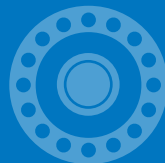


# Taking Control



The Ongoing Battle to  
Preserve the Birth Control Benefit  
in the Affordable Care Act

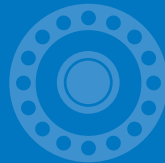


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# Executive Summary



# Executive Summary

Birth control has had such a dramatic impact on women and families in this country that the Centers for Disease Control and Prevention (CDC) named it one of the top 10 public health achievements of the past century. Now, with implementation of the Affordable Care Act (ACA), America is poised to experience the single biggest advancement in women's health in a generation, one that is already making a huge difference in the lives of women across the country. The new law provides insurance coverage to more women including birth control and well-woman visits with no co-pay for the first time, increases access to reproductive health care, and eases the disproportionate health care burdens on women, who still earn less than men and often face higher health care costs.

But there are still some in this country — a small but vocal minority of extremists in Congress and in many states — who are doing everything they can to reduce the availability of birth control. Planned Parenthood and its allies, including key members of Congress, have fought long and hard over the past three years to keep the women's health benefit on track — but there is still a very real danger of its being derailed through a multitude of legal attacks, as well as through ongoing efforts by lawmakers to limit the scope of the ACA as it affects women and their families.

To date, nearly 60 lawsuits have been filed by businesses and not-for-profit groups challenging the requirement to provide birth control without a co-pay for millions of women, and it is expected that one or more of these challenges will reach the Supreme Court as early as 2014. In addition, the House of representatives has voted at least 37 times to repeal the ACA.

Among the key facts these extremist politicians continue to ignore or deny:

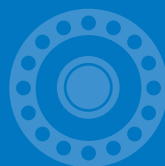
- The decision to include contraception as part of the women's preventive health benefit is grounded in science and based on the recommendations of the nonpartisan Institute of Medicine (IOM).
- Ninety-nine percent of American women between the ages of 15 and 44 who are sexually active have used birth control at some point, and a majority of Americans (70 percent) believe insurance companies should cover the full cost of birth control, just as they do for other preventive services.

- Women have experienced profound and beneficial social changes since birth control became legal and widely available: maternal and infant health have improved dramatically, the infant death rate has plummeted, and women have been able to fulfill increasingly diverse educational, political, professional, and social aspirations.
- Economic concerns top women's reasons for seeking out birth control: in one recent study, the single most frequently cited reason for using contraception was that women could not afford to take care of a baby at that time (65 percent).
- Providing no-cost birth control and promoting the use of highly effective contraceptive methods can significantly reduce unintended pregnancy, which in turn can lead to a reduction in the abortion rate. Women will also be more likely to seek prenatal care, thus improving their health and that of their children.
- The ACA will bring huge cost savings for women and their families. Currently, co-pays for birth control pills typically range from \$15 to \$50 a month (up to \$600 per year), and co-pays and other out-of-pocket expenses for long-term contraception, such as the IUD, have significantly higher up-front costs.

Taken together, these recent findings on how birth control has affected women's health, well-being, and economic security for the better can be seen as a harbinger of the further benefits to come as it becomes more widely available through the ACA. But, in the words of Planned Parenthood Federation of America President Cecile Richards, "Certain politicians would rather take away women's health care benefits than accept that the Affordable Care Act is the law of the land."

This report recounts the high and low points in the battle for the birth control benefit in the ACA and provides both current research and historical context for understanding why, for women, there can be no going back.

# Introduction



# Introduction

The introduction of the birth control pill in the 20th century improved women's lives dramatically and helped usher in profound societal changes, not least of which was the ability of women to fulfill increasingly diverse educational, political, professional, and social aspirations.

Birth control is basic health care that benefits women and families across the country. It benefits the young woman finishing college or starting a career. It benefits the family struggling to make ends meet. It benefits the woman suffering from endometriosis. It benefits the mothers and fathers who planned their families and had children when they were ready. Birth control has had such a dramatic impact on women and families in this country that the Centers for Disease Control and Prevention (CDC) named it one of the top 10 public health achievements of the past century.

Now, with implementation of the Affordable Care Act (ACA), America is poised to experience the single biggest advancement in women's health in a generation, one that is already making a huge difference in the lives of women across the country. The new law — which is grounded firmly in medical science — provides insurance coverage for more women including birth control and well-woman exams with no co-pay for the first time, increases access to reproductive health care, and eases the disproportionate health care burdens on women, who still earn less than men and often face higher health care costs. The law also allows states to expand their Medicaid programs (the intention was to make such expansion a requirement, but the Supreme Court made it optional)<sup>1</sup>, which could provide health coverage to approximately seven million more low-income women; requires plans to provide coverage of certain essential health benefits (including preventive services and maternity coverage); prohibits most insurance plans from charging women more than men for the same health coverage; and prohibits plans from denying an individual coverage based on a pre-existing condition.<sup>2</sup> Simply put, under the ACA, being a woman will no longer be a “pre-existing condition” that results in higher health care costs.

Today, 73 Planned Parenthood affiliates, with more than 750 health centers across the United States, provide two million women with contraception information and services annually.\* Planned Parenthood patients can choose from a wide variety of reversible contraceptive methods including the pill, the shot, the ring, the intrauterine device (IUD), the patch, and the implant. In addition, Planned Parenthood provide 1.4 million emergency contraception kits (also known as the “morning-after pill”) each year.

\* The number of Planned Parenthood affiliates and health centers through June 30, 2013.

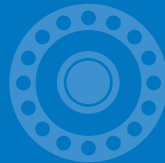


With the full implementation of the Affordable Care Act, many more women are poised to receive the contraceptive method of their choice at no cost. That fact that women's preventive care — including birth control — is basic health care shouldn't be a revolutionary idea, but unfortunately it is to a small but disproportionately influential group of out-of-touch politicians and corporations. Over the past few years, birth control has become increasingly politicized. A major victory has been won, but the war is by no means over. Despite the fact that 99 percent of American women between the ages of 15 and 44 who are sexually active have used birth control at some point, and a majority of Americans (70 percent) believe insurance companies should cover the full cost of birth control, just as they do for other preventive services, some politicians are choosing to focus on chipping away at a women's access to birth control. If these opponents of birth control had their way, more women would be uninsured, medical discrimination against women would be legal again, and women would once again be forced to pay more for health care than men.

To date, the House of Representatives has voted at least 37 times to repeal the health care law, taking up an estimated 15 percent of the people's business<sup>3</sup> on the issue in the midst of an economic crisis, domestic terrorism attacks, weather disasters, and other pressing matters. Nearly 60 lawsuits have been filed by businesses and not-for-profit groups challenging the requirement to provide birth control without cost-sharing for millions of women, and it is expected that at least one of these challenges will reach the Supreme Court. In addition, numerous states have introduced bills to repeal or undermine women's health coverage in the ACA.

This report describes the transformative effects of birth control on our society, the ways in which the Affordable Care Act will exponentially expand that effect, and the urgent battle to move forward — not turn back the clock — on ensuring women's access to basic preventive health care, including birth control. Planned Parenthood has been on the front lines making birth control available to women nationwide for nearly a century — and we've witnessed firsthand the enormous health, educational and economic impact contraception has had on women across the United States. Women benefit, their families benefit, we all benefit. That's the promise of the Affordable Care Act — and the promise that Planned Parenthood will continue to keep — no matter what.

# A Watershed for Women's Health



From *Griswold* to the Affordable Care Act

This year marks the 48th anniversary of *Griswold v. Connecticut*, the 1965 Supreme Court decision that made the use of birth control by married couples legal. This landmark decision was the first in a series of events — after the introduction of the pill — that transformed American women's lives.

In the nearly five decades since the *Griswold* decision, profound and beneficial social changes occurred, in large part because of women's relatively new freedom to effectively control their fertility: maternal and infant health have improved dramatically, the infant death rate has plummeted, and women have been able to fulfill increasingly diverse educational, political, professional, and social aspirations.

- In 1965, there were 31.6 maternal deaths per 100,000 live births.<sup>4</sup> In 2007, the rate had been reduced by 60 percent, to 12.7 maternal deaths per 100,000 live births.<sup>5</sup>
- In 1965, 24.7 infants under one year of age died per 1,000 live births.<sup>6</sup> Preliminary data for 2011 shows that this figure had declined to 6.05 infant deaths per 1,000 live births, a 76 percent decline.<sup>7</sup>

While the pill gave women the life-changing ability to control their fertility, it also bestowed numerous, often overlooked non-contraceptive health benefits. According to a study from the Guttmacher Institute, 58 percent of pill users cite health benefits as a contributing factor for using birth control.<sup>8</sup> The **pill** is the most popular method of contraception among Planned Parenthood reversible contraception patients — nearly 40 percent chose the pill in 2011. The pill works by inhibiting ovulation and by thickening cervical mucus, which prevents sperm from fertilizing egg. The many non-contraceptive benefits of using the pill include:

- decreased chances of ectopic pregnancy;
- decreased risk of pelvic inflammatory disease;
- less menstrual flow and cramping;
- quick return of ability to pregnant when use is stopped;
- reduced acne;
- reduced bone thinning;
- reduced iron deficiency anemia due to menstruation;



- reduced premenstrual symptoms, such as depression and headaches;
- reduced risk of ovarian and endometrial cancers; and
- shorter and more regular periods.

While the pill remains the most common form of reversible birth control, over the last couple of decades a number of new contraceptive methods have become available, and older forms have evolved.

