise by prohibiting the federal government from placing a substantial burden on an individual's religious practice, unless there is a compelling reason for the government action and the government action is implemented in the least restrictive way possible.

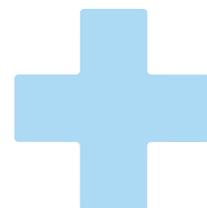
In the 5-4 *Burwell v. Hobby Lobby* decision, the Supreme Court set a new precedent by asserting for the first time in American history that private for-profit corporations have religious rights, and that RFRA allows employers to interfere with medical decisions of their employees based on their personal beliefs.⁵³ The Court said, in effect, that companies owned by a family or small group of individuals can be exempt from federal requirements if they can demonstrate that the owners operate the company as an extension of their religious beliefs and that the federal requirement is contrary to those beliefs. This means that some companies are able to opt out of covering birth control, but it does not give all employers the right to refuse coverage.

The implications of this ruling potentially impact much more than women's access to birth control. The Supreme Court decision has created a very slippery slope, giving private, for-profit employers the right to impose their own medical preferences on their employees.

Insurance Companies Refusing to Cover the Full Range of Methods

Not only have some legislators and bosses tried to restrict women's access to affordable birth control. Some insurance companies have as well.

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These Presidential Contenders Said **WHAT?!**



Ted Cruz

Refers to birth control as “abortion-inducing drugs.”
[*U.S. News & World Report*, 3/23/15]

Rand Paul

“Maybe we have to say ‘enough’s enough, you shouldn’t be having kids after a certain amount.’”
[This was in reference to single mothers who receive government assistance] [*Lexington Herald-Leader*, 1/24/14]

Ben Carson

“Obamacare is really, I think, the worst thing that has happened in this nation since slavery. And it is – in a way, it is slavery.” [CNN.com, 10/11/13]

Rick Perry

“I’m just going to tell you from my own personal life. Abstinence works. If the point is...we’re going to stand up here and say, ‘Y’all go have sex and have the whatever is going on ...and here’s the ways to have safe sex’ – I’m sorry; call me old-fashioned if you want, but that’s not what I’m going to stand up in front of the people in the state of Texas and say, ‘That’s the way we need to go, and forget about abstinence.’” [This was said in defense of abstinence-only programs in Texas that ban broad distribution of contraceptives and require (except in limited circumstances) that teens have parental permission to access birth control.] [*Texas Tribune*, 10/18/10; *Austin Chronicle*, 10/28/11]

Scott Walker

“In my past four years as governor, we have made substantial progress in the fight for our pro-life values in Wisconsin. We defunded Planned Parenthood.” [Walker ended Planned Parenthood’s 16-year contract with the state to provide breast and cervical cancer screenings under the state’s well-woman program and forced the closure of five rural Planned Parenthood health centers, resulting in the disruption and loss of over 18,800 health care services for approximately 3,100 patients including lifesaving cancer screenings, breast exams, birth control, annual exams, pregnancy tests, STD testing and treatment, HIV screening, and referrals to a network of community resources.] [SBA List Open Letter, 3/3/15]



REALLY?



Chris Christie

Following the *Hobby Lobby* Supreme Court decision, Chris Christie was asked if he was concerned that some New Jersey women could lose birth control coverage, to which he said “No.” When asked why not, he added, “Because I’m not.” [POLITICO, 7/13/14]

Mike Huckabee:

“And if the Democrats want to insult the women of America by making them believe that they are helpless without Uncle Sugar coming in and providing for them a prescription each month for birth control, because they cannot control their libido or their reproductive system without the help of the government, then so be it.” [Huffington Post, 1/23/14]

Rick Santorum

“I don’t think it works. I think it’s harmful to women. I think it’s harmful to our society to have a society that says that sex outside of marriage is something that should be encouraged or tolerated.” [YouTube, 8/27/06]

Jeb Bush

“It’s pretty clear that sex education programs where you teach kids how to have sex don’t work.” [St. Petersburg Times, 11/27/99]

Marco Rubio

“We must stop the unconstitutional mandate under ObamaCare that requires church-affiliated organizations to offer their workers private-insurance coverage without out-of-pocket charges for birth control....” [U.S. Senator Marco Rubio, 3/1/12]

