

Facts Are Important
How to Ensure Affordable, Accessible, And Quality Health Care to
Improve Women’s Health at Any Stage of Life
Protect Women’s Health in the ACA

We urge policy makers to base women’s health proposals and changes on facts, science, and clinical evidence. Facts are important to women’s health.

We couldn’t agree more with President Trump’s statement that “ensuring affordable, accessible, and quality health care is critical to improving women’s health and ensuring that it fits their priorities at any stage of life.” It’s a fact that the health of women, their families, and our Nation is improved when women have access to high quality, affordable maternity care, preventive care, and reproductive care.

The best way for the President and policy makers to ensure women have affordable access to high quality care at all stages of life is by setting aside the American Health Care Act (AHCA) and protecting the landmark women’s health gains of the Affordable Care Act (ACA). Our message to the President, to Secretary Price, and to the U.S. Congress is simple: Don’t turn back the clock on women’s health.

The AHCA would devastate women’s health. The ACA improves women’s health. These are the facts:

Maternity Care. Coverage for maternity care improves the lives of women and their babies. Before the ACA, one in five women of childbearing age (12.6 million) was uninsured, 27.2% of all uninsured in the U.S., the highest uninsured rate among all Americans under age 65.ⁱ An estimated 8.7 million women gained maternity services under the ACA.ⁱⁱ Before then, only 12% of individual market plans covered maternity care; many imposed long waiting periods before that coverage could be used.^{iii,iv} The AHCA would return us to these days, by allowing states to drop maternity coverage, and by cutting more than \$800 billion from the Medicaid program, which covers nearly 50% of U.S. births. The AHCA violates President Trump’s call for improved access for “quality prenatal, maternal, and newborn care.”

Preventive Care. Access to preventive services, including contraception, with no cost sharing leads to healthier moms and families. More than 55 million women gained access to preventive services through the ACA, including breast and cervical cancer screening, breastfeeding services and supplies, contraception, screening for interpersonal and domestic violence, counseling for sexually transmitted infections, screening for HIV infection, screening for gestational diabetes, and well-woman preventive visits.^v Women saved \$1.4 billion on out-of-pocket costs for contraception in one year.^{vi} Contraceptive coverage has contributed to a dramatic decline in the unintended pregnancy rate – including teen pregnancies -- in the United States, now at a 30-year low.^{vii}

Reproductive Care. Women’s health is improved by ensuring access to qualified primary and preventive care providers, including Planned Parenthood. Denying low-income women coverage for primary and preventive care hurts women’s health, especially in the 103 counties where women have no alternative providers.^{viii} According to the Congressional Budget Office, “defunding” Planned Parenthood, as in the AHCA, would cause up to 1 million women to lose or face reduced access to essential preventive services within one year.^{ix} Community health centers cannot fill this gap. When this policy was applied in Texas, the number of women using the most effective methods of birth control fell by 35%, and the number of Medicaid covered births increased by 27%.

Policy makers must rely on facts, set aside the AHCA, and protect women’s health in the ACA. Don’t turn back the clock on women’s health.

For the facts about women’s health, contact ACOG at 202-863-2509, or at govtrel@acog.org.

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- ⁱ U.S. Census Bureau data prepared for the March of Dimes (MOD), September 2007. MOD summary, *Census Data on Uninsured Women and Children*. See also March of Dimes, *The Distribution of Health Insurance Coverage Among Pregnant Women*, 2001.
- ⁱⁱ Garrett, D. National Women’s Law Center, Turning to Fairness: Insurance Discrimination Against Women Today and the Affordable Care Act (Mar. 2012). Available at http://www.nwlc.org/sites/default/files/pdfs/nwlc_2012_turningtofairness_report.pdf
- ⁱⁱⁱ Ibid.
- ^{iv} Garrett, D. National Women’s Law Center, Turning to Fairness: Insurance Discrimination Against Women Today and the Affordable Care Act (Mar. 2012). Available at http://www.nwlc.org/sites/default/files/pdfs/nwlc_2012_turningtofairness_report.pdf
- ^v 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>.
- ^{vi} 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>.
- ^{vii} Finer, L.B., Zolna, M.R. Declines in Unintended Pregnancy in the United States, 2008-2011. *N Engl J Med* 2016; 374:843-52. Available at <http://www.nejm.org/doi/pdf/10.1056/NEJMsa1506575>.
- ^{viii} Letter from Jennifer J. Frost, Principal Research Scientist, Guttmacher Institute, to Lisa Ramirez-Branum, Analyst, Congressional Budget Office (CBO). (2015, August 14). Available at <https://www.guttmacher.org/sites/default/files/pdfs/pubs/guttmacher-cbo-memo-2015.pdf>
- ^{ix} Congressional Budget Office. Cost estimate: H.R. 3134, Defund Planned Parenthood Act of 2015. Available at <https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/hr3134.pdf>.