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FULL SPECTRUM ACCESS TO REPRODUCTIVE HEALTH CARE, INCLUDING ACCESS TO ALL FORMS OF CONTRACEPTION FREE FROM BARRIER, IS KEY TO PROMOTING HEALTH, EQUITY, AUTONOMY FOR ALL PEOPLE.

Contraception is an essential part of comprehensive reproductive health care. Contraception can be defined as any method, medicine, or device used to prevent pregnancy. Methods of contraception include long-acting reversible contraception (LARC): intrauterine devices (IUDs) and subdermal implants; hormonal methods; injectables, oral contraceptives (birth control pills), patches, vaginal rings; emergency contraception pills; barrier methods: condoms and diaphragms; withdrawal, fertility-awareness methods, and sterilization, including vasectomy and tubal ligation.ⁱ

TYPES AND METHODS OF CONTRACEPTION.

IUDs:

The IUD is a T-shaped piece of plastic or copper, a bit bigger than a quarter, that when placed in one's uterus, prevents fertilization of an egg or implantation. In one year of typical use, fewer than 1 in 100 people may get pregnant while using an IUD.ⁱⁱ Two common forms of IUDs are hormonal and non-hormonal copper, and these devices can work between three to twelve years. IUDs are reversible, which means one can have it removed at any time resulting in an immediate return to fertility.

a. Non-Hormonal Copper IUD

The non-hormonal copper IUD, known as Paragard™, relies on the interaction between the copper material and the uterus to prevent pregnancy. It is currently believed that copper causes an inflammatory environment in the uterus that makes pregnancy inhospitable. The copper prevents sperm from traveling to the egg to prevent fertilization and may also prevent implantation. Copper IUDs can also be used as an emergency contraceptive, if placed within five days of unprotected sex, as the device can be more than 99% effective to prevent pregnancy once implanted.ⁱⁱⁱ The Paragard can last up to 12 years and is an option for those who do not want or cannot use a hormonal birth control method.^{iv}

b. *Hormonal IUD*

There are currently four brands of hormonal IUDs approved by the FDA for use in the United States: Mirena™, Kyleena™, Liletta™, and Skyla™. These are small flexible pieces of plastic that release a tiny amount of progestin into the body over several years. The hormone progestin is what helps prevent pregnancy - it keeps the sperm from making contact with the egg in two ways. First, the hormones can make the mucus on the cervix thicker so sperm cannot make contact with the egg and second, the hormones can also stop an egg from leaving the ovary, preventing ovulation so no egg can be fertilized.^v This method is not permanent and can be taken out at any time resulting in an immediate return to fertility.

Subdermal Implants:

The subdermal implant is a tiny rod that is inserted under the skin of the upper arm. There is one subdermal implant on the market/approved by the FDA in the United States, Nexplanon™. This method releases progestin that keeps ovaries from releasing eggs and thickens cervical mucus which helps block sperm from getting to the egg. Similar to the IUD, in one year of typical use, fewer than 1 in 100 people with the subdermal implant may get pregnant.^{vi} The implant can be removed at any time and typically lasts for three years.

Injectables:

The injectable, also known by the brand name Depo-Provera™, is a shot that prevents pregnancy for three months and has a similar fertilization prevention mechanism as the implant and suppresses ovulation. In one year of typical use, it is estimated that 6 out of 100 people may get pregnant while using injectables as their contraceptive method.^{vii}

Emergency Contraception:

There are two categories of emergency contraception: 1) certain hormonal and nonhormonal IUDs, when the device is placed within 120 hours or five days after having unprotected sex and 2) emergency contraception (EC) pills which also work within five days after having unprotected sex.^{viii} The EC pills work when taken before ovulation by stopping the ovary from releasing an egg, effectively preventing fertilization and thus pregnancy.^{ix}

There are two types of EC pills, sometimes called “morning-after pills”: 1) a pill that contains a medication called ulipristal acetate, also known as the brand ella™, and 2) a pill that contains a hormone called levonorgestrel. There are several brands of levonorgestrel-based EC pills, including Plan B One Step™, Take Action™, Aftera™, etc. When taken within five days following intercourse, ella™ can reduce an individual's risk

of becoming pregnant by 85%.^x EC pills containing levonorgestrel work best when taken up to 48 hours following unprotected or unprotected intercourse. When used as the primary method of contraception and when taken within 24 hours following intercourse, about 11 in 100 people may get pregnant within a year of use of levonorgestrel-based EC pills.^{xi} Ella requires a prescription from a nurse or doctor whereas pills like Plan B and Take Action can be bought over the counter without a prescription in most drugstores and pharmacies.^{xii} Finding out what type of emergency contraception works best is a personal decision and it can depend on factors such as how long it has been since unprotected sex, body weight, and ease of access or availability.^{xiii}

