REPRODUCTIVE EQUITY NOW

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Bicameral Spotlight Hearing on Attacks on Birth Control Access

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Senator Markey and Representative Fletcher, my name is Taylor St. Germain, and I am the Deputy Director of Reproductive Equity Now. As a state and regional organization, Reproductive Equity Now works in Massachusetts, Connecticut, and New Hampshire to make equitable access to the full spectrum of reproductive health care a reality for all people regardless of their gender, age, race, ethnicity, zip code, income, immigration status, disability, or sexual orientation. Advancing reproductive health, rights, and justice by working to eliminate barriers to abortion and contraceptive care is central to our mission.

Thank you for the opportunity to submit written testimony regarding the state-level impacts of threats to contraception and the latest reconciliation bill that President Trump signed this month. In this testimony, I will discuss (I) how birth control access is being challenged using the anti-abortion playbook, (II) how protective states have innovated in the face of federal attacks on contraception, and (III) how the recent reconciliation bill will have devastating and unprecedented impacts on patients' ability to access contraceptive care in states with proactive reproductive health protections.

I. CONTRACEPTION ACCESS IS BEING CHALLENGED USING THE ANTI-ABORTION PLAYBOOK

Access to contraception is a fundamental part of reproductive health care and a critical tool for ensuring that people can decide if, when, and how to start or grow their families. Contraceptive care, like abortion access, is part of the full spectrum of reproductive health services—and as attacks on reproductive freedom escalate across the country, access to birth control is increasingly at risk.

Efforts to restrict reproductive health care are not limited to abortion. Increasingly, anti-abortion policymakers are turning their attention to contraceptive care. In 2022, when the United States Supreme Court overturned the right to privacy established in *Roe v. Wade*, the Court effectively created a roadmap for undermining the right to contraception—another right rooted in the right to privacy. Today, we see anti-abortion politicians using similar tactics of misinformation,

confusion, and legislative maneuvering to undermine access to contraceptive care, even in states with robust reproductive health care protections.[1]

These attacks not only undermine people's ability to make deeply personal decisions about their bodies, lives, and futures, but they also jeopardize access to essential health care. Birth control is widely used to manage conditions such as endometriosis, polycystic ovary syndrome, severe menstrual pain, and perimenopausal symptoms. For many, it is vital to their physical, mental, and economic well-being.

Contraception is widely supported by the public, across political parties, age groups, and states, because people understand its essential role in health, family planning, and economic stability. More than 99 percent of women ages 15-44 have used at least one method of contraception throughout their lifetimes.[2] This popularity is why Donald Trump and his allies are resorting to under-the-radar tactics to restrict access, rather than attacking birth control legality directly. Their latest attempt, tucked into the reconciliation bill, is a prime example: using legislative tactics to undermine contraceptive *access* without public scrutiny by quietly defunding clinics that provide consistent, high-quality access to contraception. These efforts are deliberate, calculated, and dangerous—and they threaten to roll back decades of progress in reproductive health.

II. PROTECTIVE STATES ARE INNOVATING TO EXPAND ACCESS TO CONTRACEPTIVE CARE

As a hostile federal administration ramps up its attacks on contraceptive access, states with strong reproductive health protections have been forced to combat these threats with innovation, bold policy action, and a commitment to protecting access to care, both for patients near and far.[3] From expanding pharmacist-prescribed birth control[4] to ensuring no-cost coverage[5] and safeguarding patient autonomy, protected states have demonstrated that state-level proactive, people-centered policy can advance reproductive freedom, even in the face of federal hostility.

In 2017, when the first Trump Administration repeatedly threatened to undermine the federal Affordable Care Act (ACA), the Massachusetts legislature passed the Contraceptive ACCESS

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[1] *See* Kimi Chernoby, Mara Gandal-Powers & Gretchen Borchelt, *Birth Control Under Threat: How Birth Control Rights and Access are Being Undermined Since* Roe v. Wade *was Overturned*, Nat'l Women's L. Ctr. (Apr. 9, 2025), https://nwlc.org/resource/birth-control-under-threat-how-birth-control-rights-and-access-are-being-undermined-since-roe-v-wade-was-overturned/.

[2] *Contraceptive Use in the United States by Demographics: Fact Sheet*, Guttmacher Inst. (May 2021), https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states.

[3] *See* Chernoby et al., *supra* note 1.

[4] Amrutha Ramaswamy, Karen Diep, Brittni Frederiksen & Alina Salganicoff, *Pharmacies as an Access Point for Expanding Contraceptive Care: A Geographic Analysis*, Guttmacher Inst. (Mar. 19, 2025) https://www.kff.org/womens-health-policy/issue-brief/pharmacies-as-an-access-point-for-expanding-contraceptive-care-a-geographic-analysis/.