**Options available today include:**

The birth control **shot** (Depo-Provera), selected by 10 percent of Planned Parenthood reversible contraception patients, is an injection of a hormone, progestin, which prevents pregnancy for three months. The shot works by keeping eggs from leaving the ovaries and making cervical mucus thicker, so sperm can't join egg. An advantage of the shot is that there is no daily pill to remember. Also, the birth control shot does not contain estrogen, a hormone that is in the pill, patch, and ring, which makes the shot a good option for women who can't take estrogen.

The vaginal **ring** (NuvaRing), chosen by six percent of Planned Parenthood reversible contraception patients, is a small, flexible ring a woman inserts into her vagina once a month to prevent pregnancy. It is left in place for three weeks and taken out for the remaining week each month. The hormones in NuvaRing are the same as those in the pill, estrogen and progestin. So the ring prevents pregnancy in the same way the pill does, and it also offers similar non-contraceptive benefits.

The **IUD**, or "intrauterine device," chosen by four percent of Planned Parenthood reversible contraception patients, is a small device made of flexible plastic. There are two brands available in the U.S.: ParaGard, which contains copper and is effective for 12 years; and Mirena, which releases a small amount of progestin and is effective for five years. The IUD is a long-acting, reversible contraceptive method. Both types of IUD work mainly by affecting the way sperm move so they can't join with an egg.

The birth control **patch** (Ortho Evra), chosen by two percent of Planned Parenthood reversible contraception patients, is a thin plastic patch that sticks to the skin and is worn for three weeks, followed by a patch-free week. The patch releases the same hormones that are in the birth control pill.

The birth control **implant**, chosen by one percent of Planned Parenthood reversible contraception patients, is a small, thin, flexible plastic implant that is inserted under the skin of the upper arm and protects against pregnancy for up to three years. The implant is another type of long-acting reversible contraceptive method. Like the shot, the implant releases progestin.

In addition to hormonal methods, there are also non-hormonal, non-prescription methods of birth control

that are also very popular and selected by 18 percent of Planned Parenthood reversible contraception patients, such as the birth control sponge and the condom.

The more methods of birth control there are for women, the more likely they are to find the method that works best for them and use it consistently. And, as history shows, access to birth control can transform women's lives. Viewed in this context, the expansion of women's preventive health services in the ACA holds tremendous promise. Once the ACA is fully implemented, we can look forward to similar transformations — some that we can predict, and some that will doubtless emerge over time.

## 47 Million and Counting, With Everything to Gain

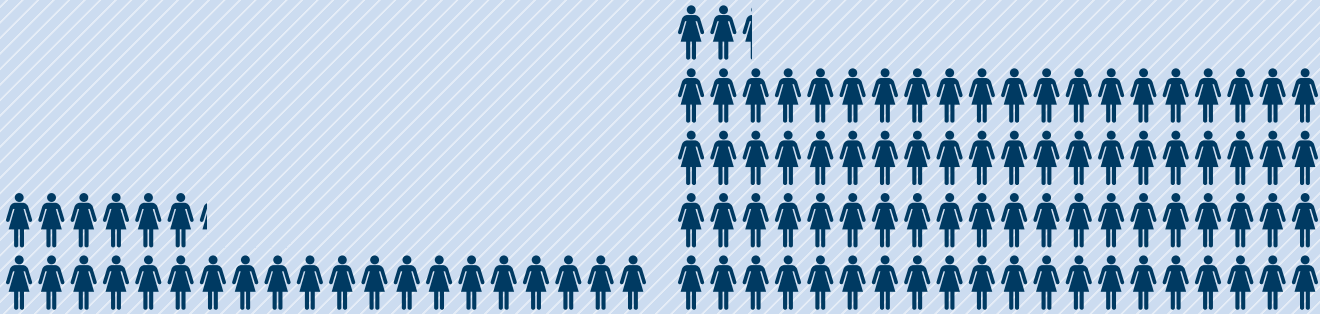
Women have much to gain by the new health care law, since they are disproportionately affected by the country's broken health care system. Women are routinely charged higher premiums than men and are often denied coverage for the so-called "pre-existing" condition, pregnancy. Furthermore, because women are more likely than men to have lower incomes and have jobs that do not offer insurance, the ACA provides women (particularly lower-income women) a tremendous opportunity to gain access to health coverage.

Out-of-pocket costs for birth control can be prohibitively expensive for many women. The high price of birth control can result in women using birth control inconsistently or not at all, often leading to unintended pregnancies. Co-pays for birth control pills typically range from \$15 to \$50 a month (up to \$600 per year — equal to nine tanks of gas in a minivan), and co-pays and other out-of-pocket expenses for long-term contraception, such as the IUD, have significantly higher up-front costs.

# SINCE *GRISWOLD* ...

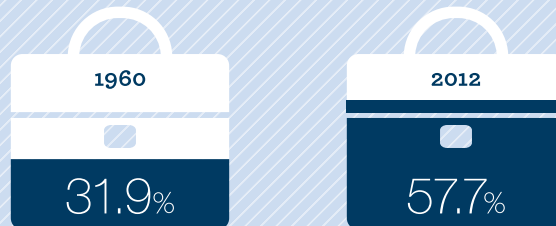
In 1965, 26.2 million women participated in the U.S. labor force.

By 2012, the number had risen to 82.3 million.



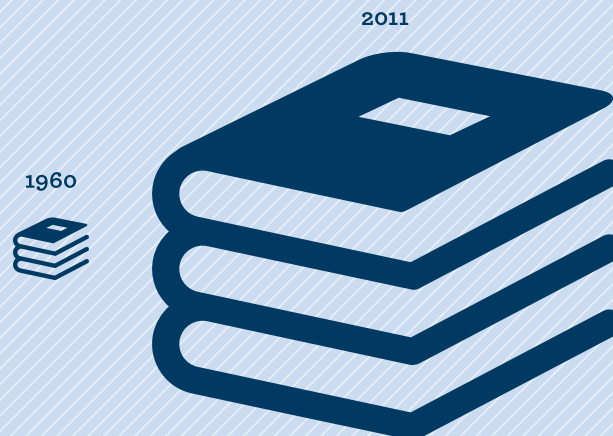
U.S. Census Bureau, 2009; Bureau of Labor statistics, 2013

The labor force participation rate of married women nearly doubled.



U.S. Census Bureau, 2009; Bureau of Labor statistics, 2013

The percentage of women who had completed four or more years of college increased sixfold — from 5.8 percent to 36.1 percent.



U.S. Department of Education, 1993; U.S. Department of Education, 2012

In contrast, 47 million women will benefit from the ACA's provision of preventive health care without cost-sharing, and 11.4 million women ages 19-44 will be newly eligible for health insurance this fall.<sup>9</sup> Repealing the ACA would allow insurance companies to once again discriminate against women with higher premiums, charge women for birth control and cancer screenings, and deny women coverage for so-called "pre-existing conditions" such as pregnancy and being a victim of domestic violence. In addition, women would lose financial assistance for health coverage and would once again be at the mercy of insurance companies' decisions about what constitutes essential health benefits (in such categories as maternity and newborn care, pediatric care, and preventive services, among others); the Medicaid expansion option for states would be also be lost.

It is no overstatement to say that repealing the women's preventive health benefit would have a catastrophic effect on women's lives and advancement.

Among the key provisions of the health care law that benefit American women:

- guaranteeing that preventive care, including life-saving screenings for breast and cervical cancer, and immunizations, are covered without cost-sharing;
- ending insurance abuses such as denying coverage because of pre-existing conditions and dropping individuals after they become sick;
- stopping the discriminatory practice of charging women more than men for health insurance;
- expanding coverage for young adults by allowing them to stay on their parents' health plan until age 26;
- ensuring women have direct access to OB/GYNs and community providers they rely on for health care;
- providing \$75 million annually for fact-based sex education and teen pregnancy prevention;
- requiring coverage of the full-range of FDA-approved prescription contraception without cost-sharing, enabling women to choose the method that works best for them, and reducing the number of unintended pregnancies;<sup>10</sup> and

- ultimately extending health care coverage to tens of millions of women and families who currently don't have comprehensive insurance.

## Beyond Contraception: The Many Benefits of Birth Control

While studies have confirmed women's near-universal use of birth control, few have asked women directly why they use contraception and what benefits they expect or have achieved from its use. To fill this gap, in 2012 researchers from the Guttmacher Institute surveyed 2,094 women receiving services at 22 family planning clinics nationwide. According to the survey<sup>11</sup>, a majority of women said that birth control use had allowed them to take better care of themselves or their families (63 percent), support themselves financially (56 percent), complete their education (51 percent), or keep or get a job (50 percent). Other reasons for using contraception, reported by a majority of women, include not being ready to have children (63 percent), feeling that using birth control gives them better control over their lives (60 percent), and wanting to wait until their lives are more stable to have a baby (60 percent).



Notably, economic concerns topped women's reasons for seeking out birth control, and many expressed concerns about the consequences of an unintended pregnancy for their families as well as for themselves. The single most frequently cited reason for using contraception was that women could not afford to take care of a baby at that time (65 percent). Nearly one in four women reported that they or their partners were unemployed, which was a very important reason for their contraceptive use. Women with children overwhelmingly reported that their need to care for the children they already have was a strong reason for contraceptive use.

## When Cost Is Not an Issue: ACA Will Bring a Reduction in Unintended Pregnancy and Abortion

New data published last October shows that providing no-cost birth control and promoting the use of highly effective contraceptive methods can significantly reduce unintended pregnancy, which in turn can lead to a reduction in the abortion rate.<sup>12</sup>

The Contraceptive CHOICE study simulated the ACA's birth control benefit, which provides for a range of contraception choices without cost-sharing. Led by 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, the CHOICE Project is 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.

