**Clinical Chats Official Podcast Transcript**

**Title:** The Current State of Contraceptive Access and Equity

**Speaker:** Dr. Raegan McDonald-Mosley

**Duration:** 00:19:28

**Katherine Atcheson (**[**00:04**](https://www.rev.com/transcript-editor/shared/ZAO4SKz3DBc3gQFg5RtsA1efJ3kpCkUkeYH8sMr7SzjnWVVSjsIy7AUNw9BjNZWPwZ1S40-aFkepMM1aokLlB8juYRU?loadFrom=DocumentDeeplink&ts=4.95)**):**

Hello and welcome to Clinical Chats: a Podcast for Sexual and Reproductive Health Professionals. Clinical Chats, formerly known as the Family Planning Files, is a program from the Clinical Training Center for Sexual and Reproductive Health, or CTC-SRH, formerly known as the National Clinical Training Center for Family Planning, or NCTCFP, and is funded by the Office of Population Affairs in order to enhance the knowledge of Title X clinicians and other staff.

**Katherine Atcheson (**[**00:34**](https://www.rev.com/transcript-editor/shared/7oIR7qEdYuqAyphUhBU0exOjqn5nCf8v3pgrR398MvDl9-IwWjz9Y12kPXXazGS4_S8oPie1npIwT-P7mRkpZpaMhWE?loadFrom=DocumentDeeplink&ts=34.41)**):**

In today's podcast, we'll be discussing the current state of contraceptive access and equity in the US. Our guest today is Raegan McDonald-Mosley, MD, MPH, FACOG. Dr. McDonald-Mosley is the chief executive officer of Power to Decide, a nonprofit dedicated to improving reproductive health and access for all people. She's a board-certified obstetrician gynecologist who received her MD from the University of Pennsylvania and MPH from Johns Hopkins. Welcome to the podcast, Dr. McDonald-Mosley. We're so excited to speak with you today.

**Raegan McDonald-Mosley (**[**01:10**](https://www.rev.com/transcript-editor/shared/A4HZRYPGX377KruLbuC5EAFiKoVvhRz_3Oi8qESPR5aqGJpXXOa7wZFN8UOWyuIAs2W9rD-zRmO-HbtqZLSslY_sJDI?loadFrom=DocumentDeeplink&ts=70.32)**):**

Thank you so much for having me.

**Katherine Atcheson (**[**01:12**](https://www.rev.com/transcript-editor/shared/K0iyMYUnrT_HAUB_nIISzGUsyZ8bRPFdPI3gEBGVX-bBKb2Y8-7v_CQPwG9Os1PTsrvn4nD6tAWcUfFL_c5nTbiiHmc?loadFrom=DocumentDeeplink&ts=72.09)**):**

So, to begin with, I'd like to ask you about the Affordable Care Act, which was a massive shift in advancing contraceptive access in the US. Can you describe how it works and its effect in the 14 years since it passed?

**Raegan McDonald-Mosley (**[**01:26**](https://www.rev.com/transcript-editor/shared/V-c56ci_SNTtxspTCifdG3OaiAv2IMnOq4ZmLA3Ch-YdEfQ8do8_iTrZUeoX2rYG3bOKHUYrzHN1JJpjZI2vkJrSm-Q?loadFrom=DocumentDeeplink&ts=86.58)**):**

Yes, the Affordable Care Act has been a huge game changer. When I was practicing before the Affordable Care Act was passed, much of my contraceptive counseling had to center around cost to some extent, particularly with the more expensive methods like intrauterine devices and implants. Since the ACA has been passed, we can really provide more person-centered care without having to think about the constraints of costs in most circumstances.