Carly Fiorina

Women “had plenty of access to birth control both before and after” the Supreme Court’s *Hobby Lobby* decision [dismissing the impact that this case had on women who can now be denied birth control by their employers]. [Think Progress, 2/28/15]

Lindsey Graham

“When it comes to Obamacare, this type of overreach continues to leave a bad taste in the mouths of the American people.” [U.S. Senator Lindsey Graham, 2/9/12]

In the spring of 2015, the National Women’s Law Center⁵⁴ and the Kaiser Family Foundation⁵⁵ released reports finding that some insurance companies were still denying coverage or requiring women to pay out-of-pocket for their birth control – in clear defiance of the ACA’s mandate. For example, some insurers were restricting access to certain birth control methods, such as the ring, patch, and IUD, by forcing women to undergo “step therapy” – or what’s known colloquially as the “try-and-fail” method. This means a woman was forced to use one birth control method, such as the pill, regardless of whether it worked for her, before getting coverage for the ring, patch, IUD, or some other method she and her doctor had decided was best for her. Some insurers also created an unnecessary barrier by requiring prior authorization, an extra step that gave the insurer the right to reject doctors’ prescriptions.

In response, the Obama administration issued clarifying guidance on May 11, 2015, stating that insurance companies must cover all 18 FDA-approved birth control methods for women without a copay – not a curated selection.⁵⁶ This is an important step in fulfilling the intent of the law and ensuring women have access to affordable birth control that works best for them, whether it is birth control pills, IUDs with progestin, a non-hormonal IUD, the shot, or patch. This guidance also clarified that plans must provide coverage for contraceptive-related clinical services, including education and counseling, with no out-of-pocket costs.

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Lessons from 99 Years as a Birth Control Provider, Educator, and Advocate

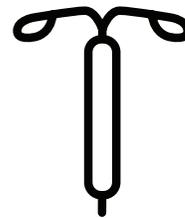
On October 16, 1916, Margaret Sanger, together with her sister, Ethel Byrne, a registered nurse; Fania Mindell, who spoke three languages; and a social worker, Elizabeth Stuyvesant, opened the first birth control clinic in America. Ten days later, her clinic was raided by the police and closed; she and her colleagues were arrested and jailed. But that did not stop Sanger, the founder of the American Birth Control League, forerunner of Planned Parenthood Federation of America. The following year, she co-founded and edited *Birth Control Review*, the first scientific journal devoted to the subject of birth control. Planned Parenthood Federation of America, together with 61 affiliates representing approximately 700 health centers nationwide, continues Sanger's revolutionary work.

Clinical Research Leading to Innovations in Birth Control Technology and Access

Planned Parenthood researchers participate in the rigorous studies necessary to give women more options to prevent unplanned pregnancies. Planned Parenthood participates in clinical research projects on the affiliate and national levels through participation in studies of new birth control technologies, ways to improve access, and other areas of reproductive health care delivery. Planned Parenthood researchers then publish these findings through journal articles and presentations at conferences of organizations ranging from the American Public Health Association to the American College of Obstetricians and Gynecologists.

