

Women's Preventive Services Initiative

Opportunity to comment here:

<https://www.womenspreventivehealth.org/october2021-3/>

Deadline: Wednesday, 24 November 2021

Agenda

- Affordable Care Act Law, relevant section
- Current 2019 Women's Preventive Health Guidelines re: FABMs
- Proposed 2021 Women's Preventive Health Guidelines re: FABMs
- Some of the FABM-related changes in the 2021 language
- Where to comment: <https://www.womenspreventivehealth.org/october2021-3/>
Deadline: Wednesday, 24 November 2021
- Contraception Comment Box

42 U.S. Code Section 300gg-13: Coverage of preventive health services

Para (a): “In General. A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for –

(4) with respect to women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration [HRSA] for purposes of this paragraph.”

Current HRSA 2019 Women's Preventive Services Guidelines became effective 17 Dec 2020

Contraception** , ***

The Women's Preventive Services Initiative recommends that adolescent and adult women have access to the full range of female-controlled contraceptives to prevent unintended pregnancy and improve birth outcomes. Contraceptive care should include contraceptive counseling, initiation of contraceptive use, and follow-up care (e.g., management, and evaluation as well as changes to and removal or discontinuation of the contraceptive method). The Women's Preventive Services Initiative recommends that the full range of female-controlled U.S. Food and Drug Administration-approved contraceptive methods, effective family planning practices, and sterilization procedures be available as part of contraceptive care.

The full range of contraceptive methods for women currently identified by the U.S. Food and Drug Administration include: (1) sterilization surgery for women, (2) surgical sterilization via implant for women, (3) implantable rods, (4) copper intrauterine devices, (5) intrauterine devices with progestin (all durations and doses), (6) the shot or injection, (7) oral contraceptives (combined pill), (8) oral contraceptives (progestin only, and), (9) oral contraceptives (extended or continuous use), (10) the contraceptive patch, (11) vaginal contraceptive rings, (12) diaphragms, (13) contraceptive sponges, (14) cervical caps, (15) female condoms, (16) spermicides, and (17) emergency contraception (levonorgestrel), and (18) emergency contraception (ulipristal acetate), and additional methods as identified by the FDA. Additionally, instruction in fertility awareness-based methods, including the lactation amenorrhea method, although less effective, should be provided for women desiring an alternative method.

Proposed 2021 HRSA Women's Preventive Guidelines

Clinical Recommendation

The Women's Preventive Services Initiative recommends that adolescent and adult women have access to the full range of contraceptives and contraceptive care to prevent unintended pregnancies and improve health outcomes. Contraceptive care includes screening, education, counseling, and provision of contraceptive methods (including in the immediate postpartum period). Contraceptive care also includes follow-up care (e.g., management, evaluation, and changes including the removal, continuation, and discontinuation of the contraceptive method).

The Women's Preventive Services Initiative recommends that the full range of U.S. Food and Drug Administration (FDA)-approved contraceptives, effective family planning practices, and sterilization procedures be available as part of contraceptive care.

The full range of contraceptives currently identified by the FDA include the following: 1) sterilization surgery for women, 2) implantable rods, 3) copper intrauterine devices, 4) intrauterine devices with progestin (all durations and doses), 5) injectable contraceptives, 6) oral contraceptives (combined pill), 7) oral contraceptives (progestin only), 8) oral contraceptives (extended or continuous use), 9) the contraceptive patch, 10) vaginal contraceptive rings, 11) diaphragms, 12) contraceptive sponges, 13) cervical caps, 14) condoms, 15) spermicides, 16) emergency contraception (levonorgestrel); and 17) emergency contraception (ulipristal acetate); and additional contraceptives as identified by the FDA.

Implementation Considerations

The Women's Preventive Services Initiative recommends, access to and provision of the full range of FDA-identified contraceptives. Counseling includes discussions of benefits, risks, and preferences using a shared-decision making process involving an individual and clinician or appropriately trained professional. Individualized effective family planning practices, related services, and FDA-approved contraceptives are recommended as part of contraceptive preventive services. Additionally, counseling in fertility awareness-based methods, including the lactation amenorrhea method, although less effective as a standalone approach, may be provided for women if requested (<https://www.cdc.gov/reproductivehealth/contraception/index.htm>).

The Women's Preventive Services Initiative recommends providing alternative contraceptives when a particular drug or device is not tolerated or is inappropriate for a patient as determined by the patient and the clinician. This includes initiation, discontinuation, and timely removal of contraceptives. Research indicates delayed initiation or disruption of contraceptive use increases the risk of unintended pregnancy; therefore, the Women's Preventive Services Initiative recommends removal of preapproval requirements for contraceptive care, including in the immediate postpartum period. The Women's Preventive Services Initiative recommends providing emergency contraception for those who may benefit. Provision of emergency contraception should not be limited to specific scenarios. The Women's Preventive Services Initiative also recommends contraceptive counseling emphasizing patient-centered decision-making and allowing for discussion of the full range of contraceptive options. More than one visit may be necessary to identify appropriate contraceptive methods, manage contraceptive side effects, achieve effective contraception, and optimize use as determined through shared decision-making. Clinicians should consider the cultural and linguistic needs and priorities of each patient, and counseling should be consistent, respectful, affirming, and non-stigmatizing.

