



Resolution No. 410 (Georgia B) - Maternity and Reproductive Health Care are Essential Benefits

ACTION TAKEN BY THE 2017 CONGRESS OF DELEGATES: ADOPTED



RESOLUTION NO. 410 (Georgia B)

Maternity and Reproductive Health Care are Essential Benefits

Introduced by the Georgia Chapter

Referred to the Reference Committee on Health of the Public and Science

WHEREAS, Proposed national legislation would allow insurers to opt out of maternity and reproductive health coverage as "non-essential health benefits," and

WHEREAS, insurance coverage of maternity care is associated with participation in prenatal care which has been generally demonstrated to lower maternal, fetal, and neonatal morbidity and mortality, and

WHEREAS, insurance coverage of contraceptive methods is associated with increased utilization which has been shown to reduce rates of unwanted pregnancy, sexually transmitted diseases, dysmenorrhea, and some cancers, and

WHEREAS, family planning and maternity care are essential health care services for women, and regarding their coverage as nonessential constitutes discrimination based on gender, and

WHEREAS, in January 2012, the American Academy of Family Physicians affirmed the importance of pregnancy and newborn health coverage as essential benefits, now, therefore, be it

RESOLVED, That the American Academy of Family Physicians oppose legislation that allows insurers to opt out of maternity and reproductive health coverage, and be it further

RESOLVED, That the American Academy of Family Physicians issue a formal statement affirming that maternity and reproductive health services are essential to general health care and should be covered under all insurance plans.

(Received 6/19/17)

Fiscal Impact: None

Background

The Affordable Care Act (ACA, Public Law 111-148) codifies several key maternal and reproductive health coverage protections. Section 1302(b) of the ACA which became 42 U.S. Code § 18022 requires the Health and Human Services Secretary to set out Essential Health Benefits (<https://www.cms.gov/ccio/resources/data-resources/ehb.html>) (EHB) for exchange, Medicaid expansion and other small business plans. The EHB requirement seeks to ensure that those plans' benefits are equal to the scope of benefits provided under a typical employer plan. EHBs address preventive services, maternity care, prescription drugs and other treatment and services.

In addition, ACA Section 2713 which became U.S. Code § 2590.715-2713 addresses the coverage of preventive health services for evidence-based items or services that have a U.S. Preventive Services Task Force rating of A or B. Coverage for such Preventive Services for Women (<https://www.healthcare.gov/preventive-care-women/>) are not subject to any cost-sharing requirements (such as a copayment, coinsurance, or a deductible) in non-grandfathered plans. This section also requires (<https://www.healthcare.gov/coverage/birth-control-benefits/>) plans to cover contraceptive methods and counseling for all women, as prescribed by a health care provider without a copayment. In addition, the ACA prohibited insurance companies from charging women higher rates due to their gender, a practice known as gender rating. On May 4, the House of Representatives approved the American Health Care Act (AHCA, HR 1628), in a 217 to 213 vote. The bill amends the ACA in three major ways. First, the legislation cuts funding for Medicaid. Currently, Medicaid covers one out of five women who are of reproductive age. Of the 74 million people who rely on Medicaid, 17 million are non-elderly women. Second, the AHCA would weaken provisions essential for reproductive health care access by relaxing Medicaid's EHB requirements. If signed into law, millions of low-income women would lose coverage for maternity health and contraceptive coverage. Third, the bill includes a one year restriction on Medicaid reimbursements to Planned Parenthood impacting access for 2.4 million people to preventive and reproductive health services, such as pap smears, breast exams, and STI testing. The AHCA would, however, maintain EHBs for private health insurance plans and restrictions against gender rating.

The AAFP shared its comments (<http://www.aafp.org/dam/AAFP/documents/advocacy/campaigns/LT-EC-AHCA-030717.pdf>) and concerns about the American Health Care Act.

During that effort AAFP leaders lead a coalition of medical associations, established health care reform principles (https://www.acponline.org/system/files/documents/advocacy/where_we_stand/assets/joint_recommendations_on_preserving_coverage_2017.pdf), visited policy makers, and urged House and Senate leaders not to diminish health care access, quality, safety net programs, or consumer protections. The members included the American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP), and American Academy of Pediatrics (AAP), the American Osteopathic Association (AOA), and American Psychiatric Association (APA). During the 2017 Family Medicine Advocacy Summit, family physicians from across the country also met with their representatives about health care access issues.

During the House's legislative review process, the AAFP took the following actions to maintain patient access to reproductive and maternal health benefits:

- In January, the AAFP signed an organizational letter (<http://www.aafp.org/dam/AAFP/documents/advocacy/campaigns/ST-WomensHealth-012517.pdf>) urging policy makers to protect women's health. The AAFP also submitted testimony (<http://www.aafp.org/dam/AAFP/documents/advocacy/coverage/medicaid/ST-House-Medicaid-013117.pdf>) highlighting the importance of Medicaid coverage for services, including reproductive health and maternal benefits.

