

Contraception is Prevention: the Affordable Care Act's Preventive Care Mandate

Under the Affordable Care Act (ACA), certain preventive health services and screenings are covered without cost-sharing, including birth control. Women looking to obtain contraceptive methods can now access the full range of 20 FDA-approved prescription contraceptives and counseling without co-payments. These methods include the birth control patch, pills, ring, shot, cervical cap, contraceptive implant, diaphragm, intrauterine devices (IUDs), emergency contraception (EC), and permanent or surgical contraception methods.

Why are contraceptives included in a preventive health mandate?

- Half of all U.S. pregnancies are unintended, a much higher rate when compared to other developed countries. This rate is impacted by poverty—in 2008, women with incomes at or below the poverty level had unintended pregnancy rates of 137 per 1000 women aged 15-44.
- Reducing the U.S. unintended pregnancy rate is a public health issue addressed in the Health and Human Services' Healthy People 2020 campaign, which hopes to increase the number of intended pregnancies in the U.S. to 56 percent.

Who is covered under this mandate?

- All women under new and renewing private health insurance plans are covered under the ACA's contraceptive mandate; however, about half of U.S. women do not know this benefit applies to them and their health.
- College women can access these benefits provided they have insurance. While some "grandfathered" plans might not provide the full slate of contraceptive coverage provided under the ACA, by 2014 the majority of these plans will be considered "new" and comply with the mandate. School health plans, which primarily renew each August, will allow students access to the ACA contraception mandate's benefits.

How do IUDs and EC work?

- According to the American Congress of Obstetricians and Gynecologists, the copper IUD interferes with the sperm's ability to move through the uterus and into the fallopian tubes, while the hormonal IUD releases progestin into the uterus that thickens the cervical mucus and thins the uterine lining. Both of these IUDs decrease the ability of the egg and the sperm to remain viable in the fallopian tubes. As a long-term contraceptive method, IUDs prevent pregnancy for three to 12 years, depending on the type of IUD.

- EC Plan B One-Step is a progestin-only pill that prevents ovulation. Ella is ulipristal acetate, a non-hormonal drug that blocks the effects of key hormones necessary for conception. As an emergency contraceptive method, Plan B and Ella effectively prevent pregnancy three to five days after unprotected sex.

Who uses these contraceptive methods?

- A 2013 Center for Disease Control (CDC) report indicates that more than 99% of women between 15-44 years of age who have ever had sexual intercourse have used at least one contraceptive method, which might include IUDs and EC.
- According to the Guttmacher Institute, 5.6% of all contraceptive users pick the IUD as their method of choice. This accounts for about 2.1 million women or 3.5% of the population of women aged 15-44.
- A 2013 CDC data brief shows that 11% of sexually experienced women aged 15-44 had used emergency contraception. This marks an increase from 2002, where only 4.2% of women from this same group reported emergency contraception use.
- HHS estimates that 27 million women have already gained access to no-cost contraceptives under the mandate, a 25 percent increase in women who are not charged for birth control.
- In a 2011 Guttmacher Institute study, 89% of Catholic and 90% of Protestant “at-risk” women—sexually active women who do not want to be pregnant and must use birth control methods consistently and correctly—currently use a contraceptive method.

Who supports this ACA mandate?

- The Journal of American Medicine (April 2014) reported that 69 percent of the public approve of requiring insurance coverage for contraception as part of all health plans.
- Religious respondents are included in these numbers. A Public Policy Polling study from February 2012 indicated that 53 percent of Catholic voters approve of the original ACA mandate requiring religious employers to directly provide contraceptive coverage for their employees.

What are the health and economic benefits of contraceptive use?

- A 2011 report to Congress by the Institute of Medicine included increased contraceptive availability in its eight recommendations for women’s preventive care under the ACA. The other measures—including screenings for gestational diabetes, HIV/AIDS, and interpersonal violence (IPV), lactation support and annual well-woman visits—all combine to reduce disease, illness, and unplanned pregnancy while increasing personal safety and autonomy.
- Certain contraceptive methods treat health issues that exclusively impact women, like endometriosis or polycystic ovary syndrome (PCS). Eliminating the co-pays that keep women from accessing hormonal birth control—the standard treatment

- for these diagnoses—will increase the number of women whose medical conditions will be successfully treated.
- According to a 2001 Planned Parenthood report, increased use of emergency contraception could prevent over 1.5 million unintended pregnancies and reduce the number of abortions by 800,000 in the U.S. This reduction would impact both women’s health and economics—they would not have to carry to term pregnancies they could not physically or fiscally support.
 - A 2007 National Business Group on Health determined that public funding for contraceptive services in 2010 resulted in net public savings of \$10.5 billion. Other studies show that insurance coverage with no-cost sharing for contraception can result in a \$97 per employee annual savings for employers.
 - According to Planned Parenthood, women can now save up to \$600 annually on contraceptive coverage under the ACA mandate.

False Information about Birth Control Corrected

Anti-abortion rights groups have promoted the falsehood that these contraceptives are abortifacients in order to carry on their unpopular campaign against contraception and to buttress the 100-plus lawsuits against the Affordable Care Act. They claim, erroneously, that the emergency contraceptives, Ella and Plan B, as well as IUDs, cause abortions. Reliable scientific and medical sources affirm that these contraceptive methods are not abortifacients. In arguments before the Supreme Court in the Hobby Lobby case, Solicitor General Donald B. Verrilli Jr. said that no federal or state law says that any of these contraceptive products are abortifacients.

All of the FDA-approved contraceptives act to prevent fertilization and none have been scientifically documented to cause a fertilized egg to be rejected. According to an amicus brief submitted in the Hobby Lobby case before the Supreme Court and authored by a number of medical associations—led by Physicians for Reproductive Health and the American College of Obstetrics and Gynecologists—contraceptive methods prevent pregnancy entirely. The processes of ovulation, fertilization or implantation are disrupted through the successful use of these methods; abortion ends a pregnancy **after** implantation has occurred. By these scientific, medical definitions contraceptives cannot be defined as abortifacients.

NOW’s Position on Contraceptive Access

NOW affirms that control over one’s body is a fundamental human right and that access to reproductive health care, especially including contraception, should be guaranteed for all. Expansion of access to health care is greatly enhanced by insurance coverage provided through the ACA; the corporate CEOs who want to deny this important health benefit for their employees must be told “No” —they must comply with the law. The ACA grants women access to preventive health measures that align with NOW’s position that all women must have available affordable and effective birth control, emergency contraception, and other reproductive health services. The FDA-approved slate of contraceptive options is considered appropriate for all employees covered under the ACA

and we cannot let deliberately false information about certain contraceptive methods limit access for the millions of women who rely upon birth control—including intrauterine devices and emergency contraception.

For more information, check out the following websites:

- [National Organization for Women, Reproductive Rights Issue Page](#)
- [National Women's Law Center, Contraceptive Coverage FAQ](#)
- [Guttmacher Institute, Facts on Publically Funded Contraceptive Services](#)
- [Health and Human Services' Health Resources and Service Administration, Women's Preventive Service Guidelines](#)