**Raegan McDonald-Mosley (**[**01:51**](https://www.rev.com/transcript-editor/shared/e-Vxe6zv9dDHjm9OlYr4X6WfDNk1S9w7efovryDqylPLS8HjoIX3ANtNS31PrNYFUW9hj20xfWoHA_IFA4DRGAEdSCw?loadFrom=DocumentDeeplink&ts=111.42)**):**

What the ACA did, which was passed in 2010, was to significantly expand access to contraception in the United States by mandating that most health insurance plans cover the range of preventive services, including FDA-approved contraceptives without cost sharing like copayments or deductibles. And this meant that hormonal methods like birth control pills, the patches and the rings, barrier methods, implanted devices such as IUDs and implants, as well as sterilization procedures and patient education and counseling were all covered by insurance for people who have insurance. And so, it really has expanded access and made cost less of an issue for the vast majority of people in the United States.

**Raegan McDonald-Mosley (**[**02:31**](https://www.rev.com/transcript-editor/shared/ahA4jo5bU5PlCjsFJlpFVQtPv252Vy6LLhFKdb7H-EOUdtJ9X37WsJLOAz6N_-0F5Va8C9yZbDXBiiO5kzpzBSlUEGE?loadFrom=DocumentDeeplink&ts=151.23)**):**

As a part of the ACA, there was also Medicaid expansion, which provided millions of low-income people with coverage that included contraceptive services as well. And in the states that opted into Medicaid expansion, there was significant increase in the number of people who were covered with for health insurance for all things including birth control.

**Katherine Atcheson (**[**02:49**](https://www.rev.com/transcript-editor/shared/CSldZvrJEdb2K5BvMczbdJEl6p1ayGQPz8v451B_2dSf8fvW4pEYVVTZcWejMmkCtlhS88TiU1trkDrwUuuqK3CTdtg?loadFrom=DocumentDeeplink&ts=169.74)**):**

That leads us well into our next question. You mentioned that while the ACA and Medicaid expansion provided coverage for huge swaths of people, there are still a number of exceptions, and these create gaps in contraceptive access. What are some of these noted population gaps, if you will?

**Raegan McDonald-Mosley (**[**03:08**](https://www.rev.com/transcript-editor/shared/rH1CwQ60__FXvpr-RMDcQpuNcFg0eSMziMzyf2u5NjgHnksNNtEdI6TjbHJYw-hCjSOAZ0rxebyjuzOsuhsUmYt0a6g?loadFrom=DocumentDeeplink&ts=188.7)**):**

It's a great question to point out that while the ACA made significant progress in expanding access to contraception and other services, there are still some gaps that still limit some individual's ability to obtain their preferred method of contraception. Specifically, there are still some religious and moral exemptions built into the ACA. So, there are some employer-based exemptions where some employers such as religious organizations and some closely held for nonprofit companies are exempt from the ACA's contraceptive coverage mandate. And that means that women who work for these exempt employers, even if they don't align with their beliefs around this or even if they need contraception, they may have to pay out of pocket costs for their contraception or seek coverage through other means. It only covers folks who are eligible for the Affordable Care Act and for insurance. So, there are still a number of people who are uninsured who often rely on our Title X clinics for care, and that has not changed post the ACA.

**Raegan McDonald-Mosley (**[**04:03**](https://www.rev.com/transcript-editor/shared/JdYs6GZy5Mit0cgrG2Cd3OSVMHW1m4xsx6q12E0_yndxjCrl6WbRUUSH0sQxLtccQGlEHy1o9uuHgS1xs_rtRK7ZeUQ?loadFrom=DocumentDeeplink&ts=243.54)**):**

And then lastly, we have found that many insurance companies are not fully living up to the expectations of the ACA, and in fact, our organization, Power to Decide, published a report called When Your Birth Control Isn't Covered: Health Plan Non-Compliance with the Federal Contraceptive Coverage Requirement back in 2022, which just showed the ways that people are being denied coverage for particularly newer methods and more expensive methods even though the insurance companies are required to have a straightforward and published appeal process. And I can tell you how frustrating it is as a provider to provide person-centered contraceptive care with your patient, and they land on a certain method that they feel like would be the best for them only to have that method ultimately denied right by their insurance coverage. That should not be the case, right? People should be able to decide what the best method is for them and not have to worry about going through some cumbersome appeal process that could be completely opaque or inaccessible.

