

HEALTH

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How do I get one of the free COVID tests from the federal government?

You can go to covidtests.gov to order free tests. The White House also opened up a phone line (1-800-232-0233) to order tests. The website says there will be no shipping costs, and people won't need to provide a credit card number to file an order. There's a limit of four tests per household. The tests are expected to ship within seven to 12 days of your order.

The U.S. Postal Service plans to use up to 7,000 temporary workers to ship the test kits, many of them holiday workers being held over for the new project, Reuters reports. Still, demand may have peaked by the time tests are delivered.

What if I'm on Medicare or Medicaid?

Traditional Medicare is not currently paying for over-the-counter home COVID tests except at com-

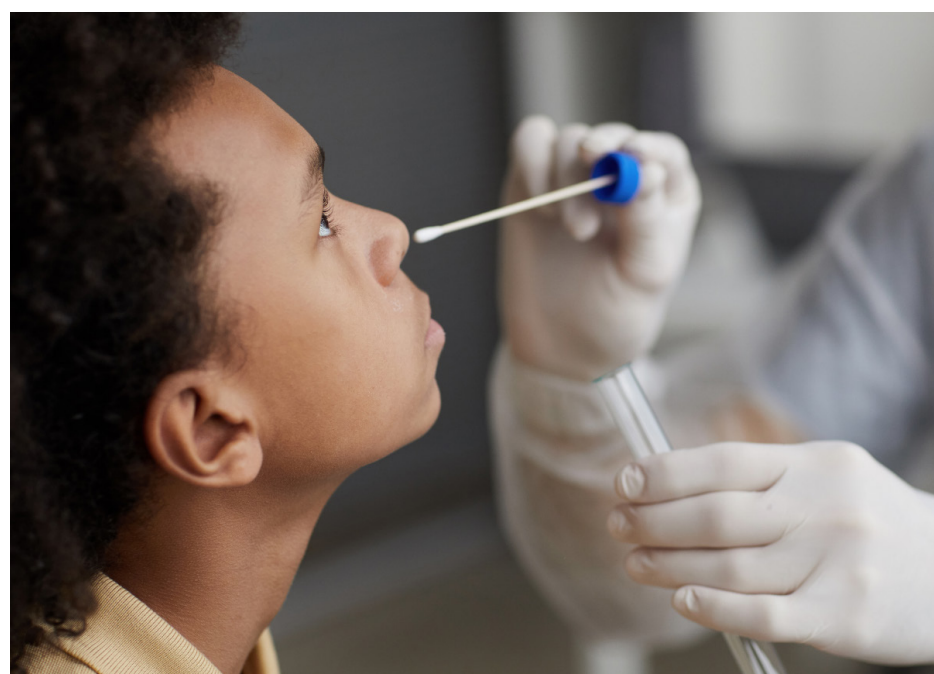
munity health centers. However, it does cover COVID testing performed in a lab, if your doctor orders the test. Folks with a Medicare Advantage plan should see if their private insurer will cover the cost of a home test.

Medicaid already covers home tests at no cost, as does the Children's Health Insurance Program (CHIP). Check with your state for more information.

What if I don't have health insurance?

Uninsured folks might be able to get free home tests from their community or rural health center, Freeman says. The Department of Health and Human Services is providing up to 50 million free tests to health centers and Medicare-certified health clinics, CNN reports.

You also should check with



your local health department, to see if test kits are being handed out elsewhere in your community. For example, "there are libraries, at least in my area, that have been dis-

tributing free tests as well," Freeman notes. (Source: Black Doctor.org/Jessica Daniels/Jan 21, 2022)

Yes, it's easier to get birth control than it was in the 1970s – but women still need abortion care

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A historic ruling on abortion is likely to emerge from the U.S. Supreme Court this year as justices consider whether Mississippi can, in fact, impose a ban on abortions after 15 weeks of pregnancy.

The case, *Dobbs v. Jackson Women's Health Organization*, challenges the landmark 1973 *Roe v. Wade* decision that protects women's right to abortion. Meanwhile, Texas enacted its own restrictive abortion law in September – and other states are working to follow suit.

Mississippi Solicitor General Scott G. Stewart argued before the Supreme Court in December that abortion is not necessary.

"I would emphasize that contraception is more accessible and affordable and available than it was at the time of *Roe* or *Casey*," Stewart said, in reference to *Roe v. Wade* and *Planned Parenthood v. Casey*, two landmark abortion court decisions. "It serves the same goal of allowing women to decide if, when and how many children to have."

So, is it actually easier than ever to get contraception in the U.S. – and does that mean that abortion is no longer necessary?

The short answers are, "no" and "no."

Even if every person who needed it could obtain contraception, it wouldn't completely eliminate the need for abortion.

Why getting birth control in America isn't always easy

Total protection from unwanted pregnancy is impossible to achieve, even with multiple, highly effective modern methods of contraception available.

No contraceptive method is 100% effective, and a need for abortion will always exist for several reasons.

First, most contraceptive methods still require a prescription and at least an initial visit to a clinic or a doctor's office to initiate or maintain treatment. This step alone can be prohibitive for the 21 million American women who cannot afford to pay for family planning services.

This figure marks a 25% increase over the past two decades – in 2000, 16.4 million American women and girls needed help paying for contraception. This increase is outpacing the growth of the total number of sexually active women and teens who need contraception since 2000.

Second, not all health care providers are up to date on the latest evidence-based guidelines for contraceptive use in people with particular medical conditions. As a result, patients may be unnecessarily denied their chosen contraceptive method or asked to return for multiple visits.

Third, many young people do not receive adequate sex education, which would include information about contraception and how to get it. This is especially true among low-income or marginalized populations, including people of color and non-native English speakers.

In the 1970s, when *Roe v. Wade* was decided, oral contraception was one of the few effective methods of birth control available in the U.S.

The evolution of birth control

In 1973, the year of the *Roe* decision, doctors could offer only pills, diaphragms, IUDs or sterilization. Traditional methods, such as penile withdrawal, have been around since long before 1960 but are undeniably



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less effective than more modern methods.

As a primary care doctor and researcher at the University of Washington Departments of Family Medicine and Obstetrics and Gynecology, I have two decades of experience providing and teaching about full-spectrum contraceptive care.

I have been fortunate to offer my patients an increasing number of highly effective modern contraceptive methods. Today there are 18 different methods of contraception, ranging from intrauterine devices to vaginal rings.

Although almost all people in the U.S. use birth control at some point, not everyone is consistently using it all the time. On average, fertile women in the U.S. need effective birth control for 30 years to avoid unwanted pregnancies.

Measuring birth control availability

While the number of birth control options has grown, it remains difficult for many women and teens to get contraception.

Today, an estimated 65% of women and teenage girls use contraception, marking a 10 percentage-point increase from

1982 rates.

And today, 34% of women and teens are using the most effective forms of birth control, compared with 23% of women who did so in 1982.

Approximately 17% of women and teens are using moderately effective methods, compared with 15% in 1982. The remainder are using less effective contraception, or none at all.

While the percentage of women and teenagers using contraception has increased since the 1980s, a closer look at data reveals an uneven picture.

Teenage girls ages 15 to 19 are much less likely to get contraception than older women (only 38.7% of surveyed girls this age use it). Latina and Black women also have lower rates of contraception use than white women.

The COVID-19 pandemic has worsened these divides. Black, Latina and queer women reported higher rates of contraception appointment delays and cancellations. Approximately 29% of Black women, 38% of Latinas and 35% of queer women also reported feeling worried about paying for contraception

Continued on Page 10