Dakota David
23, Washington, DC

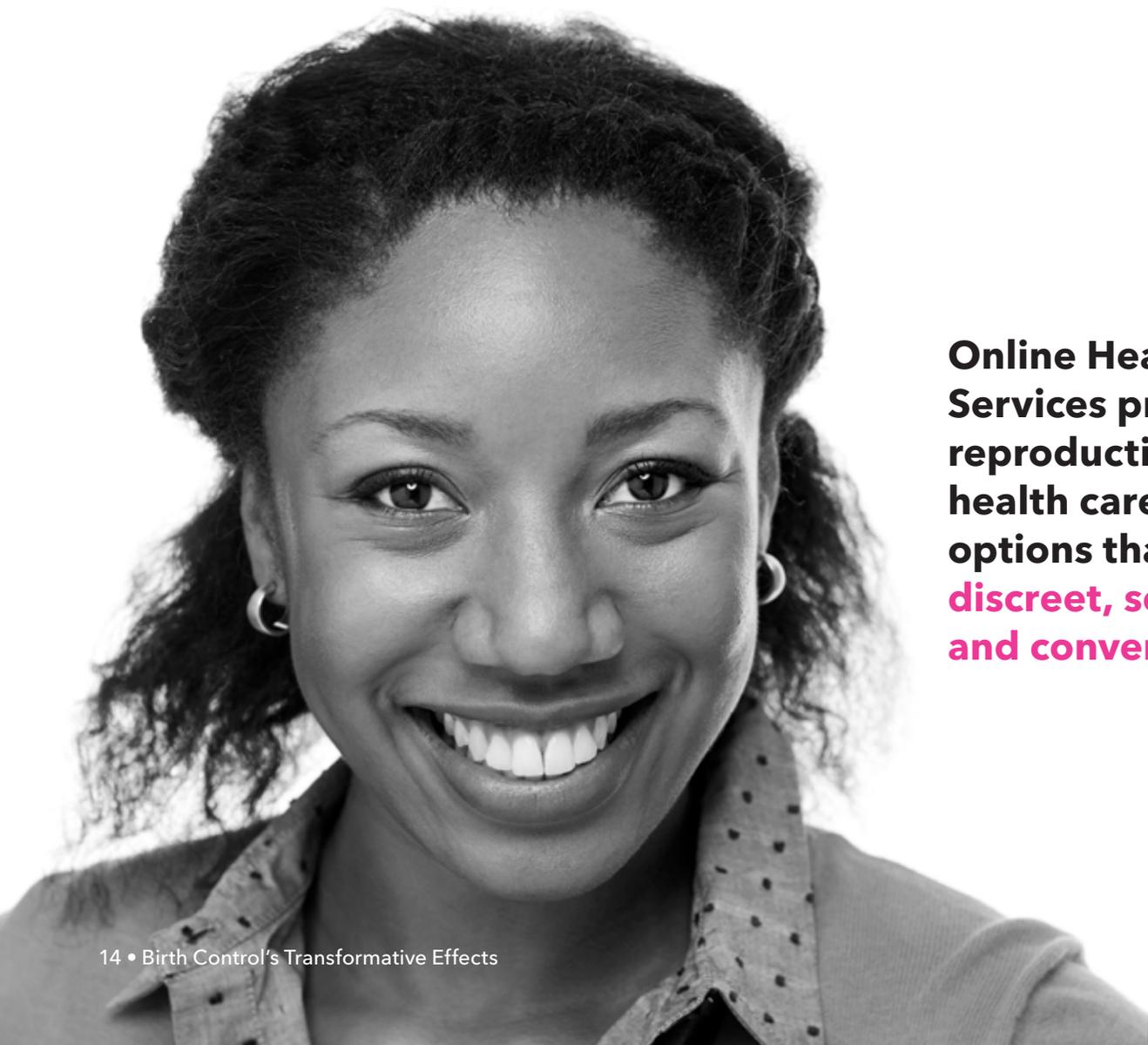
“Now that I have an IUD, I can focus on my job and study for the GRE so I can continue my education in graduate school.”



Innovations in Birth Control Technology

Liletta (IUD) - In February 2015, the FDA approved Liletta, an IUD that is safe and effective for up to three years and is priced at \$50 at qualifying public health clinics. Many Planned Parenthood affiliates participated in the clinical studies that led to the FDA approval of this affordable option for women in the U.S. Planned Parenthood Federation of America Medical Services is now partnering with Medicines360, developer of Liletta, to ensure that Planned Parenthood affiliates have at least one clinical staff member who is prepared to train affiliate clinical staff on this new product.⁵⁷

ella (emergency contraception) - Planned Parenthood Federation of America, through its Clinical Research Network (CRN), played an integral role in the clinical studies leading to the FDA approval of ella, a form of emergency contraception, in 2010. Per FDA protocol, clinical trials were conducted, and ella was proven to maintain safety and effectiveness for five days after unprotected intercourse. Every woman deserves every option available to prevent an unplanned pregnancy, and there are many reasons a woman may face the risk of unintended pregnancy, from failure or improper use of birth control to sexual assault. Ella gives women one more option.⁵⁸



Online Health Services provide reproductive health care options that are discreet, secure, and convenient.

