



## Women's Health Care Physicians

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### Advocacy & Health Policy: Help ACOG Retain Access to Women's Health Care



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## Advocacy & Health Policy: Help ACOG Retain Access to Women's Health Care

By Jennifer Pitotti, MD, ACOG LARC Family Planning Fellow

Recent legislative actions have threatened to interfere with the ability of ob-gyns to provide evidence-based care for women throughout the country. These efforts turn back the clock on women's health care, threatening the well-being of America's women, children, and families.

A recent Executive Order allows employers to limit their female employees' insurance coverage, including contraceptive care, solely based on the employer's personal beliefs. The American Health Care Act (AHCA), recently passed by the House of Representatives, would remove basic health care protections for millions of American women. This would make maternity coverage requirements optional for states, reduce access to contraceptives, and exclude Planned Parenthood from receiving Medicaid payments for clinical services. And while the US Senate rejected this plan, the Senate bill to replace it stands to hold many of the same steps, including decreased access to basic women's health care.

It has also been suggested that federally qualified health centers are poised to absorb the additional need for health services that would be created by limiting Planned Parenthood's ability to provide care. This is simply not the case, and millions of women would be left without access to quality contraceptive care under the AHCA. [Read the Guttmacher Institute's analysis of this claim.](#)

Access to long-acting reversible contraception (LARC) may be one of the services most affected by any proposed changes to contraceptive coverage. In the past decade, IUDs and contraceptive implants have grown in popularity among US women, and [programs increasing access](#) have decreased unintended pregnancies, preterm birth rates, and health care costs. Prior to the Affordable Care Act (ACA), the high, up-front costs of LARC devices made them inaccessible for many, particularly the most socioeconomically disadvantaged patients. While low reimbursement rates and stocking issues continue to be challenges for ob-gyn practices, no cost-share contraception has led to increased access for women across the country; ACOG strongly supports the continuation of this coverage so that no one is worse off than they are today.

ACOG encourages its members and allies to raise their collective voice to ensure that legislatures and the administration know that women matter and that we will not turn back the clock on women's health care. ACOG has issued [10 easy steps](#) you can take to help protect contraceptive access for your patients. Make sure you identify yourself as a women's health care physician when you communicate with your representatives and tell them why contraceptive access is important to your patients - their constituents!

You can also become involved by joining the ACA Heroes/ObGs4BC squad, by emailing [govtrel@acog.org](mailto:govtrel@acog.org) and including your name and state. Help protect access to coverage and care for your patients.

Also in the June edition of *ACOG Rounds*:

- [ACOG President Haywood L. Brown, MD, Represents Women's Health on Capitol Hill](#)
- [ACOG in the News: Pregnant Women More Likely To Be Victims Of Assault-Related Trauma, LARC Use Up in Postpartum Women, and Must-Do Health Care Checklist](#)

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