Congress of the United States
House of Representatives

October 27, 2021

Secretary Xavier Becerra
Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

Dear Secretary Becerra,

Access to sexual and reproductive care is a health, economic, and racial justice issue. We fully support giving people the resources they need to make the best decisions for themselves and their families. That starts by making reproductive healthcare, including access to contraceptive care, equally available to those who want it. While best practices in contraceptive care have evolved over the past decade, this unfortunately was not adequately reflected in government policy in the previous administration. That is why we are encouraging the Department of Health and Human Services (HHS) to issue guidance requiring insurance companies to cover, without cost-sharing, a 12-month supply of birth control. Typically, health insurance companies limit birth control coverage, without cost-sharing, to a one- or three-cycle supply. This policy is a barrier that prevents people from fully accessing birth control when they need it, at their convenience, and fails to meet the intent behind the ACA's contraceptive coverage requirement.

Contraception has numerous benefits for Black, Latina, AAPI, Indigenous, and other people of color, and increases the ability to improve personal health, economic stability, and educational outcomes. Access to effective contraception has reduced the number of unintended pregnancies, high-risk pregnancies, and maternal and infant deaths. Additionally, contraception has been proven an effective option for addressing fibroids, minimizing endometriosis-related pain, and preventing ovarian cysts. Contraceptive equity is needed now more than ever as draconian laws in states like Texas and Mississippi have nearly banned access to abortion care outright for Black, Latina, AAPI, and Indigenous people. Worse, those who are forced to carry out an unwanted pregnancy must give birth in a country with one of the worst maternal mortality rates in the developed world. In the U.S., Black women are nearly four times more likely than white women to die from a pregnancy-related complication and are twice as likely to suffer a near-death experience.

Equitable access to contraceptive care is critical for people of reproductive age, especially amid the COVID-19 pandemic, where new challenges in access have arisen during the ongoing public health crisis. However, inequities in reproductive health care, including access to contraceptive care, have long existed in the United States. The people hurt most by this are those who already face the greatest barriers to accessing health care in the first place —including Black, Indigenous, and People of Color (BIPOC), LGBTQ+ individuals, those working to make ends meet, immigrants, those living in rural communities, and others. According to a 2018 poll by the National Latina Institute for Reproductive Health, 41% of Latina voters under age 45 had gone without the birth control method they wanted in the past two years because of access issues. Additionally, a barrier that low-income people and people living in rural areas experience is the

need for repeat appointments to access contraceptive care and trips to the pharmacy to refill their prescription – due to lack of transportation, the inability to take paid time off work, inconsistent work schedules, and other economic justice issues that prevent ease of access. This is of particular concern to those who use contraception with the intention of preventing unintended pregnancies as it can lead to a lapse in birth control usage and a higher risk of pregnancy. In fact, it's been proven that providing people with a 12-month supply of birth control helps prevent a lapse in usage and reduce the risk of pregnancy. A study conducted by the University of San Francisco in 2011, found that dispensing a 12-month supply of birth control resulted in a 30% reduction in the odds of pregnancy compared with dispensing just one or three packs.

Provider bias, discrimination, and stigma is also often encountered by people of color seeking reproductive health and contraception services – from recommended family planning services, to coercion about contraceptive choices, and the inability to access the full range of contraceptives. The more access an individual has to the contraception of their choice, the more they will be able to make the best decisions for themselves and their families. In the United States, there is a long history of contraception, specifically long-acting reversible contraception (LARC) methods, being promoted at times coercively to people of color and people with low-incomes. As reproductive health technologies were developed, women of color were also subjected to exploitation. The first oral contraceptive, Enovid, was tested on Puerto Rican and Haitian women in the 1950s, before the Food and Drug Administration approved it for distribution in 1960. In the seventies, Mexican American women became unknowing participants in medical testing for contraception. These past examples of racism in contraceptive access still impact communities today. A recent In Our Own Voice: National Black Women's Reproductive Justice Agenda poll found that 62% of respondents think racism affects the Black community's ability to have access to affordable birth control. By bringing equity to contraceptive care in our country, we can create ease of access and empower people to self-determine what birth control method is best for them – free of coercion.

Given the evidence and benefits of providing a 12-month supply of birth control to patients who want this option, we encourage the Department of Health and Human Services (HHS) to issue guidance requiring insurance companies to cover, without cost-sharing, a 12-month supply of birth control.

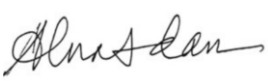
Thank you for your time and consideration on this matter and we look forward to hearing from you.

Sincerely,

Marilyn Strickland
Member of Congress

Suzanne Bonamici
Member of Congress

Jackie Speier
Member of Congress



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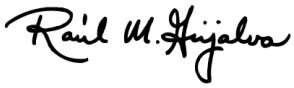
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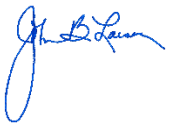
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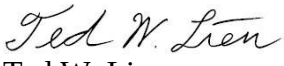
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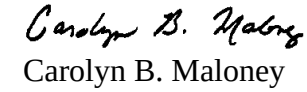
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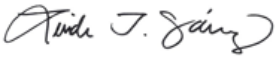

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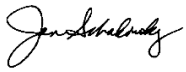

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