The researchers estimate that national simulation of the CHOICE project could prevent 41-71 percent of abortions performed annually in the U.S. Birth rates among teens in the CHOICE study were less than a fifth of the national rate (6.3 per 1,000, compared to 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 to 19.6 per 1,000 women).

These findings show that when women have full information about available birth control methods, and when cost is not a barrier, women will choose the method most effective for their lives — including IUDs and implants — and significantly reduce unintended pregnancy. Increasing access to these birth control methods through the Affordable Care Act will thus not only improve the health of women, families, and communities across the country, it can dramatically reduce the rate of abortion in the United States.

“As the pill provided younger women the expectation of greater control over childbearing, they invested more in their human capital and careers.”

**Martha Bailey**, University of Michigan and  
National Bureau of Economic Research,  
Faculty Research Fellow

## New Findings on Economic Advantages of Birth Control

Recent research confirms the continued economic advantages of birth control: the availability of the birth control pill is responsible for a third of women's wage increases relative to men. The study, published last year by economists at the University of Michigan, used data on women's wages and education from the National Longitudinal Survey of Young Women, which began in 1968 and continued with 21 follow-up interviews with more than 5,000 women over the years. The researchers focused on the 4,300 or so women born between 1943 and 1954 — in other words, women who came of age at the time that legal contraception first became universally available. By the 1980s and '90s, the women who had early access to the pill were making eight percent more each year than those who did not.<sup>13</sup>

“As the pill provided younger women the expectation of greater control over childbearing, they invested more in their human capital and careers,” according to study researcher Martha Bailey. “Most affected were women with some college, who benefitted from these investments through remarkable wage gains over their lifetimes.”<sup>14</sup>

# Benefits of *the* Benefit

**27**  
Million

already benefit from the ACA's provision of preventive health care without a co-pay

U.S. Department of Health & Human Services

+

**11.4**  
Million

ages 19-44 will be newly eligible for health insurance this fall

Unpublished Kaiser Family Foundation/Urban Institute estimates of ASEC supplement to March 2011 and March 2012 Current Population Surveys, U.S. Census Bureau

**65%**

of women that use contraception cite not being able to afford to take care of a baby as the main reason

**51%**

of women say birth control use allows them to complete their education

Guttmacher Institute, 2012

**63%**

of women say birth control use allows them to take better care of their families

Co-pays for birth control pills can cost up to

**\$600** per year

or



Managing Contraception 2013-2014

**41-71%**

of abortions annually performed in the U.S. could be prevented in a national simulation of the CHOICE project

CHOICE Study, Washington University School of Medicine



## A Critical Decision for Women, Based on Science

A key provision of the Affordable Care Act for all Americans was the requirement that new (non-grandfathered) health plans cover preventive care without cost-sharing, including coverage of women's preventive care. The law left it to the U.S. Department of Health and Human Services (HHS) to define the specific women's preventive benefits.



To ensure that women's voices were part of this national conversation, Planned Parenthood launched "Birth Control Matters," an awareness campaign that helped demonstrate widespread support for covering birth control without co-pays. As part of the campaign, the organization delivered more than 100,000 comments in support of birth control to HHS. Given that the use of birth control is nearly universal among sexually active women in America, there was no question that the provision was popular. A Hart Research Survey commissioned by Planned Parenthood Action Fund and completed in July 2010 found that nearly three in four voters — including 77 percent of Catholic women voters — were in favor of full coverage for the full range of FDA-approved prescription birth control, with no co-pays or out-of-pocket costs for women.<sup>15</sup> Similarly, a May 2011 Thomson Reuters-NPR Health poll found that 77 percent of Americans believe that private medical insurance should provide no-cost birth control.<sup>16</sup>

# 77%

of Catholic women voters  
are in favor of full  
coverage for FDA-approved  
prescription birth control

To help answer the question of what constituted women's preventive care, HHS directed the respected nonpartisan Institute of Medicine (IOM), an arm of the National Academy of Sciences, to consider what services should qualify as preventive under the Women's Health Amendment to the Affordable Care Act.

On July 19, 2011, the IOM released the results of its review, recommending that women's preventive health services include the full range of FDA-approved birth control methods because birth control is fundamental to improving women's health and the health of their families. Increased access to birth control, the advisory panel noted, is directly linked to declines in maternal and infant mortality, as well as other health benefits and positive health outcomes.

The IOM's recommendation was another watershed moment for women's health. As HHS Secretary Kathleen Sebelius noted, the IOM review marked the first time that official guidelines on women's health and preventive care had been issued. "These historic guidelines are based on science and existing literature and will help ensure women get the preventive health benefits they need," Sebelius said in a statement.<sup>17</sup>

The Obama administration adopted the IOM recommendations the next month, paving the way for one of the greatest advancements for women's health in decades. Under the new rules, eight new additional women's preventive services — including contraception — were now covered without cost-sharing requirements:

- well-woman visits;
- screening for gestational diabetes;
- human papillomavirus (HPV) DNA testing for women age 30 and older;
- sexually-transmitted infection counseling;
- human immunodeficiency virus (HIV) screening and counseling;
- all FDA-approved contraception methods and contraceptive counseling;
- breastfeeding support, supplies, and counseling; and
- interpersonal violence screening and counseling.

### Women's Health Under Attack: The Push to Expand Refusal Clauses

Clearly, the women's health benefit is not just about contraception. But from the beginning, opponents sought to frame the women's health benefit as a fight over religious liberty, saying that the law forces employers — not only religious institutions but also secular businesses run by allegedly religious-minded individuals — to violate their faith by requiring them to cover contraceptive care. Among the most prominent early opponents was the U.S. Conference of Catholic Bishops, which unsuccessfully opposed the contraception benefit but managed to force the Obama administration to create a "refusal clause" that exempts group health plans sponsored by certain religious employers from offering the birth control benefit to their employees. The religious exemption allows approximately 335,000 churches and houses of worship to refuse to provide this benefit to their employees even if they don't share the same faith.<sup>18</sup>

In February 2012, the administration announced its intent to create an "accommodation" that would allow religiously affiliated entities (e.g., hospitals and universities) that serve and employ the broader public to opt out of providing their employees access to the birth control benefit. Instead, the insurance company would be required to cover the benefit at no charge.<sup>19</sup> That same month, HHS created a one-year enforcement "safe harbor" for group health plans sponsored by nonprofit religiously-affiliated organizations that do not qualify for the exemption (such as universities and hospitals) and do not provide some or all of the required contraceptive coverage because of the organization's religious beliefs.<sup>20</sup> The temporary enforcement safe harbor allows these institutions to not comply with the contraceptive coverage requirement until the next plan that begins on or after August 1, 2013.

In March 2012, the administration issued an advanced notice of proposed rulemaking for the accommodation, and in February 2013, the administration issued a proposed rule that reflected initial public feedback. Similar to what the administration announced in 2011, the proposed accommodation would allow nonprofit, religiously affiliated entities that are morally opposed to providing coverage of contraception to refuse coverage of some or all forms of contraception, but require the health plan to provide coverage of the non-covered contraceptive services at no cost to the employer or employees. (For self-funded health plans, the plan's third-party administrator would need to contract with a plan to provide coverage of non-covered contraceptives at no cost to the employer or employees.) The administration has indicated its intention to finalize rules regarding these accommodations before the end of the temporary enforcement safe harbor in August of this year.

## On the Hill, in the Courts, on the Job, and in the States: Attacks on Women's Health Continue

If anything, conservative lawmakers have been even more strident than religious organizations in characterizing the law's contraceptive coverage benefit as a war on religious freedom. They were in no way appeased by the administration's January 2012 announcement of an interim final rule<sup>21</sup> that would require insurance providers to cover birth control but exempt employers including churches and other places of worship whose primary purpose is imparting religious beliefs. Nor were they mollified by the "accommodation" proposal for religiously affiliated nonprofits.

Instead, a radical minority of politicians in Congress and in state legislatures have only intensified their opposition to the health care law, demanding exemptions not only for religiously affiliated institutions opposed to contraception but for **any** private-sector employer that asserts a religious or moral objection to **any** health service. Anything less than repeal of the contraceptive coverage mandate, they say, is evidence that the Obama administration is waging a "war on religion."<sup>22</sup>

Senator Roy Blunt (R-MO) took the issue to its logical extreme in February 2012 when he introduced an amendment<sup>23</sup> that aimed to allow any employer or health plan to deny insurance coverage for birth control (or any benefit) based on a so-called "moral conviction" — an amendment that could, as the American Academy of Pediatrics (AAP) pointed out, allow "employers to deny their employees services such as vaccinations or blood transfusions, based solely on religious or moral beliefs."<sup>24</sup> In addition to the AAP, a wide range of health care groups, including the March of Dimes, the American Cancer Society, the American Congress of Obstetricians and Gynecologists, and the Spina Bifida Association joined Planned Parenthood in opposing this dangerous and extreme proposal. Kathleen Sebelius, the secretary of health and human services, urged the Senate to reject the proposal, saying "the Obama administration believes that decisions about medical care should be made by a woman and her doctor, not a woman and her boss."<sup>25</sup> The Blunt amendment failed by a 51-48 vote on March 1, 2012.