Innovations in Birth Control Access

Online Health Services - In 2014, Planned Parenthood Federation of America launched Online Health Services, currently available to patients living in Minnesota and Washington State who need birth control (the pill, patch, and ring) but can't easily get to a health center. (STD testing and treatment is also available.) Patients, many of them living in rural areas, connect with a clinician via video visit on a computer or mobile device and then receive their prescribed birth control in the mail. Online Health Services provide reproductive health care options that are discreet, secure, and convenient.

Research Demonstrating Connection Between Patient Counseling and Reduced Unintended Pregnancy - In June 2015, *The Lancet* published a study conducted by Planned Parenthood affiliates and researchers at the University of California, San Francisco, about how training health care providers in contraceptive counseling and insertion of the most effective forms of contraception could affect patients' contraceptive decisions and prevent unintended pregnancies. The first trial of its kind, the study showed the role quality providers play in reducing unintended pregnancies. This study found that when women receive full information about available birth control methods, and their health care professionals are trained to offer IUDs and implants in the same visit, pregnancies go down because women get the birth control method that is best for them. This research confirms that Planned Parenthood is a leader in pursuing new and innovative solutions to continuously improve health care options for women.⁵⁹

Research Demonstrating Connection Between No-Copay Birth Control and Reduced Unintended Pregnancy - Planned Parenthood played a key role in a major study simulating the birth control benefit, which found that when women have full information about available birth control methods, and when cost is not a barrier, many will choose IUDs or implants, which are the most effective reversible forms of birth control. Researchers at Washington University School of Medicine in St. Louis, with assistance from researchers at Planned Parenthood of the St. Louis Region and Southwest Missouri, simulated the ACA's birth control benefit and found that unintended pregnancies among teens and women plummeted. The study shows that the ACA's birth control benefit may dramatically improve the health of women and families and reduce the need for abortion in the U.S.⁶⁰

Research confirms that Planned Parenthood is a leader in pursuing new and innovative solutions to continuously improve health care options for women.



Education

The heart of Planned Parenthood health care services is in the local community. Planned Parenthood's 61 unique, locally governed affiliates nationwide operate approximately 700 health centers, which reflect the diverse needs of their communities.

In addition, all Planned Parenthood affiliates provide medically accurate, age-appropriate, and culturally competent education programs and outreach services to the communities they serve – reaching 1.5 million people per year. Many affiliates offer programs tailored to special populations (such as parents, LGBT youth, and adults over 50). Since one of Planned Parenthood's goals is to address health disparities, many affiliates implement programs designed specifically for Latino and African American youth such as *¡Cuidate!* and *Sisters, Informing, Healing, Living, Empowering (SiHLE)*. In addition, 15 Planned Parenthood affiliates implement *promotoras de salud* programs in which Spanish-speaking women provide education to women and men in their communities about birth control and other health care services available to all at Planned Parenthood health centers, regardless of immigration status.

Sometimes face-to-face communication is not possible, yet Planned Parenthood never stops offering educational services. Through mobile tools accessible via computer, phone, or tablet, Planned Parenthood meets people where they are.

My Method - For women who want to know about their birth control options using a computer, phone, or tablet, the My Method tool on PlannedParenthood.org is a good place to start. [My Method](#) gives a woman three potential birth control options based on her answers to a series of simple questions. The quiz results can be shared with a health care provider to aid in discussion about starting a new method. In addition, there's a similar tool specifically for teenage women, [My Birth Control](#).

Chat/Text - Planned Parenthood was one of the first organizations to reach teens and young people who need an answer right away to an urgent question about their sexual and reproductive health through text messaging or instant messaging. Using the Chat/Text program, they can reach Planned Parenthood's staff of over 20 dedicated specialists for questions about birth control, emergency contraception, STD testing, pregnancy testing, or abortion. As of May 2015, Planned Parenthood has engaged in 473,503 conversations, providing much-needed guidance to teens and young people and encouraging them to access health services. Birth control and/or emergency contraception have been discussed in nearly half of the conversations.