**Katherine Atcheson (**[**04:58**](https://www.rev.com/transcript-editor/shared/y07LSOr-eYkkcyDAVm5Ya1mkD0P7LZABv4V4UFwX4OxHAtXK_cfTwdn2mmjBjn1Is1KhnAFQiLICeD3ZC5ksq78GimY?loadFrom=DocumentDeeplink&ts=298.29)**):**

Are there some populations in the US that are disproportionately affected by difficulty in accessing contraceptives, whether it's through this insurance gap or other reasons?

**Raegan McDonald-Mosley (**[**05:09**](https://www.rev.com/transcript-editor/shared/zdMJ6-9sI8KCsOv_4g5QY0H-WwhbfESnjl-IYVKBpfD8ihSHUlyNTAvupQEUwUT_rJP3MHe-3tblECnsAIMU0XYcLLs?loadFrom=DocumentDeeplink&ts=309.72)**):**

We know that minors still face significant barriers to accessing contraception, in part because of the laws of certain states around parental consent creating barriers for young people who need confidential reproductive healthcare. We know that access in rural communities and in underserved areas that that can also be a huge barrier. We produce the contraceptive desert maps every year and update them routinely. That shows that 19 million women in need of public funding for contraception live in contraceptive deserts, and that 1.5 million women live in counties where they don't have access to even one provider that provides the full range of contraceptive methods. And so, we know that even though the ACA has been a game-changer and expanded access significantly, that there are still barriers, particularly for people of color, people with lower incomes, young people and people who live in rural areas.

**Katherine Atcheson (**[**05:56**](https://www.rev.com/transcript-editor/shared/pwOkhRhNaQc2I6bUMtvo59REB4CX7E13bIVyZy21e1In2enfhCKNwPM-tqbiaz7Nsj65ifNCtUNwFWUeapf6ujjtb7w?loadFrom=DocumentDeeplink&ts=356.82)**):**

How does contraceptive access affect health equity in general. And why is it important to take contraceptive access into account when discussing health equity and health policy?

**Raegan McDonald-Mosley (**[**06:07**](https://www.rev.com/transcript-editor/shared/8LzCZ0Ko1pKjTuyxdZ2FOM_hTn7rNbz26iXDphdul6YNbzsS4YvPiapIDXeQ2OthKW-S7Cc-nKDx3vHT8-SUc8fZuFU?loadFrom=DocumentDeeplink&ts=367.74)**):**

This is such a good question. I mean, contraception plays a critical role in helping people achieve their goals and improving their sexual and reproductive wellbeing as well as their overall wellbeing. Research has shown that contraception can help people achieve their highest level of sexual and reproductive health and wellbeing, as well as proving their self-determination and achieving their own sexual and reproductive health goals. It can help people improve their attainment of their education, it can improve maternal health outcomes, infant health outcomes, reduce the risk of sexually transmitted infection, et cetera, right?

**Raegan McDonald-Mosley (**[**06:39**](https://www.rev.com/transcript-editor/shared/D5y6GzwCZSRkMnDU__CGDuZM6kk1LKkaz6iZMVxUYBqhsMd5T5BekeiIuiy95ZjR2fJP_k6Lexue-jS-zgxXjR_shmk?loadFrom=DocumentDeeplink&ts=399.06)**):**

So, access to contraception is absolutely an overall health equity issue. And we also have to think about this from an intersectional perspective, right? Addressing contraceptive access as part of health equity acknowledges the complex interplay of race, class, gender, and geographic location in determining health outcomes. So contraceptive access is not just a healthcare issue. It is integral to achieving broader social justice and equity goals for everyone in our community.

