INSTITUTE FOR WOMEN'S POLICY RESEARCH

REPRODUCTIVE HEALTH CARE ACROSS THE LIFESPAN

REPRODUCTIVE JUSTICE AND HEALTH EQUITY

Federal Policy Solutions to Advance Gender Equity | February 2025

OVERVIEW

While funding, research, and advocacy concerning maternal health, contraception, and abortion have increased following the 2022 Supreme Court decision overturning *Roe v. Wade*, there remains a dearth of information about—and policy attention to—women's experiences navigating other circumstances that shape their health across the lifespan, such as menstruation, access to contraception, (in)fertility, and menopause.

Although additional research is sorely needed on these topics, evidence suggests that structural racism and the social determinants of health play a large role in determining who can provide for women's menstrual health needs and access to (in) fertility care, and that create differential symptom burdens among perimenopausal women.

College campuses represent a unique challenge—and opportunity—to promote and provide access to sexual and reproductive health care. Community college students are at a particular disadvantage because few community college campuses have health clinics or resource centers on campus to meet students' health needs.

Abortion access, as well as improved maternal health care, are nationwide policy imperatives, especially in the wake of the overturn of *Roe*. However, policymakers must also dedicate increased attention to the full range of reproductive health and related concerns, which are not limited to those discussed in this brief.

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WHAT THE RESEARCH SAYS

- **An estimated 16.9 million menstruating women in the United States are living in poverty, according to a study from *Frontiers in Reproductive Health*.** Period poverty—or the inability to afford menstrual hygiene products—disrupts physical and mental health and participation in work and school. Those without adequate access to menstrual products report using cloth, rags, toilet paper, tissues, paper towels, and children's diapers instead and may use tampons for longer than directed to stretch a limited supply. Poor menstrual hygiene is linked to higher risks of infections, and lack of supplies is associated with depressive symptoms.

- **Power to Decide reports that more than 19 million women between the ages of 13 and 44 are in need of publicly funded contraception.** These women reside in contraceptive deserts—counties that lack reasonable access to the full range of contraceptive methods.

- **A 2023 national survey of college students by Hey Jane and Advocates for Youth found that access to reproductive and sexual health care is important to students.** However, the majority (56 percent) do not feel comfortable seeking this care on campus. About a quarter of those surveyed experienced challenges finding reliable care and information and one-fifth expressed concerns about privacy.

$1.8 BILLION

Menopause-related symptoms cost an estimated $1.8 billion in lost work time per year in the United States.

- **Access to (in)fertility treatment varies greatly by race/ethnicity, insurance, and other socioeconomic factors.** White women with college degrees and incomes over $100,000 make up the majority of (in)fertility patients, despite the fact that infertility rates do not vary by race/ethnicity, education, income, insurance, location of health care, or US citizenship status.

- **Menopause-related symptoms cost an estimated $1.8 billion in lost work time per year in the United States, according to a study by the Mayo Clinic** These symptoms include hot flashes, night sweats, mood changes, sleep disturbances, and cognitive exhaustion. Black women enter menopause 8.5 months earlier (on average) than White women and experience higher rates of symptoms, including hot flashes, sleep disturbances, and depression. Despite bearing a higher burden of disruptive symptoms, Black women are less likely than White women to pursue treatments like hormone therapy and mental health support.

WHY IT MATTERS

Reproductive health care is a human right—everyone deserves access to a full spectrum of reproductive health care, services, and education. This includes autonomy over reproduction and the ability to decide if and when to have children, as well as access to care and support for reproductive conditions, functions, and stages of life. There is also substantial evidence linking reproductive health care access and freedom to economic empowerment and well-being.

Multiple cost barriers limit the accessibility of menstrual products for marginalized populations in the United States. These products are not covered by social assistance programs such as the Supplemental Nutrition Assistance Program (SNAP) or Women, Infants, and Children (WIC) benefits. Further, coverage of menstrual products is not a Medicaid benefit, though some states have plans that voluntarily provide some level of coverage. Compounding the lack of coverage are rising costs and supply shortages stemming from COVID-19, inflation, and production issues.

