

Women will benefit from the Affordable Care Act's contraceptive coverage

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Women could benefit greatly from the Affordable Care Act's mandate for contraceptive coverage, according to Penn State College of Medicine researchers.

The Affordable Care Act requires private insurance plans—except those grandfathered or exempted due to employers' religious beliefs—to provide [women](#) with access to all FDA-approved [contraceptive methods](#) without cost-sharing. This first-dollar coverage "has the potential to dramatically shift [contraceptive](#) use patterns, to reduce the U.S. [unintended pregnancy](#) rate ... and to improve the health of women and families," wrote Carol S. Weisman, Distinguished Professor of Public Health Sciences and Obstetrics and Gynecology, and Cynthia H. Chuang, associate professor of medicine and public health sciences.

"First-dollar coverage" means that women will not pay anything out-of-pocket for their office visits or contraceptive methods—no copays and no deductibles—because these costs will be covered by health insurance.

Challenges beyond employer objections that could slow privately insured women's full use of contraceptive benefits are the focus of a recent commentary co-authored by Weisman and Chuang that is now [online](#), and also in the September/October print edition of *Women's Health Issues*. The researchers also offer suggestions for "making the most of first-dollar contraceptive coverage."

In particular, evidence suggests more women will choose highly

effective long-acting reversible contraceptives (LARCs), such as intrauterine devices (IUDs), that previously would have been too expensive.

However, cost is not the only barrier women face when considering their contraceptive options. Many women may be uncertain about what their plans cover or unaware of the attributes of various methods now within their financial reach, according to Weisman and Chuang. Their primary care providers may not be trained in the provision of LARCs, and insertion of IUDs and implants may require referrals to obstetrician-gynecologists.

To address these challenges, the researchers recommend clear communication to the public about the Affordable Care Act contraceptive coverage mandate and to private-plan enrollees about their plans' contraceptive coverage. They also recommend training primary-care providers and creating seamless referral arrangements between these providers and those who can provide LARCs.

In addition, Weisman and Chuang call for the "design, assessment and dissemination of woman-centered information and decision tools to help women make optimal contraceptive choices in the context of their own life circumstances and preferences." Their commentary offers examples of current initiatives in Massachusetts and Pennsylvania to develop and disseminate such decision tools.

"All of the publicity about the Supreme Court's Hobby Lobby decision may have confused women who have first-dollar coverage through their employer's [health insurance](#) or through the new exchanges," said Weisman. "Women need accurate information about their coverage and about their contraceptive options so that they can obtain whatever contraceptive method best meets their needs. Avoiding unintended pregnancy is a key component of women's [health](#) that we should not lose

sight of."

Provided by Pennsylvania State University

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