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Birth Control Access, cont'd.

29% of Black women, 38% of Latinas and 35% of queer women also reported feeling worried about paying for contraception in July 2020.

One in 4 women report not using their preferred method of birth control because they cannot afford it. This matters, because patients are more likely to continue using a birth control method if they like it.

One other way to measure contraceptive care considers the percentage of women ages 15 to 44 who have unintended pregnancies.

The unintended pregnancy rate is 30% higher in the U.S., at 45 per 1,000 women, than the average rate in all high-income countries.

While unintended pregnancies in the U.S. reached the lowest rate in 2011 since at least 1981, lower-income women remain five times more likely than higher-income women to have a pregnancy they did not plan for.

More recent data shows a 47% decrease in unintended pregnancies in Europe and North America, between the five-year period 1990-1994 and the five year-period 2015-2019.

Limits to getting birth control

The use of public funds to fully cover family planning, which includes confidential contraceptive services, has long been established as cost-effective intervention in public health.

Family planning reduces unintended pregnancy. Unintended pregnancy contributes to pregnancy-related deaths, preterm births and infant deaths, rates of which are higher in

the U.S. than in other developed countries.

Congress passed two key mandates in the 1970s that allowed the use of public funds for no- or low-cost family planning services for adolescents and poor and low-income women.

However, the budget for funding family planning is less than half of what it was in 1980. And the number of women who likely need public support for contraception is increasing.

Past programs in Missouri and Colorado that provided the full range of modern contraceptive methods at no cost reduced unintended pregnancy and abortion rates.

Implementation of the Affordable Care Act in 2010 made contraception more accessible for millions of Americans using private and public health insurance by requiring coverage of all contraceptive methods without a copay.

Contraception is still not accessible to all, however, especially among those who live in states that did not expand their Medicaid family planning services under the Affordable Care Act, which lowered the criteria for low-income women to qualify for medical assistance coverage

for contraception.

Additionally, 1 in 5 privately insured women report paying out of pocket for birth control, which is not possible for many women.

Yes, we still need abortion care.

Given the wide range of contraceptive choices available today, some Americans, including Mississippi's Stewart, wonder whether abortion is still needed.

The short answer is, "yes." Despite America's having the lowest abortion rate in 50 years, abortions in America are not rare. Approximately 18% of the estimated 6 million pregnancies in the U.S. each year end in abortion.

Access to contraceptive care from publicly supported providers in 2016 helped delay or avoid nearly 2 million pregnancies. Widespread access to birth control would reduce the number of abortions.

But expanding access will require definitive new federal and state action, including implementing policies that guarantee better health care access.

These changes won't completely eliminate the need for safe abortions, which will remain a crucial health care service no matter what.

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