



Sex Ed, Medicaid, & Abortion Access: A trio of policies worth fighting for

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This time on **Code WACK!** Which states are leading when it comes to sexual and reproductive health and rights? And what federal threats may be looming on the horizon? To get the scoop, we spoke with **Jennie Wetter**, director of the **rePROs Fight Back** initiative at the Population Institute. Jennie is a fierce advocate for reproductive freedom and host of the rePROs Fight Back Podcast, where she dives deep into issues like abortion access,

birth control, sex ed, and LGBTQ+ rights. This is part two of our eye-opening conversation with Jennie.

Welcome back to Code WACK! Jennie.

Wetter: Thank you so much for having me.

Q: So, California, New Mexico, Oregon, Vermont, and Washington received top scores in the rePROs Fight Back's 13th annual 50-state report card on sexual and reproductive health and rights released in March. What are some of the policies that set these states apart as national leaders in reproductive rights?

Wetter: Yeah, so I want to do one really important caveat just because I think it's important that yes, these are the states that are getting the best scores, but no state got a hundred. And even within that, that does not mean access to care is perfect or good. There's always room for improvement. There are still people who are not getting access to services in those states. A statewide grade hides some of that. So I think that's an important note 'cause I think sometimes those states get an A and think, 'woo, we're good,' but actually there's still work to be done. I think one of the biggest things those states have is they mandate sex education and that it's comprehensive sex education. It's worth a lot of points in our report card, but again, I talked about it sets you up for failure if you get bad sex education.

And so we want to make sure that young people are starting off with a good building block to make decisions later in their life. And so those states all did that. They have all made those Medicaid expansions to make sure that people are able to get affordable health care, which is so important. And then they don't have abortion restrictions or bans on gender affirming care. And I think the really important thing is, so often we talk about parts of sexual and reproductive health in silos, right? We talk about why we need to fight for abortion or there's this important abortion fight. Some people may talk about sex ed and why sex ed is important, but there isn't that conversation about why they're all important together. If I don't have good sex education, I may not know about birth control and be able to get good birth control.

I don't know all of my options on abortion or I got shame-based education that pushes me away from getting an abortion if I wanted one. I could know about those things. But if I don't have money and I don't have Medicaid, or the state is blocking my insurance from covering abortion, it is preventing me from accessing care. If the state has restrictions, it doesn't matter if I can afford them or know about them, but if they have all of these bans, then I still can't access them. So it is really important to see this all as one whole that interacts together and you need all of it to be able to access and utilize your sexual and reproductive health and rights.

Q: So going to the federal and political landscape, the report warns that the new administration in the White House could escalate attacks on reproductive rights. What specific federal threats should we be most concerned about?

Wetter: Oh man. I feel like that list is so long, but, but I, I'll just talk about like a couple that I'm thinking about at the moment. And one again, Medicaid there, the proposed slashing of Medicaid is really worrisome, not just for people who are going to lose Medicaid coverage, but I think it's important that people understand it's going to impact everybody. If state Medicaid plans are slashed, that means hospitals are not going to get reimbursed for care for Medicaid care. So your small local community hospital may not be able to stay open. Then where are you going to go to access care? So don't think this Medicaid fight is not your fight because it is, or it may be when you retire and if you need to go into a nursing home or, or, or there are so many ways that this could become your fight if it's not already your fight. So that is one big one.

Two that we're starting to hear about. There are threats to, slashing HIV programs domestically that we've been hearing about, is gonna be coming forth. And I just saw something today about really slashing Title 10 again, I talked about that as that low-income family planning program, where people can get the care they need and that that could be really devastating again, and that is something that I just read about in a Wall Street Journal piece. And I'm sure I do not underestimate this administration. I think we all do at our detriment. They are going to go after so many reproductive healthcare in so many other ways. So I think it's just really important to keep an eye out and pay attention and make sure to let your

Congress people know that you care and that you are watching what is happening.

Q: Yeah. So I think that's a really good point. How likely is a federal abortion ban or national restrictions on abortion medication? What legal or political mechanisms could be used to enforce such policies?

