



## ISSUE BRIEF

# COVID-19 and Reproductive Healthcare: What Businesses Can Do to Protect the Wellbeing of Their Workforce

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As companies bring to scale expanded leave policies and remote work arrangements to meet the unprecedented demands presented by the COVID-19 pandemic, they can and must also look to the reproductive healthcare needs of their employees. Lack of access to reproductive healthcare is a hidden driver of employee absences and resignations. Reproductive healthcare is essential for the health and wellbeing of workers, their partners, and their families.

## Reproductive Health Care Is Time-Sensitive

By definition, reproductive healthcare is time sensitive. The impact of the COVID-19 pandemic on reproductive and maternal healthcare needs is profound:

- Prenatal, maternal, contraception and abortion services may be difficult to obtain in parts of the country where healthcare systems are stretched beyond normal capacity.<sup>1</sup>
- Even when insured, employees experiencing economic hardship may have difficulty covering out-of-pocket costs for reproductive services.
- Social distancing and decreased availability of public transportation poses an additional barrier to access, compounding the socioeconomic barriers already faced by many women, especially women of color.<sup>2</sup>
- Some evidence has emerged<sup>3</sup> that domestic violence and rape are on the rise as families are isolated at home, increasing the need and urgency for reproductive healthcare.
- While many unknowns exist concerning the transmissibility of the virus to fetuses and newborns, the Centers for Disease Control reports that pregnant people have had a higher risk of severe illness when infected with viruses from the same family as COVID-19 and other viral respiratory infections, such as influenza.<sup>4</sup>
- The global economic lockdown has produced disruptions in the manufacture and distribution of some forms of contraception.<sup>5</sup> While the impact has yet to be felt in the U.S., the long-term outlook is uncertain.<sup>6</sup> The International Federation of Gynecology and Obstetrics is warning of the need “to anticipate and address likely supply chain needs and challenges.”<sup>7</sup>
- Similarly, the global supply chain for medication abortion pills has been disrupted due to the pandemic.<sup>8</sup>

These are some of the reasons why we may expect more women to delay or avoid conception during the pandemic. As such, the demand for contraception and abortion may rise above normal, even as pregnancies may also rise.<sup>9</sup>

## What Companies Can Do

Employers can help employees weather the pandemic's impact on reproductive health by leaning into their ability to provide medical coverage, define workplace culture, and influence public policy.

We offer this guidance on concrete steps companies can take to help employees get the time-sensitive reproductive healthcare that they need:

- Ensure that employees are insured for contraception coverage that not only meets, but exceeds, the requirements of the Affordable Care Act. That means covering all FDA-approved birth control drugs, devices, products, and services, and vasectomies, without cost sharing; covering a 12-month supply of birth control dispensed at one time, without cost-sharing, and covering over-the-counter emergency contraception without requiring a prescription. Comprehensive reproductive health insurance requires minimal investment from companies.<sup>10</sup> Recent polling reveals that 83% of women of reproductive age say they would want their employers' insurance to cover the full range of reproductive healthcare, including abortion.<sup>11</sup>
- Ensure that employees' insurance covers abortion without restriction, and that their healthcare provider network can provide these services.<sup>12</sup> Subsidize or fully reimburse employees who need to travel unreasonable distances, often out of state, to obtain reproductive healthcare.<sup>13</sup>
- In addition to expanding paid sick leave, companies should provide generous parental leave that extends to both birthing and non-birthing parents and join ranks with companies who support a federal paid family and medical leave policy.<sup>14</sup>
- Companies should understand that efforts to shutter abortion clinics are accelerating in the midst of the pandemic, and the harmful and negative impacts that would result from these closures. Some state lawmakers are seeking to have abortion care deemed "nonessential" healthcare in the immediate period.<sup>15</sup>

Shuttering clinics means that those seeking abortion will be forced to travel hundreds of miles to find healthcare *during the pandemic*, imperiling their health and others'. These clinics may never re-open, effectively imposing permanent abortion bans.<sup>16</sup> Efforts are also underway to expand bans on medical abortions facilitated by telemedicine.<sup>17</sup>

In states with strong abortion protections and coverage, women have higher levels of education, lower levels of poverty, and experience a higher ratio of female-to-male earnings.<sup>18</sup> Women in states with better access to contraception have higher rates of labor force participation, more frequently pursue full-time positions, more frequently take roles in traditionally male-dominated industries, and have higher median wages.<sup>19</sup>

**As such, companies should communicate to lawmakers that reproductive healthcare care is both essential and time-sensitive -- now, and at all times.**

Companies have the power to provide medical coverage, define workplace culture, and influence public policy. As a result, they exercise enormous influence on the reproductive health of their employees.