Research Recommendations

- Additional studies of the effectiveness of different types of information sources and their delivery on contraception and family planning decisions that build on successful interventions in the existing body of research.
- Studies evaluating the patient experience of contraceptive care including evaluation of biases based on patient and clinician beliefs and demographics; effects of using a reproductive justice framework in patient decision making; and the relationship between the interpersonal quality of family planning counseling and contraceptive use.
- Research on innovative ways to expand access to contraceptives, including studying the safety and efficacy of reducing or eliminating prescription requirements for certain methods.
- Studies to determine the most effective frequency and methods of follow-up to facilitate contraceptive continuation over time.

Some of the 2021 FABM-related changes:

- **repositioned FABM sentence**—It is no longer contained within the paragraph beginning with “The full range of contraceptive methods for women...” It is not contained in the Clinical Recommendation Section. It is now a changed sentence located in a new Implementation Considerations Section
- **deletion of the word “instruction”** as in “Additionally, instruction in fertility awareness-based methods”
- **new use of the word “counseling”** as in “Additionally, counseling in fertility awareness-based methods”
- **deletion of the word “should”** as in should be provided.
- **including of the word “may”** as in may be provided.
- **adding the words “if requested”** as in “may be provided for women if requested”

Public Comment

- Who: Anyone, but especially researchers, primary care doctors, and other health care providers
- Where: <https://www.womenspreventivehealth.org/october2021-3/>
- Note: Women's Preventative Services Initiative, part of ACOG, is the HHS contractor reviewing comments, so you must submit comments to WPSI, which will consider comments and finalize document.

How to Comment

1. Click on the “**Public Comment: Contraception**” box to make FABM-related comments
2. Agree to the terms of use agreement
3. Choose comment type and submit comment, citations, and PDF
4. Complete registration information
5. Submit

Terms of Use Agreement

1. I understand that the documents I will be reviewing are confidential drafts. I will not reproduce or distribute the draft recommendations and will not use the draft recommendations for any purpose other than reviewing and submitting comments.
2. I agree that the comments I submit are my original comments and represent my own independent opinions. I have not coordinated my comments with other commenters.
3. I agree that any comments I submit are not confidential and are not proprietary. By submitting my comments, I transfer to the American College of Obstetricians and Gynecologists the copyright and any other proprietary interests in my comments.
4. I agree that I will not use the Website to:
 - a. pretend to be someone else, spoof someone else's identity, or manipulate identifiers in order to disguise the origin of any comments submitted through the Website;
 - b. misrepresent my affiliation with a person or entity;
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 - d. transmit information that is inaccurate, false, harmful, obscene, pornographic, defamatory, racist, violent, offensive or harassing;
 - e. disclose the personal information of third parties without authorization;
 - f. violates or infringes anyone's intellectual property rights;
 - g. transmit software viruses or other computer code, files, or programs designed to interrupt, destroy, or limit the functionality of any computer software, hardware, or telecommunications equipment;
 - h. transmit information that is injurious to the interests of ACOG or other users of the Website.
5. I agree to submit all comments electronically and understand that only comments submitted through this website will be considered.

WPSI Recommendations

- Clinical Recommendation
- Implementation Considerations
- Research Recommendations

(Includes medical and scientific language)

Comment Types: Choose One

A. Accuracy – Change to existing text – if the information is not accurate, please make suggestions for the re-wording of the text. If new information should be cited, please include the complete citation. Space is limited to 1000 characters. *includes spaces

B. Completeness – Adding or deleting content – if you have additional content to add, please submit the exact wording to be entered, including complete citations if needed. If you suggest deleting any content, please include your rationale (if you are deleting because it is not accurate please select A

C. Consistent with your organization's policy—if the information is not consistent with your organization's policy or there is new information from your organization, please include exact wording to be entered, including complete citation, if needed. Space is limited to 1000 characters

D. Citation change or addition – please add this citation to this paragraph/sentence (this option is for citations only. If you have content changes please select A or C where you can add content and citation.

Citations

- Use this box for citations only. Continuation of comments in this box will not be considered. If commenting on Implementation Considerations and Research Recommendations, please write N/A in the citations box.
- Space is limited to 1000 characters. *includes spaces

One-Page PDF

- You may upload a PDF file (**ONE PAGE maximum**) of any additional information you would like the committee to consider.
- PDFs over one page will not be accepted.

Registration Information

- Name
- Address
- Phone
- Email
- Submitting Comment on behalf of an organization? Yes or No
- May we contact you via email with questions about your comment?
Yes or No
- Would you like to be added to the WPSI listserve? Yes or No
- **Click SUBMIT**

Tips for Effective Comments

- **Be specific**—What do you like? What do you not like?
- **Tell the reviewers what you would like them to do**—keep language, reject language, modify language, etc.
- **Point out ambiguity or errors**—explain how the text could be written clearer or more accurately.
- **Provide evidence to support your position**—studies, resources, documents, examples, laws, polices, etc.
- **Don't include private information**—comments are public.

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