

Contraceptive Choice and Access:



A Critical Component of Public Health

Contraception is basic, essential health care, vital for the role it plays in supporting individual and family health, autonomy, wellbeing, and opportunity. Yet millions of people who need it lack access to contraceptive care, particularly those who are low income, uninsured or underinsured, or living in contraceptive deserts. In recent years, as policies supporting contraceptive access have been under attack, finding care has become even more difficult, forcing patients and providers to navigate a complex landscape and resulting in millions of Americans with unequal access to critical health care.

19 MILLION

of women don't have access to all birth control methods¹

67%

of Black women experience discrimination when obtaining family planning services²

87%

of adults say everyone deserves access to all birth control methods³

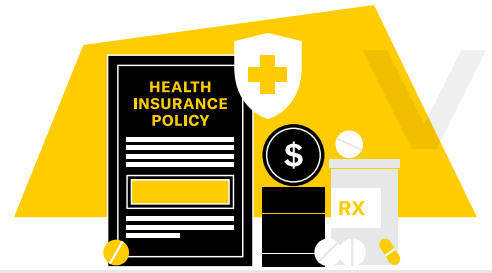
Everyone should be able to access, afford, and have the information and autonomy to choose the contraceptive method best suited to them.

1. <https://powertodecide.org/what-we-do/access/birth-control-access>
2. https://www.tandfonline.com/doi/abs/10.1300/J013v42n01_02
3. <https://www.guttmacher.org/fact-sheet/publicly-supported-FP-services-US>



THE CHALLENGES

COVERAGE AND ACCESS.



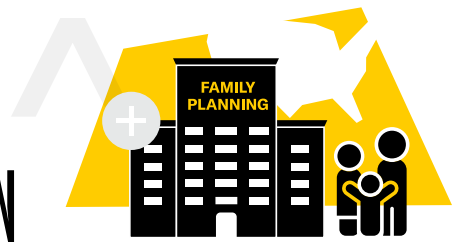
Limited coverage. States have broad discretion to make decisions about how to design and implement Medicaid, and regulate private insurance. This results in varying eligibility levels and coverage requirements, limiting access to contraception through restrictive requirements and lowering the number of people who are able to access care. These state decisions have resulted in a “location lottery,” where whether someone has access to birth control depends in part on where they live.

Limited provider networks. There is a fragmented and shrinking network of contraceptive care providers, and they face inconsistent regulations and underfunding. 19 million women live in areas where they lack reasonable access to a health center offering a full range of methods. Another 1.5 million women live in a part of the county without a single health center offering a full range of contraceptive methods.

Disparate access based on socioeconomic status and race. People with low incomes and people of color face significant barriers to accessing the contraception they need. It is estimated that 21 million women need public support to access and afford contraceptive care and traditional distribution channels like health centers and doctors’ offices, which require time, transportation, and childcare in addition to any cost of contraception. Of these, around 9 million are served by traditional distribution channels such as visits to doctors’ offices, which require time, transportation, and childcare in addition to the cost of contraception itself.

OUR APPROACH

SUPPORT RESEARCH, POLICY AND INNOVATION



Protect and Strengthen National Family Planning Foundations. We’re supporting research and partners that help people—especially those facing disproportionate barriers—access and afford quality contraceptive care.

Increase Contraceptive Access in States. We’re working with partners in states to support new policies, regulations, and payment models so more people can access contraceptive care, regardless of where they live.

Expand New Distribution & Delivery Channels. We support grantees to research and develop safe, efficient models of delivery to remove as many barriers to contraceptive care as possible.