Combined Hormonal Contraception: Pill, Patch, & Ring:

Combined hormonal contraception are contraceptives that rely on a combination of two hormones to prevent pregnancy, estrogen and progestin. The combination works to prevent pregnancy by stopping ovulation, thickening the cervical mucus, and thinning the uterine lining.^{xiv} These methods include oral contraception pills, contraception patches, and contraception rings. Oral contraception pills are a once-a-day pill taken generally at the same time each day. Depending on the prescription and personal preferences, there are variations on the number of days within the cycle and whether menstruation will occur. Brands of combined hormonal oral contraception pills include Loryna™, Tri-Lo-Mili™, Volnea™, Setlakin™, Levonest™, Quasense™, and more.

The birth control ring, also known as the vaginal ring, is a flexible plastic ring that is inserted into the vagina and works by releasing estrogen and progestin which is absorbed by the vaginal tissues. The ring is inserted and stays in the vagina for 21 days and then removed, and after seven days, a new ring is inserted. There are three vaginal rings available in the United States: NuvaRing™, EluRyng™, and Annovera™.^{xv}

The contraceptive skin patch, commonly referred to as the patch, is placed on the outer layer of skin, and works by releasing estrogen and progestin which is absorbed by the skin into the body. The patch is worn for three weeks in a row and can be worn on the buttock, chest (except the breasts), upper back, arm, or abdomen, based on personal preference. There are two brands of patches currently available in the U.S.: Xulane™ and Twirla™. During the first year of typical use of any of these methods of combined hormonal contraception, about 9 in 100 people may get pregnant.^{xvi}

Progesterone-Only Pills:

Unlike combined hormonal oral contraception, progesterone-only oral contraception does not contain estrogen. Progesterone-only pills, also called "mini-pill", work by thickening the cervical mucus and thinning the lining of the uterus, which prevents sperm from reaching an egg and prevents a fertilized egg from being implanted. Like combined hormonal pills, progesterone-only pills are taken once a day at the same time each day. Progesterone-only pills usually come in packs of 28, with 24 active pills and 4 inactive pills in a pack. During the first year of typical use, about 9 in 100 people

may get pregnant while using progesterone-only pills.^{xvii} Some common brands of progesterone-only pills include Camilia™, Errin™, Microner™, and more.

Barrier Methods:

Barrier methods work by blocking sperm from entering the uterus and is used every time one has intercourse. Barrier methods include external condoms, internal condoms, spermicide, cervical caps, sponges, and diaphragms. An external condom is a thin covering, made of latex, plastic, or lambskin, that is rolled over a penis and prevents semen from entering the vagina. Common brands of external condoms include Trojan™, LifeStyle™, Durex™, Skyn™, and more. An internal condom, also known as a female condom, is a lubricated plastic tube with flexible rings at each end that is inserted into the vagina prior to intercourse and provides a barrier between the vagina and the penis. The most common brand of internal condoms is FC2™. Both internal and external condoms also protect from sexually transmitted infections (STIs). As the only method of contraception that protects against STIs, condoms can be used in combination with other forms of contraception to help prevent pregnancy and STI exposure.

Spermicide is a gel, cream, or suppository that contain chemicals that damage sperm, preventing them from swimming to an egg. Often, spermicide is used alongside another barrier method, like cervical caps and sponges. Common brands of spermicide include Advantage-S, Encare™, Crinone™, and Conceptrol™, etc. Cervical caps are silicone or soft rubber cups that fit over one's cervix and block sperm from entering the uterus and are used in combination with spermicide. A cervical cap can be inserted up to six hours before intercourse and shouldn't be removed until at least 8 hours after intercourse. There is only one brand of cervical cap available in the U.S.: FemCap™. A vaginal sponge is a small, donut shaped sponge that contains spermicide and acts as a barrier preventing sperm from entering the cervix. There is only one brand of vaginal sponge available in the U.S.: Today Sponge™.