## How can Congress hold a hearing on birth control and not let any women speak on its behalf?

### Playing Politics with Women's Lives ...Minus the Women

While the Blunt amendment was being debated in the Senate, Congressman Darrell Issa (R-CA) convened a hearing titled "Lines Crossed: Separation of Church and State. Has the Obama administration Trampled on Freedom of Religion and Freedom of Conscience?" The hearing narrowed in on the contraceptive coverage benefit, and there were no women testifying on behalf of the benefit. House supporters of the benefit had invited Sandra Fluke, then a third-year law student at Georgetown University who had pressured the Jesuit school to cover contraceptives in its student health plan since she arrived on campus. Issa prevented her from testifying, saying he did not find Fluke "appropriate and qualified" to testify before his committee.<sup>26</sup> The day after the hearing, newspapers around the world carried the notorious photo of an all-male panel preparing to weigh in on women's need for birth control.

One week later, House supporters of the benefit invited Fluke to speak at their own unofficial hearing. When asked by Rep. Elijah Cummings (D-MD) about her qualifications to testify, Fluke replied, "I'm an American woman who uses contraceptives."<sup>27</sup> In her testimony, Fluke talked about the need for birth control for both reproductive and broader medical reasons.

Responding to Fluke's testimony, conservative radio talk show host Rush Limbaugh launched an infamous rant<sup>28</sup> that drew widespread condemnation, calling Fluke a "slut" and a "prostitute" who is "having so much sex" that she can't pay for contraceptives. The incident helped put the spotlight on the many myths and misrepresentations surrounding the Affordable Care Act and contraceptives.

## Legal Challenges to the Women's Preventive Health Benefit

As supporters of the birth control benefit have asserted, religious freedom gives us all the right to make personal decisions about how to practice religion, but it doesn't give institutions or individuals the right to discriminate against others based on their own personal beliefs. Nonetheless, as of June 13, 2013, nearly 60 lawsuits have been filed against the women's preventive health benefit, by both religiously affiliated nonprofit organizations and at least 32 for-profit companies.<sup>29</sup> Notably, this is hardly the first time that equality-advancing laws have been opposed in the name of religion. As the American Civil Liberties Union has pointed out, similar arguments have been advanced over the years — ultimately unsuccessfully — by institutions claiming religious objections to everything from integration to equal pay to child labor prohibitions.<sup>30</sup>

In the challenges<sup>31</sup> brought by religiously affiliated nonprofit organizations, courts have routinely dismissed these cases on procedural grounds, citing the federal government's proposals to accommodate nonprofit entities that express religious objections (as well as the one-year "safe harbor" period) means that these entities do not currently have to comply with the rule.

The courts in the cases brought by for-profit businesses are analyzing whether the rule violates religious freedom, and these cases are currently winding their way through district courts and courts of appeal across the country. It is expected that at least one of the for-profit cases will reach the U.S. Supreme Court at the end of 2013 or in 2014.

## Corporate America: The New Bosses of Birth Control?

The Affordable Care Act has guaranteed a new standard of health coverage for all Americans, regardless of their employers' personal political views. There is no reason why a private, for-profit business owner should be able to demand a personal exception from this standard, denying his employees the same level of coverage that others will have. Yet some employers are attempting to hold their employees hostage to their religious beliefs.

To date, at least 32 for-profit, privately owned companies (most owned exclusively by men) are suing the federal government to deny their employees the no-cost-sharing birth control insurance coverage required by the Affordable Care Act.

What all of these employers have in common is the conviction that their personal beliefs should dictate their employees' access to health care — including whether women get access to affordable birth control. In legal papers, the bosses call the birth control benefit "sinful and immoral," and often wrongly equate contraception with abortion. As one commentator put it, the lawsuits are "a dangerous combination of religious extremism and corporate extremism."<sup>32</sup>

Last September, in one of the first challenges filed by a private business owner, a district court judge in Missouri forcefully refuted the notion that offering the birth control benefit infringes on an employer's religious liberty, pointing out that the employers "remain free to exercise their religion, by not using contraceptives and by discouraging employees from using contraceptives."<sup>33</sup> The court also pointed out that the burden on the company was only "slight" because the decision to use contraceptives was in the hands of third parties — individual employees — and the company would pay only indirectly, through its insurance company.<sup>34</sup> (An appeals court later stayed that decision pending a ruling on the appeal.<sup>35</sup>)

Conversely, several district courts have come to the opposite conclusion.<sup>36</sup> As noted above, given the wide range of cases and rulings, it is expected that one or more of these lawsuits will end up before the Supreme Court in the next few years.

# Imposing Beliefs

Nearly  
**60**

lawsuits have been filed against the women's preventive health benefit



At Least  
**32**

of those lawsuits have been filed by for-profit, privately owned companies



**19**

of those companies have no religious affiliation

## For Profit, Against Women's Health

Some of the for-profit companies that have filed suit against the benefit include:



*American Pulverizer Co. v. HHS*  
Based in St. Louis, MO



*Freshway Logistics, Inc., et al v. Sebelius*  
Based in Sidney, OH



*Annex Medical, Inc. v. Sebelius*  
Based in Minnetonka, MN



*Grote Industries v. Sebelius*  
Based in Madison, IN



*Autocam Corporation v. Sebelius*  
Subsidiaries are Autocam Automotive & Autocam Medical  
Based in Kentwood, MI



*Hobby Lobby v. Sebelius*  
Based in Oklahoma City, OK



*Beckwith Electric v. Sebelius*  
Based in Largo, FL



*Infrastructure Alternatives v. Sebelius*  
Based in Rockford, MI



*Johnson Welded Products, Inc. v. Sebelius*  
Based in Urbana, OH



*Conestoga Wood Specialties Corp. v. Sebelius*  
Based in East Earl, PA



*Korte v. HHS*  
Based in Highland, IL



*Eden Foods v. Sebelius*  
Based in Clinton, MI



*Legatus v. Sebelius*

## States Try to Broaden “Refusal”

Twenty-eight states currently require insurers to cover contraceptives,<sup>37</sup> although many of those laws include religious exemptions. Since the passage of the Affordable Care Act, numerous states have attempted to undermine the ACA's birth control benefit by repealing or undermining insurance coverage of contraceptives, or by considering proposals that could allow health care providers to refuse to provide health care to patients. It is important to note that, as a federal law, the ACA's birth control benefit cannot be taken away by state law. But that hasn't stopped some states from trying.

On the last day of the 2012 legislative session in Missouri, the state legislators passed a bill attempting to block the federal ACA benefit expanding full coverage of birth control. Governor Jay Nixon vetoed the legislation in July, but his veto was overridden by the state legislature by a margin of one vote in September 2012. A federal court blocked its enforcement due to its conflict with federal law. Although they cannot actually do so, states from Alabama to Wisconsin have continued to attempt to undermine contraceptive coverage provided by the Affordable Care Act in the 2013 legislative session.

Other states have used the birth control benefit as a catalyst for trying to enact broad refusal legislation in areas where federal law does not protect individuals' access to health care services. For example, in May 2012, Kansas Governor Sam Brownback signed a law that will allow pharmacists, physicians, and other medical providers to refuse to provide birth control and medical referrals to women. Kentucky Governor Steve Beshear vetoed a broad refusal measure due to “significant concerns that this bill will cause serious unintentional consequences that could threaten public safety, health care, and individuals' civil rights”; however, the legislature overrode his veto on the last day of Kentucky's 2013 legislative session, March 26.

But the defeat of a North Dakota ballot measure in a summer 2012 primary shows just how decisively unpopular it is for politicians to try to restrict access to contraception. Electoral returns show that North Dakotans rejected Measure Three by nearly 30 points. Even in a conservative, religious state like North Dakota, the electorate resoundingly expressed its opinion that it is possible to balance religious liberties with women's health.

### Playing Politics with Women's Health: Dangerous for a Politician's Health?

According to a recent Hart Research Poll, when it comes to employers providing full coverage for prescription birth control, voters see this issue as a matter of women's health care and access to birth control and reject efforts to frame this as a religious liberty issue. By a 20-point margin, voters are more likely to say that this issue is a matter of women's health care and access to birth control (56 percent) than an employer's religious liberty (36 percent) when it comes to whether religiously affiliated employers should be required to provide coverage for prescription birth control.<sup>38</sup>

# These Politicians said **WHAT?!**

## “Contraception... it’s not okay.”

Presidential candidate Rick Santorum



“Women don’t care  
about contraception.”

South Carolina  
Governor Nikki Haley



The ACA requirement  
to cover birth control  
with no co-pays will  
have “prevented a  
generation” from  
being born and will  
make America “a  
dying civilization.”

Rep. Steve King (R-IA)

Supports a measure  
that would allow  
employers to refuse  
to cover birth control  
for any reason, based  
on a constituent’s  
assertion that birth  
control “poisons”  
women’s bodies.

Oklahoma Sen. Clark Jolley (R)



The ACA birth  
control benefit is  
“un-American.”  
“You can’t step  
on my religious  
freedom to provide  
contraception.”