[5] *See* KFF, *State Requirements for Insurance Coverage of Contraceptives*, (Dec. 2024) https://www.kff.org/womens-health-policy/state-indicator/state-requirements-for-insurance-coverage-of-contraceptives/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

Law.[6] This law codified the ACA's contraceptive mandate at the state level to ensure state-regulated health insurance carriers cover all FDA-approved contraceptive methods, including over-the-counter emergency contraception, without cost-sharing. The law went even further to allow patients to seek a year's supply of hormonal birth control at one time, an especially important provision in guaranteeing continuity of care for the out-of-state students who attend Massachusetts's more than 100 colleges and universities every year. Additionally, this provision has been proven to improve adherence to a contraceptive method, reduce the likelihood of unintended pregnancy, and lower both out-of-pocket costs for consumers and costs to the greater health care system.[7] The Contraceptive ACCESS Law was not only a significant legislative achievement—it also helped solidify a lasting partnership in Massachusetts between advocates, pharmacists, and health insurers. Since its passage in 2017, those partnerships have continued to grow, leading to the enactment of other important reproductive health care laws.

Additionally, in 2022, the Massachusetts Department of Public Health issued a statewide standing order for emergency contraception, allowing point-of-sale insurance coverage for both over-the-counter and prescription emergency contraception. Encouraging evidence in a 2024 study suggests the standing order has already increased the availability of emergency contraception across the state.[8] The standing order was associated with a 32% increase in emergency contraception fills for women in Massachusetts, with a notable shift from prescription levonorgestrel to ulipristal.[9] Using data from 92% of US retail pharmacies, researchers found that emergency contraceptive fills in Massachusetts increased from 78.5 per 100,000 women of reproductive age before the standing order to 105.3 fills per 100,000 women after implementation.[10]

In the wake of the *Dobbs* decision, clinics across our region have experienced an unprecedented surge in patients seeking care, straining the system and making it harder for individuals to secure timely appointments with reproductive and sexual health care providers. In response, both

[6] 2017 Mass. Acts ch. 120.
[7] *See* Kierra B. Jones, *Advancing Contraception Access in States Through One-Year Dispensing and Extended Supply Policies*, Ctr. For Am. Progress (Jan. 9, 2023), https://www.americanprogress.org/article/advancing-contraception-access-in-states-through-one-year-dispensing-and-extended-supply-policies/#:~:text=But%20the%20top%20reason%20women,been%20clearly%20demonstrated%20as%20well.
[8] Dima M. Qato, Jenny S. Guadamuz & Rebecca Myerson, *Changes in Emergency Contraceptive Fills After Massachusetts' Statewide Standing Order*, 332 JAMA 504, 504-06 (2024), https://jamanetwork.com/journals/jama/fullarticle/2820607.
[9] *Id.*
[10] *Id.*

Massachusetts[11] and Connecticut[12] have taken bold, proactive steps to protect and expand access to contraception—authorizing pharmacists to prescribe and dispense hormonal contraceptives, including the pill and the patch, without the need for a provider visit. Pharmacist-prescribing is vitally important to increasing access to contraception. Nationally, one-third of adult women who have sought a prescription for hormonal birth control report challenges obtaining it or securing refills, often the result of clinicians requiring in-person visits, exams, or Pap smears as prerequisites, despite the fact that such steps are medically unnecessary for safe and effective contraceptive access.

Allowing pharmacists to prescribe contraception within the scope of their clinical practice is a vital step in reducing barriers to accessing contraception, especially for low-income individuals who may have to take time off of work to attend a provider appointment, rural communities who may have to travel far distances to a provider's office, and young people who may face difficulty navigating the health care system. According to a 2022 national study conducted by Advocates for Youth, barriers to accessing a prescription can be daunting, particularly for low-income and other marginalized teens: 36% of respondents reported they lacked the time to schedule or attend an appointment with a clinician to obtain a birth control prescription, and nearly one-third of all respondents indicated that they did not have a regular health care provider.[13]

Additionally, as we strive to expand access to contraceptive care for young people, we must work to protect their confidentiality in accessing this care. When confidentiality is not assured, adolescents may forgo seeking necessary services, resulting in higher rates of unintended pregnancy, untreated medical conditions, and diminished educational and economic opportunities. A 2024 federal court decision in Texas challenged the longstanding confidentiality protections of the Title X program—a federal grant program that subsidizes contraception and related care for low-income and uninsured individuals.[14] This ruling has emboldened some state legislatures to consider rolling back these critical safeguards.

