



**The American College of  
Obstetricians and Gynecologists**  
WOMEN'S HEALTH CARE PHYSICIANS

Office of the Rhode Island Section Vice Chair  
Maureen Hamel, MD, FACOG

**May 14, 2024**

**Dear Chairman Abney and members of the House Finance Committee,**

**I am delighted to provide testimony on behalf of the American College of Obstetricians and Gynecologists (ACOG) in support of House Bill H 7255, regarding coverage for all FDA-approved contraceptive drugs, devices, and other products, as well as coverage for voluntary sterilization, limiting insuring restrictions and ensuring accessibility to over-the-counter contraceptives without a prescription.**

**Contraception is not only medically necessary but also essential preventive health care. Reliable contraception allows patients to control not only if, but also when they will become pregnant. Each patient has individual considerations and life circumstances and as such, should have access to the type of birth control that is right for them, including voluntary sterilization. Research has demonstrated that reproductive autonomy empowers patients to engage in the work force and increases economic self-sufficiency. Ultimately this translates into improved outcomes for birthing people and children.**

**Almost half of pregnancies in the U.S. are unintended. As a high-risk pregnancy physician, I have seen first-hand the negative impact of unintended pregnancy. Unintended pregnancies have increased rates of maternal depression, physical violence to the pregnant patient and poor birth outcomes, including preterm birth and poor mental and physical functioning during early childhood. Conversely, planned pregnancies lead to healthier outcomes for patients and their families.**

**The Affordable Care Act provision requiring coverage of contraception without cost-sharing mitigated a major barrier to contraceptive use: cost; and this was a game changer for patients. Research has demonstrated that the lowered out-of-pocket costs from the ACA contraceptive coverage requirement has not only improved contraception use and adherence but has also increased utilization of long-acting reversible contraceptives (LARCs) which are some of the most effective forms of pregnancy prevention. With no cost-sharing, a woman can have an IUD placed without any copay. Coverage for all FDA-approved contraceptive drugs, devices and other products with no cost-sharing is crucial to maintaining safe equitable health care.**

Contraception is essential health care, and this important legislation would protect access to birth control and be beneficial for all Rhode Islanders. ACOG strongly urges your support of H 7255

Sincerely,

A handwritten signature in cursive script that reads "Maureen S. Hamel".

Maureen S. Hamel, MD  
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