Former Rep. Joe Walsh (R-IL)

[theweek.com/article/index/223041/9-controversial-rick-santorum-quotes](http://theweek.com/article/index/223041/9-controversial-rick-santorum-quotes)  
[politico.com/news/stories/0412/74776.html#ixzz1r0h1RXkX](http://politico.com/news/stories/0412/74776.html#ixzz1r0h1RXkX)  
[tulsaworld.com/article.aspx/Abortion\\_and\\_contraception\\_coverage\\_opt\\_out\\_bill\\_heads/20130222\\_16\\_a1\\_cutlin363111](http://tulsaworld.com/article.aspx/Abortion_and_contraception_coverage_opt_out_bill_heads/20130222_16_a1_cutlin363111)  
[thinkprogress.org/health/2011/08/03/286209/gop-rep-steve-king-free-birth-control-will-make-america-a-dying-civilization/](http://thinkprogress.org/health/2011/08/03/286209/gop-rep-steve-king-free-birth-control-will-make-america-a-dying-civilization/)  
[womenarewatching.org/candidate/joe-walsh](http://womenarewatching.org/candidate/joe-walsh)



# The Benefit at Work

“Before the ACA, my insurance company considered OB/GYNs ‘specialists’; therefore, the co-pay was high and lab work was not covered. Additionally, the birth control that was covered was listed as a third tier prescription — meaning I paid \$60 a month. Last week I saw my doctor for my annual exam, and had no co-pay or lab bill. Yesterday I picked up the first of my new annual prescription and paid nothing! This will save me around \$900 a year, which is significant for a young, married professional.”

Ivy, 33, Panama City Beach, FL

“I am a graduate student who is working on my PhD in cancer biology. As a graduate student we have a small stipend and have poor health insurance. However, with the Affordable Care Act, now I am able to get my long-acting Mirena without a co-pay — saving me up to \$700! Thanks to birth control, I am able to continue my schooling and further our knowledge about cancer formation.”

Shelly, 27, Salt Lake City, UT

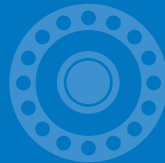
“I am saving \$180 a year. As a 20-something with other medical bills, that makes a huge difference, and it’s a relief to know that I have one less expenditure.”

Ava, 26, Philadelphia, PA

“I’ve been on birth control pills since I was 17 when I started developing ovarian cysts. I now have endometriosis. I wish people understood that for some people these pills are vital whether they are sexually active or not. Birth control pills may be preventing me from having surgery. Even with insurance I was paying about \$400 a year. I also have other health problems and doctors bills to deal with. When I was surprised by my pharmacist and told I was suddenly paying \$0 I was thrilled! It’s nice to get a break.”

Elaine, 29, Knoxville, TN

# Five Decades of Progress



How Birth Control Continues to  
Transform Women's Lives

**MOTHERS!**

Can you afford to have a large family?  
Do you want any more children?  
If not, why do you have them?  
**DO NOT KILL, DO NOT TAKE LIFE, BUT PREVENT**  
Safe, Harmless Information can be obtained of trained  
Nurses at

**46 AMBOY STREET**  
NEAR PITKIN AVE. — BROOKLYN.

Tell Your Friends and Neighbors. All Mothers Welcome  
A registration fee of 10 cents entitles any mother to this Information.

**מוטערס!**

זייט איהר פערמעגליך צו האבען א גרויסע פאמיליע?  
וויילט איהר האבען נאך קינדער?  
אויב ניט, ווארום האט איהר זיי?  
בערדערט ניט, נערהמט ניט קיין לעבען, נור פעהיט זיך.  
זיכער, אנשערליכע איינקומפט קענען איהר בעקומען פון ערפארענע נירוסנס אין

**46 אמבאיי סטריט** ניער פיטקין עוועניו **ברוקליין**  
מאכט דאס בעקאנט צו אייערע פריינד און סכנות. יעדער מוטער איז ווילקאמם  
פיר 10 סענטס איינשרייבונגער זיינס איהר בערעכטיגט צו רייען אינפארמישאן.

**MADRI!**

Potete permettervi il lusso d'avere altri bambini?  
Ne volete ancora?  
Se non ne volete piu', perche' continuate a metterli  
al mondo?

**NON UCCIDETE MA PREVENITE!**

Informazioni sicure ed innocue saranno fornite da infermiere autorizzate a  
**46 AMBOY STREET** Near Pitkin Ave. Brooklyn  
a cominciare dal 12 Ottobre. Avvertite le vostre amiche e vicine.  
Tutte le madri sono ben accette. La tassa d'iscrizione di 10 cents da diritto  
a qualunque madre di ricevere consigli ed informazioni gratis. 55

**1916**

When Margaret Sanger and her sister opened a clinic in Brooklyn to provide family planning information, birth control was illegal. Only 10 days after her clinic — the first Planned Parenthood health center opened — she was arrested and thrown in jail. This was the beginning of the Planned Parenthood movement.

## Five Decades of Progress: How Birth Control Transformed Women's Lives

Contraceptives have been used in one form or another for thousands of years — throughout human history and even prehistory. In fact, family planning has always been widely practiced, even in societies dominated by social, political, or religious codes that required people to “be fruitful and multiply.”

But it wasn't until the middle of the 20th century that the age-old quest for safe and effective contraception was realized. The woman who made that happen was Margaret Sanger (1879–1966), the founder of the American Birth Control League, the forerunner of Planned Parenthood Federation of America. In her 70s, and years after most people retire, Sanger achieved one of the greatest accomplishments of her career, driving the research and development of the century's most revolutionary medical breakthrough — after penicillin — the pill.

The first pill was effective and simple to use. It extended to millions of women an unheard-of control over reproduction, for the first time allowing them to truly separate vaginal intercourse from procreation.

## From 1965 Onward, A Changing Legal Landscape

The Supreme Court's recognition of individuals' right to privacy in deciding when and whether to have a child in *Griswold* became the basis for later important reproductive rights decisions. The court's 1972 ruling in *Eisenstadt v. Baird* found that unmarried people had the same constitutional right to obtain contraceptives as married people. In *Roe v. Wade* in 1973, the court recognized that the right to privacy extends to the decision of a woman, in consultation with her physician, to terminate her pregnancy; in *Carey v. Population Services International* (1977), the court legalized not only the sale of nonprescription contraceptives by persons other than licensed pharmacists, but also the sale or distribution to minors under sixteen and the advertisement of contraception; and in its 1992 ruling in *Planned Parenthood of Southeastern Pennsylvania v. Casey*, the court reaffirmed a woman's right to choose abortion.

## A Brief History of Birth Control



### AROUND 13,000 B.C.E.

The earliest known illustration of a man using a condom during is painted on the wall of a cave in France.

### 1838

German gynecologist Friedrich Wilde creates the first modern rubber “pessaries”, which resemble today's cervical caps.



Charles Goodyear invents the vulcanization of rubber and patents it in 1843, leading to the mass production of rubber condoms.

### 1873



U.S. Congress passes Comstock law, which makes it illegal to publish and distribute information about sex, reproduction, or birth control in the U.S.

# 100 Million

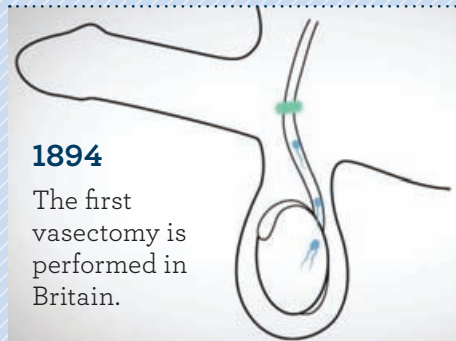
women in America  
are using the pill today

By 1965, one out of every four married women in America under the age of 45 had used the pill. By 1967, nearly 13 million women in the world were using it. And by 1984 that number would reach 50–80 million.<sup>39</sup> Today, 100 million women use the pill.<sup>40</sup>

## From Legal Triumphs to Economic Challenges: Efforts to Reduce Unintended Pregnancy

The reduction in unintended births since 1965 is largely a result of Americans' shift to the more effective contraceptive methods that have become available.

Among married women using contraception, the percentage relying on the most effective methods — the pill and other hormonal methods, the IUD, tubal sterilization, and vasectomy — grew from 38 percent in 1965 to 76.9 percent between 2006–2010.<sup>41</sup> More than one-third of all women who use contraception rely on voluntary sterilization — 27.1 percent have had a tubal sterilization and 9.9 percent are protected by their partner's vasectomy.<sup>42</sup> Oral contraception is the most commonly used reversible method — the choice of 28 percent of women who use contraception — followed by the condom, used by 16.1 percent of women at risk of unintended pregnancy.<sup>43</sup> A study that measured the cost of contraceptive methods compared to the cost of unintended pregnancies when no contraception was used found that the total savings to the health care system falls between \$9,000 and \$14,000 per woman over five years of contraceptive use.<sup>44</sup> Unintended pregnancies cost U.S. taxpayers approximately \$11 billion each year.<sup>45</sup>



**1894**

The first vasectomy is performed in Britain.



**1914**

Margaret Sanger is arrested and indicted under a federal Comstock statute for discussing birth control and sexuality in her publication, *The Woman Rebel*, and sending it through the U.S. mail.

*Photo donated by Corbis Images.*

**OCTOBER 16, 1916**

Margaret Sanger and her colleagues open the first birth control clinic in America. Planned Parenthood proudly traces its origins to the events of that day.

**OCTOBER 26, 1916**

Margaret Sanger's birth control clinic is raided by the police and closed; she and her colleagues are arrested and jailed.

**1917**

Margaret Sanger founds and edits the *Birth Control Review*, the first scientific journal devoted to the subject of birth control.

# 3 Million

unintended pregnancies  
every year **49%**  
of all pregnancies

## Public Funding for Contraception: A Key to Reducing Unintended Pregnancy

In the nearly 50 years since the landmark *Griswold* ruling, it has become clear that making informed reproductive health care decisions does not rest on the legalization of birth control alone — in order to make responsible decisions for themselves, women and men need access to reproductive health information and services.