The diaphragm is a flexible, reusable dome-shaped cup that is inserted into the vagina and keeps sperm from entering the uterus. There are two brands of diaphragms available in the United States: Caya™ and Milex™. Unlike other barrier methods that can be easily purchased at a pharmacy, diaphragms require a doctor's visit so the device can be properly fitted. During one year of typical use, 18 to 28 people out of 100 may get pregnant while using barrier methods of contraception, depending on the barrier method used.^{xviii}

Natural Family Planning:

Awareness-based methods, also known as natural family planning, relies on tracking one's menstrual cycle, cervical mucus, and body temperature to determine one's ovulation days, which is when one is most likely to get pregnant. The rhythm or calendar method relies on recognizing when one is ovulating and determining when one is fertile, and then avoiding intercourse on the days one is most likely to get pregnant. The cervical mucus method relies on one analyzing their own vaginal discharge to determine when one is most fertile and avoiding intercourse. Taking one's base body temperature can help one identify when they are ovulating and avoiding intercourse during that time. During one year of typical use of natural family planning methods, about 25 in 100 people may get pregnant.^{xix}

Permanent Methods:

Permanent methods of contraception, commonly referred to as sterilization, involves a procedure that closes or blocks fertilization, permanently preventing pregnancy from occurring. There are three main sterilization procedures used as permanent methods of contraception: salpingectomy, tubal ligation, and vasectomy. A salpingectomy prevents an egg from reaching the uterus by permanently removing one's fallopian tubes. Tubal ligation blocks the path between the ovaries and the uterus by tying or blocking the fallopian tubes. A tubal ligation is similar to salpingectomy, but the fallopian tubes are not completely removed. A vasectomy blocks sperm from reaching the egg by sealing the vas deferens and preventing sperm from getting into one's semen. Fewer than 1 in 100 people may get pregnant within the first year following a sterilization procedure.^{xx}

Conclusion:

Despite the various forms of birth control that exist, there is no "right" form of birth control for every person or "one size fits all." Everyone should have the autonomy and access to the resources and information to make the decision of what contraception or method of preventing pregnancy is right for them without barriers, undue pressure, or coercion.

DISPROPORTIONATE BARRIERS TO ACCESSING AFFORDABLE CONTRACEPTION.

All people, regardless of age, race, or income, should have access to all forms of birth control, regardless of cost or method. Birth control is critical to health and security. Deciding if, when, and how to have children has a direct impact on an individual's educational, economic and career advancement, as well as their family circumstances.^{xxi} Decades of well-documented research repeatedly proves that all forms of birth control are safe and effective.^{xxii} However, many forms of contraception are difficult to obtain because of medically unnecessary barriers. For example, many of these methods require a health care provider's prescription, despite the longstanding decades of medical evidence and science that points to its safety. Those who cannot

afford either the high cost of a medical visit, take time off work, find childcare, or access affordable transportation find it nearly impossible to obtain contraceptive care.

Black and brown people, Indigenous communities, people who are uninsured, LGBTQ+ people, young people, and people who have low incomes bear the brunt of restricted access to contraception as they already face the greatest barriers to accessing care due to systemic and structural inequities. Reducing barriers to contraception care helps address inequities in reproductive health outcomes, especially in historically oppressed communities that have been marginalized from care and face higher rates of reproductive health outcomes.

Cost is one of the biggest barriers people face when trying to access contraception. Numerous studies have shown that even the smallest levels of cost sharing, from \$1-\$5, are linked to lower utilization of forms of health care.^{xxiii} Since the Affordable Care Act's elimination of cost sharing requirements for access to FDA-approved contraceptives, more people who want to access contraception can access their preferred method. One study found that people who had access to no cost prescription birth control increased their use of it by almost 8%.^{xxiv} This is especially important for people who have low incomes and have difficulty affording contraception. In fact, evidence has shown that people were more likely to access their preferred method of contraception, including more effective and long-term methods that carry higher costs, when their insurance covered the entire cost of birth control compared to those who were subject to copays.^{xxv} No additional out of pocket costs means that people can select the contraceptive method that will be best for them instead of choosing the least expensive option out of necessity.

FDA APPROVES FIRST EVER BIRTH CONTROL PILL TO BE AVAILABLE OVER THE COUNTER WITHOUT A PRESCRIPTION.

While many forms of contraception still are inaccessible over the counter, in July of 2023, for the first time, the FDA approved Opill™, a progestin-only form of birth control, for over-the-counter access. The advisory committee found that people, including young people, are able to screen for contraindications and adhere to the regimen whether prescribed by a provider or available over the counter (OTC).^{xxvi} The advisory committee also found that Opill™ can be expected to effectively protect against pregnancy even if one takes it late or misses a day of taking it, which helps address the risk of unintended pregnancy due to missed pills.^{xxvii} In 2022, a study found that more than 1/3 of respondents who used oral contraception missed taking their pill on time due to being unable to obtain their next supply in time.^{xxviii} Access to OTC contraception can help fill this gap in access. Studies have also found that OTC access to oral contraceptives, like the Opill™, can increase the use of contraception and help facilitate continuity of use of contraception.^{xxix} The pricing of the pill has not been released, but the pill is expected to be available OTC in the beginning of 2024. This is a win for improving access to contraception for everyone- including young people and those who face barriers in getting a prescription.