Cristina Garcia 37, Frisco, TX

“Birth control has been a vital necessity in my life not only for economic opportunities but for my health. At 37 years old, I am still furthering my education but my continued health issues involving cysts on my ovaries and painful menstrual cycles have made birth control a necessity. I am lucky to finally have health insurance through my university but only because I was denied the Texas Women's Health insurance due to the lack of Medicaid expansion.”



Advocacy

In addition to providing reproductive health care, promoting research and the advancement of technology in reproductive health care, and providing educational programs, Planned Parenthood also advocates for public policies that ensure access to birth control. Members of the rising generation are alarmed and galvanized when access to birth control is threatened. They recognize that women’s access to birth control must be protected regardless of the personal views of employers and legislators – and they are ready to fight for it. Planned Parenthood continues to take action in states, in Congress, and in the courts to protect the ACA birth control benefit and expand birth control access.

National Advocacy Efforts - Planned Parenthood Federation of America worked closely with a broad coalition of women’s health advocates to expand access to birth control and other preventive women’s health care through the ACA. The ACA directed the Department of Health & Human Services to identify specific women’s preventive care that should be covered by health insurance without a copay, and HHS directed the IOM and its medical experts to make these recommendations. Planned Parenthood’s National Medical Committee – comprised of physicians, scientists, and other health professionals in the fields of women’s health and primary care – presented powerful evidence on the important preventive benefits of birth control and demonstrated that the IOM should recommend coverage of birth control, as well as other women’s preventive care at no copay. HHS adopted IOM’s recommendations and the result was the women’s preventive health benefit. This landmark step has paved the way for insurance coverage that is tailored to meet the needs of women, including no-copay birth control.

Planned Parenthood further leveraged its unique role as a community-based health care provider to launch unprecedented ACA outreach and enrollment campaigns. Planned Parenthood organizations have provided information about health insurance enrollment and benefits to 3.5 million individuals, helped nearly 230,000 people begin the enrollment process, and had 2.5 million conversations about health insurance in both Spanish and English.

Planned Parenthood Federation of America also worked with women’s health advocates to ensure that the full range of contraceptive methods is covered under the birth control benefit. As the two national reports made abundantly clear, some insurers were denying coverage of birth control, and many women faced difficulties when accessing the birth control they need



Kelsey Grimes
25, Philadelphia, PA

“I am in law school, and it would be extremely difficult for me if I were to have an unintended pregnancy. I could not be where I am today if I did not have reliable birth control to help me plan my future.”

under their insurance. Planned Parenthood enlisted supporters to lift up their stories and petition for insurance coverage of the full range of contraceptive methods. Together with a coalition of women's health groups, Planned Parenthood advocated for the Department of Health and Human Services to ensure that insurance companies cover all 18 FDA-approved birth control methods for women without a copay – not a curated selection. In a victory for millions of women, the Obama administration issued clarifying guidance in May 2015. This important step ensures that women have access to affordable birth control that works best for them, including birth control pills, the patch, the shot, emergency contraception, the implant, and IUDs.

In addition, together with leading medical groups the American Medical Association and the American College of Obstetricians and Gynecologists, Planned Parenthood strongly supports expanding access to birth control, which includes making some forms available over-the-counter (OTC). Meaningful access to birth control requires availability and affordability; OTC access alone without insurance coverage does not address the significant cost barriers that many women face. It is also important to note that while leading women's health experts agree that daily-use birth control pills should be made available OTC, to date there is not a single manufacturer that has submitted an application to the FDA to do so.

For this reason, Planned Parenthood supports the Affordability IS Access Act introduced by Senators Patty Murray (D-WA), Barbara Boxer (D-CA), Jeanne Shaheen (D-NH), Kirsten Gillibrand (D-NY), Harry Reid (D-NV), Richard Blumenthal (D-CT), Michael Bennet (D-CO), and other women's health champions, which would expand access by encouraging the availability of OTC birth control pills with no out-of-pocket costs. This important legislation recognizes that in order to increase women's access to oral contraceptives, it must be both easier to obtain

and afford. This legislation makes clear that the determination as to whether a drug should be available for use without a prescription is appropriately and solely made by the FDA, and when a birth control product is made available OTC, it should be covered by health insurance, without a prescription, and without out-of-pocket costs, as already required by current law. Women already paying for health insurance that includes birth control should not have to pay again when obtaining the birth control pill over-the-counter.

