



FEMINIST MAJORITY FOUNDATION

CHOICES CAMPUS LEADERSHIP PROGRAM

WORLD'S LARGEST PRO-CHOICE STUDENT NETWORK

BIRTH CONTROL ACCESS CAMPAIGN

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INCREASING ACCESS TO BIRTH CONTROL

Under the preventive care package of the Affordable Care Act (ACA), health insurance plans are now required to cover FDA-approved contraceptives, without co-pays or deductibles. The birth control benefit went into effect for most private insurance plans as of January 2013 and has allowed millions of women to access birth control for free, but there are some exceptions.

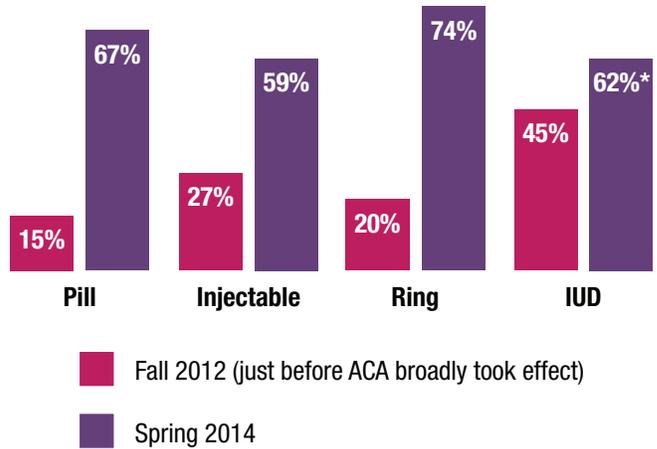
Some older health insurance plans are considered "grandfathered" plans and will remain unaltered by the new birth control policy until they lose their protected status over the next few years, meaning these plans are not required to provide free birth control. As of 2014, 26% of individuals were covered by grandfathered employer-sponsored health plans. Your health plan benefits administrator can tell you whether you are covered by a grandfathered plan. If so, you can choose to purchase insurance on the ACA marketplace.

In most cases, pharmacies and insurance companies should not be charging women for contraceptives. Health plans, however, may be able to charge co-pays for a brand name drug if there is a medically appropriate, generic version of your birth control available. If there is no generic version available or if the generic version would be medically inappropriate then the plan must waive the cost.

Churches and houses of worship are totally exempted from having to provide birth control coverage to their employees or their dependents. Under a federal accommodation, religiously affiliated non-profit organizations, such as colleges and hospitals, can refuse to pay for birth control coverage, but a student or employee can still access birth control at no cost to them. In these cases, the insurance company or third party administrator pays for the coverage. In 2014, the Supreme Court ruled that closely-held, for-profit companies can also opt out of paying for this coverage if it would violate the company's sincerely-held religious beliefs.

OUT OF POCKET COSTS

The percentage of privately insured women who paid \$0 out of pocket for each birth control method.



* based on combined data for spring 2013, fall 2013, and spring 2014 because the number of IUD users surveyed was small.

Source: Guttmacher Institute, "New Study Shows Privately Insured Women Increasingly Able to Obtain Prescription Contraceptive Methods with No Out-Of-Pocket Costs" accessed 8 March 2016 at

Several religiously affiliated non-profits have challenged the accommodation in federal court. The non-profits seeking to deny employees access to birth control argue that the requirement to fill out a one-page form, or otherwise notify the Department of Health and Human Services, to receive the accommodation places a substantial burden on their exercise of religion and violates the Religious Freedom Restoration Act (RFRA). Eight federal appeals courts have ruled against the non-profits. Only one court, the Eighth Circuit Court of Appeals, has sided with them. The Supreme Court will now decide the issue by June 2016.

Transgender men also face significant obstacles accessing contraceptives. Marginalization and discrimination make trans men who have sex with men at increased risk for unintended pregnancy and STIs. As many as 93% of transgender men who have sex with men report receiving insufficient information about their reproductive health, and one in three transgender people delay or avoid seeking reproductive healthcare because



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of fear of discrimination. The Obama Administration issued guidance in 2015 specifying that insurers cannot limit coverage for transgender people based on their gender identity or the sex assigned to them at birth.

TITLE X FUNDING: ACCESS TO FAMILY PLANNING

Title IX is a federal public health program that provides a critical safety net for millions of low-income Americans – about 70% of whom have income at or below the federal poverty line, and the majority of whom are women. It is the only federal grant program dedicated solely to the provision of comprehensive family planning services and provides funding to thousands of public health and family planning clinics around the country.

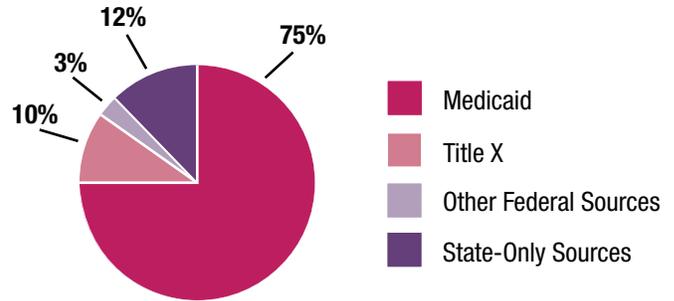
These clinics not only provide family planning, but they also provide a range of preventive services, including breast cancer screenings, pelvic exams, STI and HIV testing, and education.