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[11] Press Release, Reprod. Equity Now Found., *Legislature Sends FY2024 Budget to Gov. Healey's Desk with Critical Investments to Expand Contraception Access, Address Maternal Health Crisis* (Aug. 1, 2023), https://reproequitynow.org/press/legislature-sends-fy2024-budget-to-gov-healeys-desk-with-critical-investments-to-expand-contraception-access-address-maternal-health-crisis.

[12] Press Release, Reprod. Equity Now Found., *Reproductive Equity Now Statement on New CT Regulations to Expand Access to Contraception* (Jan. 2, 2025), https://reproequitynow.org/press/reproductive-equity-now-statement-on-new-ct-regulations-to-expand-access-to-contraception#:~:text=Governor%20Ned%20Lamont%20signed%20into,critical%20to%20reducing%20unintended%20pregnancy.

[13] Claudia Huim Angela Maske, Debra Hauser & Geoff Corey, *Behind the Counter: Findings from the 2022 Oral Contraceptives Access Survey*, Advocs. For Youth at 9 (2022), https://www.advocatesforyouth.org/wp-content/uploads/2022/09/BehindTheCounter-OralContraceptivesAccessReport-2022-1.pdf.

[14] *See* Deanda v. Becerra, 96 F.4th 750, 753 (5th Cir. 2024).

In New Hampshire, lawmakers introduced a "parental bill of rights" that included a provision to eliminate confidential health care access for minors.[15] In response to significant public outcry, that provision was ultimately removed. Conversely, in Connecticut, where the right to confidential reproductive health care for young people had not been explicitly codified, state legislators took proactive action in the most recent session to close this gap—ensuring that adolescents can access birth control and pregnancy-related care without a legal requirement to disclose that care to a parent or guardian.[16]

III. TRUMP'S LATEST RECONCILIATION BILL WILL HAVE UNPRECEDENTED IMPACTS ON PATIENTS' ABILITY TO ACCESS CONTRACEPTIVE CARE

Despite the proactive steps that protective states have taken in recent years to expand access to contraception, Donald Trump's latest reconciliation bill will impose devastating, unprecedented restrictions on contraceptive care nationwide, particularly for those who have historically faced the greatest barriers to access.[17] By ending Medicaid reimbursements for reproductive health care providers who offer abortion care, the Trump Administration is also wiping out access to contraception. The law is poised to have a targeted and disproportionate impact on protective states, where access to care has remained relatively strong and where patients from across the country have continued to seek services. Not only will care be more challenging to access and afford for patients, but clinics across the country will be stretched to the brink as they continue to try to provide care without federal Medicaid reimbursements.

The reconciliation bill will have a devastating impact on low-income individuals' ability to access reproductive health care. Medicaid is the largest payer of reproductive health services in the United States, covering essential care such as birth control, cancer screenings, STI testing and treatment, and pregnancy-related services. According to Planned Parenthood League of Massachusetts, nearly 40% of the provider's patients rely on Medicaid for their care.[18] Slashing this critical funding will disproportionately harm those who already face systemic barriers to care—particularly people of color, young people, and those living in rural or underserved communities. Without Medicaid, according to KFF, more than 17 million nationwide, and as many

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[15] Amanda Gokee, *N.H. House and Senate approve 'parental bill of rights'*, The Boston Globe (June 5, 2025, 12:15 PM), https://www.bostonglobe.com/2025/06/05/metro/nh-parental-bill-of-rights-contraception-minors-education-sb72-hb10/.

[16] Katy Golvala, *CT passes bill ensuring access to reproductive care for youth under 18*, CT Mirror (May 27, 2025, 6:42 PM), https://ctmirror.org/2025/05/27/ct-youth-reproductive-care-bill/.

[17] *See* Nicole Narea, *The Republican spending bill is a disaster for reproductive rights*, Vox (June 30, 2025, 5:20 PM), https://www.vox.com/politics/417995/trump-big-beautiful-bill-abortion-planned-parenthood-reproductive.