Wetter: Yeah, so I'm gonna ahead and say, this is a little outside of the scope of the report card, but I would be worried, I think that you may not see a complete ban. You may see like a nationwide 20 week ban or 15 week or whatever they can get to Maybe that's optimistic. I don't know. I would like to think they don't have the votes to get any sort of blanket ban, particularly through the Senate. So I would then worry about what we are going to see with the Comstock Act? Do they decide that they're going to start implementing that? And Comstock is a 150 year old law that was like banning obscenities. It was used back in the day to prevent mailing birth control through the mail, abortion, [inaudible], pornography, kind of a whole list of things. Abortion is specifically called out within Comstock.

It is still on the books. It is not being used. And I think there is definite concern that they could try to implement a Comstock Act type thing. I don't know how likely it is. I would be worried, but don't panic quite yet but it would be devastating 'cause it wouldn't be just like mailing pills that it would block. Like at some point everything is mailed, right? So it's like, what is mailed to clinics? Is it going to block like things going to clinics? So like it could be potentially really devastating. I think before we get there we could see things around medication abortion happening, where the FDA, they may get pushed to roll back some of the restrictions around or put back in place some of the restrictions that were around medication abortion.

So going back to requiring in person to get medication to get mifepristone, which is one of the two pills in medication abortion, that sounds like it wouldn't be terrible. But again, we have this real patchwork of access to abortion care. The clinics are already strained with what they are seeing. If they have to see all of those patients who are getting medication abortion in person, the clinics cannot support that. Like, that would be just absolutely overwhelming to have to see all of those patients in person so that would be absolutely devastating to abortion

access in this country right now. I'm sure there are more things that I am not thinking of and people way smarter than me are really worried about. But those are some of the top of mind things. I think clinics are already thinking through ways to work around that.

There are two World Health Organization approved ways to do medication abortion, and only one of them requires the two pill combo. There is one where you can just use misoprostol for all of it. It's a little bit less effective. There's stories of it not being as pleasant of an experience. It is very, very effective. It is a World Health Organization protocol. It is what is used through much of the world. Um, so I, I think clinics that have started to think through that. Same with places who are mailing pills because there are less restrictions in misoprostol.

Q: Wow. I love how thorough this report was and how it looked at all these different areas. It's such a great resource.

Wetter: I really love doing it. And I think the other one that I love to point out, 'cause it makes me mad every year, is emergency contraception in the emergency room. It's shocking to me how few states mandate hospitals to inform victims of sexual assault about emergency contraception as an option and require them to give it to the person. Again, going back to that poor sex ed. People may not know that it is an option and so it puts a barrier to their access to care and then even if they do know and the hospital won't give it to them, that means they need to go find it on their own. And while yes, you can get emergency contraception over the counter at a pharmacy, it should be on the shelf, like you should be able to easily get it. It's just that one more barrier. Like if you have just been through this traumatic thing, like to have to then go and access it somewhere else. If you're a minor, sometimes pharmacies might make it difficult for you, even though they're supposed to let you have it. Like we don't need to have all of these additional barriers to accessing basic care.

Right, right. Excellent point. So many states have abortion insurance restrictions while others explicitly allow coverage. What role does private insurance play in either expanding or restricting access to care?

Wetter: Yeah, so a number of states say that private insurance can only cover abortion and then it varies state by state. Like if it's the life of the mother or rape or incest. They may have like those exceptions that you hear about would be the only place where you can get coverage. Or maybe it's only insurance plans sold on the insurance exchanges but again, that's blocking access to care. Affordability plays a huge role in people's ability to access abortion care and if you have to travel out of state, that makes it even harder. So if your state is banning insurance coverage, that means you know already under Medicaid, you can't get abortion covered unless you're in a state where it does do that, which is not that many.