**Katherine Atcheson (**[**07:06**](https://www.rev.com/transcript-editor/shared/Ec679Ha-dWAR7_PAD6prz-slErqwHpKmBmfHzq9YYZoMhvqXrZTdvMB85HNDAjf2LDcbyE6A-KELbZPsX2yS-7moQOk?loadFrom=DocumentDeeplink&ts=426.09)**):**

How does Title X specifically, since most of our listeners are involved with Title X in some form, how does it specifically address contraceptive access and equity and broader health equity goals?

**Raegan McDonald-Mosley (**[**07:19**](https://www.rev.com/transcript-editor/shared/Kb-ocESJlWj0wgF7bguxfAaguPQ4tQpklXN4rWyVaSZCbCliuW3cJC1r2YMbTZqId5fy6ds3PARVuRAdq_d6I6-hYuU?loadFrom=DocumentDeeplink&ts=439.2)**):**

You all know this as well as I do of being a provider in Title X clinics. For most of my career, Title X plays a critical role to ensure access. I know in the communities where I have served that there are so many people who wouldn't have had access to Family Planning Care, STI testing, cancer screenings and other important health services without having a Title X clinic accessible to them. And so, we're filling really important gaps in our Title X health centers, including serving people with lower incomes, serving uninsured folks who may not have other options for care, providing confidential care to those who are in abusive relationships and to minors, offering the full range of contraceptive methods and ultimately reducing health disparities in our communities.

**Katherine Atcheson (**[**08:00**](https://www.rev.com/transcript-editor/shared/rov-90zooJ5_6mQhykKN6bInN98Xq95O7u61ao9aPxES_4nDKkhX1FFIcG1NCVnBHPXkxDcXgJ4cP0GVf7Zv-assVsE?loadFrom=DocumentDeeplink&ts=480.75)**):**

We've been talking kind of on a big systemic policy level, but most of our listeners are clinicians. So, what are some ways that clinicians can advance contraceptive equity and access within their own practices, kind of on that micro level?

**Raegan McDonald-Mosley (**[**08:17**](https://www.rev.com/transcript-editor/shared/hriUbln4nM9LTOT7A6I7RENkMD7bq8oHs9YK7_8QRurNoYLZ78TupfLWQwrOmsG9EiAP2w73JTF63wxFTx46zb4wqoc?loadFrom=DocumentDeeplink&ts=497.34)**):**

We as providers do have a huge role in this. We can offer thorough, unbiased counseling on all contraceptive options to help patients make their informed decisions based on their own needs and preferences. We can reduce barriers by streamlining our own processes in our clinics, right? Because we often think of the big P policy barriers without addressing the little policy barriers in our own health centers. So, what can we do? By reducing wait times, minimizing required visits, offering same day services, offering walk-in appointments, offering appointments that are accessible to people on evenings and weekends. What can we do to break down the barriers for folks in our community, recognizing the complex and complicated lives that we often have? How can we incorporate telehealth services or remote services for folks who struggle to get into the health center? And then how do we always center affordability? We can't just decide what's affordable based on our bottom line. We have to ask our patients and folks who are still having to pay out of pocket for a sliding fee schedule, for example, what affordability looks like to them when we're creating our fee schedules.

**Raegan McDonald-Mosley (**[**09:17**](https://www.rev.com/transcript-editor/shared/zn-LRR1WKc2UDOmi1eJpv9oZwGW_KmRjPqW2BsS84PtkmUt8MZgh1iGVsxIf3kvYZ5N2yt67wsD4Tzu_tK5ESLHRXwM?loadFrom=DocumentDeeplink&ts=557.61)**):**

And then of course, we can stay informed and continue to stay educated with the latest contraceptive methods, best practices, and involve ourselves in training and making sure that we're providing nonjudgmental person-centered care as much as possible.

