Opening Statement for Congressional Hearing on Birth Control Access
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Senator Markey, Congresswoman Fletcher, and other members—thank you for the opportunity to speak with you today about access to birth control and the very real threats facing patients and clinicians across this country. I am an Associate Professor of Pediatrics and hold a joint appointment in the Department of OB/GYN at Indiana University School of Medicine, but am speaking on behalf of myself and my patients today.

As a general pediatrician, I provide care to the full range of pediatric patients–including newborns and adolescents and young adults. The best part of my job is supporting patients and their families through the incredible growth and transition that happens during these years. I was drawn to pediatrics because of the possibility of meaningfully impacting a person's life starting at an early age. I consider it a huge honor to be able to listen to patients, ease their concerns and help them access the information and resources they need to make informed decisions about their health and futures–including if and when to become parents. I had a teenage patient earlier this month that wanted to start birth control because her goal was to not get pregnant before she was done with her education. During our discussion, we reviewed all the different forms of birth control and she learned about some types she didn't even know were options for her. She ultimately chose one that fit her needs at the time, but having access to all methods and a clinician that was comfortable discussing them all with her was critical for her to have autonomy over her future.

For decades, birth control has been one of the safest, most effective, and most widely used tools to support reproductive autonomy and improve maternal and infant health outcomes. It is a basic part of evidence-based medical care and primary care. The CDC named birth control one of the top ten public health achievements of the past century.

But increasingly, birth control is under attack, and these attacks harm the health of people in every state.

Across the country—and in my home state of Indiana—birth control is being targeted through misinformation and ideology that are completely disconnected from science and clinical reality. These attacks are not about patient safety or public health. They are about control and because of the broad popularity of contraception, they are designed to be less noticeable.

In Indiana, anti-abortion legislators have introduced, and in some cases been successful in passing, legislation that purports to support reproductive health and contraception, but in fact spreads disinformation and harmful policy. They are supported by the landscape of anti-abortion groups who oppose not just specific types of contraception but all hormonal contraception. Legislators at the state and federal level have introduced legislation that misrepresents how certain methods of birth control work—falsely claiming that intrauterine devices (IUD's) and

emergency contraception cause abortions and/or just excluding these forms of contraception from coverage (see examples HERE, HERE). That is simply not true. These methods **prevent** pregnancy; they do not end it. But these falsehoods are being used to justify carving them out of coverage programs, restricting access, and confusing the public.

For example, last year, Indiana's HEA 1426 passed to support long acting contraception access in the postpartum period. However, anti-abortion groups successfully lobbied for intrauterine devices to be excluded, inaccurately claiming that intrauterine devices cause abortions. Again, this is false because it prevents pregnancy. This exclusion of an entire class of contraceptive methods, and one of the most frequently used forms of postpartum contraception, led to enough confusion at the clinical level that our state medical association had to issue a clarifying statement that intrauterine devices were still permitted and had not been made illegal. This intentional confusion has a real cost for women in Indiana because it makes it harder for them to get the contraceptive option that is best for them.

The insidious attacks continued this year with House Bill 1169. While its purpose is to increase access to birth control, it did not include condoms or long-acting reversible forms of contraception – limiting access only to short-acting forms of contraception. Long acting forms of contraception -- like intrauterine devices and arm implants -- are common, safe, and effective forms of contraception that may work best for patients. With an amendment, the proposed legislation was further weakened to only provide education and emphasis on fertility awareness methods, which are less effective than other forms of contraception. This does not make public health sense and further stigmatizes the tools we use to prevent unintended pregnancy and sexually transmitted infections. We should be supporting patients' choices and providing clear information about all forms of contraception, not shifting away from evidence-based policy making.

The attacks on contraception are also seeping into the sex education materials. In my state, sex education is not required to be provided by schools. If it is provided, it has to emphasize abstinence-only and there is no requirement for it to be medically accurate OR include information on contraception. This year, the legislature passed and the governor signed a bill that mandates a video on fetal development be a part of any sexual education curriculum. Conveniently, one of the only videos that meets the requirements of this legislation is created by an anti-abortion organization and is medically inaccurate. Sadly, Indiana is not the only state to have this new video requirement–it has been passed in 4 other states and has been proposed in 20 others.

Our children deserve comprehensive, age appropriate sex education, not information that serves a political agenda. In the absence of medically-based, accurate information, young people go on line and are faced with a cesspool of mis-and disinformation about birth control. These attacks and the proliferation of mis-and disinformation are particularly harmful given the broader political landscape. Indiana has effectively banned abortion care. That means birth control access is more important than ever. But instead of expanding access, lawmakers are eroding access to contraception and to accurate information.

Our patients are also experiencing the largest cuts to Medicaid in history at both the state and federal level, which is the primary source of reproductive health care for so many individuals in my state—including adolescents, people with low incomes, and those in rural communities. Those from marginalized communities also disproportionately access healthcare through Medicaid. When Medicaid is weakened, it's not just a policy issue—it's a direct hit to birth control access for people who already face multiple barriers to care.

In addition to my clinical work with patients, I help lead the PATH4YOU program in Indiana—a person-centered, statewide contraceptive access initiative that met people where they were: online, in clinics, in communities. We have reached thousands with free, comprehensive contraception—even in the middle of a pandemic. Our patients reported high levels of satisfaction, trust, and shared decision-making. And we did it by listening to them, not by limiting their options.

That type of access is what we should be expanding and guaranteeing for everyone who desires care, not restricting.

As a pediatrician, I worry most about my adolescent patients. Teenagers need confidential, compassionate, and timely access to contraception. But many face stigma, misinformation, and complex systems that delay or deny care. These young people are often the ones left behind when ideologically driven policies are passed by people who will never sit across from them in a clinic, who will never hear the fear in their voices or see their futures narrowed because they couldn't get the care they deserved.

Let me emphasize this: **there is no controversy in the exam room.** Patients want information, they want to learn about their birth control options. They ask for it. They rely on it to manage their health and their lives. Also, it is important to remember, patients use birth control for many reasons beyond pregnancy prevention–such as for heavy menstrual bleeding and irregular periods. What's controversial is how far removed policy has become from the people it's supposed to serve.

We have the evidence. We know what works. And yet we are in danger of losing it—not because of a lack of science, but because of politics, disinformation and ideology creeping into medical decisions and policy-making.

Every person deserves the right to decide if, when, and how to become a parent. Birth control makes that possible. And as a physician, I am here to urge you: protect that right. Protect birth control. Empower the people who depend on it.

Thank you.