Despite the overall reduction in unintended pregnancy during the last decades, American women still experience some three million unintended pregnancies each year — 49 percent of all pregnancies.<sup>46</sup> Forty-three percent of unintended pregnancies that do not end in miscarriage or stillbirth are ended via abortion.<sup>47</sup> Unintended pregnancy is associated with a number of serious public health consequences, including delayed access to prenatal care, increased likelihood of alcohol and tobacco use during pregnancy, low birth weight, and pregnancy and birth complications.<sup>48</sup>

Women's ability to access reproductive health services is clearly a major factor in their ability to avoid unintended pregnancy. Even though birth control is integral to women's health care, until the Affordable Care Act most insurance plans have not been required to cover the full range of contraceptive choices without cost-sharing, and while funding for contraception for low-income women is provided through Title X and Medicaid, funding has not kept up with demand.

### 1937

The American Medical Association officially recognizes birth control as an integral part of medical practice and education.



### 1960

The U.S. Food and Drug Administration (FDA) approves the sale of oral birth control pills for contraception.

*Photo donated by Corbis Images.*

### NOVEMBER 1, 1961

Estelle Griswold, executive director of Planned Parenthood League of Connecticut, opens a birth control clinic to dispense contraceptives and to put the state's ban on birth control to the test.

### JUNE 7, 1965

In *Griswold v. Connecticut*, the U.S. Supreme Court strikes down a Connecticut law that made the use of birth control by married couples illegal, completely rolling back state and local laws that had outlawed the use of contraception by married couples.



Family planning services available through Medicaid and Title X of the U.S. Public Health Service Act help women prevent 1.94 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.<sup>49</sup> A 2013 analysis of data from the National Survey of Family Growth showed that publicly funded family planning clinics continue to play a vital role in providing access to care, serving 14 percent of women who received contraceptive services in 2006–2010; this includes 25 percent of poor women and 36 percent of uninsured women.<sup>50</sup>

## Medicaid and the ACA: Expanding Opportunities for Women's Health

The Medicaid program is fundamental to improving the health of American women and serves as a vital source of health care coverage for women of all ages. As the largest source of reproductive health care in the nation, Medicaid provides critical preventive and primary-care reproductive health services to millions of low-income women,<sup>51</sup> including a wide range of family planning services such as birth control and sexually transmitted infection (STI) testing and treatment. Nationally, Medicaid provides coverage to one in ten women, and nearly three-quarters (72 percent) of adult women in Medicaid are of reproductive age.<sup>52</sup>

For decades, the Medicaid program has recognized that ensuring access to family planning services is a basic part of offering meaningful coverage to women. Under federal law, family planning services are mandatory, covered services and are exempt from cost-sharing. In addition, federal law provides Medicaid enrollees “freedom of choice” to see any qualified provider for family planning services to ensure timely and unimpeded access to family planning care. Moreover, family planning services receive a 90-10 federal match rate, whereas other Medicaid services typically receive a federal match of 50 to 75 percent. States also have wide discretion in shaping family planning benefits, and states routinely cover a variety of birth control methods, Pap tests, STI testing and treatment, and family planning counseling.<sup>53</sup>

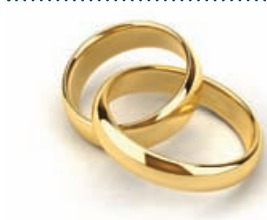
**1970**

Congress passes and President Nixon signs into law Title X of the Public Health Service Act, which makes contraceptives available regardless of income and provides funding for educational programs and research in contraceptive development.

**TITLE  
X**

**1971**

Congress repeals most of the provisions of the federal Comstock laws. PPFA establishes its international program.



**1972**

In *Eisenstadt v. Baird*, the U.S. Supreme Court strikes down a Massachusetts statute that bars the distribution of contraceptives to unmarried people.

**EARLY 1970S**

Birth control pills are first prescribed for emergency contraception by Dr. Albert Yuzpe, a Canadian ob/gyn.

**1977**

In *Carey v. Population Services International*, the U.S. Supreme Court rules unconstitutional a New York statute that prohibited the sale or distribution of contraceptives to persons under 16, the display and advertising of contraceptives, and the sale of nonprescription methods outside drugstores.

Since the mid-1990s, states have expanded coverage for family planning services to low-income individuals (women and men) who would otherwise be ineligible for full-scope Medicaid coverage via a Medicaid waiver. These family planning waivers allow individuals (typically uninsured and with incomes between 133 and 300 percent of the federal poverty level) to access critical family planning services, such as birth control. The ACA provides a new way for states to expand access to family planning services by allowing states to amend their Medicaid state plans to add a new optional eligibility category for individuals who need family planning services but do not meet the eligibility criteria for full-scope Medicaid coverage. In addition, the new state plan amendment option allows states to adopt presumptive eligibility for family planning services, which enables an individual who appears eligible for the program to receive family planning services while her or his application is pending. Currently, over 30 states operate Medicaid family planning-only expansion programs,<sup>54</sup> and it is estimated that these expansion programs serve 2.7 million individuals annually.<sup>55</sup>

In addition to improving the health and lives of women, Medicaid coverage of contraception has been shown to be cost-effective. Every dollar invested in publicly funded family planning programs, including Medicaid, saves nearly four dollars for American families.<sup>56</sup> In addition, studies commissioned by the federal government have demonstrated that expanding access to family planning services saves millions of dollars for the federal government. For example, a 2003 U.S. Department of Health and Human Services (HHS)-funded evaluation of six state Medicaid family planning programs found that expanding access to family planning saved significant costs (e.g., Arkansas and Oregon had savings of nearly \$30 million and \$20 million, respectively, in a single year).<sup>57</sup>

The ACA provides a tremendous opportunity to expand coverage to Medicaid through the Medicaid expansion. Congress intended to expand the Medicaid program to millions of Americans by requiring states to provide Medicaid coverage to individuals with incomes at or below 138 percent of the federal poverty level. However, in the landmark *NFIB v. Sebelius* decision, the Supreme Court held that the federal government could not require states to expand eligibility for Medicaid under the ACA, essentially rendering the new expansion a state option.

**1988**

The ParaGard IUD becomes available to U.S. women, four years after the FDA approved it.



**1998**



Maryland becomes the first state in the U.S. to require health insurers to provide equitable contraceptive coverage.

**JULY 28, 1999**

The FDA approves Plan B, the first dedicated progestin-only EC in the U.S.

**DECEMBER 6, 2000**

The FDA approves the Mirena IUD.



**OCTOBER 3, 2001**

The FDA approves NuvaRing, a new combined hormone contraceptive vaginal ring.

**NOVEMBER 20, 2001**

The FDA approves Ortho Evra, a new combined hormone contraceptive patch.



**NOVEMBER 4, 2002**

The FDA approves the Essure system of permanent birth control.



If all states expand their Medicaid programs, it is estimated that roughly seven million additional, uninsured women will gain access to this critical coverage.<sup>58</sup> However, only a little less than half the states are poised to expand their Medicaid programs in 2014, meaning that millions of low-income women will still lack access to health coverage despite the fact that their higher-income counterparts will have increased access to private health coverage.<sup>59</sup> Notably, the fight is not over in these states — states may opt to expand their Medicaid programs at any time, and state advocates, including Planned Parenthood affiliates, will continue to push state lawmakers to expand their Medicaid programs to ensure that low-income individuals are able to receive quality, comprehensive health care.

### Emergency Contraception: The Need for “Plan B”

Another important factor in the reduction of unintended pregnancy is the availability of emergency contraception. The Obama administration’s recent decision to make emergency contraception more widely available to all women without a prescription was a major breakthrough in the effort to prevent unintended pregnancy.<sup>60</sup> Research and more than 40 years of use show emergency contraception to be a safe and effective way to prevent pregnancy for women of all ages.<sup>61</sup> Overwhelming research also shows that teens are just as likely as adults to use emergency contraception correctly and that access to birth control does not cause young people to become more sexually active.<sup>62</sup> Expanding access to this form of birth control by making it available over-the-counter and without ID restrictions is good policy, good science, and good sense.

Earlier this year, the Centers for Disease Control and Prevention (CDC) released the results of the agency’s first publication ever on the use of emergency contraception in the United States,<sup>63</sup> which shows that the usage is on the rise though repeated use of emergency contraception is low.

#### MARCH, 2009

A federal court rules that the FDA must make Plan B emergency contraception available over the counter to women aged 17 and older.



#### MARCH 23, 2010

President Barack Obama signs the Affordable Care Act into law.

*Copyright Ryan Brown*

#### AUGUST 13, 2010

The FDA approves ella, prescription-only ulipristal acetate, for emergency contraception.

#### AUGUST 1, 2011

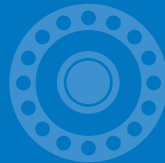
The U.S. Department of Health and Human Services (HHS) decides to include the full range of FDA-approved contraceptive methods as a woman’s preventive health service, making them available without co-pays under the Affordable Care Act.

#### OCTOBER, 2011

PPFA launches Planned Parenthood Global, a new phase of its international programs.



# Moving Forward, Fighting Back



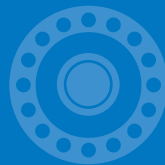
## Moving Forward, Fighting Back

The availability of birth control is continuing to change the world and transform women's lives. That's why Planned Parenthood, and women across the country, won't let up for one minute in our fight to protect the birth control benefit and women's health. There is still a very real danger of its being derailed through a multitude of legal attacks, as well as through ongoing efforts by conservative lawmakers in Congress and in the states to limit the scope of the law as it affects women and their families.

