

WOMEN'S HEALTH

Updated: December 2021

AAFP Position

The American Academy of Family Physicians (AAFP) affirms that an adequate family physician workforce is essential in order to sufficiently meet public needs for appropriate [women's health](#) care. Family physicians are well trained, qualified, and involved in providing comprehensive, continuing care of women throughout their lifecycle. The AAFP supports a woman's access to reproductive and maternity health services and opposes nonevidence-based restrictions on medical care and the provision of such services.

Cancer Screenings

Routine exams and gynecological and breast cancer screenings are a crucial part of holistic healthcare for women throughout their lifecycle. Family physicians are qualified to provide comprehensive care, including, but not limited to, cancer screenings. One in eight women in the US will develop breast cancer in their lifetimes.¹ Additionally, 94,000 women in the US were diagnosed with various types of gynecological cancer each year between 2012-2016.² However, only two-thirds of women in the appropriate age range receive potentially life-saving screenings like pap smears and mammograms.^{3, 4} The rates of cervical cancer screening are even lower in rural areas, in part because there are fewer providers that offer screenings.⁵ Because screenings can detect precancerous lesions, lower screening rates can lead to higher incidence rates of cancer, and detection at later stages of cancer. This dynamic is observed among rural women as well as women of color and women who lived in communities of lower socioeconomic status.⁶ Family physicians are in an excellent position to help close this screening gap as they are qualified and well-positioned to provide comprehensive care for women.

Maternal Health

The maternal mortality rate in the US continues to be the highest among developed nations and has been increasing since 2000. Most of these deaths are preventable.⁷ In 2019, 754 women died from pregnancy-related causes. There are significant racial disparities in maternal mortality rates. The mortality rate for non-Hispanic Black women are 2.5 times that of non-Hispanic white women and 3.5 times that of Hispanic women.⁸ Pregnant women with incomes up to 138% of the federal poverty level are eligible to enroll in Medicaid in all 50 states and DC, but most states and DC (except ID and SD) have higher income caps for eligibility that range from 144% to 380% of the federal poverty level.⁹ All

¹ American Cancer Society. (2021). "How Common Is Breast Cancer?" Web.

² CDC. (2019). "Gynecological Cancer Incidence, United States, 2012-2016." Web.

³ CDC. (2019). "Pap Tests." Web.

⁴ CDC. (2019). "Mammography." Web.

⁵ CDC. (2019). "Rural-Urban and Racial/Ethnic Disparities in Cervical Cancer Incidence in the United States, 2010-2014." Web.

⁶ CDC. (2017). "Preventing and Treating Cancer in Rural America." Web.

⁷ The Commonwealth Fund. (2020.) "Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries." Web.

⁸ CDC. (2021.) "Maternal Mortality Rates in the United States, 2019." Web.

⁹ KFF. (2021.) "Medicaid and CHIP Income Eligibility Limits For Pregnant Women, 2003-2021." Web.

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Medicaid programs are obligated to cover pregnant women until they are 60 days postpartum. However, this is widely considered to be inadequate and leads to insurance coverage disruptions that disproportionately impact women of color and contribute to high maternal mortality rates. Because of this, three states have expanded Medicaid coverage through Section 1115 Medicaid demonstration waivers: Illinois and Missouri have expanded coverage to one year postpartum and Georgia has expanded its coverage to six months postpartum. The American Rescue Plan created a new pathway to expand postpartum coverage via state plan amendments. Twenty states (CA, CO, CT, IN, FL, MA, MD, ME, MI, MN, NJ, OH, PA, SC, TN, TX, VA, WA, WI, WV) have plans to expand postpartum Medicaid coverage through either waiver or state plan amendment.¹⁰