**Katherine Atcheson (**[**09:31**](https://www.rev.com/transcript-editor/shared/X744Wywz9wUomiGwof5iZdnw6ijYEf2-eKwvKfu2YmI9ByQSxwk2x3UOrWU2bR1KegaXMqjCOPTWrxs0hRDe4uLXNzk?loadFrom=DocumentDeeplink&ts=571.26)**):**

That brings us to my next question, kind of those new developments. In a post covid world, telehealth has really exploded across multiple fields of medicine. How have telehealth offerings enabled contraceptive access in the four years since Covid came on the scene?

**Raegan McDonald-Mosley (**[**09:49**](https://www.rev.com/transcript-editor/shared/DcM2DVjarUm-D1vbPkH-MY49NjvBmPBTYHK_T_y-J-xM_ajK_0fvHIfQkMlD2_fpwomQOokNSOhPMS7IROlTuhYtKZM?loadFrom=DocumentDeeplink&ts=589.71)**):**

This is such a good question, and there is some that we know, but frankly still a lot that we don't know. What we do know is that this is a small but growing way that folks are accessing contraception.

**Raegan McDonald-Mosley (**[**09:59**](https://www.rev.com/transcript-editor/shared/wXRA37W2dyMh2IvdMpo7ZKPbtLx7l91AEzvYb3JlwuSbyxKzbs-27Nf8DZJelBxg8fCBFx-i61S4wJ9tlcRWb7xiXNA?loadFrom=DocumentDeeplink&ts=599.7)**):**

The Kaiser Family Foundation's Woman's Health Survey of 2022 published that 7% of their survey respondents received contraception from an online company in the last 12 months, but that we don't know 7% compared to what, but we know that that number is increasing. And we also know that telehealth companies are reporting significant growth. And in particular, that there's been an increased demand for emergency contraception since the Dobbs decision.

**Raegan McDonald-Mosley (**[**10:24**](https://www.rev.com/transcript-editor/shared/wboGTNw_qUxoIHgeqPcuvaunn2fzsKX641exhNa9r2ku8t5FMyMrK7136ej75x4DkF2EBvKW3j-PjyvAEY-o_GEei_Y?loadFrom=DocumentDeeplink&ts=624.57)**):**

What we also know is that the folks that are accessing contraception via telehealth tend to be more affluent, and that there's a smaller segment of the population who relies on Medicaid or who are uninsured who are using these platforms. I think it's also important to point out that there are varying policies from these different telehealth platforms. So, some take insurance, some don't. Some take Medicaid, most don't. Some require for the visit itself to be paid, but you can use your insurance to cover the contraceptive supplies, whereas others don't, right? And so, there's a lot of variety, and it can make it confusing and inaccessible to people who need to or want to rely on their insurance because if someone has to pay an out of pocket, let's say $50 or $20 fee for the visit itself, that might make it cost prohibitive for them, even if they could use their insurance to cover the cost of the supplies.

**Raegan McDonald-Mosley (**[**11:12**](https://www.rev.com/transcript-editor/shared/X2XvBdcurGdOfgVrjzYEHFY3d7C1NNxnRpNysl4uCEnQjBQiV2rnVA1YoCt7rxvRevs1ylFivH3pUxRPFo8E7VDF5vo?loadFrom=DocumentDeeplink&ts=672.57)**):**

So, while I think that this is a really novel and innovative and important way to break down barriers to access to contraception, I do worry that it could lead to more inequity rather than less because of all of this variety and contraceptive coverage by insurance and how these platforms are set up. And so, I do hope that there's a lot of attention paid to equity. Who's accessing these services? What are the barriers? How do we ensure that people who don't have good internet or access to a smartphone to download the app can still have access to this really accessible and much easier way to access contraception?