So you need to come up with all of that money on your own. So that is like a first barrier to care before you get to, 'can I take the day off? Do I have to have a waiting period where I need to go to the clinic twice? Do I have to travel very far to get that abortion? Well now I need to save up even more money. So now I have to wait longer. Well now I can't get a medication abortion. Now I have to get a procedural abortion and that's more expensive and now I need to save up more money.' So it really puts all of these barriers to access to care and it, I see, you know, all of the restrictions, either Medicaid with the Hyde Amendments or private insurance with states trying to block what private insurance can cover abortion as putting big barriers in front of access to abortion care for people, particularly with low incomes.

Q: Can you remind us what the Hyde amendment is?

Wetter: The Hyde Amendment blocks insurance coverage for people who get insurance through the federal government. So that's Medicaid, that's people who get access through the Indian Health Service, that's people who work for the federal government. It blocks those people's ability to get their insurance to cover abortion except for in cases of rape life and incest. And often all of those exceptions, they're so hard. They're not workable, they don't generally work. It prevents people from accessing care and puts people's lives at risk and Senator Hyde, when he passed the amendment said if he could get rid of abortion altogether, he would, but he didn't have a vehicle to do that, but he could do it through the funding process and make sure that poor people were not able to access abortion. But the Hyde Amendment is an annual appropriations rider that

could very easily be gotten rid of by just passing an appropriations bill without the Hyde Amendment in it.

Q Were there any other bright spots that you wanted to highlight in this report?

Wetter: You know, there are still several states that have not expanded their Medicaid program under the Affordable Care Act. But you are slowly seeing some of those states come around and expand their coverage. Whether that's because they had like a state ballot initiative that pushed the state to do it, or they finally saw the light and decided that they needed to expand care. There are still several states that have not done it. And so there are so many people who should be getting care that are not, which is a tragedy, but we are seeing more states getting it. I would love to see it be everybody because it would make a huge difference in so many people's lives. But the good news is we are still seeing states like one or two every couple years, like slowly at it. I know that's not much of a bright light y'all.

Q: Well, these days we'll take whatever we can get. Right. I know, right <laugh>. so Jennie, what strategies do you see as most effective in pushing back against restrictive policies both at the state and federal levels?

Wetter: Oh man, if somebody has like a really good idea on that, that would be amazing. I am inherently a like information is power person. So I see the report card as like a really important first step. Like you don't know to push for better sex ed policies if you don't know, your state doesn't mandate it at all. And I think that's one of the things I think is really helpful with the report card. 'cause I think there are quite a few states where people think they're in a state that is doing really good things, but they still have real big gaps every year. I don't know why it continues to surprise me, but like Massachusetts does not mandate sex education. You would've assumed that Massachusetts has really good scores on all of these things, but there are several states like that where they have really good things and have been doing things to push for better policy.

Minnesota and Michigan have really been doing a lot to change the reproductive health policy and make their states bastions for abortion care but then neither of them mandate sex education. So there are, like I said, so many places where you can do more and I think this gives advocates but also state legislators, a game plan where they can see what needs to be changed. And I would encourage people who want to get involved to like find their local reproductive justice group and to like get involved on the ground. The battle is in the states. Yes, there will be big national battles and yes, you should call your senators and your Congress person when those things are happening, but the state is where you are seeing a lot of these fights taking place and to get engaged at the state level is so important. And even sometimes the local level, right, sex ed policy – yes, it varies widely from state to state, but it is also a school district by school district fight. So you can push your school district to have better policies as well.

Q: Oh, That's great. I'm curious what kind of feedback you're getting. Have you gotten any from either lawmakers or advocacy groups? What are you hearing so far, Jennie?

Wetter: I'm hearing good things, like that's a useful tool. I think this year we added a new component. We created a microsite where before you could just see like the overall how your state rated A through F and it was like the static thing. So you could just see the overall and then see your state scores and compare them to other state scores. But this year we have an interactive map where you can see, 'I want to see how my state rates compared to others on abortion restrictions or on gender affirming care bans.' And so you can click a little toggle that'll switch it and so you can see how your state compares to other states and all of the indicators we use, and I think that is also a really fun new useful tool.

Thank you, Jennie Wetter of rePROs Fight Back.

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