



## ACOG Urges Trump Administration Not to Turn Back the Clock on Women's Health

May 31, 2017

*Washington, DC – In light of a recently leaked interim final rule by the Department of Health and Human Services that will limit contraception access, Haywood L. Brown, M.D., president of The American Congress of Obstetricians and Gynecologists (ACOG) released the following statement:*

"ACOG, the nation's largest professional organization for women's health care physicians, denounces the interim final rule currently under review at the Office of Management and Budget. According to the leaked document, the Trump Administration is preparing to wipe away landmark protections for America's women and families by rolling back no-cost contraceptive coverage. ACOG stands firm in opposition to this extremely regrettable decision to turn back the clock on women's health. This Administration should focus on improving access to quality health care for women and for all Americans. This new rule does the opposite.

"Contraception is an integral part of preventive care and a medical necessity for women during approximately 30 years of their lives. Access to contraception allows women to achieve, lead and reach their full potentials, becoming key drivers of our Nation's economic success.

"Since the Affordable Care Act increased access to contraceptives, our Nation has achieved a 30 year low in its unintended pregnancy rate, including among teens. Any move to decrease access to these vital services would have damaging effects on public health. Unintended pregnancies can have serious health consequences for women and lead to poor neonatal outcomes. Women, families and our Nation all benefit from seamless, affordable access to contraception. This Administration's action wipes away women's access to care, putting women in all insurance plans at risk of losing coverage they have today.

"This move, coupled with Congressional efforts to eliminate maternity care coverage and protections for individuals with preexisting conditions, shows a deep disregard for women's health.

"All women, like all men, deserve the ability to make personal health care decisions without intrusion from bosses or the government. We are disappointed that the Department of Health and Human Services, particularly under the leadership of a physician, has chosen politics over the best interest of patients."

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*The American College of Obstetricians and Gynecologists (The College), a 501(c)(3) organization, is the nation's leading group of physicians providing health care for women. As a private, voluntary, nonprofit membership organization of more than 58,000 members, The College strongly advocates for quality health care for women, maintains the highest standards of clinical practice and continuing education of its members, promotes patient education, and increases awareness among its members and the public of the changing issues facing women's health care. The American Congress of Obstetricians and Gynecologists (ACOG), a 501(c)(6) organization, is its companion organization. [www.acog.org](http://www.acog.org)*

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## **Contraceptive Coverage**

***Good Economics. Good Women's Health.***

ACOG is a strong supporter of the landmark women's health gains made in the Affordable Care Act (ACA), including increasing access to contraception without cost sharing. Any attempt to reform our nation's health care system must not compromise or reduce this coverage. Our message to Congress: **Don't turn back the clock on women's health!**

### **Background**

- Sec. 2713(a)(4) of the ACA requires individual and group health plans to offer coverage with no cost sharing of women's preventive services, as determined by the Health Resources and Services Administration (HRSA).
  - This provision was part of a public health goal of increasing access to preventive care, helping avoid the use of costlier specialty care.
- Non-grandfathered plans were required to cover women's preventive services with no cost sharing beginning August 1, 2012.
- Coverage guidelines were developed by the Institute of Medicine, based on clinical and scientific relevance, and are regularly updated based on extensive scientific review by the Women's Preventive Services Initiative.
- Covered services include:
  - Well-woman visits
  - **Contraceptive methods and counseling**
  - Breast and cervical cancer screening
  - Counseling for STIs
  - Counseling and screening for HIV
  - Screening for gestational diabetes
  - Breastfeeding support, supplies, and counseling
  - Screening and counseling for interpersonal and domestic violence

### **Contraception reduces unintended pregnancies and saves federal dollars.**

- Approximately 45% of US pregnancies are unintended.<sup>i</sup>
- Our Nation has achieved a 30-year low in its unintended pregnancy rate, including among teens.<sup>ii</sup>
- Coverage with no cost sharing has resulted in women choosing more effective methods of contraception, such as IUDs and implants.<sup>iii</sup>
- Unintended pregnancies cost approximately \$12.5 billion in government expenditures in 2008.<sup>iv</sup>
- Unintended pregnancies cost private health plans as much as \$4.6 billion annually.<sup>v</sup>

### **Contraception means healthier women and healthier families.**

- Under the ACA, the uninsured rate among women ages 18-64 decreased from 19.3% to 10.8%, nearly half.<sup>vi</sup>
- More than 55 million women gained access to preventive services, including contraception, without a copay or a deductible.<sup>vii</sup>
- Unintended pregnancies more likely result in delayed prenatal care, and babies born at greater risk of birth defects, low birth weight, and poor mental and physical functioning in early childhood.<sup>viii</sup>

### **Increased access to contraception helps families and improves economic security.**

- Women saved \$1.4 billion in out-of-pocket costs for contraception in one year.<sup>ix</sup>
- Before the ACA, women were spending between 30% and 44% of their total out-of-pocket health costs just on birth control.<sup>x</sup>
- Contraceptive coverage enables women to become economic drivers, achieve, lead, and thrive, improving economic stability for themselves and their families.<sup>xi</sup>

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<sup>i</sup> Finer, L.B., Zolna, M.R: Declines in Unintended Pregnancy in the United States, 2008-2011. *N Engl J Med* 2016; 374:843-52.

<sup>ii</sup> Ibid.

<sup>iii</sup> Caroline S. Carlin, Angela R. Fertig and Bryan E. Dowd, Affordable Care Act's Mandate Eliminating Contraceptive Cost Sharing Influenced Choices of Women with Employer Coverage. *Health Affairs* 35, no.9 (2016):1608-1615.

<sup>iv</sup> Access to contraception. Committee Opinion No. 615. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;125:250-5.

<sup>v</sup> Canestaro, W et. al. Implications of employer coverage of contraception: Cost-effectiveness analysis of contraception coverage under an employer mandate. *Contraception* 2017 Jan;95(1):77-89.

<sup>vi</sup> Simmons, A et. al. The Affordable Care Act: Promoting Better Health for Women. Office of the Assistant Secretary for Planning and Evaluation Issue Brief. Department of Health and Human Services. June 14, 2016, *available at* <https://aspe.hhs.gov/sites/default/files/pdf/205066/ACAWomenHealthIssueBrief.pdf>.

<sup>vii</sup> Ibid.

<sup>viii</sup> Conde-Agudelo A, Rosas-Bermúdez A, Kafury-Goeta AC. Birth spacing and risk of adverse perinatal outcomes: a meta-analysis. *JAMA* 2006;295:1809-23.

<sup>ix</sup> Becker, N. V., & Polsky, D. (July 2015). Women Saw Large Decrease in Out-of-Pocket Spending for Contraceptives After ACA Mandate Removed Cost Sharing. *Health Affairs*, 34(7), pp. 1204-1211, *available at* <http://content.healthaffairs.org/content/34/7/1204.abstract>.

<sup>x</sup> Ibid.

<sup>xi</sup> Sonfield A, Hasstedt K, Kavanaugh ML, Anderson R. *The social and economic benefits of women's ability to determine whether and when to have children*. New York (NY): Guttmacher Institute; 2013.