[18] Press Release, Planned Parenthood Advoc. Fund of Mass., *Planned Parenthood Advocacy Fund of Massachusetts Statement on House Republicans' Vote to Send Backdoor Abortion Ban to President Trump's Desk* (July 3, 2025, 7:25 PM), https://www.plannedparenthoodaction.org/planned-parenthood-advocacy-fund-massachusetts-inc/pressroom/planned-parenthood-advocacy-fund-of-massachusetts-statement-on-house-republicans-vote-to-send-backdoor-abortion-ban-to-president-trumps-desk.

as 275,000 in Massachusetts, 30,000 in New Hampshire, and 171,000 in Connecticut could be left without access to the reproductive health services they rely on.[19]

In addition to broad Medicaid cuts and stricter eligibility rules that could cause millions to lose coverage, the reconciliation bill includes a provision specifically targeting abortion providers. It prohibits Medicaid funds from going to nonprofit providers that offer abortion care—except in cases of rape, incest, or life endangerment—if they receive more than $1 million annually in Medicaid reimbursements. This is a direct attack on Planned Parenthood and independent providers who also offer the full spectrum of reproductive health care, including birth control, pap smears, STD testing, and abortion care. Forcing providers to choose between offering abortion care and receiving Medicaid reimbursement places clinics in an impossible position. If they continue to provide abortions, they risk losing all Medicaid funding—not just for abortion, but for the full spectrum of care they offer. If they stop providing abortion care, they abandon patients in urgent need, especially in a moment when access is already under severe attack.

As clinics lose critical Medicaid reimbursement, they may face revenue shortfalls that force staff layoffs, reduced hours, or closure. Independent and Planned Parenthood clinics are often the only affordable providers with expertise in reproductive health care. If these clinics are forced to shutter their doors amidst these Medicaid restrictions, patients—especially rural patients—will likely have nowhere to turn for care.

The attacks on abortion access in the reconciliation bill are devastating on their own—but are even more alarming when combined with proposed cuts to the Title X Family Planning Program. In early 2025, the Administration withheld nearly $66 million in Title X grants from 16 organizations, including 9 Planned Parenthood affiliates and several community-based grantees. This freeze affected 23 states—seven of which (CA, HI, ME, MS, MO, MT, UT) lost Title X funding entirely after their only grantees were frozen. [20]In addition to cuts to Medicaid and ACA subsidies, Title X supports services like contraception, STI testing and treatment, cancer screenings, and pregnancy testing, services often provided at the same clinics that offer abortion care, though Title X funds do not pay for abortions.

Even clinics that do not provide abortion but refer for it, or share facilities with providers who do, could face heightened political scrutiny or be pushed out of the network, as seen during the first Trump-era gag rule. If this happens again, we risk a fragmented care system where patients must travel farther, pay more, and wait longer for essential services.

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[19] *See* Rhiannon Euhus, Elizabeth Williams, Alice Burns & Robin Rudowitz, *Allocating CBO's Estimates of Federal Medicaid Spending Reductions Across the States: Senate Reconciliation Bill*, KFF (July 1, 2025), https://www.kff.org/medicaid/issue-brief/allocating-cbos-estimates-of-federal-medicaid-spending-reductions-across-the-states-senate-reconciliation-bill/.

[20] *See* Brittni Frederiksen, Ivette Gomez & Alina Salganicoff, *Title X Grantees and Clinics Affected by the Trump Administration's Funding Freeze*, KFF (Apr. 15, 2025), https://www.kff.org/womens-health-policy/issue-brief/title-x-grantees-and-clinics-affected-by-the-trump-administrations-funding-freeze/.

Clinics that also provide abortions, especially those already facing threats to Medicaid reimbursement, will be particularly vulnerable. Losing both Medicaid and Title X support in tandem would be financially unsustainable for many providers. As a result, patients may lose access not only to abortion care but to basic preventive services that help them stay healthy and avoid unintended pregnancies in the first place. Preserving the integrity and funding of the Title X program is essential to maintaining a comprehensive reproductive health care infrastructure in our states.

IV. THE NEED FOR FEDERAL ACTION TO PROTECT CONTRACEPTIVE CARE

States with strong reproductive health protections play a vital role in safeguarding and expanding access to contraceptive care. However, state leadership alone cannot compensate for the immense harm caused by the Trump administration's actions. The latest reconciliation bill—effectively a covert ban on reproductive health care—undermines state-level protections and encroaches on states' authority to uphold reproductive rights. As a result, patients and providers are increasingly caught in a confusing and harmful patchwork of laws, now forced to navigate the tension between state-level protections and sweeping federal restrictions. While states with pro-reproductive health leadership continue to lead with innovation and bold policy, federal action is urgently needed. Congress must act to defend the right to contraception before it is further eroded.

We waited too long to take decisive federal action to protect abortion care, and that delay cost us dearly. We cannot make the same mistake with contraception. Congress must move swiftly to pass the Right to Contraception Act and use every available tool to protect and expand access to this essential, life-saving care.