EMERGENCY CONTRACEPTION AND ABORTION MISINFORMATION.

Although there have been successes in improving and expanding access to contraception this year, misinformation about contraception, including emergency contraception is rampant and perpetuated by those who seek to ban access to abortion care. One strategy that has been used to limit access to EC is to conflate the mechanism of action of EC pills and abortion pills. Emergency contraception is **not** an abortifacient and does not cause an abortion. EC is taken after having sex to prevent pregnancy and an abortion pill ends an existing pregnancy. EC will not work after you are already pregnant, since it is used to stop an ovary from releasing an egg, thus preventing fertilization. This misinformation has led some employers to object to covering EC and IUDs based on wrongly believing they are abortifacients.^{xxx} Anti-abortion rhetoric and misinformation about the science and evidence further harm those who are trying to seek both contraceptive and abortion care.

ATTACKS ON ACCESS TO CONTRACEPTION.

Lawmakers and politicians will not stop at banning access to abortion. They are also attacking access to contraception. This is unsurprising given that both actions reflect the ultimate goal to control people's reproductive autonomy and decision-making. These attacks have been ongoing and worsened following the inclusion of birth control coverage as a part of ACA implementation over a decade ago. Just recently, House Republicans' put forth a FY24 funding bill that would eliminate funding for clinics in the 50-year-old Title X Family Planning Program which provides free and subsidized contraception and health care for millions of individuals living on low incomes. And many Republicans have publicly expressed their belief that *Griswold v. Connecticut*, the landmark decision that established a constitutional right to use contraceptives, was wrongly decided. Since the Supreme Court's decision eliminating the constitutional right to abortion in *Dobbs v. Jackson Women's Health Organization*, threats to contraceptive access have increased.

Should these attacks on contraceptive access continue to succeed, the impacts would be devastating. Already more than 19 million people in the United States live in contraceptive deserts and do not have regular access to a medical office or contact with a health care provider where they can get a prescription for birth control.^{xxxi} One study found that those living in rural areas predominantly face health professional shortages and many people who live in rural areas also experience higher rates of poverty and cannot afford to travel long distances to obtain a prescription from a provider.^{xxxii} These barriers make it that much harder for those to access contraception- and although the FDA approved Opill™ for over the counter use, many barriers still exist to accessing that care, including cost, travel to the pharmacy, and accessing other forms of contraception over the counter.

HOW CAN WE IMPROVE ACCESS TO CONTRACEPTION?

One way of reducing barriers to accessing birth control is to support its availability over the counter. Although Opill™ is set to be offered over the counter in 2024, questions

about cost and whether it will be covered by insurance are still unanswered. Additionally, Opill™ is only one kind of oral contraception that will be offered over the counter. While more people may be able to navigate and overcome existing barriers of cost, travel, and lack of access to a provider with the availability of Opill™, it does not solve additional barriers that individuals face in accessing other forms of contraception.

WHAT ELSE CAN BE DONE TO IMPROVE ACCESS TO CONTRACEPTION FOR ALL?

Physicians for Reproductive Health (PRH) is committed to promoting policies that ensure affordable access to all forms of contraception- free of barriers and judgement. In order to ensure access, we must be asking questions as to how we can protect existing coverage and how can we improve access to those who experience the most gaps in coverage?

Access to contraception should always be available without out-of-pocket cost-sharing, whether someone has insurance coverage or not. Some states have expanded Medicaid to allow those with low incomes to access contraception, and studies have shown that in these Medicaid expansion states under the ACA, there was significantly improved access to LARCs for those who want them.^{xxxiii} It is critical that this Medicaid expansion prioritizes efforts to improve access to age-appropriate, medically accurate, comprehensive sexual education including providing information on all contraceptive methods. Over-the-counter access to many forms of oral contraception, not just the Opill™, with no-cost to patients is also crucial to increase access to contraception.

PRH has been pleased to see some positive actions from the Administration and Congress to increase access to contraception. Some of these are outlined below:

Administration Action:

On June 23, 2023, President Biden issued an executive order called "[Strengthening Access to Affordable, High-Quality Contraception and Family Planning Services](#)." The third executive order on reproductive health care access since *Dobbs*, the order directs the Secretaries of the Treasury, Labor, and Health and Human Services (HHS) to put forth guidance to ensure those on private health insurance can access all FDA approved contraceptives without cost sharing, building upon the current ACA guidelines that provide contraception and family planning counseling with no out of pocket costs.^{xxxiv} The order also directs agencies to consider improving access to OTC contraception, including emergency contraception- at no cost to patients.

