



the campaign to prevent unplanned pregnancy

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## DOMESTIC GAG RULE REDUCES CONTRACEPTIVE ACCESS FOR NEARLY 200,000 WOMEN LIVING IN MINNESOTA

(Washington, D.C.) — According to data released by [Power to Decide](#), an [estimated 193,110 Minnesota women](#) of reproductive age (13-44) in need of publicly funded contraception live in counties impacted by the implementation of the Title X Family Planning Program “domestic gag rule.” Nearly one-quarter of Minnesota’s counties have lost some or all of their Title X resources.

The [domestic gag rule](#) requires health providers receiving Title X funds to withhold information from patients about abortion services and care. In addition, health centers are required to cease providing abortion care with non-Title X funds at sites that offer Title X supported services, such as contraceptive care, breast and cervical cancer screening and STI testing. The rule requires that abortion services, no matter how they are funded, be performed at a separate physical site, which is impossible for many health centers.

“The implementation of the domestic gag rule could impact nearly 200,000 women in need in Minnesota,” said Ginny Ehrlich, CEO, Power to Decide. “This federal rule exacerbates an already challenging contraceptive access landscape for women struggling to make ends meet. Even before the domestic gag rule was implemented, almost 300,000 low-income women in Minnesota lived in contraceptive deserts, counties without reasonable access to the full range of contraceptive methods. As a result, these women face untenable financial barriers such as transportation, child care and taking unpaid time from work costs incurred just to get the contraception they need.”

Data from [Power to Decide](#) show that 283,400 [women living](#) at or below 250% of the poverty level in Minnesota live in contraceptive deserts, counties in which there is not reasonable access to a health center offering the full range of contraceptive methods. Nationally, more than 19 million U.S. women of low income live in [contraceptive deserts](#).

In this challenging landscape, states like Minnesota can take steps to partially alleviate the impact of damaging federal policies and to proactively expand access to contraception in various ways. These policies include allowing pharmacists to prescribe contraception, requiring insurance to cover an extended supply of prescription contraceptives and enacting policies that protect insurance coverage of the full range of contraceptive methods. Minnesota has expanded Medicaid to low-income adults, which helps decrease the percentage of uninsured women, and by extension, give them the contraceptive coverage they need to live healthy lives. To further expand access, Minnesota is

currently considering legislation that would allow pharmacists to prescribe contraception. More information about these policies can be found [here](#).

**Power to Decide** is a private, non-partisan, non-profit organization that works to ensure all people—no matter who they are, where they live or what their economic status might be—have the power to decide if, when and under what circumstances to get pregnant and have a child. Please visit us at [www.PowerToDecide.org](http://www.PowerToDecide.org) or follow us on Facebook and Twitter.