ACOG has long been a committed and strong supporter of meaningful health reform. While ACOG reluctantly opposed passage of the Affordable Care Act (ACA), due to provisions we believe undermine health reform’s great promise, we support retaining many provisions and repeal of other elements, and we insist on the inclusion of several omitted items, as outlined in our Retain, Repeal, and Replace proposal. We look forward to working with you to ensure our nation’s health system addresses the needs of all women and their physicians.

RETAIN AND APPROPRIATELY IMPLEMENT:

- **Maternity coverage** for all women in all plans.
- Coverage and cost-sharing protections for **women’s preventive health services** under all plans.
- **Health insurance market reforms:**
  - Prohibit pre-existing condition exclusions, gender rating, coverage rescissions, and annual or lifetime benefit caps;
  - Guarantee renewability and availability of coverage;
  - Ensure direct access to ob-gyn care; and
  - Allow individuals through age 26 to remain on their parents’ health insurance.
- **Test a woman’s medical home.** Include care for pregnancy and gynecologic cancer care, recognize that many women consider their ob-gyns as their principal care physicians and rely on direct access to them.
- **Subsidize** employers and low-income individuals to help purchase private health insurance.
- **Research the causes, diagnoses and treatments of postpartum depression** and psychosis and assistance to women suffering with postpartum depression.
- **Medicaid coverage for tobacco cessation** counseling and pharmacotherapy to pregnant women.
- **Medicaid state option to expand coverage of family planning** services for low-income women.
- Reauthorize the **Indian Health Care Improvement Act**.
- Reauthorize the **State Children’s Health Insurance Program** to ensure continued coverage of adolescent and pregnant women.
- Provide **break time and a place at work for breast-feeding women** to express milk.
- Identify and develop **Medicaid quality measures with multi-stakeholder input**.
- Invest in **public health and prevention** programs.

REPEAL:

- The Independent Payment Advisory Board (IPAB).
- The HHS Secretary’s authority to overrule the AMA/Specialty Society Relative Value Update Committee (RUC), through which medical services are valued.
- The budget neutral **value-based payment modifier** which will shift Medicare payments among physicians.
- Federal recognition of and reimbursement to inadequately trained **midwives – those with less training than certified nurse midwives (CNMs) and certified midwives (CMs)** – for deliveries in free-standing birth centers.
- **Unrealistic timelines** to comply with e-prescribing, physician quality reporting and electronic health record (EHR) incentive program requirements.

REPLACE:

- Include meaningful **medical liability reform**.
- Replace the broken Medicare Sustainable Growth Rate (SGR) formula with a system that appropriately values the care delivered by doctors.
- Address the inadequate **reimbursement rates** for primary and gynecologic care delivered by ob-gyns in the **Medicaid program**.