**Katherine Atcheson (**[**11:45**](https://www.rev.com/transcript-editor/shared/KJBNRvRsNX_f8orRqh40HFERV7VR_9wbgTR4n56-MrUeCJRcv7RxGVwcr7bDcQ5YFS_ApL4ExLft0R4mlxAUy5AZoiQ?loadFrom=DocumentDeeplink&ts=705.33)**):**

Just over a year ago, Opill, the first over-the-counter hormonal contraceptive was approved for use in the US. And several years ago, the morning-after pill or oral levonorgestrel, which is sold under names like Plan B, My Way, Option 2, et cetera, became available over the counter. Do we have any data on how these two over-the-counter contraceptive products have affected equity and access?

**Raegan McDonald-Mosley (**[**12:12**](https://www.rev.com/transcript-editor/shared/cRejjvUunwiHJYGUJWXUbmb6OTG_LwV3fj9S-6uImwTvjH6Q3zTBKiBbMZWQ4-cWrsPQOStIBz2qLrVUdBFGsizPdMw?loadFrom=DocumentDeeplink&ts=732.09)**):**

Over-the-counter access to contraception is also super exciting, right, and a way that we can align where we are in service delivery with many other countries where pills and emergency contraception have been available over the counter for a long time. But the reality is we have way more data about emergency contraception because it's been available for over the counter for almost 20 years.

**Raegan McDonald-Mosley (**[**12:31**](https://www.rev.com/transcript-editor/shared/dXVQbnaIbMk4f_HWmrQ6MyO1MQ47mcrzIXkHL-dwJ2TYz0z5pXqy0J5R0Tt8eCsIEMnaJrkAO3IvJP3XdzCAAkuhVk0?loadFrom=DocumentDeeplink&ts=751.41)**):**

The National Survey for Family Growth shows that emergency contraception has been used by 24% of sexually active women at some point in their lifetime, and we know that there's been increased use due to more availability since it's been over the counter. So that's all good.

**Raegan McDonald-Mosley (**[**12:45**](https://www.rev.com/transcript-editor/shared/Zym-9ziOK2Jki2puNTqkJ8ZbOo7-BCU3qmPLEZo6wkvRFZB-1b71F5XD7dwc0QQwGQeoaAgCw4N4i2K3PhoI0AUbZlg?loadFrom=DocumentDeeplink&ts=765.24)**):**

We don't yet know what the impact is going to be of Opill over the counter, although I'm very hopeful. However, there are some barriers. I would say specifically the price point of the Opill, which is about 19.99 a month or 49.99 over three months, whereas some research has shown that anything over $10 a month could be unaffordable for large swaths of the population.

**Raegan McDonald-Mosley (**[**13:08**](https://www.rev.com/transcript-editor/shared/VNFnZxADlemEIfUC6b_LpI1Dbi2jWhskTrfN6Q7qSzSf0D98ZqrKQKs6JanHM27BPpnqDKJRDIYRp3oTpIIADHphjRE?loadFrom=DocumentDeeplink&ts=788.13)**):**

So, in order to make this game-changing advancement a reality for everyone, it really needs to be affordable, meaning that insurance companies need to be required to cover over-the-counter contraception in the same way that they would have to cover contraception that was by prescription. Some states have passed laws requiring insurance companies to cover over-the-counter contraception in the same way that they have to cover prescription contraception, including the state where I practice in Maryland, but there's been a lot of difficulty in operationalizing and implementing these strategies. So ideally, there would be a federal solution requiring coverage and making it easier for people.

**Raegan McDonald-Mosley (**[**13:45**](https://www.rev.com/transcript-editor/shared/Wp7WAPimt_djBUbe8p9tuI61ju3qMlvWI1Qio_Nsm0-lrT_qB3ErPUUzccSg5wBMb_nCXhrRMcfHJAk4f4gkXB8yKLw?loadFrom=DocumentDeeplink&ts=825)**):**

That being said, the company that has brought the Opill to market does have a cost assistance program, but it still requires calling a patient assistance line and getting approved and then getting the method. So, I am hopeful that we'll learn more about who's using this and what their barriers are, and that we can work as a society and a community to make it accessible to everyone who wants or needs it.