The Affordability IS Access Act contrasts sharply with the bill sponsored by Sen. Kelly Ayotte (R-NH) and Rep. Cory Gardner (R-CO), which would give women fewer birth control options and could force women to pay twice for their birth control – once for their insurance policy and again out-of-pocket. The Ayotte/Gardner bill does not make birth control more affordable and does not ensure that birth control sold over-the-counter is also covered by insurance.

A recent report published in *Contraception* found that the rate of unintended pregnancies among low-income women could drop by as much as 25 percent if birth control pills were made available over-the-counter while still being covered by insurance with no copay. The study also found that the number of women using oral contraception could increase by as much as 21 percent.⁶¹

State Advocacy Efforts – Today, many states have seen a decline in unintended pregnancies, though the national rate has increased slightly from 2001 to 2008.⁶² The teen birth rate is at an all-time low in the U.S.,⁶³ and the rate of abortion has reached its lowest level since *Roe v. Wade*.⁶⁴ Expanded access to family planning services on the state level has contributed to these declines.⁶⁵ Long before the ACA, Planned Parenthood and other state- and community-based organizations advocated for state family planning programs as well as Medicaid and Title X. Through the Medicaid expansion allowed under the ACA, many states

can build upon the gains these programs have created, yet many of the GOP presidential candidates oppose Medicaid expansion, despite the fact that Medicaid is critical to providing health care services, including birth control and other family planning services for one in ten women nationwide.⁶⁶

Medicaid (a joint federal-state program) and Title X (a federal program) are two different but complementary public funding initiatives. Together they have been instrumental in providing reproductive health care services to individuals lacking private health insurance and populations most in need.

Title X is at risk of being eliminated at the federal level. In June 2015, Congress is considering a proposal that would gut the nation's family planning program, cutting the preventive care--including birth control--that nearly 4.6 million people, including approximately 1.5 million Planned Parenthood patients, currently rely on.

In addition, an increasing number of states have taken official action to limit the participation of women's health providers in these programs. For instance, lawmakers in four states (Arizona, Indiana, Pennsylvania, and Iowa) have attempted -- through legislative or administrative action -- to eliminate women's health providers, like Planned Parenthood, as Medicaid providers. Every court that has looked at this issue has agreed that excluding qualified family planning providers from the Medicaid program violates the federal "freedom of choice" provision (also referred to as the "any willing provider" provision), which unequivocally guarantees enrollees the ability to access family planning services from any willing provider of their choice.⁶⁷ Indeed, courts have barred states from implementing these measures and have ensured that, in states offering family planning care through Medicaid, eligible patients may continue to seek such care from the qualified women's health providers they trust, like Planned Parenthood.⁶⁸

Title X programs also are affected by continued state attacks. Six states (Kansas, North Carolina, New Hampshire, Ohio, Tennessee, and Texas) have taken legislative or administrative action to limit or prohibit certain women's health centers from providing Title X-funded services. Other states have taken or have attempted to take similar actions to exclude women's providers from the CDC Section 318 STI prevention program (Arkansas, Indiana, Tennessee) and the CDC National Breast and Cervical Cancer Early Detection program (Texas). Although some courts have blocked these actions from going into effect when challenged, laws in some states like Kansas have been upheld, undermining access to care and the goals of these federal programs.

