

Wisconsin Section, American College of Obstetricians and Gynecologists 2020 Position Paper



- Access to Contraception: SB 286 and AB 304
- Care and Treatment for Incarcerated Persons: SB 316 and AB 398; SB 594 and AB 645
- 12-Month Extension of Medicaid for MA-Eligible Pregnant Women: SB 324 and AB 346

Support Senate Bill 286 and Assembly Bill 304 to permit pharmacists to prescribe certain contraceptives.

All women should have unhindered and affordable access to all U.S. Food and Drug Administration approved contraceptives. That is why ACOG has long supported over-the-counter access to oral contraceptives with no age restrictions. In September of this year, ACOG expanded its recommendation on over-the-counter access to contraception to include vaginal rings, the contraceptive patch, and depot medroxyprogesterone acetate injections, also known as DMPA, or “the depo shot.” Only the U.S. Food and Drug Administration can confer over-the-counter status for these medications. Recognizing that women want more options to manage their reproductive health, ACOG’s updated recommendation now includes support for pharmacist provided contraception, identifying it as a necessary intermediate step to increase access to hormonal contraception. Legislation should protect women from new out-of-pocket costs and ensure that contraceptives dispensed by pharmacists are covered by insurance. It is important that access to pharmacist provided contraception includes access to all hormonal contraception including vaginal rings, the contraceptive patch, and the depo shot, and is not limited by age restrictions.

Support legislation to prohibit shackling of pregnant or postpartum persons while incarcerated in prison or a county jail. Require prisons and jails to provide medication-assisted treatment to pregnant and postpartum women who are struggling with addiction. Require prisons and jails to provide access to certain health care services for persons who are pregnant or in the postpartum period.

ACOG supports legislation to restrict the use of shackling in prisons and jails and to ensure appropriate, comprehensive medical care – including access to medication-assisted treatment – is provided to incarcerated persons during pregnancy and the postpartum period. Senate Bill 316 and Assembly Bill 398, *as introduced*, would limit the use of shackling in prisons and jails and would require that certain medical care is provided to incarcerated persons who are pregnant or postpartum. Senate Bill 594 and Assembly Bill 645, *as amended*, would study the availability of medication-assisted treatment in prisons and jails for pregnant and postpartum persons.

Support 12-month extension of Medicaid eligibility for MA-eligible pregnant women.

Under current law, post-partum women are eligible for Medicaid until the last day of the month in which the 60th day after the last day of pregnancy falls (generally 60 days postpartum). The weeks and months following birth are a critical period for a woman and her infant setting the stage for long-term health and well-being. More than one half of pregnancy-related deaths occur after the birth of the infant. During this period, a woman is adapting to multiple physical, social, and psychological changes. She is recovering from childbirth, adjusting to changing hormones, and learning to feed and care for her newborn. This period can present considerable challenges for women, including lack of sleep, fatigue, pain, breastfeeding difficulties, stress, new onset or exacerbation of mental health disorders, among other challenges. Women also may need to navigate preexisting health and social issues, such as substance dependence, intimate partner violence, and other concerns. To optimize the health of women and babies, postpartum care should become an ongoing process with services and support tailored to each woman’s individual needs. Please support Senate Bill 324 and Assembly Bill 346 to extend Medicaid eligibility for MA-eligible pregnant women.