WARNING:
BIRTH-CONTROL DESERT AHEAD

What if you had to drive more than 100 miles to get an IUD or a pack of Pills? In certain zip codes, women already do—and the situation may get worse.

By JENNIFER GERSON UFFALUSSY | Photo Illustrations by MAT MAITLAND
AS AN UNDERGRAD at Penn State University in State College, Pennsylvania, Jennifer Pampin, now 25, juggled psychology classes, homework, friends, a boyfriend, a work-study gig...and a three-hour drive home to Pittsburgh whenever she needed birth-control pills.

With no health insurance through her parents and no money for a student plan through school, she qualified for Medicaid, the publicly funded program for low-income Americans (see stats at right). But while it covered her Ortho Tri-Cyclen, no doctor or pharmacy near campus accepted Jennifer’s plan. Eventually, she became so overwhelmed by the time and gas money it took to refill her prescription that she let it lapse.

That’s when she got pregnant. By then, she was in the process of moving to Montana to attend graduate school and hadn’t yet applied for Medicaid in her new state. She had no job or insurance—and chose to have an abortion. Not that that was accessible either: After scrounging together the money, she and her boyfriend made two separate road trips—totaling 15 hours—to the closest public clinic in the state that provided abortions. “I felt like the pregnancy was my fault,” she says. “It was like I had failed myself.”

In fact, it was the system that had failed her.

STRANDED WITHOUT CARE
Jennifer was one of nearly 20 million American women stuck in a “contraceptive desert”—defined by the National Campaign to Prevent Teen and

Unplanned Pregnancy as a county in which there’s only one (or no) public clinics that offer the full range of birth-control choices for every 1,000 women in need of subsidized contraception. We know what you’re thinking: vast rural stretches and tiny towns, right? Wrong. These health-care wastelands also exist in major cities, on both U.S. coasts, and in the heartland, according to the National Campaign.

It wasn’t supposed to be this way. When the Affordable Care Act (ACA) passed in 2010, it included a landmark 80-copay contraception mandate that promised to usher in the easiest time in history for women to get birth control. By law, nearly all insured women could get any FDA-approved form of prescription contraception (from the patch to the Pill to an IUD) they chose, at no cost. Uninsured women, meanwhile, could visit publicly funded clinics around the country, which, thanks to a federal grant program called Title X, would offer reproductive health care for free or on a sliding scale, based on what a patient could afford.

But it turns out, coverage without access is meaningless.

WHY PLANNED PARENTHOOD MATTERS

There’s a reason Planned Parenthood experienced a reported 900 percent increase in requests for IUDs following November’s election. Women are terrified its clinics will soon be shut down. They’re right to be scared. While other centers also provide publicly funded reproductive health care, research shows that Planned Parenthood is better at offering contraception options quickly and efficiently, with a wider range of choices. Currently, it’s one of the main providers of birth-control services through Medicaid and Title X, serving 36 percent of those in need. “Planned Parenthood has made itself accessible all over the U.S.,” says U.S. Representative Judy Chu (D-CA). “It hears from anxious people every day who are concerned that, without it, they won’t have a place to go.”
OUT OF REACH: “FREE” BIRTH CONTROL MEANS NOTHING IF YOU CAN’T ACCESS IT.
While the ACA's contraceptive mandate applies to private and public plans (like Medicaid), not all doctors and pharmacies accept every plan. Making matters worse: The roughly 3.6 million women who get reproductive health care through Title X are served by about 4,000 public clinics—total. Don't live near one? You're out of luck.

The harsh truth is that for women in 1,510 counties across all 50 states, the ACA's promise of full, free contraceptive access hasn't panned out. And it's poised to get way worse.

**A SPREADING WASTELAND**

Since President Trump took office, the fate of the ACA has looked grim. In March, Congress introduced the American Health Care Act, which aims to cut Medicaid spending by about 25 percent by 2026 and block Planned Parenthood from Medicaid funding. If this happens, contraceptive deserts will grow, says Ginny Ehrlich, CEO of the National Campaign. The estimated 60 percent of Planned Parenthood patients who rely on publicly funded programs will be left in the lurch (see "Why Planned Parenthood Matters," page 172), and millions more women could lose coverage and find themselves having to budget for birth control. "These women will start to rely on the remaining Title X clinics," warns Ehrlich—those same Title X clinics, remember, that are already underserving millions of patients. Just imagine the packed waiting rooms—and the hours of work or school you might have to miss to get something as simple as birth control.

Millennial women are particularly vulnerable. Like Jennifer Pamplin, they may be students not covered by their parents. Even if they are covered, they may not want Mom and Dad to know what they're up to. Or perhaps they're in entry-level jobs that don't offer insurance, with incomes not low enough to qualify for Medicaid.

"Young people don't have the money to pay the out-of-pocket costs," says Jamila Taylor, PhD, a senior fellow at the Center for American Progress and an expert on women's health policy and reproductive justice. The Pill can cost upward of $100 a month, and some of the most effective methods, like IUDs and implants, can run closer to $1,000, says Ehrlich (see "BC Costs How Much??" at left). All of which will force women to make tough choices, like between rent and birth control.

Worse, it's very possible that Congress will cut funding to Title X. Translation: The safety net millions more women would turn to would shrink at the
WHAT ABOUT CONDOMS?

Could they be a much-needed safety net? They’re cheap, sold everywhere, and totally unrestricted. But they’re no panacea, says Ginny Ehrlich, CEO of the National Campaign. Research shows that when women don’t have a full range of choices or access to their preferred method of birth control—or when out-of-pocket costs are prohibitive—many simply give up on it altogether.

Students at Loyola University Chicago live in a contraceptive desert—but can now send S.O.S. texts to a student activist group called Txt Jane for fast birth-control delivery. Loyola, a Jesuit Catholic school, doesn’t offer condoms or provide the Pill at the wellness center unless it’s for medical purposes. And Chicago, America’s third-largest city, has just one clinic offering the full array of contraception choices for every 12,000 women in need.

Each Friday between 2 p.m. and 12 a.m., the “Janes” respond to texts by showing up at students’ doors with condoms, lube, and info about other contraception and local clinics.

Senior Melissa Haggerty, 22, cofounder of Txt Jane, has seen firsthand how devastating contraceptive deserts can be. “So many women don’t have access to the care they desperately need,” she says. “It’s scary.”

FILLING THE VOID

As awareness of contraceptive deserts increases, politicians, activists, and citizens are working to provide oases. Democratic Indiana State Senator Jean Breaux, for one, is trying to convince her Republican colleagues that unintended pregnancies resulting from dismal health-care access carry a huge financial cost too. “Fifty percent of the births in Indiana are paid for through the state Medicaid program,” she explains. “If we reduce the number of unplanned pregnancies, we could redirect money. It’s a bottom-line argument she hopes will change minds.

Elsewhere, young women are rushing to one another’s aid. Nicole Mann, 24, a student at Drexel University College of Medicine, in Philadelphia, spreads the word about birth-control options on her campus as part of the National Cam-