Medicaid was the primary payer for half of visits to Planned Parenthood health centers in 2013, enabling patients to access affordable, preventive care, including lifesaving screenings and birth control. For millions of women, Medicaid coverage makes the difference between getting access to cancer screenings and birth control -- or going without. States with expanded coverage of family planning services under Medicaid have excellent outcomes -- both in public health and reduced costs.⁶⁹

Medicaid is extremely popular across party lines, with 74 percent of Americans saying they favor Medicaid expansion, including 62 percent of Republicans.⁷⁰ Additionally, 73 percent of Republicans believe that family planning services, including birth control and contraceptives, are "important" to basic preventive health care services.⁷¹

Also on the state level, Planned Parenthood and others have advocated to expand access to birth control in private insurance plans. For example, due to advocacy efforts by Planned Parenthood and others, as of June 2015, 28 states now have contraceptive equity laws that require health plans that provide coverage for prescription drugs and devices to cover contraception on the same terms.⁷² More

recently, Planned Parenthood has advocated for legislation to provide a 12-month supply of birth control at one time. Dispensing a one-year supply is associated with a 30 percent reduction in the odds of conceiving an unplanned pregnancy compared with dispensing for 30 or 90 days – and resulting in a 46 percent reduction in the odds of an abortion (controlling for age, race, and previous pill use).⁷³ In June 2015, Oregon became the first state in the nation to require health insurance companies to fill up to a year’s supply of the pill, patch, or ring at the same time.

Litigation – For decades, Planned Parenthood has been at the forefront of legislative efforts at both the state and federal levels to ensure that women have access to birth control. Indeed, Planned Parenthood was at the center of the landmark U.S. Supreme Court ruling *Griswold v. Connecticut*. In 1961, Estelle Griswold, then the executive director of Planned Parenthood in Connecticut, and medical director C. Lee Buxton, chair of the Yale University Department of Obstetrics and Gynecology, opened a birth control clinic in New Haven. They were arrested for violating a Connecticut law that prohibited birth control. Four years later – fifty years ago – their case made it all the way to the Supreme Court, which provided the first constitutional protection for birth control, paving the way for the nearly unanimous acceptance of birth control that now exists in this country.⁷⁴

In recent years, we have seen legislatures try to take away access. When that has happened, Planned Parenthood has fought back. For example, in Arizona and Indiana, Planned Parenthood successfully used the courts to protect their patients’ ability to access Medicaid services, and in North Carolina, Planned Parenthood successfully fought back in court against a defunding measure that would have prevented Planned Parenthood from receiving both state and certain federal funds, including from the Title X family planning program. As a result, thousands of women in these states continue to have access to birth control and other health care services.

In addition, Planned Parenthood has successfully used the courts to ensure that employees are not discriminated against in their employee benefits when employers provided coverage for prescription drugs and devices but excluded contraception.

Shireen Nori
20, Seattle, WA

“Knowing that I could get birth control from Planned Parenthood was such a relief. I could focus on my future and plan to have a child when I feel ready.”

Birth control is transformative, essential, and irreplaceable. Planned Parenthood continues to ensure that women have access **no matter where they live, no matter who they are – no matter what.**



How Far We've Come:

Forms of Reversible Birth Control Available in the U.S. Today⁷⁵

BARRIER METHODS

Sponge with spermicide – A foam sponge containing spermicide inserted into the vagina before intercourse to prevent pregnancy. Safe, convenient, and easy to use. It is soft, round, and about two inches in diameter. It has a nylon loop attached to the bottom for removal. The Today sponge is the only brand available in the U.S. today.

Cervical cap with spermicide – A silicone cup inserted into the vagina to prevent pregnancy. In order to be as effective as possible, the cervical cap must be used with spermicide cream or jelly. Safe, effective, and convenient. Lasts up to two years. FemCap is the only brand available in the U.S. today.

Diaphragm with spermicide – A shallow silicone cup inserted into the vagina together with spermicide cream,

gel, or jelly to prevent pregnancy. Safe, effective, and convenient. Lasts up to two years.

Condom – Worn on the penis; made of latex or plastic. Condoms prevent pregnancy and sexually transmitted infections, and ideally should be used with another form of birth control for extra protection. Can be used for vaginal, anal, or oral sex. Safe, effective, and easy to get.

Female condom – A pouch inserted into the vagina or anus before intercourse to prevent pregnancy and reduce the risk of sexually transmitted infection. It has flexible rings at each end. Safe, effective, convenient, and easy to get.

