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Cost prevents one in five U.S. women from using their preferred contraception

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More than one in five women at risk of an unplanned pregnancy in the U.S. would use a different method of contraception if cost were not a factor, says a new study from the Texas Policy Evaluation Project

(TxPEP) published in *Contraception: X*. Uninsured women (one in three) and publicly insured women (one in four) were more likely to prefer a different method than privately insured women (one in five), indicating the importance of insurance coverage in ensuring access to the contraceptive methods women desire. The U.S. Supreme Court recently ruled in Little Sisters of the Poor v. Pennsylvania that employers can refuse to cover birth control for religious or moral reasons. Out-of-pocket costs for contraception will rise for many U.S. women, and they will be less likely to get the birth control they want.

"Whether people are able to afford the type of birth control they want to use is a strong indicator of the quality of reproductive healthcare in the U.S.," says Dr. Kari White, principal investigator of TxPEP and Associate Professor of Social Work and Sociology at The University of Texas at Austin. "The Supreme Court's ruling, along with other recent policies that have limited publicly funded services for low-income women, will likely reverse some of the gains in access and affordability we have seen in recent years."

Affordable access to contraception in the U.S. improved over the last 7 years as a result of the Affordable Care Act (ACA) contraceptive coverage mandate, which made all Food and Drug Administration-approved contraceptive methods available for no charge to women enrolled in most private insurance plans. The Court's ruling will impact an estimated 70,500—126,400 women of childbearing age who will now need to pay out-of-pocket for their birth control, and some of the most effective methods, such as female sterilization, IUDs and implants, are very expensive in the U.S. Some women who lose coverage may look for a new provider at a publicly funded health center that offers low-cost contraception. These facilities, which receive federal Title X family planning funds or other federal and state funding to serve low-income women, will likely not be able to meet the demand of new patients, leaving more women with cost barriers to using the birth control method

they desire.

The new TxPEP study, based on data collected after the implementation of the ACA, also showed that Black and Hispanic women and those of other races/ethnicities were less likely to be using the birth control they wanted compared with white women, reflecting the structural disadvantage women of color face in the U.S. healthcare system. "Black women can face additional barriers accessing affordable contraceptive care that is free of bias, and affording contraception may be especially challenging for recent and undocumented immigrants, many of whom are Hispanic, due to limited insurance coverage options," says Kristen Burke, a doctoral student in sociology and graduate research associate at TxPEP. "The COVID-19 pandemic has highlighted incredible racial disparities in health outcomes, including access to reproductive health services, and the Court's decision will likely exacerbate these gaps in care."

The study used data from the 2015-2017 National Survey of Family Growth, focusing on sexually active women of reproductive age in the United States who were neither pregnant nor trying to become pregnant. Previous studies by TxPEP have shown that women often prefer to use more effective methods such as the IUD, implant, and sterilization, which may not be readily available at publicly funded or private health care providers.

More information: Kristen Lagasse Burke et al, Unsatisfied contraceptive preferences due to cost among women in the United States, *Contraception: X* (2020). DOI: 10.1016/j.conx.2020.100032

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