



No Co-Pay Contraceptive Access Act SB 1344 (Favola) & HB 2207 (Filler-Corn) SUPPORT

Background:

Virginians have reaped both economic and health benefits from the no co-pay comprehensive coverage of contraceptives mandated by the Affordable Care Act since the law went into effect in 2010. This helps hundreds of thousands of Virginians control whether and when to have children. However, the Trump Administration and congress are trying to undo the ACA. Most recently, the Trump Administration vastly expanded the religious exemption rules allowing almost any business or organization to deny contraceptive coverage to their employees based on nothing but a nebulous moral objection.

Talking Points:

No Co-Pay Contraceptive Coverage is Popular. By 2015, more than **55 million women** in America had contraceptive coverage.¹ A 2015 Kaiser Family Foundation survey found that over **77%** of women and 64% of men support laws requiring health insurance plans to cover the cost of birth control. A 2017 poll showed that over 77% of women don't want these benefits to stop.²

No Co-Pay Contraceptive Coverage makes fiscal sense. Some of the most cost-efficient contraceptive methods like IUD's, implants and sterilization come with steep up-front costs. Without no co-pay contraceptive coverage, these methods would be beyond the reach of many women. Reducing unplanned pregnancies makes families and communities stronger. The Brookings Institute estimates that unplanned pregnancies cost taxpayers an average of \$11 billion per year.³

No Co-Pay Contraceptive Coverage is good health policy. Contraceptive use helps prevent unplanned pregnancies and helps women time and space their pregnancies. Spacing pregnancies has been shown to reduce the risks of premature birth and low birth weight. Avoiding unwanted pregnancies can enable women to complete education, retain employment and support themselves and their families.⁴ Reducing unintended pregnancies can also help address the untenably high maternal mortality rate.

¹ Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, The Affordable Care Act is improving access to preventive services for millions of Americans, 2015, <http://aspe.hhs.gov/sites/default/files/pdf/139221/The%20Affordable%20Care%20Act%20is%20Improving%20Access%20to%20Preventive%20Services%20for%20Millions%20of%20Americans.pdf>

² Laurie Sobel, et al., The Kaiser Family Found., The Future of Contraceptive Coverage (2017) available at <http://kff.org/womens-health-policy/issue-brief/the-future-of-contraceptive-coverage/> PerryUndem, Contraceptives + Policy Through a Gender Lens, Results from a National Survey Conducted by PerryUndem 17 (March 2017), available at <https://www.scribd.com/document/342699692/PerryUndem-Gender-and-Birth-Control-Access-Report> As cited in <https://nwlc.org/wp-content/uploads/2017/05/BC-Benefit-Whats-At-Stake.pdf>

³ Unintended pregnancy and taxpayer spending. Monea E, Thomas A Perspect. Sex Reprod. Health. 2011 Jun; 43(2):88-93. Cited in <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576988/>

⁴ Kavanaugh ML and Anderson RM, Contraception and Beyond: The Health Benefits of Services Provided at Family Planning Centers, New York: Guttmacher Institute, 2013, <http://www.guttmacher.org/report/contraception-and-beyond-health-benefits-services-provided-family-planning-centers> Lawrence HC, Testimony of American Congress of Obstetricians and Gynecologists, submitted to the Committee on Preventive Services for Women, Institute of Medicine, 2011, <http://www.nationalacademies.org/hmd/~media/8BA65BAF76894E9EB8C768C01C84380E.ashx> Herd P et al., The implications of unintended pregnancies for mental health in later life, American Journal of Public Health, 2016, 106(3):421-429, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4815713/> U.S. Preventive Services Task Force, Screening for depression in adults: recommendation statement, American Family Physician, 2016, 94(4):340A-340D, <http://www.aafp.org/afp/2016/0815/od1.html> Sonfield A, What women already know: documenting the social and economic benefits of family planning, Guttmacher Policy Review, 2013, 16(1):8-12, <http://www.guttmacher.org/pubs/gpr/16/1/gpr160108.html> Frost JJ and Lindberg LD, Reasons for using contraception: perspectives of U.S. women seeking care at specialized family planning clinics, Contraception, 2013, 87(4):465-472, <http://www.guttmacher.org/sites/default/files/pdfs/pubs/journals/j.contraception>