Planned Parenthood was founded on the promise that every woman should have access to birth control, and we are more committed than ever to fulfilling that promise. We believe that access to lifesaving preventive care shouldn't depend on where you work, how much money you make, the language you speak, or where you live. And we continue to believe that those institutions that serve the broad public, employ the broad public, and receive taxpayer dollars, should be required to follow the same rules as everyone else, including providing birth control coverage and information.

The bottom line is that no woman should go without preventive care, including contraception, because she does not have the means to pay.

# References



1. KFF — Kaiser Family Foundation. (2012, August). *A Guide to the Supreme Court's Decision on the ACA's Medicaid Expansion*. Menlo Park, CA: KFF. [Online]. <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8347.pdf>, accessed June 16, 2013.
2. Newman, Amie. (2009, October 14). "I Am Not a Pre-Existing Condition." RH Reality Check. [Online]. <http://rhrealitycheck.org/article/2009/10/14/i-am-not-a-preexisting-condition/>, accessed June 17, 2003.
3. Peters, Jeremy W. (2013, May 14). "House to Vote Yet Again on Repealing Health Care Law." *New York Times*. [Online]. <http://www.nytimes.com/2013/05/15/us/politics/house-republicans-to-vote-again-on-repealing-health-care.html>, accessed June 17, 2003.
4. NCHS — National Center for Health Statistics. (1967). *Vital Statistics of the United States, 1965: Vol. II Mortality, Part A*. Washington, D.C.: U.S. Government Printing Office (GPO).
5. Xu, Jiaquan, et al. (2010). "Deaths: Final Data for 2007." *National Vital Statistics Reports*, 58 (19). Hyattsville, MD: National Center for Health Statistics. [Online]. [http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58\\_19.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf), accessed January 10, 2012.
6. NCHS — National Center for Health Statistics. (1967). *Vital Statistics of the United States, 1965: Vol. II Mortality, Part A*. Washington, D.C.: U.S. Government Printing Office (GPO).
7. MacDorman, Marian F., et al. (2013). "Recent declines in infant mortality in the United States, 2005–2011." NCHS Data Brief, (120). Hyattsville, MD: National Center for Health Statistics. <http://www.cdc.gov/nchs/data/databriefs/db120.htm>, accessed May 16, 2013.
8. Jones, Rachel K. (2011). *Beyond Birth Control: The Overlooked Benefits of Oral Contraceptive Pills*. New York: Guttmacher Institute. [Online]. <http://www.guttmacher.org/pubs/Beyond-Birth-Control.pdf>, accessed June 11, 2013.
9. Simmons, Adelle, and Laura Skopec. (2012, July 31). "47 Million Women Will Have Access to Women's Preventive Services With Zero Cost-Sharing Under the Affordable Care Act." *ASPE Issue Brief*. Washington, DC: U.S. Department of Health and Human Services. [Online]. <http://aspe.hhs.gov/health/reports/2012/womensPreventiveServicesACA/ib.shtml>, accessed June 16, 2013.
10. The Department of Health and Human Services has issued proposed rule to create an accommodation for non-profit religiously-affiliated employers. 45 C.F.R. 147.130 (exemption); 78 Fed. Reg. 8456 (Feb. 6, 2013) (setting forth the accommodation).
11. Frost, Jennifer J., and Laura Duberstein Lindberg. (2013). "Reasons for using contraception: Perspectives of US women seeking care at specialized family planning clinics." *Contraception*, 87(4): 465-72. [Online]. <http://www.guttmacher.org/pubs/journals/j.contraception.2012.08.012.pdf>, accessed June 17, 2013.
12. Peipert, Jeffrey F., et al. (2012). "Preventing Unintended Pregnancies by Providing No-Cost Contraception." *Obstetrics & Gynecology*, 120(6): 1291-1297.
13. Bailey, Martha J., et al. (2012, March). "The Opt-In Revolution? Contraception and the Gender Gap in Wages." NBER Working Paper No. 17922.
14. Pappas, Stephanie. (2012, March 28). "How Access to the Pill Boosted Women's Wages." *LiveScience*. [Online]. <http://www.livescience.com/19338-birth-control-pill-boosted-women-wages.html>, accessed June 16, 2013.
15. PPF — Planned Parenthood Federation of America. (2012). "Survey: Nearly Three in Four Voters in America Support Fully Covering Prescription Birth Control." News Release. [Online]. <http://www.plannedparenthood.org/about-us/newsroom/press-releases/survey-nearly-three-four-voters-america-support-fully-covering-prescription-birth-control/33863.htm>, accessed June 16, 2013.
16. Thomson Reuters. (2011). *National Survey of Healthcare Consumers: Oral Contraceptives*. [Online]. [http://www.factsforhealthcare.com/pressroom/NPR\\_report\\_OralContraceptives.pdf](http://www.factsforhealthcare.com/pressroom/NPR_report_OralContraceptives.pdf), accessed June 11, 2013.
17. U.S. Department of Health and Human Services. (2011, August 1). "Affordable Care Act Ensures Women Receive Preventive Services at No Additional Cost." News Release. [Online]. <http://www.hhs.gov/news/press/2011pres/08/20110801b.html>, accessed June 11, 2013.
18. The Department of Health and Human Services has issued proposed rule to create an accommodation for non-profit religiously-affiliated employers. 45 C.F.R. 147.130 (exemption); 78 Fed. Reg. 8456 (Feb. 6, 2013) (setting forth the accommodation).
19. Cooper, Helene and Goodstein, Laurie. (2012, February 10). "Rule Shift on Birth Control is Concession to Obama Allies." *New York Times*. [Online]. <http://www.nytimes.com/2012/02/11/health/policy/obama-to-offer-accommodation-on-birth-control-rule-officials-say.html>, accessed June 16, 2013.
20. CCIIO — Center for Consumer Information and Insurance Oversight and CMS — Centers for Medicare & Medicaid Services. (2012, August 15). "Guidance on the Temporary Enforcement Safe Harbor for Certain Employers, Group Health Plans and Group Health Insurance Issuers with Respect to the Requirement to Cover Contraceptive Services Without Cost Sharing Under Section 2713 of the Public Health Service Act, Section 715(a)(1) of the Employee Retirement Income Security Act, and Section 9815(a)(1) of the Internal Revenue Code." Memorandum. [Online]. <http://www.cms.gov/CCIIO/Resources/Files/Downloads/20120210-Preventive-Services-Bulletin.pdf>, accessed June 16, 2013. And CCIIO & CMS. (2012, February 10). "Guidance on the Temporary Enforcement Safe Harbor for Certain Employers, Group Health Plans and Group Health Insurance Issuers with Respect to the Requirement to Cover Contraceptive Services Without Cost Sharing Under Section 2713 of the Public Health Service Act, Section 715(a)(1) of the Employee Retirement Income Security Act, and Section 9815(a)(1) of the Internal Revenue Code." Memorandum. [Online]. <http://www.cms.gov/CCIIO/Resources/Files/Downloads/20120210-Preventive-Services-Bulletin.pdf>, accessed June 16, 2013.

