Children's Hospital of Philadelphia
PolicyLab

# New Contraception Coverage Exemption Could Harm Adolescents' Health

Adolescent Health & Well-Being

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The administration issued new regulations last week that significantly expand employers' ability to obtain an exemption from the Affordable Care Act's (ACA) contraceptive coverage requirement. It does so by allowing for broad religious exemptions and eliminating the requirement that those seeking an exemption demonstrate deeply held religious beliefs. If an employer is granted such an exemption, employees and their dependents will have to pay out of pocket for contraception.

As a gynecologist who primarily sees adolescents and young adult patients, I am deeply concerned about what this federal policy change could mean for the ability of all women to manage their own health. Access to contraception is vital to reducing teen pregnancy, which can impact not only a young woman's well-being, but her – and her partner's – future. It also plays a significant role in ensuring safe, healthy pregnancies.

Some have argued that rather than promoting contraception, health care providers should advocate for abstinence-only approaches to teen pregnancy prevention. Yet, abstinence-only programs are not proven to lower rates of teen pregnancies, births or abortions.

Policymakers who crafted the ACA understood this evidence when they established the requirement that most employers cover at least one contraceptive product in 18 categories without cost-sharing or a co-pay. Yet, the policy wasn't perfect. Too few people realize that many young women use contraceptive medicines for a wide array of other medical concerns – including menstrual cramps, heavy bleeding, irregular bleeding and acne – for which they were not guaranteed coverage.

While we don't know yet how many employers or university student health plans will file for exemptions following last week's policy change, we do know that the increased access to contraception that the ACA afforded resulted in more women using contraception overall, and women using shorter-acting methods (i.e. pills, patch) more consistently and opting for longer-acting methods (i.e. intrauterine devices) more often. All of this in turn likely led to declines in the national unintended pregnancy rates and declines in rates of teen pregnancy.

Beyond the potential health implications for adolescents and young women, some believe the rule change raises constitutional concerns. In fact, the American Civil Liberties Union (ACLU) filed suit last week against the administration, and other similar law suits could follow.

For now, we hope that more states build upon the federal law to grant women greater access to contraceptive services, as 28 states have done. This week, Pennsylvania Governor Tom Wolf called on the state legislature to pass legislation requiring employers cover contraceptives at no-cost to consumers. And last year, we were successful in working with the state to expand access to long-acting reversible contraceptives for many women

on Medicaid, and are continuing this work to ensure even more young women can benefit from these types of policies.

Now is not the time to back down from our national public health goal of preventing unintended pregnancies, insuring healthy pregnancies and guaranteeing equal access to contraceptive medications so that women may have greater control over when they start or expand their family. Now is the time to ensure all young women in this country can access the health care they need.

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