HORMONAL METHODS

The Pill – Taken each day to prevent pregnancy. Safe, effective, and convenient. Easy to get with a prescription. Some birth control pills contain two hormones, estrogen and progestin; these are called combination pills. Some are progestin-only pills. Most women on the pill take combination pills. The hormones keep eggs from leaving the ovaries; pregnancy cannot occur if there is no egg to join with sperm. In addition, the hormones make cervical mucus thicker, which keeps sperm from getting to the egg.

The IUD – Small, T-shaped device inserted by a health care provider into the uterus to prevent pregnancy. Safe, effective, and long-lasting for up to 12 years. There are two types of IUDs: copper and hormonal. Both work mainly by affecting the way sperm move so they can't join with an egg.

The Ring – A small hormone-releasing ring you put in your vagina once a month for three weeks to prevent pregnancy. Safe, effective, and convenient. Easy to get with a prescription. It is often referred to by its brand name, NuvaRing.

The Patch – A small patch that sticks to your skin to prevent pregnancy. The birth control patch releases hormones. Safe, effective, and convenient. Easy to get with a prescription. A new patch is placed on the skin once a week for three weeks in a row, followed by a patch-free week.

The Shot – A shot in the arm that prevents pregnancy by releasing hormones. Safe, effective, convenient, and easy to get with a prescription. Lasts for three months. The shot is also known by the brand name Depo-Provera, or by the name of the medicine in the shot, DMPA.

Implant – A thin, flexible plastic implant about the size of a cardboard matchstick that is inserted under the skin of the upper arm. It prevents pregnancy for up to three years by releasing the hormone progestin. It is available under the brand names Implanon and Nexplanon.

EMERGENCY CONTRACEPTION

ella, Plan B One-Step, Next Choice One Dose, and others – Birth control you can use to prevent pregnancy for up to five days after unprotected sex. Commonly called the "morning-after pill." Available at health centers and drugstores.

Copper IUD – Also known as ParaGard, this non-hormonal IUD can prevent pregnancy when inserted by a health care provider up to five days after unprotected intercourse.



Spotlight on IUDs and Implants

Long-acting reversible contraceptive [LARC] methods – IUDs and implants – are the most effective forms of birth control. They provide coverage for up to 12 years. But up-front costs for insertion can be a barrier for some women who choose a LARC method as the birth control method best for them. For example, an IUD typically costs \$500-\$1,000 (for the exam, insertion, and a follow-up visit). These are the reasons that the birth control benefit of the ACA is so important: so that every woman can have access to a provider that is an expert in all birth control methods, and so that she may choose the method that is best for her – regardless of cost.

IUDs and implants are safe for most women, including teens and women who have not had children, and they are an especially good option for young women who are years away from wanting to have children. The American Academy of Pediatrics recommends IUDs and implants as a first-line contraceptive choice for sexually active teens.⁷⁶

IUDs and implants don't require a woman to remember to do something every day, or just before intercourse, or once a month, or even every three months to prevent pregnancy, like taking the pill and other methods. Once an IUD or implant is inserted, you can pretty much just forget about it.

In February 2015, the Centers for Disease Control and Prevention released a report showing that use of IUDs and implants increased nearly fivefold over the last decade.⁷⁷ Since 2009, Planned Parenthood health centers have seen a 91 percent increase in the use of IUDs and implants.

According to research published in *The Lancet* in which Planned Parenthood affiliates and researchers played a key role alongside researchers at the University of California, San Francisco, when women receive full information about available birth control methods, and their health care professionals are trained to offer IUDs and implants in the same visit, many women choose IUDs and implants.⁷⁸

IUDs and implants are also very popular among women who work as family planning providers. In a study published in 2015 in *Contraception*, researchers at Planned Parenthood Federation of America surveyed a sample of nearly 500 female U.S. women's health care providers ages 25-44 and found that 42 percent use a LARC method like IUDs, compared to just 12 percent of women in the general population.⁷⁹ This study builds upon a large and growing body of evidence that when women who want to prevent unintended pregnancy are empowered with full information about their contraceptive options – and when factors such as up-front, out-of-pocket costs are not a factor – they often decide to use the most effective methods.

The bottom line is that all women must make birth control decisions for themselves based upon full information and access without barriers.

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