



# WI CAN News Digest

July 18, 2020 – September 23, 2020

## Wisconsin

### [Over 300,000 women living in contraceptive deserts in Wisconsin](#)

Recent data from Power to Decide show an estimated 321,830 women living at or below 250% of the poverty level in Wisconsin live in contraceptive deserts, counties in which there is not reasonable access to a health center offering the full range of contraceptive methods. **9.4.20**

## National

### [An even-more conservative U.S. Supreme Court could be devastating for sexual and reproductive health and rights](#)

The Supreme Court has repeatedly upheld the right to contraception over the past five decades, starting with its use by married women in 1965. If the Supreme Court becomes adds another conservative member, what is at risk is accessible and affordable birth control, which plays out in whether people's insurance covers contraceptives or whether they have a trusted provider where they can access services. **9.23.20**

### [Inquiry ordered into claims that immigrants had unwanted gynecology procedures](#)

The Department of Homeland Security is investigating allegations that immigrant women detained at a privately run detention center in Georgia underwent hysterectomies without fully understanding or consenting to them. **9.16.20**

### [2021 and beyond: Key federal sexual and reproductive health issues](#)

This resource from the Guttmacher Institute identifies who will be impacted by sexual and reproductive health policy decisions in 2021 – including anyone who uses public health insurance programs (through proposals to weaken Medicaid) and anyone who uses contraception (through denying insurance coverage for contraceptives and the Title X domestic gag rule). **9.14.20**

### [Federal court blocks Trump's abortion 'gag' rule](#)

A federal court has blocked President Trump's restrictions on federal family planning funding for Planned Parenthood and other clinics that provide abortions or make abortion referrals in Maryland. The ruling applies just to Maryland, but it creates a split in the judiciary — the 9th Circuit previously allowed the funding restrictions to move forward. That makes it more likely the Supreme Court will take up challenges to the Trump rules. **9.3.20**

### [Attend a private school? Your birth control could be at risk](#)

The recent U.S. Supreme Court ruling *Little Sisters of the Poor v. Pennsylvania* was focused on denying birth control coverage to employees based on their employer's religious or moral objections, but the ruling extends to one of the most vulnerable populations seeking comprehensive reproductive health care: college students and other young people. **8.24.20**

#### **[How telemedicine can help people access birth control during the pandemic](#)**

Getting to doctors and pharmacies is just one barrier to getting birth control during the pandemic. There have been supply chain interruptions for the medications. Not all states allow doctors to prescribe birth control without seeing a patient in person. **8.10.20**

#### **[Why the promotion of family planning makes sense now more than ever before?](#)**

The rationale for promoting family planning during the COVID-19 pandemic includes increased demand for modern contraceptive methods; health risks associated with unplanned and unintended pregnancies; and systemic factors affecting modern contraceptive use during the pandemic. At the same time, there are significant detrimental impacts of a decrease in family planning during the pandemic. **8.5.20**

#### **[COVID-19 job losses threaten insurance coverage and access to reproductive health care for millions](#)**

Young people have been hard hit by job losses due to COVID – which can lead to loss of insurance. A new analysis illustrates how loss of employer-sponsored insurance can be expected to have substantial consequences for people seeking sexual and reproductive health care and for the providers and programs supporting that care. Specifically, millions of people will need to find new insurance plans or end up uninsured. Publicly supported clinics and insurance programs will be asked to serve more people and face new financial and logistical pressures—pressures that compound years of weakening of family planning clinics and programs with sustained political attacks by opponents of reproductive rights. **8.3.20**