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Nine Things Congress Must Do to Safeguard Sexual and Reproductive Health in the Age of COVID-19

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Even with the pandemic wreaking havoc on the U.S. and global health care systems and economies, reproductive health care needs and decisions cannot be put on hold during the COVID-19 crisis. Reproductive autonomy and the tools to exercise it—including contraceptive services and supplies, abortion care and pregnancy-related care—may be more urgent than ever as people face increasingly difficult reproductive choices in a time of heightened health, social and economic stress.

Adding to these pressures, sexual and reproductive health and rights are being neglected by many policymakers. Notably, the \$2 trillion federal COVID-19 relief package signed on March 27 provides desperately needed funds to state and local governments, hospitals, businesses and federal agencies, but it leaves out much in the way of protection and support for sexual and reproductive health and rights.

Moreover, social conservatives are using the COVID-19 crisis to escalate their assault on reproductive freedom, such as by using it as a hollow justification for shutting down abortion clinics and adding new restrictions to prevent Planned Parenthood affiliates and other reproductive health providers from accessing emergency funding. Conservatives are peddling false choices: We can and must fight COVID-19 while still protecting reproductive health and rights.

As Congress prepares additional relief packages, here is what it needs to prioritize to ensure that all people can make the decisions that are right for them and their families.

1) Treat sexual and reproductive health care as the essential care it is. As Congress addresses COVID-19, it must acknowledge that in this time of crisis, services related to contraception, abortion and maternity care are as essential to people's lives as food, shelter and security. These health services are all time-sensitive by their very nature, because pregnancy cannot be put on hold. Specifically, Congress should:

- Include reproductive health providers in efforts to provide financial support, regulatory relief and infrastructure—including personal protective equipment—to health care providers and critical businesses.
- Ensure that patients may continue to travel for reproductive health care even under any measures that restrict most commerce and travel.
- Reject attempts to restrict or undermine reproductive health services and providers.

2) Protect and expand access to comprehensive health insurance coverage. In this crisis, more people will need insurance coverage in order to afford all of their health care needs. Congress must bolster Medicaid and the Affordable Care Act (ACA) and improve coverage specifically for sexual and reproductive health care. To do so, Congress should:

- Improve Medicaid, such as by incentivizing states to expand Medicaid for low-income adults and requiring and subsidizing higher Medicaid reimbursement rates for providers.
- Expand ACA marketplace coverage, such as by establishing an emergency open enrollment period for the ACA marketplaces and increasing subsidies to make coverage more affordable.

- Require all health insurance plans to cover contraceptive methods over the counter, without copayments or prescriptions, as well as extended supplies of contraceptives, HIV medication and other essential drugs.
- Eliminate discriminatory restrictions on insurance coverage of abortion, such as the Hyde Amendment.
- Provide new coverage options for pregnant and postpartum women, such as by extending Medicaid coverage for 12 months after childbirth.

3) Bolster support for family planning providers in the United States and globally. In a public health crisis, patients turn to health care providers they know and trust, such as family planning providers. And with their lives turned upside down, patients need flexibility and support in the providers and services available to them. Congress must help keep family planning providers afloat and increase options for services. Specifically, Congress should:

- Increase funding for the Title X national family planning program and U.S. global reproductive health assistance to help providers weather and respond to the pandemic.
- Restore the integrity of the Title X family planning program by blocking implementation of the 2019 domestic gag rule—which has slashed the program’s capacity virtually in half—and creating a pathway for providers to return to Title X.
- Pass the Global Health Empowerment and Rights (HER) Act to reverse the global gag rule, which inhibits partners overseas from providing comprehensive reproductive health services.

4) Protect and expand access to timely abortion care. Abortion providers are an essential source of care during the ongoing crisis. Yet, abortion has long been separated from most other health care, and that isolation is one reason abortion care is so vulnerable in a crisis like this. Adding to that, abortion restrictions at the federal and state levels impose unconscionable barriers to care that are exacerbated during a public health crisis and put the health of patients, providers and health center staff at risk—for instance, by often requiring patients to make unnecessary or repeated trips to an abortion clinic. Congress must address this problem and should:

- Pass the Women’s Health Protection Act to ensure people can access abortion care free from state-level abortion bans and medically unnecessary restrictions, such as waiting periods, multiple trip requirements and restrictions on medication abortion.
- Eliminate discriminatory restrictions on insurance coverage of abortion, such as the Hyde Amendment.

5) Promote safe maternal and newborn care. Although the direct health impact of COVID-19 on pregnant women and newborns is still unclear, the pandemic is certain to present new barriers to safe prenatal, delivery and postnatal services. The United States faces a maternal mortality crisis and vast disparities in maternal health outcomes, as do many other countries; these are likely to worsen during a public health crisis when there may be a shortage of health care providers and supplies, and patients may have difficulty traveling to and affording the care they need. Congress must prevent the further deterioration of maternal and newborn health, and should:

- Appropriate additional funds to scale up programs for safe pregnancy, delivery and postpartum care both in the United States and overseas.
- Require and fund close tracking of maternal and newborn health, including prioritization of COVID-19 testing for these groups.
- Pass the legislation included in the Black Maternal Health Omnibus, proposed by the congressional Black Maternal Health Caucus to comprehensively address U.S. maternal health disparities.

6) Protect the pharmaceutical supply chain. The global supply chain for medication and other health care supplies is under severe strain because of widespread disruption from the pandemic. As Congress acts to address potential shortages, it should:

- Ensure that contraceptive drugs and devices, condoms, drugs used for medication abortion, antibiotics for treating STIs, HIV medication, tests for cervical cancer, vaccines for HPV, hormone therapy drugs and other pharmaceutical products related to sexual and reproductive health are included in any efforts to bolster the U.S. drug supply in response to COVID-19.
- Enable international U.S. recipient organizations and government partners to provide multi-month dispensing of medications and to address gaps in supply chain procurement, distribution and delivery overseas.

