

Challenges to Accessing Reproductive Health Services in California

Dulce Gonzalez and Emily M. Johnston

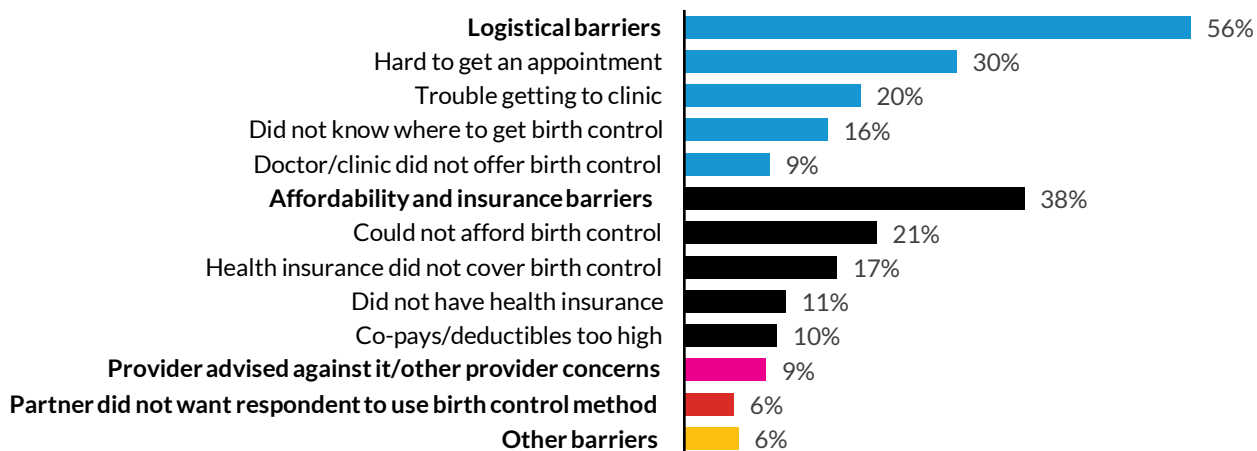
New data from the 2024–25 [Reproductive Health Experiences and Access \(RHEA\) survey](#) offer insight into access to reproductive health services [in California](#). Reproductive health care includes many services, such as pelvic exams and screening for cervical cancer, care for irregular or painful periods, birth control, fertility assistance, gender-affirming care, and care for menopause symptoms. Factors like cost, insurance barriers, and difficulty securing an appointment can prevent people from accessing the care they want and need. California has a “[most protective](#)” abortion policy environment, according to the Guttmacher Institute, and [has expanded Medicaid eligibility](#) to childless adults. Our analyses include responses from 3,508 [women¹ ages 18 to 49](#) residing in California.

SEVEN PERCENT OF RESPONDENTS DELAYED OR HAD TROUBLE GETTING THEIR DESIRED BIRTH CONTROL

In 2024–25, 7 percent of respondents reported they delayed or had trouble getting the birth control method they wanted in the past year. Figure 1 shows that the most reported barriers were logistical (56 percent), including difficulty getting an appointment (30 percent) and trouble getting to a clinic (20 percent). About 38 percent with any delay or trouble getting birth control reported affordability and insurance barriers, such as not being able to afford birth control (21 percent) and health insurance not covering birth control (17 percent).

FIGURE 1

Logistical Barriers Make It Challenging to Get Desired Birth Control in California



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Source: 2024–25 Reproductive Health Experiences and Access survey.

Notes: Sample includes 205 people assigned female at birth, ages 18 to 49, residing in California who reported delay or trouble getting birth control, and excludes people with missing responses or who only selected “prefer not to answer.” Respondents could select all options that applied to them. Bold indicates a category, and the share represents the number of respondents who reported any response in that category.

¹ The RHEA survey population consists of people assigned female at birth.