Reproductive Care

Comprehensive reproductive care is essential to women's healthcare throughout their lives. Family physicians are well-positioned to provide family planning education and services, including education on contraceptive options to avoid unintended pregnancies. While the rates of contraceptive use among sexually active women of reproductive age who are not seeking pregnancy are generally high in the US, there are disparities among different racial groups, age groups, and income levels. For example, 86% of sexually active women who are not seeking pregnancy with incomes below the federal poverty level used a contraceptive method, whereas 91% of sexually active women who are not seeking pregnancy with incomes at least 300% the federal poverty level used a contraceptive method.¹¹ Title X provides federal funding for low-income patients to access reproductive healthcare services, including wellness exams, cancer screenings, and contraception counseling. In 2019, the Trump administration issued a new rule that prohibited any provider who received Title X funding from counseling their patients as to how they could access resources to safely and legally terminate their pregnancy. This resulted in a reduction of the Title X program's capacity by 46%,¹² meaning the number of patients served by Title X funded clinics fell by 2.4 million between 2018 and 2020. The Biden administration has since revoked this rule, so Title X clinics will be allowed to counsel their patients on all their options beginning in November of 2021.¹³ The AAFP [advocated](#) for this change in policy and [applauds](#) the Biden administration for eliminating the restrictions on Title X funding.

Some states have acted to restrict access to safe, medically necessary, evidence-based abortions. These restrictions can take various forms, and many impose burdensome, nonevidence-based regulations on clinicians providing abortion care such as compelling ultrasound provision. In six states (AR, KY, LA, TN, TX, WI) clinicians must perform an ultrasound and describe the image while in another eight states (AL, AZ, FL, IN, IA, KS, MS, OH) clinicians are required to perform ultrasounds and offer patients the option to view the image.¹⁴ Some states restrict abortion access by requiring clinicians performing abortions to have existing relationships with local hospitals. Two states (MO, ND) require clinicians to have hospital admitting privileges and another ten require (AL, AR, AZ, FL, IN, MS, OH, OK, SC, TX) providers to either have admitting privileges or have an agreement with a physician who does, even though evidence indicates this is not necessary to ensure patient safety.¹⁵ Notably, in 2021 the Texas legislature passed SB 8, which bans all abortions after about six weeks gestation, which is before most women are aware they are pregnant. This is the most restrictive abortion law that is currently in effect as it functions as a near total ban. This ban is uniquely troubling as it empowers private citizens to sue anyone who aids a woman in getting an abortion, including healthcare professionals. This novel legal approach gravely compromises the patient-physician relationship.¹⁶ This

¹⁰ AGOC. (2021.) "Extend Postpartum Medicaid Coverage." Web.

¹¹ <https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states#> Guttmacher Institute. (2021.) "Contraceptive Use in the United States by Demographic." Web.

¹² Guttmacher Institute. (2020.) "Trump Administration's Domestic Gag Rule Has Slashed the Title X Network's Capacity by Half." Web.

¹³ Washington Post. (2021.) "Biden administration reverses Trump rule barring federally funded family planning clinics for abortion referrals." Web.

¹⁴ Guttmacher Institute. (2021.) "Requirements for Ultrasound." Web.

¹⁵ Guttmacher Institute. (2021.) "Targeted Regulation of Abortion Providers." Web.

¹⁶ AAFP. (2021.) "Why We Object to All Intrusions Between Us and Our Patients." Web.

ban remains in effect but will be challenged in the US Supreme Court. In 2018 Mississippi passed a ban on abortion after 15-weeks. While this ban has been blocked by courts, the US Supreme Court [has agreed](#) to hear this case which is widely considered to be a direct challenge to *Roe v. Wade*. The AAFP, along with other physician organizations, have filed amicus briefs in these cases.^{17,18} In 2021, the AAFP also joined amicus briefs targeting state laws that restrict physicians' ability to provide reproductive care to patients both in South Carolina¹⁹ and in Georgia who passed laws to ban abortion procedures after six weeks gestational age. AAFP also joined an amicus brief in 2021 opposing in-person dispensing requirements for mifepristone.

¹⁷ AAFP. (2021.) "Amicus Brief: United States v. State of Texas." Web.

¹⁸ AAFP. (2021.) "Amicus Brief: Dobbs v. Jackson Women's Health Organization." Web.

¹⁹ AAFP. (2021.) " Amicus Brief : USFDA v. ACOG." Web.