7) Support telehealth for reproductive health services and providers. Telehealth is being deployed during the pandemic to provide a broad range of health care services while limiting unnecessary travel and in-person interactions. Many reproductive health services can be safely and effectively provided via telehealth, including contraceptive counseling and prescription, medication abortion, preexposure prophylaxis to prevent HIV, and some prenatal and postpartum care. Congress should:

- Continue to mobilize resources and support for telehealth systems, including for reproductive health care providers.
- Push states to eliminate unnecessary barriers to providers' use of and reimbursement for telehealth services, including under Medicaid.

8) Prevent religious institutions from denying essential care and discriminating against patients. With the health care system stretched thin, patients' ability to vet and choose their providers will be increasingly limited. These circumstances highlight why we cannot allow religious doctrine to override health care needs. Congress must take steps to limit or eliminate the ability of institutions and individuals to refuse to provide care, including sexual and reproductive health services and services for LGBTQ+ patients. Specifically, Congress should:

- Prevent the Trump administration from enforcing its numerous regulations placing religious and moral refusals above patients' rights.
- Create explicit protections to ensure that refusals are never allowable to deny emergency care.
- Enact protections against religious and moral refusals, such as the Do No Harm Act.

9) Secure the rights of people and communities at heightened risk. In addition to all of the challenges outlined above, many groups of people face a range of severe social, economic, physical and political barriers to health services, often imposed purposefully by the Trump administration. These additional barriers will only get magnified during the pandemic, because of the direct effects of COVID-19 on the health care system and the economy, the disproportionate impact of measures intended to halt the spread of the virus, and social conservatives' use of the crisis to pursue their regressive agenda. Congress must address the specific needs of people and populations who have been neglected and marginalized:

- **Immigrants**, depending on their legal status, are often excluded from many public programs, including the public health and economic aid provisions of the recent COVID-19 relief packages. Congress should fully include all immigrants in further COVID-19 relief, condemn racist and xenophobic characterizations of the pandemic, expand immigrants' access to health insurance coverage, and bar the Trump administration from enforcing its harmful "public charge" rule.
- **People living with HIV/ AIDS**, particularly those who have compromised immune systems or are not on treatment, are at particular risk of severe illness from COVID-19. Congress should increase funding for PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Ryan White program in order to scale up testing and universal treatment and to prioritize access to HIV medication and care during the pandemic. In addition, Congress should push PEPFAR and the Global Fund to scale up long-neglected work in disease surveillance, laboratory strengthening, field epidemiology, and health worker training in order to support countries to fight the epidemic.
- **People in humanitarian settings** are often living in extremely close quarters with limited resources and autonomy. Congress should pass the Support UNFPA Funding Act to reinstate funding for the United Nations Population Fund, and otherwise bolster funding for partners to provide reproductive health care and other critical health and support services for people in these environments.
- **People with disabilities** face additional barriers in this crisis, including access to specific health care needs and support services like transportation. They are also more likely to be isolated and to have challenges accessing timely health information. Congress should ensure that they do not face discrimination in seeking services and that their needs are accounted for in any measures that restrict travel.
- **People experiencing intimate partner violence** may be forced to stay in a home with abusive individuals. People experiencing violence have specific needs for screening, counseling, shelter, legal services and confidentiality that may be more acute during the crisis. Congress should prioritize their needs in its relief packages.
- **LGBTQ+ individuals** often face discrimination from health care providers, law enforcement agencies and within their family structures, and may have time-sensitive health care needs, such as access to preexposure prophylaxis and transition-related care. They are also more likely to have unstable housing and may be at higher risk of eviction or being forced to stay with unsupportive family members. Congress should include provisions to specifically protect them from discrimination during this crisis, including from the Trump administration itself.

- **Incarcerated people**, particularly those who are pregnant or postpartum, face unique barriers to reproductive health and are especially threatened in a pandemic by close quarters and limited autonomy. Congress should at least ensure that pregnant people in federal and state custody receive all necessary care with the dignity they deserve.
- **People with low incomes** are particularly vulnerable to the economic threats of COVID-19—including unemployment, lack of paid leave time and affordable housing, child care and transportation—all of which compound barriers to accessing reproductive health care. Congress should expand its efforts to address the economic consequences of the pandemic for those with the least access to financial resources.
- **People of color** often face discrimination and structural racism and may mistrust the medical system and government. In addition to other barriers, these inequities may be magnified during the pandemic. Congress should push health care systems to secure additional translation services and to collect race-disaggregated data on patients to ensure that medical providers are not discriminating against people of color.
- **Adolescents** face increased barriers to confidential sexual and reproductive health care and high-quality and accurate information about sex during this crisis. Restrictions to movement prevent young people from going to health clinics, while the closure of schools disrupts sex education curricula and prevent students from visiting school-based health centers that offer sexual and reproductive health care. Congress should ensure that care provided through telehealth is confidential for all, and states should prioritize the continuation of sex education curricula in remote learning.

This list is by no means exhaustive of all that Congress can and should do, and other federal and state policymakers also have important roles to play. Many of these actions are ones that Congress has failed to take for years or even decades. Yet, it is clear that reproductive health care is especially vulnerable to the broader problems posed by a public health crisis like the COVID-19 pandemic and is being singled out and attacked during this crisis. For these reasons, Congress must recognize that strong protections for sexual and reproductive health and rights are even more critical right now.

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