21. U.S. Department of Health and Human Services. (2012, January 20). "A Statement by U.S. Department of Health and Human Services Secretary Kathleen Sebelius." News Release. [Online]. <http://www.hhs.gov/news/press/2012pres/01/20120120a.html>, accessed June 11, 2013.
22. Guttmacher Institute. (2012). "Federal Contraceptive Coverage Requirement Emerges as Major Political Issue, Despite Accommodation for Religiously Affiliated Employers." *Guttmacher Policy Review*, 15(1), 20-21. [Online]. <http://www.guttmacher.org/pubs/gpr/15/1/gpr150120.html>, accessed June 1, 2013.
23. Scaccia, Annamarya. (2012, February 27). "Is the Blunt Amendment Constitutional?" *RH Reality Check*. [Online]. <http://rhrealitycheck.org/article/2012/02/27/is-blunt-amendment-constitutional/>, accessed June 16, 2013.
24. AAP — American Academy of Pediatrics. (2012, March 1). "AAP Press Statement on Sen. Blunt Amendment." Press Statement. [Online]. <http://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/AAP-Press-Statement-on-Sen--Blunt-Amendment.aspx>, accessed June 16, 2013.
25. Pear, Robert. (2012, March 1). "Senate Rejects Step Targeting Coverage of Contraception." *New York Times*. [Online]. <http://www.nytimes.com/2012/03/02/us/politics/senate-kills-gop-bill-opposing-contraception-policy.html>, accessed June 16, 2013.
26. Kliff, Sarah. (2012, February 16). "Lawmakers Debate Mandated Coverage of Contraceptives in Health-Care Law." *Washington Post*. [Online]. [http://www.washingtonpost.com/politics/lawmakers-debate-mandated-coverage-of-contraceptives-in-health-care-law/2012/02/16/gIQA9f3jIR\\_story.html](http://www.washingtonpost.com/politics/lawmakers-debate-mandated-coverage-of-contraceptives-in-health-care-law/2012/02/16/gIQA9f3jIR_story.html), accessed June 16, 2013.
27. Abrams, Jim. (2012, February 23). "Sandra Fluke, Witness, Snubbed by GOP, Speaks to Democrats About Birth Control." Associated Press. [Online]. [http://www.huffingtonpost.com/2012/02/23/sandra-fluke-birth-control-democrats\\_n\\_1297110.html](http://www.huffingtonpost.com/2012/02/23/sandra-fluke-birth-control-democrats_n_1297110.html), accessed June 16, 2013.
28. "Rush Limbaugh vs. Sandra Fluke: A Timeline." (2012, March 9). *The Week*. [Online]. <http://theweek.com/article/index/225214/rush-limbaugh-vs-sandra-fluke-a-timeline>, accessed June 16, 2013.
29. ACLU — American Civil Liberties Union. (2013, June 13). "Challenges to the Federal Contraception Coverage Rule." New York: ACLU. [Online]. <http://www.aclu.org/reproductive-freedom/challenges-federal-contraceptive-coverage-rule#cases>, accessed June 17, 2013.
30. Lipton-Lubet, Sarah. (2012). *Promoting Equality: An Analysis of the Federal Contraceptive Coverage Rule*. New York: ACLU. [Online]. [http://www.aclu.org/files/assets/promoting\\_equality\\_-\\_an\\_analysis\\_of\\_the\\_federal\\_contraceptive\\_coverage\\_rule\\_0.pdf](http://www.aclu.org/files/assets/promoting_equality_-_an_analysis_of_the_federal_contraceptive_coverage_rule_0.pdf), accessed June 11, 2013.
31. Ibid.
32. Pieklo, Jessica Mason. (2013, May 20). "Legal Fight Over Contraception Benefits Hits Next Phase." *RH Reality Check*. [Online]. <http://rhrealitycheck.org/article/2013/05/20/legal-fight-over-contraception-benefit-hits-next-phase/>, accessed June 16, 2013.
33. Pear, Robert. (2012, November 5). "Michigan Judge Temporarily Blocks Law Mandate on Birth Control." *New York Times*. [Online]. <http://www.nytimes.com/2012/11/06/health/judge-temporarily-blocks-mandate-on-birth-control.html>, accessed June 16, 2013.
34. Patrick, Robert. (2012, Oct. 2). "Judge Dismisses St. Louis Suit Challenging Health Law's Contraception Mandate." *St. Louis Post-Dispatch*. [Online]. [http://www.stltoday.com/news/local/metro/judge-dismisses-st-louis-suit-challenging-health-care-law-s/article\\_23181cac-0c1b-11e2-b7a3-001a4bcf6878.html](http://www.stltoday.com/news/local/metro/judge-dismisses-st-louis-suit-challenging-health-care-law-s/article_23181cac-0c1b-11e2-b7a3-001a4bcf6878.html), accessed June 16, 2013.
35. Mannies, Jo. (2012, November 29). "Federal Appeals Court Here Resurrects Battle Against ACA Mandate on Contraceptive Coverage." *St. Louis Beacon*. [Online]. [https://www.stlbeacon.org/#!/content/28255/blunt\\_aca\\_conscience\\_lawsuit](https://www.stlbeacon.org/#!/content/28255/blunt_aca_conscience_lawsuit), accessed June 16, 2013.
36. Pear, Robert. (2012, November 5). "Michigan Judge Temporarily Blocks Law Mandate on Birth Control." *New York Times*. [Online]. <http://www.nytimes.com/2012/11/06/health/judge-temporarily-blocks-mandate-on-birth-control.html>, accessed June 16, 2013.
37. Guttmacher Institute. (2013, June 1). *State Policies in Brief: Insurance Coverage of Contraceptives*. New York: Guttmacher Institute. [Online]. [http://www.guttmacher.org/statecenter/spibs/spib\\_ICC.pdf](http://www.guttmacher.org/statecenter/spibs/spib_ICC.pdf), accessed June 11, 2013, accessed June 14, 2013.
38. Hart Research Associates. (2012, June 5). "Findings from Recent National Survey on Coverage for Prescription Birth Control." Memorandum. [Online]. <http://www.nwlc.org/sites/default/files/Me10608.pdf>, accessed June 11, 2013.
39. Asbell, Bernard. (1995). *The Pill: A Biography of the Drug that Changed the World*. New York: Random House.
40. Population Reports. (2000). "Oral Contraceptive Use Worldwide." In *Oral Contraceptives – An Update*, *Population Reports*, Baltimore: Johns Hopkins, 28(1), 1.
41. Mosher, William D. (1988). "Fertility and Family Planning in the United States: Insights from the National Survey of Family Growth." *Family Planning Perspectives*, 20(5), 207–17. See also Jones, Jo, et al. (2012). "Current Contraceptive Use in the United States, 2006–2010, and Changes in Patterns of Use Since 1995." *National Health Statistics Report*, 60. Hyattsville, MD: *National Center for Health Statistics*. [Online]. <http://www.cdc.gov/nchs/data/nhsr/nhsr060.pdf>, accessed June 11, 2013.
42. Guttmacher Institute. *Facts on Contraceptive Use*. Fact Sheet. New York: Guttmacher Institute. [Online]. [http://www.guttmacher.org/pubs/fb\\_contr\\_use.pdf](http://www.guttmacher.org/pubs/fb_contr_use.pdf), accessed June 11, 2013.
43. Ibid.

44. Trussell, James, et al. (1995). "The Economic Value of Contraception: A Comparison of 15 Methods." *American Journal of Public Health*, 85(4), 494–503.
45. Sonfield, Adam, et al. (2011). "The Public Costs of Births Resulting from Unintended Pregnancies: National and State-Level Estimates." *Perspectives on Sexual and Reproductive Health*, 43(2), 94-102.
46. Finer, Lawrence B. & Mia R. Zolna. (2011). "Unintended Pregnancy in the United States: Incidence and Disparities, 2006." *Contraception*, 84(5), 478-485.
47. Ibid.
48. Committee on Unintended Pregnancy. Institute of Medicine, National Academy of Sciences. (1995). *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. Washington, DC: National Academy Press.
49. Gold, Rachel Benson, et al. (2009). *Next Steps for America's Family Planning Program: Leveraging the Potential of Medicaid and Title X in an Evolving Health Care System*. New York: Guttmacher Institute.
50. Frost, Jennifer J. (2013). *U.S. Women's Use of Sexual and Reproductive Health Services: Trends, Sources of Care and Factors Associated with Use, 1995-2010*. [Online]. <http://www.guttmacher.org/pubs/sources-of-care-2013.pdf>, accessed June 11, 2013.
51. KFF. (2012, October 22). *Women's Health Insurance Coverage*. Menlo Park, CA: KFF. [Online]. <http://www.kff.org/womenshealth/upload/6000-08.pdf>, accessed June 16, 2013.
52. KFF. (2012). *Medicaid's Role for Women Across the Lifespan: Current Issues and the Impact of the Affordable Care Act*. Menlo Park, CA: KFF. [Online]. <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7213-04.pdf>, accessed June 16, 2013.
53. KFF. (2009). *State Medicaid Coverage of Family Planning Services: Summary of State Survey Findings*. Menlo Park, CA: KFF. [Online]. <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8015.pdf>, accessed June 16, 2013.
54. Guttmacher Institute. (2013, June 1). *State Policies in Brief: Medicaid Family Planning Eligibility Expansions*. New York: Guttmacher Institute. [Online]. [http://www.guttmacher.org/statecenter/spibs/spib\\_SMFPE.pdf](http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf), accessed June 16, 2013.
55. Sonfield, Adam and Rachel Benson Gold. (2011). *Medicaid Family Planning Expansions: Lessons Learned and Implications for the Future*. New York: Guttmacher Institute. [Online]. <http://www.guttmacher.org/pubs/Medicaid-Expansions.pdf>, accessed June 16, 2013.
56. Frost, Jennifer J. et al. (2010). *Contraceptive Needs and Services: National and State Data, 2008 Update*. New York: Guttmacher Institute. [Online]. <http://www.guttmacher.org/pubs/win/contraceptive-needs-2008.pdf>, accessed June 16, 2013.
57. Edwards, Joanna, et al. (2003, November). *Evaluation of Medicaid Family Planning Evaluations*, The CNA Corporation, CMS Contract No. 752-2-415921. [Online]. <http://images.main.uab.edu/isoph/LHC/BronsteinCMS.pdf>, accessed June 16, 2013.
58. NWLC — National Women's Law Center. (2012). *What the Medicaid Expansion Means for Women*. Washington, DC: NWLC. [Online]. [http://www.nwlc.org/sites/default/files/pdfs/what\\_the\\_medicaid\\_eligible\\_expansion\\_means\\_for\\_women\\_1-16-13.pdf](http://www.nwlc.org/sites/default/files/pdfs/what_the_medicaid_eligible_expansion_means_for_women_1-16-13.pdf), accessed June 16, 2013.
59. PPFA. (2013). Medicaid Expansion Map. [Online]. <http://www.plannedparenthoodaction.org/issues/medicaid-and-women/2014-medicaid-expansion-map-where-states-stand/>, accessed June 16, 2013.
60. Shear, Michael D. and Belluck, Pam. (2013, June 10). "U.S. Drops Bid to Limit Sales of Morning-After Pill." *New York Times*. [Online]. <http://www.nytimes.com/2013/06/11/us/in-reversal-obama-to-end-effort-to-restrict-morning-after-pill.html>, accessed June 16, 2013.
61. Raine, Tina R. et al. (2010). "An over-the-counter simulation study of a single-tablet emergency contraceptive in young females." *Obstetrics & Gynecology*, 119(4):772-779.
62. ACOG — American College of Obstetricians and Gynecologists. (2012, November). *Committee Opinion No. 542: Access to Emergency Contraception*. Washington, DC: ACOG. and AAP. (2012).. "Policy Statement – Emergency Contraception." *Pediatrics*,130(6): 1174-1182.
63. CDC — Centers for Disease Control and Prevention. (2013, February). "Use of Emergency Contraception Among Women Aged 15–44: United States, 2006–2010." *NCHS Data Brief*, Number 112. [Online]. <http://www.cdc.gov/nchs/data/databriefs/db112.htm>, accessed June 11, 2013.