

## Pro-life victory, economic nightmare: The contraception mandate's mixed bag

Tiana Lowe

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President Barack Obama's healthcare policies unleashed one of the most significant factors in reducing our abortion rate to its lowest point in recorded history. The "contraception mandate" in Obamacare also catapulted the list price of birth control and embroiled the courts in an all-out war over religious liberty and the size and scope of government. A decade later, how should conservatives feel about the contraception mandate? Well, it's complicated.

Although Obama signed the Affordable Care Act into law in 2010, the contraception mandate didn't fully go into effect until 2014. There's no question that the mandate was illegal as written, and, even after multiple court-ordered modifications, many of which differed about the scope of religious liberty, it remained constitutionally dubious at best, but the two pragmatic questions about the mandate provide two opposite results.

As the Cato Institute reported in January, the contraception mandate likely caused the list price of oral contraceptives to skyrocket at three times a greater rate than prescription drugs overall. From January 2014 until last year, oral contraceptives nearly doubled in price, whereas the price of prescription drugs overall rose by about 40%, and nonprescription drugs only increased by about 10%.

But the reason wasn't because the mandate radically increased the number of insurance plans required to cover contraception. After all, more than half the states in the country already required insurers to provide some form of contraception coverage. Instead, it was because the mandate prohibited cost-sharing, rendering market demand totally elastic and allowing insurers to jack up costs. The soaring list prices of oral contraception, which even now only costs dozens of dollars per month in most cases, has been absorbed by patients in the form of health insurance premiums.

As economists could easily predict at the time, mandating that birth control be provided for free by insurers without means-testing would break the supply and demand model that actually decreased oral contraception prices in the years before the mandate. All and all, the mandate was about as much an economic failure as the government could conceivably create.

But the contraception mandate proved nothing short of a pro-life success story. The mandate didn't markedly increase the number of women using oral contraceptives, as many health insurance plans already covered the pill in some way, and the list price was much cheaper then as it is now. What the mandate did radically change was the number of women using IUDs, long-acting, reversible contraceptives with near-zero failure rates. Considering that our decreased abortion rate is coinciding with a decreased unwanted pregnancy rate while other sexual and

contraceptive behaviors have remained somewhat constant, a sharp increase in IUD use can be attributed to our return to a pre-*Roe v. Wade*-level abortion rate.

So, what's the conservative solution to this paradox? Abolish the contraception mandate entirely and instead radically increase the amount of funding to Title X centers that offer contraception, especially long-acting, reversible methods with near-zero failure rates, specifically to low-income women who cannot afford it. After all, among cancer, abortion, and unplanned pregnancy prevention, Title X already grants taxpayers a \$7 return on investment for every \$1 spent on the program. Most insurance companies would likely continue to cover contraception for working women, and most women with a job can afford the few hundred dollars annually to stay covered.

Rather than penalizing the insured with higher health premiums and punishing uninsured women without easy Title X access by making them bear the burden of the price increased by the mandate, the government should use its totally constitutional power to cover contraception for only those who cannot afford it.