



Rhetoric vs. Reality: Why Access to Contraception Matters to Women

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On October 6, 2017, the Trump administration announced two rules that severely undermine the Affordable Care Act's (ACA) contraceptive coverage mandate.¹ This attack on access to birth control and other forms of contraception is being touted as a protection of religious liberty, but it is really a justification to discriminate against individuals who want and need access to contraception. Under the ACA, religiously affiliated organizations could opt out of providing contraception but were required to notify the government or another third party that they were doing so.² This guaranteed that employees would still have access to no-cost contraception through their insurance companies. The new rules, however, are much more expansive and allow any individual or organization—whether a private company, university, or insurer—to deny contraceptive coverage to their employees based on religious or moral objection. Employers no longer even have to report that decision to the government; they can simply deny birth control coverage to women who currently have it.

Research shows that more than 9 out of 10 women will use contraceptives at some point in their lives.³ Ninety-eight percent of Catholic women who have had sex have “used a contraceptive method other than natural family planning,” which is nearly identical to the rate among all women who have had sex, at 99 percent.⁴ And birth control is not solely used to prevent pregnancies: It helps with painful cramps, migraines, and period regulation, to name a few.

Needing birth control and being able to afford it, however, are different issues. One in three women ages 18 to 44 say that they could not pay more than \$10 per month for birth control if they had to buy it today.⁵ Before the ACA, unless a state had a contraception coverage mandate, individual insurers and employers could choose whether or not to cover contraception.⁶ As a result, contraceptives made up an estimated 30 percent to 44 percent of all out-of-pocket health care spending for women.⁷ The ACA regulation has provided more than 62 million women with access to birth control and saved women \$1.4 billion in 2013 alone.⁸

The Trump administration's myths about contraception

In the newly announced rules, the Trump administration has argued that these new changes would not affect many women.⁹ It is imperative to dispel these theories as false to ensure the protection of women's access to contraception.

Myth: 99.9 percent of women won't be affected by the new contraception rules

Reality: The administration claims that "conscientious exemptions to the Mandate" will affect a small number of women.¹⁰ The truth is that no one knows how many women will be affected by these regulations because the number of entities that will choose to deny contraceptive coverage is not yet known.¹¹

Based on data that the Center for American Progress obtained from the U.S. Department of Health and Human Services,¹² between January 2014 and March 2016, more than half of the entities listed as requesting the birth control accommodation from the federal government were for-profit companies representing a variety of industries with a range in number of employees.¹³ This new expansion could lead to even more employers seeking an exemption and even more women being denied access to the health care they need. For example, under the new rules, universities can deny contraceptive coverage to their students. The new regulations rolling back contraceptive coverage take effect immediately and threaten access to contraception for millions of American women.

Myth: Women won't suffer because contraception is affordable and easy to get

Reality: Even without a strong contraception mandate in place, the Trump administration is under the impression that access to contraceptives will be easy through "a family member's employer," "an Exchange," or "another government program."¹⁴ Additionally, the administration suggests that women can still access contraception through safety-net programs, specifically citing Medicaid, Title X, community health center grants, and Temporary Assistance for Needy Families. However, these programs are also under attack by Congress and the administration. For example, congressional Republicans have proposed extreme funding cuts and dangerous policy changes for the Medicaid program during their 9-month effort to repeal the ACA.¹⁵ And earlier this year, the Trump administration rolled back Obama-era protections for Title X providers.¹⁶

The Trump administration and Congress have worked tirelessly to defund vital front-line women's health care provider Planned Parenthood and cut funding for vital health programs that predominantly serve low-income women and families.¹⁷ Low-income women and women of color can face additional barriers to contraception access due to historical and systemic biases, lack of access to health care facilities, and economic hardship. Both Hispanic and black women are less likely to use effective methods of contraception and have higher rates of unintended pregnancy than white women.¹⁸ Furthermore, women experiencing economic hardship are less likely to take contraception or continue usage due to out-of-pocket costs.¹⁹

Myth: Contraception isn't safe

Reality: The Trump administration believes that the imposition of a contraception mandate “could affect risky sexual behavior in a negative way” and that some contraceptives “may cause early abortion.”²⁰ According to Dr. Haywood L. Brown, the president of the American College of Obstetricians and Gynecologists, “Affordable contraception for women saves lives. It prevents pregnancies. It improves maternal mortality. It prevents adolescent pregnancies.”²¹ Certain methods of contraception carry extra health benefits, such as reducing the risk of certain cancers, anemia, and sexually transmitted infections, including HIV/AIDS. So rather than pose any harm to women's health, some contraceptives actually provide health benefits.

Myth: Contraception isn't effective and doesn't prevent pregnancy

Reality: This misinformation campaign has often been refuted by the medical community.²² Although some in the administration cite an “uncertainty in the relationship between contraceptive access, contraceptive use, and unintended pregnancy” as an argument against contraceptives' effectiveness, when used correctly, modern contraceptives are very effective at preventing pregnancy.²³ In 2008, the two-thirds of women at risk of pregnancy who used contraceptives consistently accounted for only 5 percent of unintended pregnancies. The most common form of contraception, the birth control pill, is 99 percent effective when used perfectly, and even when it is used imperfectly, it is 91 percent effective. Other forms of long-acting reversible contraception, such as the implant and intrauterine device, both have failure rates of less than one percent for typical and perfect use.

Conclusion

The Trump administration has justified these rules as a means to “reduce and relieve regulatory burdens and promote freedom in the health care market” but without regard to the fact that millions of women want and need access to reproductive health care.²⁴ The ACA is working and has helped millions of people gain quality, affordable health coverage. As a variety of faith leaders and people of faith have articulated, the ACA and its full implementation are not a threat to religious freedom.²⁵ Allowing employers to dictate health care to their employees is what dangerously minimizes the religious freedom, health, and autonomy of workers.

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Endnotes

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