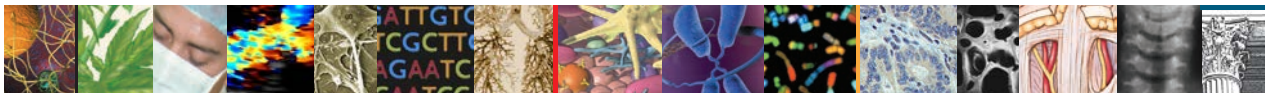

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Perspective

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Protecting and Expanding Access to Birth Control

Cecile Richards

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Since it became legal in the United States a half-century ago, birth control has provided enormous benefits to women and their families — indeed, it has been nothing short of revolutionary for women and society. When women have access to birth control, they can better plan and space their pregnancies, which improves health outcomes and enhances their lives and those of their families. Birth control has dramatically improved the ability of all women to participate actively and with dignity in the U.S. economy. And researchers have attributed the historic 40-year low in the teen pregnancy rate to the increase in access, especially to highly effective methods of birth control.[1] Now, political attacks against women's health care are threatening access to critical services that allow women to choose and readily obtain the birth control methods that are best for them. It is essential that we protect and continue to expand access to all forms of birth control.

Planned Parenthood sees this mission as part of a broad commitment to women's health. Many people are unaware that our affiliate health centers qualify as essential health care providers. This means that other essential health care providers who may be inundated with patients requiring other primary care services (such as diagnosis and management of acute or chronic diseases) can partner with a Planned Parenthood affiliate for delivery of integrated preventive health care services, such as contraception and well-woman risk assessments and exams.

Like many other women's health care providers, we work to ensure that all forms of birth control are available to women and advocate for innovative ways to expand access. By increasing access to all forms of birth control, including intrauterine devices (IUDs) and hormonal implants, we enable women to choose the methods that work best for their bodies and lifestyles. We know that when a woman is happy with her birth-control method, she is more likely to use it consistently, reducing her chances of having an unintended pregnancy. On the flip side, we recognize that no one method will serve a woman throughout her entire reproductive life and that every woman should be able to readily change her method when her current method is not working for her.

Although birth control is basic and essential health care for women, it can be expensive — and cost can be a substantial barrier to access to a woman's preferred method. Publicly funded

programs such as Medicaid, combined with the birth-control benefit included in the Affordable Care Act (ACA), have helped to reduce the costs to women and greatly increased some women's access to all forms of birth control — including highly effective methods such as IUDs and implants. These long-acting reversible contraceptives (LARCs) have been shown to be the most effective in reducing the rate of unintended pregnancy, and when cost and access barriers are markedly reduced, growing numbers of women choose a LARC. The dramatic increase in LARC use over the past decade[2] has coincided, as Finer and Zolna show in this issue of the *Journal* (pages 843–852), with decreases in rates of unintended pregnancy in all segments of the population, including low-income women and teens.

A key step was the ACA's requirement that health insurers cover women's preventive care services with no out-of-pocket costs. The inclusion of birth control as a preventive service increased access — at no cost to the patient — to the full range of birth-control methods approved by the Food and Drug Administration. Thanks to this benefit, more than 55 million women now have access to birth control without copayments, which has saved them an estimated $1.4 billion in the first year alone.[3,4]

The ACA also brought the establishment of health insurance marketplaces nationwide and Medicaid expansions in 32 states, making health insurance more affordable and birth control more accessible to millions of Americans. However, low-income women continue to be disproportionately affected by limited information and access to their methods of choice. Planned Parenthood has therefore continued to advocate for health care reforms and publicly funded programs that support expanding women's access to all forms of birth control.

We've seen the real-life consequences of restricted access to birth control in Texas, where Planned Parenthood health centers were cut from the public family-planning program.

Unfortunately, politicized attacks against women's health care are threatening to undermine the progress achieved to date. We have seen an unprecedented number of federal and state attacks on women's health in the past year, including nine congressional votes to cease reimbursing Planned Parenthood for care provided to patients who depend on public health programs.