On top of this, menstrual products are subject to sales taxes (known colloquially as the "tampon tax") despite being essential items that states could categorize as tax-exempt. These taxes disproportionately impact low- and middle-income individuals and menstruators who require a greater product supply due to underlying medical conditions like uterine fibroids, which Black women experience at three times the rate of White women.

Longstanding evidence has connected access to contraception and abortion to increased college enrollment and completion for women. A 2022 study from the University of Colorado Boulder found that women with ready access to a full range of contraceptive products, including long-term methods, are up to 12 percent more likely to complete a four-year college degree than their peers with limited access. IWPR has previously documented that college students face both a high need for reproductive health care and limited access to contraception and abortion.

The 2022 Supreme Court *Dobbs* decision has resulted in a confusing and fluctuating landscape of state abortion laws. This, in turn, has created uncertainty for college students and health professionals around the availability of reproductive health care. A 2024 study from the American College Health Foundation found that many students were unsure whether abortion was currently legal in their state.

Community colleges are aware that students who have access to sexual and reproductive care are more likely to succeed in school, yet most do not provide access to sexual and reproductive health services on campus. With increasingly restricted budgets and finite resources, schools have limited ability to support the basic needs of their student body, including sexual and reproductive health care services.

The patchwork of insurance coverage for (in)fertility care in the United States only perpetuates disparate access to diagnosis

and treatment by socioeconomic status and race/ethnicity. Too few laws mandate comprehensive coverage for the full range of diagnostic and treatment options available to those struggling with their fertility. Often, insurance laws include restrictions that exclude certain populations from receiving coverage. For example, single and LGBTQI people do not meet the required criteria for insurance coverage where a diagnosis of infertility is centered around heterosexual intercourse. Additionally, some coverage laws exclude in vitro fertilization (IVF)—the most expensive treatment—thereby reducing its access to those who are able to pay out of pocket. Further, many insurance mandates do not apply to those on Medicaid or self-pay health plans.

Women are participating in the labor force at a record-high rate, comprising nearly half of the workforce. More women are also working later into life: One in ten women workers is over the age of 55, according to the Department of Labor. Despite impacting half of the workforce, menstruation and menopause remain largely unaddressed in workplaces. Symptoms associated with both menstruation and menopause have significant effects on career decisions and opportunities for career advancement.

A survey found that two in five American women considered looking for or taking a new job because of symptoms experienced during or after they transition into menopause. For example, lack of flexible work hours, restricted access to toilets, and non-breathable uniforms compound symptoms such as hot flashes and night sweats. Women of color, who disproportionately hold low-paying, low-status jobs, are most likely to be negatively impacted by work environments that do not make accommodations for menstruating, perimenopausal, and menopausal employees.

POLICY SOLUTIONS

Everyone deserves access to comprehensive reproductive health care In addition to protecting and expanding access to abortion nationwide, policymakers must also look to a range of additional interventions and policy solutions that promote reproductive autonomy, health, and justice. **These include policies that:**

Address the affordability and accessibility of menstrual products. Options to improve the affordability of menstrual products include prohibiting the taxation of these products, as well as mandating Medicaid coverage for menstrual products. Marginalized groups face particular barriers to obtaining menstrual products, and lawmakers should promote access to hygiene products by ensuring it for federal prisoners and people who are unhoused. Policymakers can also promote the availability of menstrual products with public funding and requirements for no-cost menstrual products in public facilities, including public libraries, restrooms in federally funded parks and recreational facilities, and institutions of higher education and K-12 schools.

Expand access to a full range of reproductive health care by tripling funding for the Title X family planning program. Title X has been flat-funded at $286.5 million annually for a decade and has been subject to constant attacks and efforts to eradicate it. Given this legacy of historical underfunding, policymakers should appropriate no less than $737 million for the Title X family planning program. Further, this funding should be coupled with robust enforcement of the Medicaid free choice of provider requirement in noncompliant states.

Promote contraceptive choice and access by maintaining and expanding access to over-the-counter contraception. Affordable pharmacy access can be further expanded with provisions to secure no out-of-pocket costs to patients, as well as pharmacy prescriber laws. Empowering pharmacists to prescribe non-hormonal and hormonal contraception removes another barrier to patient care. Policymakers have the power to make pharmacies one-stop-shops for birth control and other contraceptives, driving safer sex practices, expanding family planning options, and promoting local access to reproductive health care.