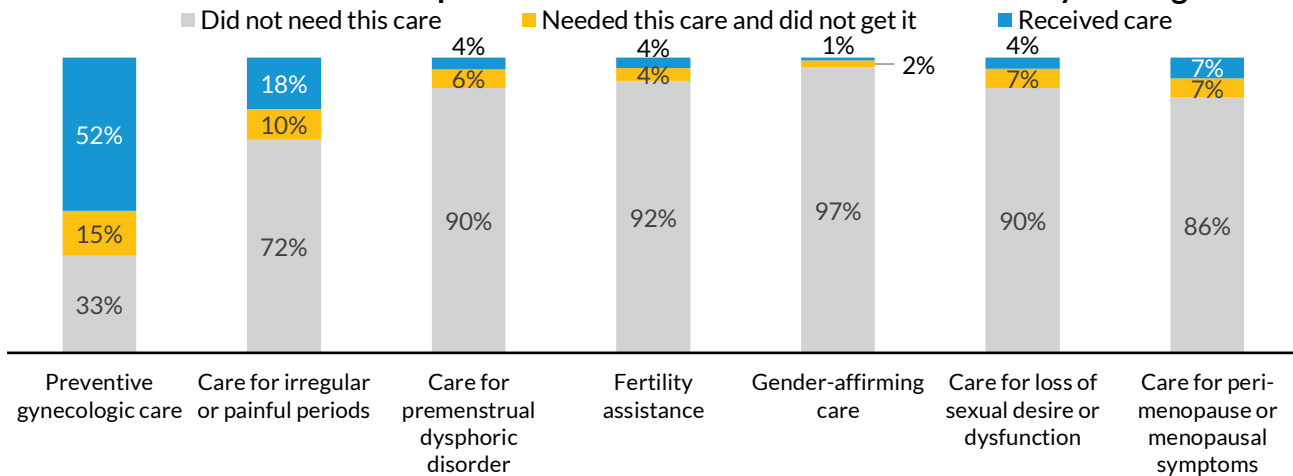
Compared with the US overall (analysis of the RHEA survey, data not shown), California respondents were equally likely to report delay or trouble getting birth control (7 percent). Among the demographic groups we examined, people ages 18 to 24 (10 percent), with a disability (12 percent), or who identify as LGBTQIA+ (14 percent) reported rates higher than others on this measure.²

AROUND 3 IN 10 NEEDED BUT DID NOT GET ONE OR MORE TYPES OF REPRODUCTIVE HEALTH CARE SERVICES

Overall, 30 percent of California respondents reported needing but not getting one or more types of care in the last 12 months. Figure 2 shows that about 15 percent of respondents needed but did not get preventive gynecologic care, and 10 percent did not get needed care for irregular or painful periods. Care for premenstrual dysphoric disorder, fertility assistance, gender affirming care, care for loss of sexual desire or dysfunction, and care for menopause were reported as unneeded by 86 percent or more of respondents. Among those who did need these types of care, at least half did not receive it.

FIGURE 2

Fifteen Percent of California Respondents Did Not Get Needed Preventive Gynecologic Care



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Source: 2024–25 Reproductive Health Experiences and Access survey.

Notes: Samples for each type of care range from 3,311 to 3,419 people assigned female at birth, ages 18 to 49, residing in California. For each type of care, estimates exclude respondents with missing responses and those who responded “don’t know” or “prefer not to answer.” Percentages may not sum to 100 due to rounding.

Compared with the US overall (data not shown), California respondents were equally likely to report needing but not getting one or more types of reproductive health care (30 percent). Among demographic groups we examined (data not shown), those with a disability (41 percent), less than a bachelor’s degree (32 percent), public or no health insurance (35 percent), or who identify as LGBTQIA+ (35 percent) were more likely than others to report not getting one or more needed reproductive health care services.

ABOUT THE RHEA STUDY

This fact sheet is part of the [RHEA Study](#), a multiyear assessment of reproductive health access, experiences, and preferences following the 2022 US Supreme Court decision in *Dobbs v. Jackson Women’s Health Organization*, especially among people facing barriers to care. For this study, the Urban Institute, the Reproductive Equity Action Lab at the University of Wisconsin–Madison, and SisterSong Women of Color Reproductive Justice Collective are collaborating to produce evidence-based research findings through a large national survey and qualitative data collection in 13 states.

² All differences reported between California and the US and across subgroups are significant at the $p < 0.05$ level.