Congressional Action:

Additionally, there have been legislative efforts to improve access to contraception including [the Right to Contraception Act](#). The Right to Contraception Act would create a statutory right for individuals to obtain contraceptives and establish a right for health care providers to provide contraception. It also gives providers and individuals harmed by restrictions on access to contraception the ability to access relief through the court systems. This type of legislation is imperative for those who face barriers to accessing

care. Access to contraception is necessary to ensure all people, especially those who already face the most barriers to care, can live with the freedom to make their own health care decisions.

State Action:

States have also been taking action to protect and improve access to contraception.^{xxxv} For example, this year, Oregon enacted [a law](#) that requires Medicaid to cover a 12-month supply of contraceptives.^{xxxvi} [Minnesota's new law](#), which went into effect this past February, establishes a legal right to reproductive health care including the right to abortion, contraception, sterilization, pregnancy, and fertility services.^{xxxvii} In addition, Minnesota passed [a law](#) that mandates primary care providers provide comprehensive and accurate information on all contraceptive options and require hospitals receive reimbursement for providing LARCS immediately postpartum.^{xxxviii} The Nevada legislature approved [a ballot measure](#), which will be on the state ballot in November 2023, to amend their state constitution to include a right to reproductive freedom- including the right to use contraception and the right to make decisions regarding their pregnancy.^{xxxix} Colorado enacted a [law](#) regulating crisis pregnancy centers from advertising the provision of abortion and emergency contraception when they do not provide these services.^{xi} Last but not least, Maryland passed [a law](#) requiring all state colleges to provide 24-hour access to OTC contraception through the school's health center or vending machines on campus.^{xii} These state laws are critical actions in improving comprehensive contraceptive access and coverage and are good examples of how states can proactively ensure access to OTC contraception while we wait for further federal action.

CONCLUSION.

Reproductive freedom calls for people to be able to make informed choices about their preferred contraceptive methods and to have access to affordable contraception care. Access to contraception improves people's health and well-being. Contraceptive access empowers people to achieve their life goals, and gives individuals autonomy over their health, their ability to care for their families, and their ability to participate in society. PRH strongly supports access to the full range of contraception and efforts to dismantle the barriers preventing people from accessing contraception care they want and need.

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^{vi} Contraceptive Implant, Mayo Clinic, [Tests & Procedures | Contraceptive Implant | Mayo Clinic](#).

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- vii Depo Provera (contraceptive injection), Mayo Clinic, [Tests & Procedures | Depo Provera \(contraceptive injection\) | Mayo Clinic](#).
- viii What Kind of Emergency Contraception Should I Use? Planned Parenthood, [What Kind of Emergency Contraception Is Best For Me? \(plannedparenthood.org\)](#).
- ix *Id.* Contraception and Birth Control, National Institute of Health, Child Health and Human Development, [Unice Kennedy Shriver National Institute of Child Health and Human Development - NICHD \(nih.gov\)](#).
- x Everything You Need to Know about the Ella Morning After Pill, Healthline, [Everything you Need to Know about the Ella Morning After Pill | Healthline](#).
- xi Mario P. R. Festin, et al., A Prospective, Open-Label, Single Arm, Multicentre Study to Evaluate Efficacy, Safety and Acceptability of Pericotial Oral Contraception Using Levonorgestrel 1.5 mg, [A Prospective, Open-Label, Single Arm, Multicentre Study to Evaluate Efficacy, Safety and Acceptability of Pericotial Oral Contraception Using Levonorgestrel 1.5 mg | Human Reproduction | PMC](#).
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- xvi Combined Hormonal Birth Control, *supra* note xv.
- xvii Progestin-Only Hormonal Birth Control: Pill and Injection, ACOG, [Progestin-Only Hormonal Birth Control: Pill and Injection | ACOG](#).
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- xix Birth Control Options, Cleveland Clinic, [Birth Control Options | Cleveland Clinic](#).
- xx Sterilization for Women and Men, ACOG, [FAQs | Sterilization for Women and Men | ACOG](#).
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- xxii Upadhyia, Santelli, Raine-Bennett, Kottke, Grossman, Over-the-Counter Access to Oral Contraceptives for Adolescents, *J Adolesc Health*. 2017; 60(6) 634-640.
- xxiii Samantha Artiga, Petry Ubri, and Julia Zur, *The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings*, Kaiser Family Foundation, June 1, 2017. [The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings | KFF](#).
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