Support education and awareness of reproductive health issues among college students. Students need the resources to understand the options that are best for them when it comes to contraception and family planning. Comprehensive sexual education remains important during college and, in many states, is severely lacking in primary and secondary education curriculums. Policymakers should support outreach, education, and connections to services, including supporting community-based initiatives that reach students who have low contraceptive access by fostering partnerships with clinics, colleges, and youth-focused organizations.

Ensure access to fertility treatment by establishing a statutory right to IVF treatment, ensuring states cannot ban or restrict it. There are multiple policy levers for increasing the affordability of IVF, including Medicaid coverage and mandates for private insurance coverage, as well as expanded coverage under the Veterans Administration and Tricare. To remove barriers to IVF coverage and access to fertility treatment for single people and people in same-sex relationships, lawmakers should promote coverage without requirements for a clinical diagnosis of infertility.

Protect perimenopausal and menopausal workers and keep them connected to the labor force by securing workplace accommodations for these workers in existing antidiscrimination legislation and regulations. Explicitly naming perimenopause and menopause as circumstances eligible for protection against discrimination in the workplace can build upon existing attempts to protect workers experiencing symptoms through antidiscrimination measures on the basis of gender and disability status. Policymakers can further promote additional workplace accommodations for perimenopausal and menopausal workers, including access to temperature controls, ventilation, fans, and windows, uniforms made from breathable fabrics available in dark colors, opportunities to change clothes during work hours, restroom access (including at above-average frequency), access to waste disposal units, and scheduling and work flexibilities such as telework, flexible work hours, or shift modifications.

Expand existing health care and mental health care benefits and coverage to include perimenopause and menopause care. Paid family and medical leave programs should also include these as eligible events for leave.

Encourage attention to common but often overlooked reproductive health issues, like uterine fibroids. Despite the prevalence of uterine fibroids, research into the condition is sorely lacking. Not only is the painful condition more common for Black women than for White women, but Black women also tend to experience onset at a younger age, as well as more severe symptoms. Policymakers should invest in research on uterine fibroids in hopes of promoting better prevention, diagnosis, and treatment options.

KEY LEGISLATION

Menstrual Equity Act: Legislation to expand access to menstrual products through federal programs in certain locations and for particular groups. It also prohibits states and localities from taxing retail sales of a range of menstrual products. The legislation leverages and expands existing basic needs assistance programs like Medicaid and Temporary Assistance for Needy Families (TANF) to include resources and supports for accessing menstrual products. This bill would also make menstrual products available in federal prisons and on campuses of higher education institutions.

Access to Family Building Act/Right to IVF Act: Bills to create a statutory right to access and provide assisted reproductive technology, including IVF treatment. Enshrining this protection ensures states cannot take action to ban access to or provision of IVF treatment.

Stephanie Tubbs Jones Uterine Fibroid Research and Education Act: Bipartisan legislation to authorize funding for research into uterine fibroids. This bill would also improve data collection, public education, and evidence-based care for uterine fibroids.

EXECUTIVE PRORITIES

Empower the Equal Employment Opportunity Commission, through rulemaking, to include and enforce accordingly perimenopause and menopause as circumstances eligible for workplace protections and standards in the Americans with Disabilities Act, the Family and Medical Leave Act, and the Occupational Safety and Health Act.

Provide resources for menstrual products, reproductive health care, and related services. The Department of Education should look at options to provide resources to support K-12 schools, community colleges, and institutions of higher education in making menstrual products available on campus at no cost to students. The agency could further provide resources to support institutions of higher education in connecting students to reproductive health services. It could also convene postsecondary institutions to share best practices and strategies to expand on-campus contraceptive access, as was done in 2023.

Continue to expand access to over-the-counter (OTC) contraception. In July 2023, the Food and Drug Administration (FDA) approved the first over-the-counter oral contraceptive. Emergency contraception is also available without a prescription. In October 2024, a new proposed regulation would require coverage of these OTC products by private insurance.