



Back Up Your Birth Control Talking Points

For the *Back Up Your Birth Control* Day of Action on March 24, 2010, raise awareness about Emergency Contraception (EC) in your community by submitting an opinion piece or a letter to the editor to your local paper explaining why women need timely, affordable access to EC and what barriers still stand in their way. To help you get started we've provided talking points and facts on EC access for: low-income women, sexual assault and domestic violence survivors, immigrants, teens, and college students.

Barriers to EC access for low-income women:

- Many women may have difficulty paying for EC over-the-counter (OTC) which usually costs between \$40-60 in pharmacies nationwide.
- Most public and private insurance plans do not cover EC unless the woman has a prescription from her doctor. As a result, women who cannot pay out-of-pocket costs for a pack of EC must first make their way to a healthcare provider and obtain a prescription. For these women, the high cost is a barrier to timely OTC access.
- To make matters worse, some Medicaid programs do not cover EC *even if a woman has received a prescription for it.*
- Some state Medicaid programs do cover over-the-counter EC under limited circumstances, to find out whether your state Medicaid program covers EC visit: <http://www.nirhealth.org/sections/ourprograms/documents/ECMedicaidMemoForMatted.pdf>

Sexual assault or domestic violence survivors:

- Between 1/3 and 1/2 of all female domestic violence victims in the U.S. are raped by their abuser at least once in the course of their relationship. And about 25,000 American women become pregnant each year as a result of sexual assault.
- It is vital that survivors of sexual assault have timely access to a safe, easily accessible source of emergency contraception, such as an emergency room, pharmacy, college health center or sexual assault organization.
- This is particularly important because EC is effective up to five days after unprotected sex, but the sooner you take it the better. For example, if taken within 12 hours after unprotected sex, EC may reduce the risk of pregnancy by over 90%.
- Some survivors may be reluctant to discuss what occurred with anyone (including family and friends) because they feel guilty or ashamed. Being able to access EC in a familiar environment, such as a college health center, may increase the likelihood that a survivor will seek EC.
- Domestic violence victims stay with their abusers for a variety of reasons including, pressure to do so from family and friends, religious and/or cultural notions of marriage, concern for their children, a lack of education or job training that would enable them to support themselves, and dependency on their partners for an American green card or citizenship. In addition to sexually assaulting or trying to force their partners to become pregnant, abusers may also control how much money their partners have and where they can go at any given time.
- Domestic violence survivors trying to purchase emergency contraception without their partners finding out may be unable to travel to different pharmacies and afford the cost of EC over-the-counter (which is usually between \$40-60 in pharmacies nationwide). These barriers to accessing EC may stop domestic violence survivors from preventing unintended pregnancy.

Educate the public and elected officials about the importance of providing EC in emergency rooms (ERs) for rape and sexual assault survivors:

- Requiring ERs to provide EC to rape survivors can significantly reduce the risk of pregnancy resulting from rape and can also reduce the trauma women face by empowering them to prevent pregnancy as a result of an attack.
- The following states currently require emergency rooms to distribute information about EC along with a pack of EC to rape survivors who ask for one: California, Connecticut, Massachusetts, Minnesota, New Jersey, New Mexico, New York, Oregon, Washington, and Wisconsin.
- Ideally, rape survivors who make it to an ER in these states learn about and are given EC. It is, however, possible that some survivors do not know that they need

to explicitly ask for a pack of EC in order to receive one or that they are too overwhelmed to remember to ask for it.

- The states of Arkansas, Colorado, Illinois, and Texas require their ERs to inform rape survivors about EC, but do not require them to provide it to survivors.
- Following an assault, women may not be emotionally ready to travel elsewhere to get EC, or have transportation to do so. Others may need to recuperate from physical injuries. Providing only information and not an actual pack of EC is not enough.
- In the remaining states, emergency rooms are not even required to dispense information on EC. Rape survivors in these states may leave their local ER thinking that there is nothing they can do to prevent pregnancy.
- You can help make elected officials aware that their constituents need EC available in the ER and ensure that existing statues are enforced, particularly when hospitals merge with or are taken over by religiously-affiliated health systems. For more information, visit:
http://www.mergerwatch.org/emergency_care.html

Educate readers about barriers to EC access for immigrant populations.

- There are a variety of free or low-cost health care providers where women can obtain EC *regardless of their immigration status*. These include: Title X clinics, Planned Parenthoods, and Department of Health Clinics. You can use the following link to look up Title X clinics in your area:
http://www.nfprha.org/main/about_us.cfm?Category=Member_Clinic_Directory&Section=Main
- While the 2006 FDA ruling, which made EC available over-the-counter, does not specifically require adults to present *US* government-issued identification to purchase EC, pharmacies typically ask for it. Immigrants may not have US government-issued ID or may be waiting for theirs to arrive. It is important for immigrants to know about the ID requirements and where they can obtain EC *regardless of their immigration status*.
- Women who speak limited or no English and require interpreters to understand their healthcare options may walk away from hospitals or social service organizations with an incomplete or inaccurate understanding of regular and backup birth control due to a shortage of appropriate interpreters in these places.
- Local advocacy groups can determine which organizations successfully meet the linguistic needs of the populations in their area and then refer immigrant women to organizations where they can learn about emergency contraception in their own language.

- Some immigrant populations are placed at the mercy of religiously-affiliated organizations for information, referrals, and services. This means that groups of immigrants are denied reproductive health care. For instance, the estimated 14,000 trafficking survivors in the US receive services through the Victims of Trafficking and Violence Protection Act. According to the ACLU, the United States Department of Health and Human Services gives the United States Conference of Catholic Bishops (USCCB) the power to allocate \$2.5-\$3.5 million of the act's funds to service providers. In turn, the USCCB prohibits the providers it gives money to from using funds to provide or refer for contraceptive or abortion services.

Educate readers about barriers to EC access for teens:

- Teen girls age 17 and under still need to get a prescription from a healthcare provider before they can purchase EC. There is, however, no scientific or medical reason for denying EC over-the-counter to teens. EC meets the FDA requirements for over the counter availability and most major medical and health organizations, including the American College of Obstetricians and Gynecologists, endorse making EC available over the counter for women of all ages.
- Teens may be afraid to visit their regular healthcare provider for EC because they are worried their parents may find out that they are sexually active. Teens that are covered by their parents' health insurance may also worry that their parents will discover their doctor's visit via an insurance statement. This means that teens must seek out, transport themselves to, and somehow defray the costs of seeing another healthcare provider. Teens may not know where to begin looking for an alternate healthcare provider or live in a town without a variety of healthcare providers. They may not be able to drive or have pocket-money for transportation or live in a small town that lacks public transportation.
- Many teens have never had comprehensive sex education. Over the past 25 years, the federal government has spent over 1.5 billion dollars on funding for abstinence-only-until-marriage programs that have been found to be ineffective.
- The focus on abstinence-only-until-marriage has left a generation of Americans without adequate knowledge about contraceptive methods. According to the Adolescent Emergency Contraception Initiative, less than a quarter of teenage women understand that EC can significantly reduce the risk of pregnancy after unprotected sex. However, once they were educated about it, most teens reported that they would use EC in an emergency.
- There is no evidence that the availability of EC over-the-counter increases unsafe sexual behavior or decreases the use of other contraceptive methods