

House Human Services Committee

HB 1478

January 29, 2025

Chair Ruby and members of the Committee,

My name is Moinjama Konneh , and I am a college student at North Dakota State University, where I am actively involved in several campus organizations, Women's Activist Organizations which focus on leadership and advocacy. I'm writing to express my strong support for HB1478. Birth control is not only a personal healthcare decision—it is a critical tool for advancing public health. Ensuring access to contraception reduces unintended pregnancies, improves maternal health outcomes, and supports healthier families overall. Access to birth control is especially vital for BIPOC individuals, who often face systemic barriers to healthcare.

By reducing disparities, this bill has the potential to create a more inclusive and supportive state for all residents. As a college student, I have seen firsthand how access to contraception allows women to stay in school, plan for their futures, and contribute to society in meaningful ways. For many students on campus, the ability to access birth control is directly tied to their educational and professional success. As I am approaching graduation and considering where to begin my career, I want to know that North Dakota prioritizes policies that respect and support an individual's right to make decisions about their health. Protecting access to birth control demonstrates that our state values equity, opportunity, and the well-being of its residents. I urge you to support HB 1478.

Birth control is a fundamental component of healthcare that empowers individuals to make informed decisions about their reproductive health and family planning. It is not only a matter of personal autonomy but also an issue of public health and economic stability. When individuals have consistent and affordable access to contraception, they are better able to pursue educational and career opportunities, plan their families, and contribute more effectively to society. Conversely, barriers to contraception can lead to unplanned pregnancies, economic hardship, and adverse health outcomes.

Unfortunately, marginalized communities, including low-income individuals, people of color, and rural residents, often face significant challenges in obtaining birth control. These barriers include high costs, limited availability in rural areas, stigma, and restrictive policies that

disproportionately impact those already experiencing systemic discrimination. For instance, rural areas in North Dakota often lack healthcare providers, let alone clinics that specialize in reproductive health. This disparity forces many individuals to travel long distances, take time off work, or incur additional expenses to access contraception—if they can access it at all.

Moreover, systemic racism and economic inequality exacerbate these challenges. According to national data, women of color are more likely to face financial barriers to healthcare and less likely to have consistent access to birth control. By failing to address these inequities, we risk perpetuating cycles of poverty and poor health outcomes in already vulnerable populations.

To address these pressing issues, I respectfully recommend the following actions:

1. **Expand Medicaid coverage** to include all forms of contraception without cost-sharing. This will ensure that low-income individuals have access to the full range of contraceptive options.
2. **Invest in rural healthcare infrastructure** by funding community health centers and mobile clinics that provide reproductive health services, including birth control, in underserved areas.
3. **Strengthen comprehensive sex education** programs in schools, ensuring that young people are equipped with accurate information about contraception and reproductive health.
4. **Pass legislation that safeguards access to birth control**, preventing future restrictions that could jeopardize reproductive healthcare.
5. **Support community-based outreach programs** that work to reduce stigma and increase awareness about contraception, particularly in communities with historical barriers to care.

By taking these steps, North Dakota can lead the way in ensuring that all individuals, regardless of income, race, or geography, have the resources they need to take control of their reproductive health. This is not just a matter of health policy—it is a matter of equity, dignity, and respect for the fundamental rights of all individuals.

I urge you to prioritize this issue and to consider the voices of those directly impacted by these barriers. Expanding access to birth control is not only the right thing to do it is a practical and necessary step toward building a healthier, more equitable society.

Sincerely,
Moinjama Konneh