Politicians with extreme views on reproductive health are trying to cut public funding for family-planning services through programs such as Medicaid and Title X, which have been critical in reducing costs and expanding access for low-income women to the birth-control method of their choice. In fact, women who visit a health care provider that receives state Medicaid family-planning funding have access to a wide range of methods and are almost twice as likely to choose highly effective forms of birth control as women who visit similar providers that do not receive such funds.[5] When these funds are threatened, women's access to the full range of birth-control methods is restricted, and their risk of unintended pregnancy is elevated.

We have seen the real-life consequences of restricted access to birth control in Texas, where, in January 2013, Planned Parenthood health centers were singled out to be cut from the public family-planning program. There was a resulting decrease in both LARC use and continuation of injectable contraception. During the same period, as Stevenson et al. report in this issue of the *Journal* (pages 853–860), the rate of births increased. Despite the prevalence of poor health outcomes and despite public support for increased birth-control access, some politicians continue to advance political agendas that ultimately restrict women from making their own decisions about their birth control, their lives, and their families.

This new research paints an alarming picture of real-world consequences for women when politicians block access to family-planning care. Texas stands as a cautionary tale for politicians in other states who are targeting health care at Planned Parenthood. Many have claimed repeatedly that Planned Parenthood patients can simply go to other health care providers — but tragically, that is not the case. Instead, women are left out in the cold.

Birth control is more accessible today than ever before, and the recent decreases in unintended pregnancy are encouraging.

But there is still much to do to ensure that all women have equal access to the full scope of contraceptive methods, and political barriers pose an alarming obstacle. I believe it is imperative that we challenge those seeking to restrict women's health care and develop new ways to continue to expand women's access to all methods of contraception.

An audio interview with Cecile Richards is available at NEJM.org

Disclosure forms provided by the author are available with the full text of this article at NEJM.org.

From Planned Parenthood Federation of America and Planned Parenthood Action Fund, New York.

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Menopause Management — Getting Clinical Care Back on Track

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By 2020, more than 50 million U.S. women will be older than 51 years of age, the mean age when menopause occurs. During the late stages of the perimenopausal transition, almost three quarters of women report symptoms such as hot flashes or night sweats, and women with moderate-to-severe symptoms often experience them for a decade or longer.[1] Hot flashes often disrupt sleep and may cause mood changes, difficulty concentrating, and impairment of short-term memory.[1,2] Untreated menopausal symptoms are also associated with higher health care costs and loss of work productivity.

Despite the availability of effective hormonal and nonhormonal treatments for menopausal symptoms, few women with these symptoms are evaluated or treated.[1,2] Leading medical societies devoted to the care of menopausal women agree that systemic hormone therapy is the most effective treatment currently available for these symptoms and should be recommended for women with moderate-to-severe vasomotor symptoms, in the absence of contraindications.[1,2] Such criteria apply to approximately 20% of women in early menopause, most of whom remain untreated despite having symptoms that adversely affect their daily activities, sleep, and quality of life. For women with contraindications to hormone therapy or a preference for nonhormonal approaches, several effective options are available, including low-dose paroxetine.[1]

The use of systemic hormone therapy has decreased by as much as 80% among U.S. women since the initial findings of the Women's Health Initiative (WHI) were published in 2002.[1,2] Women's decisions regarding such therapy are now surrounded by anxiety and confusion. The WHI trial was designed to address the risks and benefits of long-term use of hormone therapy for the prevention of chronic disease in postmenopausal women who were on average 63 years of age at initiation of therapy (both of us serve as investigators and one of us [J.E.M.] as a Steering Committee member). But its results are now being used inappropriately in making decisions about treatment for women in their 40s and 50s who have distressing vasomotor symptoms. Not only has hormone-therapy prescribing by obstetrician–gynecologists and internists or family physicians decreased substantially, but the new generation of medical graduates and primary care providers often lacks training and core competencies in management of menopausal symptoms and prescribing of hormonal (or nonhormonal) treatments.[2,3]

The gap in provision of appropriate treatment has left an opening for a burgeoning market for untested and unregulated alternative treatments, including custom-compounded hormone products