



Written by [Kelly Holt](#) on November 2, 2010

Is Free Contraception Next With ObamaCare?

Some time this month, a panel of experts advising the government will meet to review what kind of preventive care for women should be covered at no patient cost, as required by ObamaCare. Will free contraception be considered?



The devil is in the details. At the heart of the matter is this question: Is birth control preventive medicine? Sen. Barbara Mikulski, (D-Md.), author of the women's health amendment (the first amendment of The Patient Protection and Affordable Care Act [ObamaCare] passed by the Senate), stated in a 2009 [press release](#), "This amendment makes sure that the insurance companies must cover the basic preventive care that women need at no cost." She believes the intent is to include family planning.

[CBS News reported](#) today that the measure is anticipated to be "a shift toward more reliable ... and expensive forms of birth control that are gaining acceptance in other developed countries."

The issue will likely reignite a clash over morals, just on the heels of one about public funding of abortions.

Catholic bishops oppose any requirement to cover contraception and sterilization; as to the matter of "preventive care," they believe pregnancy is a healthy condition, not an illness to be prevented.

John Haas, president of the National Catholic Bioethics Center in Philadelphia, explains in reference to contraception:

We don't consider it to be health care, but a lifestyle choice. We think there are other ways to avoid having children than by ingesting chemicals paid for by health insurance.

The conservative Family Research Council will oppose any mandate that doesn't contain a conscience exemption for moral and religious reasons. Jeanne Monahan, health policy expert at the council, indicated that there's "great suspicion" that Planned Parenthood, the country's major abortion provider, is leading the push for free birth control.

Only in the last decade or so have health insurance plans, including Medicaid, even covered birth control. Protests and state laws have caused changes in insurers' decisions not to cover birth control. CBS continued:

The use of birth control in the U.S. is virtually universal, according to a government study this summer from the National Center for Health Statistics. Nearly 93 million prescriptions for contraceptives were dispensed in 2009, according to IMS Health, a market analysis firm. Generic versions of the pill are available at Walmart stores, for example, for \$9 a month.



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With all that, about half of all pregnancies are unplanned, as many women become pregnant while using some form of contraception. The federal government claims the problem is either misuse or non-use of birth control, not the method itself. Advocates of free contraception contend that it would help lower the number of unplanned pregnancies, removing the cost barrier keeping women away from effective methods.

Planned Parenthood president Carole Richards agrees: “We can look at other countries where birth control is available for no cost, and what we see are lower pregnancy rates, lower abortion rates and lower teen pregnancy.” Planned Parenthood already provides free birth control in certain circumstances.

Dr. David Grimes, a family planning expert who teaches medicine at the University of North Carolina also concurs: “Contraception rivals immunization in dollars saved for every dollar invested. Spacing out children allows for optimal pregnancies and optimal child rearing. Contraception is a prototype of preventive medicine.”

The [Contraceptive CHOICE project](#), a research project at Washington University in St. Louis, has chimed in on the debate. The project’s goal is to promote reversible long-term methods of contraception, and to assess satisfaction with various contraceptive methods.

The project is providing free birth control to as many as 10,000 women. About 70 percent of those have chosen long-term methods, such as the IUD — which most U.S. women don’t choose, likely because of the higher upfront cost.

Dr. Jeffrey Peipert, project investigator, notes:

The shift we need to see in the United States is a shift away from methods like the pill and condoms to the most effective methods, like implants and IUDs. And we’ll only see that shift if somebody is willing to pay for it.

Missing in the debate among proponents is discourse about irresponsible sexual behavior among singles, and why those who disagree with that behavior should be forced to fund it.

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