Despite the importance of these clinics, however, anti-women's health politicians have attempted to slash, or completely eliminate, Title X funding, threatening to cut off low-income women's access to basic healthcare. Between 2010 and 2015, Congress cut funding for Title X by \$30.5 million – a 10% reduction. In the most recent round of appropriations, Congress once again failed to appropriate any new service dollars to the program. The Obama Administration has requested only a modest increase in Title X dollars for fiscal year 2017, which would increase funding from \$286.5 million to \$300 million, which is still below FY 2010 levels.

Funding cuts have led to a decrease in service provision. The number of Title IX patients receiving care has shrunk by over 1 million, and there is no evidence that these patients are seeking care elsewhere.

SOURCES OF FUNDING

Public expenditures on family planning client services, FY 2010



Source: Guttmacher Institute, "Publicly Funded Family Planning Services in the United States" accessed 9 March 2016 at http://www.guttmacher.org/pubs/fb_contraceptive_serv.html

WHO IS AFFECTED BY FUNDING CUTS?

More than 4.1 million low-income women and men receive healthcare from Title X clinics. Title X patients are disproportionately Black, Hispanic, or Latino, and the majority of Title X patients in 2014 were uninsured. Around 60% of women who use a Title IX clinic consider it to be their regular source of healthcare.

Cutting or eliminating funding for Title X would mean the closing of clinics across the country. Around 3,000 healthcare professionals, including nurse practitioners, physicians, nurse-midwives, physician assistants, counselors, and health educators, receive Title X funding to provide critically-needed family planning and preventive services to underserved populations.

MYTHS ABOUT TITLE X FUNDING

Legislators and anti-family planning groups in favor of defunding Title X have attempted to mislead the public about the program in order to gain support. Such myths include the argument that defunding Title X would reduce the federal deficit, when in reality federal programs that promote family planning actually reduce government spending. For every \$1 spent on publicly funded family planning programs, the government saves \$7 in Medicaid costs.



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Another myth is that Title X funds abortion services. This is completely false. In fact, publicly funded family planning services provided through Title X, alone, helped to prevent 1 million unintended pregnancies in 2013, which would have resulted in over 500,000 unintended births and around 345,000 abortions. Around 2 million unintended pregnancies were prevented by all publicly funded family planning services.

The truth is that Title X, under current funding levels, is not meeting the needs of low-income women. Congress should increase Title X funding, not cut or eliminate it.

OTHER PUBLIC FUNDS FOR FAMILY PLANNING

Several public programs fund family planning services for low-income women and girls, providing more than \$2 billion for such services in 2010. The majority of this money is distributed via Medicaid programs at both the federal and state levels, in addition to the Title X federal grant program. Title X, however, is the only federal grant program devoted just to family planning, and helps serve individuals who do not meet the eligibility requirements for Medicaid in their states. Title X also provides significant funding for a national network of family planning centers that provide basic health care to low-income people.

FAMILY PLANNING SERVICES ARE VITAL

Comprehensive family planning services, like those funded by Title X, are based on science and are medically necessary. The federal government has wasted over \$1.5 billion dollars since 1996 on abstinence-only education programs, which are ineffective at preventing unplanned pregnancy and the spread of STIs. Just last year, Congress allocated up to \$10 million for abstinence-only-until-marriage programs. In his FY 2017 budget request, however, President Obama eliminated this funding for abstinence-only education programs.

Nearly half of all pregnancies in the United States are unintended, and there are approximately 20 million new cases of STIs each year – half of them among 15- to 24-year olds. We simply cannot afford to replace comprehensive family planning services with abstinence-only programs.

INCREASE FEDERAL FAMILY PLANNING FUNDING

Millions of women in the United States are in need of publicly funded family planning services and supplies. Expanding Medicaid at the state level – currently 17 states still need to expand Medicaid – and increasing Title X funding are critical elements for meeting this need. Low-income women are five times more likely than affluent women to experience an unwanted pregnancy.

WHAT YOU CAN DO:

- Keep an eye on state-level cuts and access to family planning services. After the 2010 election, many states cut family planning funding sharply, including New Jersey, which eliminated funding altogether, New Hampshire, which cut funding by 57%, and Texas, which cut its funding by 66%. Funding in New Hampshire was restored in 2013, but the New Jersey governor has continued to eliminate \$7.5 million in family planning by line-item veto every year since 2010, leading at least nine family planning clinics to close. Similarly, cuts in Texas have resulted in the closure of 82 family planning clinics in that state.
- Raise awareness about the need for Title X and efforts to defund it with a rally or public education campaign on your campus, such as a teach-in or poster campaign.
- Talk with your Senators and Representative about the critical need for family planning funding.