

Leadership Day, May 14-15, 2019

## Healthy Women and Families

**Congress should take action to institute policies that are designed to improve the health outcomes of women and families while also removing barriers to care that interfere with the patient-physician relationship. Policies should include the establishment of a federal paid family and medical leave program and the rolling back of the final Title X regulations, which would harm women's access to vital health services, as described below in the "What is ACP Asking of Congress" section.**

### What's it all about?

Women face unique challenges over the course of their lifespans regarding their physical health, interactions with the health care system, and roles in society. Twenty-four percent of women aged 19 to 64 years of age are covered under health insurance policies as dependents and are more at risk of losing coverage if they are widowed, get divorced or their spouse or partner loses employer-based insurance. Women without insurance use fewer preventive services and delay needed care because of cost. More than twenty percent of low-income women, women without a high-school diploma, Hispanic and Latina women, and noncitizens are uninsured. The federal government can and does play a key role in ensuring access to high quality health care for women and families. Not only does it administer federal programs specifically designed for women's preventive and reproductive care, like Title X, but it also has a responsibility to lead-by-example in instituting policies that support families, namely through parental and medical leave policies.

Created in 1970, Title X family planning is the only federal program exclusively dedicated to providing vulnerable patient populations with important health care services, including cancer screenings, vaccinations, and family planning services. Federal grants furnish funding to public and nonprofit agencies who offer family planning and associated preventive health services to patients, totaling \$286.5 million in fiscal year 2019. The clinical services provided by Title X funding include contraceptive services, cervical and breast cancer screenings, pregnancy testing and counseling, testing and treatment for sexually transmitted diseases and various patient education and referral services. In [2017](#), Title X clinics served four million patients, almost 90 percent female. Eighty-seven percent had incomes at or below 200 percent of federal poverty, and more than two-thirds were at or below the federal poverty line. For sixty-one percent of patients, Title X clinicians were women's only regular source of health care.

The United States is currently the only developed country that does not have some form of federal paid maternity leave. In 2016, only 13 percent of private sector workers had access to any kind of paid family leave, which includes parental leave or leave to care for a sick family member. The rate of new mothers' access to maternity leave is stagnant, with no discernable increase among women who took maternity between 1994 and 2015. Less than half of the women who did take maternity leave in 2015—47.5 percent—were compensated. Caregivers—up to 75 percent—are women and those who care for a close relative are at higher risk for health issues because of the physical and emotional toll of caregiving. The 1993 Family and Medical Leave Act (FMLA) made certain employees eligible for up to 12 weeks of unpaid leave, but not requiring a paid leave standard. Workers employed at public agencies and companies with 50 or more employees can use FMLA unpaid leave, but only for a newborn child, adoption, foster care, care of a sick immediate family member or a serious health condition.

Ensuring healthy women and families however, goes far beyond the Title X program and parental and medical leave. Lawmakers and stakeholders must consider how to integrate women's health needs (in the broader sense) into policy discussion and capitalize on opportunities to improve the health of women, their families, and society. In 2018, ACP published a position paper in the *Annals of Internal Medicine* entitled "[Women's Health Policy in the United States](#)," with several recommendations to improve the health outcomes of women and ensure a health care system that supports the needs of women and their families over the course of their lifespans.

## What's the current status?

In February 2019, the Department of Health and Human Services (HHS) issued final regulations affecting the Title X program that ACP strongly opposed. View ACP's [statement](#). The regulations would greatly curtail access to evidence-based family planning, all forms of medically accepted contraception, and prohibit discussing or providing referrals for abortion services to patients. In its July 2018 [comment letter](#) on the proposed regulations, ACP made clear that it strongly opposed rule changes to Title X that would make it more difficult for patients seeking contraception and reproductive health care services to find care. ACP believes these changes will greatly harm the patient-physician relationship by dictating what physicians can or cannot say to their patients as a condition of receiving federal funding for the clinics in which they provide services. Federal law already prohibits funding of abortion out of federal dollars, and this rule would cut off Title X funding that is used for a number of preventive and medical services offered at these clinics should they decide not to abide by these changes. ACP also expressed concern that requiring the physical and financial separation of abortion services provided by entities receiving Title X funding would create immense administrative burden and excessive operating costs for reproductive health and family planning facilities that also offer abortion services. In March, a [21-state lawsuit](#) was filed, as was another in [California](#), to block the Title X regulations. ACP [signed](#) onto amicus briefs with the American Medical Association and other medical organizations to oppose the regulations and to protect Title X funding in Oregon, California, and Washington. The Title X final regulations were set to take effect on May 3, 2019, but federal judges in at least two states (Washington, Oregon) issued injunctions – applicable nationally -- to block the regulations, which means that the fate of the regulations now shift to the courts.

## Why and how should Congress address this issue?

The Title X program is currently funded through the annual appropriations process, specifically in the Labor, Health and Human Services, and Education Appropriations bill that Congress must approve. The program currently receives \$286.5 million in funding, which will expire on Oct. 1, 2019 if Congress does not act or if the final Title X regulations are allowed to go into effect. This vital funding, which has been continually under threat, must be continued and Congress should reject any efforts to cut the program or advance reforms that would interfere with the patient-physician relationship or otherwise prevent access to care for millions of patients. With a record number of women now serving in Congress, there is also bipartisan interest in expanding family and medical leave policies. Administration officials have signaled a strong interest in moving forward paid maternity leave policies. Bipartisan legislation, as outlined below, has been introduced in the 116<sup>th</sup> Congress to create a paid family leave program, which is consistent with ACP policy.

- **The *Family and Medical Insurance Leave (FAMILY) Act (H.R. 1185/S. 463)*** would provide up to 12 weeks of partial income to workers who need leave from their job for a serious personal health issue or care for a family member such as a child, parent, spouse or domestic partner, care for a newborn or newly adopted child, or for care associated with a military deployment or serious injury; would be funded through payroll contributions from employers and employees of two-tenths of 1 percent each (two cents per \$10 in wages), split between employers and employees; would guarantee that the coverage is portable; would provide 66 percent of wage replacement, up to \$4,000 per month; and would cover workers in all companies, no matter how many employees.

## What is ACP asking of Congress?

Congress can take incremental steps now to improve care and services for women and families, and to remove barriers to care that interfere with the patient-physician relationship. ACP calls for:

**Representatives and senators to support \$400 million in funding for the Title X program, and rolling back the harmful final regulations on Title X, as included in the House FY2020 Labor, Health and Human Services and Education Appropriations bill.**

**Representatives and senators to cosponsor and pass the Family and Medical Insurance Leave (FAMILY) Act (H.R.1185/S. 463) to establish a federal paid family leave program.**

## Who can I contact to learn more?

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