**Katherine Atcheson (**[**14:07**](https://www.rev.com/transcript-editor/shared/hEuXXnLmtPdbbdCJ428987JatOZH23EBkJOlzagKziflC-pTgBZbuJ_ifO7NKDYUpogG17WDTaLGJyRlR3FI5k4vGNU?loadFrom=DocumentDeeplink&ts=847.95)**):**

Where would be some good places for clinicians and our listeners, anyone associated with Title X or other family planning organizations go to learn about ways that they can increase equity in contraception access, as well as learn about these new developments in contraception access?

**Raegan McDonald-Mosley (**[**14:26**](https://www.rev.com/transcript-editor/shared/p-fdDeWm2rnNUFsH1FRVxODiPHY-1l40pZmbeeCTUZ41UyKdskWe7pyq1i4YB60FEEgrOn4yZtfpBM6BHGCXIxYa1H4?loadFrom=DocumentDeeplink&ts=866.58)**):**

There are so many great tools and resources to look up, including your great podcast. At Power to Decide, we actually have a state contraceptive access page where we have an advancing contraceptive access toolkit where providers can go and actually learn about the policies in their own state regarding whether or not insurance companies are required to coverage an extended supply of contraception, if they're required to cover all methods without utilization controls, what the laws are regarding pharmacists prescribing. And then of course, lastly, the laws around telehealth policies for contraception. So go check that out for your state. You can compare it to other states and identify gaps in your state. That could be potentially opportunities to expand policies in your state that are supportive of contraceptive access.

**Raegan McDonald-Mosley (**[**15:10**](https://www.rev.com/transcript-editor/shared/sJjzE_BafSL5cdNqA1gO-C_A8gep7EtyDhMPQiSimu2yxiEWdkoDUnajQSgrOoN0yOxlk5uWEv9etz66igpmSGu_iEk?loadFrom=DocumentDeeplink&ts=910.86)**):**

In addition, there are resources around person-centered care. The CDC Medical Eligibility Criteria was just released recently. The Quality Family Planning Guidelines we expect to be released soon. Of course, there are great resources by the Reproductive Health National Training Center, including a toolkit on same visit contraception and additional resources from the CTC-SRH, as well as ACOG, Beyond the Pill. And then I would be remiss if I didn't mention an oldie but goodie, the LARC Statement of Principles, which was written in 2017, but timeless by Sister Song and the National Woman's Health Network. If you have haven't read it, I highly recommend it. With the history of reproductive coercion in our society, in our communities, anyone who's providing family planning in their community should really have read this and understand some of the principles in it.

**Katherine Atcheson (**[**16:00**](https://www.rev.com/transcript-editor/shared/RmNVa5H1XONUt6iwafh8Ab6QK0iEIjNUWtbk8wpxOo0ePQafxsIjdkJ3Qj0nFp6on7dzVbEns_Sor76lyJak8OxZIJA?loadFrom=DocumentDeeplink&ts=960.03)**):**

Well, this has been a fantastic conversation with a lot of information, but if there was just one thing you would want our listeners to remember, the top takeaway as they return to their practices about contraceptive access and equity, what would that be?

**Raegan McDonald-Mosley (**[**16:15**](https://www.rev.com/transcript-editor/shared/C2a2NWtiRdI86E_WXH0gL8osfhfpXtMb9bO_K-4aNSeCIbQV64T-FpJnyBP_La0U0VI16CeeOkFANScMMYxqdF-q0PA?loadFrom=DocumentDeeplink&ts=975.93)**):**

Oh, just one. There's so many, but I would say that just the one big nugget and takeaway, as a reminder to everyone that you're doing important, impactful work and remind yourself that this is your every day, and it can become rote and routine. But for your patients, this is such a unique and critically important experience in their lives. You have the power to change and empower people in meaningful and impactful ways, and I implore you to try not to forget that in the stress of checking boxes and following up on the EMR protocols. Our work is important and sacred. And although the systems of practicing medicine often make it difficult to seed and feel that and it makes it difficult to celebrate the humanity in each and every one of your patients, I encourage you to do that despite the barriers and challenges that we've discussed. And I implore and encourage you to do it anyway, and that will help to pour into you into your own humanity and wellbeing.