- In February, the AAFP opposed (<http://www.aafp.org/dam/AAFP/documents/advocacy/coverage/aca/LT-Smith-HR7-012317.pdf>) legislation that would codify the Hyde amendment and require unnecessary insurance coverage and reporting requirements.
- In February, the AAFP expressed concerns about legislation that would roll back a 2016 Health and Human Services regulation indicating that qualified family planning grantees' eligibility should be based only on their qualifications to deliver health services. The AAFP signed a letter (<http://www.aafp.org/dam/AAFP/documents/advocacy/prevention/women/LT-ACOG-HHS-TitleX-100716.PDF>) supporting the 2016 HHS regulation.
- On March 7, the AAFP submitted a letter (<http://www.aafp.org/dam/AAFP/documents/advocacy/campaigns/LT-EC-AHCA-030717.pdf>) on the AHCA bill that included concerns about legislative interference in reproductive health services. The AAFP submitted testimony (<http://www.aafp.org/dam/AAFP/documents/advocacy/workforce/title-vii/TS-Appropriations-FY2018-030817.pdf>) highlighting support for federal Title X family planning program.
- In May, AAFP submitted a letter to the House of Representatives opposing the AHCA legislation.

On June 22, Senate leaders proposed a substitute for the AHCA renaming it the *Better Care Reconciliation Act* (BCRA). The bill included provisions similar to the House-approved bill that would weaken maternal and reproductive health services. The BCRA included Medicaid funding cuts, language softening EHBs, and Planned Parenthood restrictions. The BCRA would also reduce coverage for those who have pre-existing conditions, which would reduce maternity care or drive up the cost of accessing it.

The AAFP-led coalition issued a statement (<http://www.aafp.org/media-center/releases-statements/all/2017/americas-frontline-physicians-denounce-better-care-reconciliation-act.html>) noting, "We call on the U.S. Senate to do the right thing for children, women, the aged, those with chronic conditions, and people battling mental health disorders and addiction and reject the Better Care Reconciliation Act. Once again, we stand ready to assist Congress in achieving a health care reform bill that will improve and not harm the health and well-being of all Americans." AAFP President John Meigs also issued a statement indicating that the BCRA contained many of the flawed policies including in the AHCA.

Current Policy

Health Care (<http://www.aafp.org/about/policies/all/health-care.html>)

Maternal and Child Care (<http://www.aafp.org/about/policies/all/maternal-child.html>)

Health Care Delivery Systems (<http://www.aafp.org/about/policies/all/care-delivery.html>)

Reproductive Health Services (<http://www.aafp.org/about/policies/all/reproductivehealth-services.html>)

Essential Community Provider (<http://www.aafp.org/about/policies/all/community-provider.html>)

First Dollar Coverage for Preventive Care (<http://www.aafp.org/about/policies/all/dollar-care.html>)

Health Care Coverage for All (<http://www.aafp.org/about/policies/all/health-care-for-all.html>)

Prior Congress Action

Resolution No. 512 from the 2015 COD (Adopted):

RESOLVED, That the American Academy of Family Physicians lobby Congress to oppose legislation that diminishes funding and/or access to preventive and reproductive health services for women and men, and be it further

RESOLVED, That as a matter of policy, the American Academy of Family Physicians support

maintaining Medicaid and Title X funding of all providers or clinics that otherwise meet usual standards for eligibility.

Please see Page 313-314 in the 2015 Transactions

(http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2015/CODTransactions2015.pdf) **for details.**

Please see Resolution No. 512 (<http://www.aafp.org/about/governance/congress-delegates/previous/2015/resolutions/cosponsored-h.mem.html>) **on the website for follow-up details.**

Resolution No. 504 from the 2014 COD (Not Adopted):

RESOLVED, That the American Academy of Family Physicians publicly support legislation that would protect a woman's right to determine whether and when to bear a child or end a pregnancy by opposing non evidence-based restrictions on the provision of abortion services, and be it further RESOLVED, That the American Academy of Family Physicians support legislation such as the Women's Health Protection Act (S.1696/H.R. 3471) that would protect a woman's right to determine whether and when to bear a child or end a pregnancy by opposing non-evidence-based restrictions on the provision of abortion services.

Please see Page 350-351 in the 2014 Transactions

(http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2014/CODTransactions2014.pdf) **for details.**

Substitute Resolution No. 504 from the 2014 COD (Substitute Adopted):

RESOLVED, That the American Academy of Family Physicians supports a woman's access to reproductive health services and opposes nonevidence-based restrictions on medical care and the provision of such services.

Please see Page 350-351 in the 2014 Transactions

(http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2014/CODTransactions2014.pdf) **for details.**

Please see Substitute Resolution No. 504 (<http://www.aafp.org/about/governance/congress-delegates/previous/2014/resolutions/newyork-c.mem.html>) **on the website for follow-up details.**

Prior Board Action

Approval of a proposed letter to Rep. Steve King in support of his legislation HR 1215 "Protecting Access to Care Act of 2017.

BC1:12017, March 22, p. 1.



ADD TO FAVORITES

Resolution No. 410 (Georgia B) - Maternity and Reproductive Health Care are Essential Benefits -- Congress of Delegates

<http://www.aafp.org/about/governance/congress-delegates/2017/resolutions2/georgia-b.mem.html>

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