Access to reproductive health care is essential for the health and wellbeing of workers, their partners, and their families. The companies that support reproductive health will see strong and continuous dividends through improved participation, productivity, and advancement for women and their partners in the workplace. Conversely, the consequences of inaction are far-reaching and hold significant risks, both for individual companies and for the American economy as a whole.

Companies can no longer afford to stand on the sidelines of this important issue.  
**Reproductive health is a business issue.**

<sup>1</sup> See “[How a Surge of Coronavirus Patients Could Stretch Hospital Resources in Your Area](#),” Washington Post, April 20, 2020, and “[State Action to Limit Abortion Access During the COVID-19 Pandemic](#),” Kaiser Family Foundation, May 1, 2020.

<sup>2</sup> “[Maternal Health and Abortion Restrictions: How Lack of Access to Quality Care Is Harming Black Women](#),” National Partnership for Women & Families.

<sup>3</sup> “[COVID-19 and Violence Against Women: What the Health Sector/System Can Do](#),” World Health Organization, March 26, 2020.

<sup>4</sup> “[COVID-19: Pregnancy and Breastfeeding](#),” Centers for Disease Control, as of April 2020.

<sup>5</sup> “[Opinion: How Will COVID-19 Affect Global Access to Contraceptives — and What Can We Do About It?](#)” Chris Purdy, Devex.com, March 11, 2020.

<sup>6</sup> “[How Coronavirus is Crippling the Contraceptive Industry](#),” Ali Pattillo, *Inverse*, March 27, 2020.

<sup>7</sup> “[COVID-19 Contraception and Family Planning](#),” International Federation of Gynecology and Obstetrics.

<sup>8</sup> “[Self-Managed Abortions May Be More Difficult to Access Right Now](#),” Rewire, April 14, 2020.

<sup>9</sup> Experts are unsure as to the impact of societal quarantines on short- and near-term pregnancy rates. See “[Don't Expect a Quarantine Baby Boom](#),” *New York Times*, April 8, 2020.

<sup>10</sup> This recommendation is inexpensive and cost-effective. For a discussion of the costs and benefits of providing comprehensive insurance of reproductive healthcare, see *Hidden Value: The Business Case for Reproductive Health*, pp. 22-23.

<sup>11</sup> See *Hidden Value: The Business Case for Reproductive Health*, p. 16.

<sup>12</sup> This may require adding additional plan types or carriers. See *Hidden Value: The Business Case for Reproductive Health*.

<sup>13</sup> A recent analysis shows that in the six states where policymakers have attempted to shut down abortion clinics because of COVID-19, if those lawmakers are successful, the one-way driving distance to obtain care will increase at the least by 58% (in Kentucky) to nearly 2,000% in Texas. See “[COVID-19 Abortion Bans Would Greatly Increase Driving Distances for Those Seeking Care](#),” Guttmacher Institute, April 2, 2020.

<sup>14</sup> See *PL+US Employer Trends Report*, 2019.

<sup>15</sup> In a [joint statement](#) in March, eight medical organizations, including the American College of Obstetricians and Gynecologists and the American Board of Obstetrics & Gynecology, urged state officials not to group abortion services with nonessential healthcare. “[Abortion is] a time-sensitive service for which a delay of several weeks, or in some cases days, may increase the risks or potentially make it completely inaccessible.”

<sup>16</sup> Recent polling found that a majority of college-educated women (56%) say they would not apply to a job in a state that has recently banned abortion. See *Hidden Value: The Business Case for Reproductive Health*, p. 16.

<sup>17</sup> “[Anti-Abortion Groups Ask Trump's HHS to Use COVID-19 Outbreak to Stop Abortion](#),” Rewire.News, Mar 24, 2020.

<sup>18</sup> Jean Reith Schroedel, *Is the Fetus a Person? A Comparison of Policies Across the Fifty States*, Cornell University Press, 2000.

<sup>19</sup> Kate Bahn et al., “[Linking Reproductive Health Care Access to Labor Market Opportunities for Women](#),” Center for American Progress, November 21, 2017.