**Katherine Atcheson (**[**17:05**](https://www.rev.com/transcript-editor/shared/fp7SfeeVp-2Q4c2b7xt6cmyXAEDWHDwRX3YTOp2TPcemEFb2LAEMOVDumua6_cjPacvD2H-jqj6F4gExGbTc5zZHT5c?loadFrom=DocumentDeeplink&ts=1025.97)**):**

Thank you so much for joining us today, Dr. McDonald-Mosley, and for sharing your time and expertise.

**Raegan McDonald-Mosley (**[**17:12**](https://www.rev.com/transcript-editor/shared/P51B5PPAXSpCkQZGh9rV65oQvPl-3YC7OpcsCeoSdbuWCSDVjxOoKYOu-x1mO3AnuH3w1uM5T51LLR0auw64ScHYPOw?loadFrom=DocumentDeeplink&ts=1032)**):**

My pleasure. Thank you for having me.

**Katherine Atcheson (**[**17:13**](https://www.rev.com/transcript-editor/shared/TD7_ohZouaW7U80uuJE3H-NMTtP33ULiBPruxEE026C7FwEFAwrgFPFedtXzPKXNgcnKCSsRifJDKGeWmyb9uW287X4?loadFrom=DocumentDeeplink&ts=1033.77)**):**

If you'd like to hear more from Dr. McDonald-Mosley, she's one of the featured keynote speakers at the CTC-SRH's 2024 National Reproductive Health Conference taking place this year in Philadelphia, Pennsylvania from September 10th through the 13th. Registration is currently open and available through the CTC-SRH website.

**Katherine Atcheson (**[**17:34**](https://www.rev.com/transcript-editor/shared/t2Iaea7m3xgmbXyLvrEWCpZXl6sNdg3vzcn7RMxT2nVqiy9CSIqnEViTKIYMOAVV4URtpcIKlTrivXxVuW11psjg0fQ?loadFrom=DocumentDeeplink&ts=1054.26)**):**

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**Katherine Atcheson (**[**18:08**](https://www.rev.com/transcript-editor/shared/JPZInfH64giOHDd4kWQYz74Nla9DWKz8Yli13rikdmwrqZ7L7zv--33Puk-eiAu4kTN_uN5O3dMpGfGBb9vqb1EBJDY?loadFrom=DocumentDeeplink&ts=1088.31)**):**

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**Katherine Atcheson (**[**18:28**](https://www.rev.com/transcript-editor/shared/WNiew9oLDBcx_tPxP-yy22bpAc9zD2EAQ4Ii27WvkRAv-doceQaKjTGCs9Ot2IwOqbfeZPPi-1Yds8F0lm22y4FOm_k?loadFrom=DocumentDeeplink&ts=1108.56)**):**

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**Katherine Atcheson (**[**19:00**](https://www.rev.com/transcript-editor/shared/HP-OGuJOnzYFi5139gv4_dyK1ltyzf_1Exs9iaon4QkG8Ws-ks9-DeGJQb6s7szvfGMbMKjXHE7TgEoGwYLieNxINuY?loadFrom=DocumentDeeplink&ts=1140.33)**):**

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**Katherine Atcheson (**[**19:12**](https://www.rev.com/transcript-editor/shared/QaxE1pEF0QIe2tZMc1i5fS21FDxtSvdw8XEywJl8AWb2VoSAMFjipgLRAFhAXVuWbG0TSpQwFbcjZMTV9vaNWDrPA_Q?loadFrom=DocumentDeeplink&ts=1152.99)**):**

And finally, thank you to our listeners for tuning in today. We hope that you'll join us next time for another episode of Clinical Chats.