



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

April 6, 2026

Dear Chair Murray and members of the Senate Health and Human Services Committee,

I am delighted to provide testimony on behalf of the American College of Obstetricians and Gynecologists (ACOG) in **support of Senate Bill 2254 (Sen Euer)**. This bill aims to support coverage for all FDA-approved contraceptive drugs, devices, and other products, as well as coverage for voluntary sterilization, additionally it limits insurance restrictions and ensures accessibility to over-the-counter contraceptives without a prescription.

ACOG represents more than 60,000 physicians and partners dedicated to advancing women's health and the health of individuals seeking obstetric and gynecologic care, including over 150 in the Rhode Island section. ACOG maintains the highest standards of clinical practice and continuing education of its members; strongly advocates for equitable, exceptional, and respectful care for all women and people in need of obstetric and gynecologic care; promotes patient education; and increases awareness among its members and the public of critical issues facing patients and their families and communities.

This bill has been introduced for many, many years and it has **never been more important** to pass this bill out of committee and get it signed into state law. The Affordable Care Act (ACA) was signed into law in 2010 and fully enacted in 2014. The ACA led to unprecedented increases in rates of coverage, with the uninsurance rate for women of reproductive age halving from 20% in 2013 to 10% in 2020. I finished my residency training in 2010 and when I discuss what contraceptive care and counseling looked like for many of my patients during training, my current residents find it hard to believe. The ACA affords patients expanded access to family planning services. Prior to the ACA, women of reproductive age spent on average 30-44% of their total out of pocket health care costs on family planning services, an expense that has dropped to nearly 0% due to elimination of cost-sharing for preventative health services. *What this did for so many of my patients, is it allowed for choice. Choice for whichever contraceptive method they thought would be most effective for them.* This allowed patients to choose more reliable, easier to use methods such long acting reversible contraception (LARC) without worrying about significant costs and battling decisions about whether they could afford it. Prior to the ACA, getting an IUD placed could cost a patient \$400-500 at the time of insertion and for so many this cost was prohibitive. The process to get a device approved, paid for and then return for insertion led to so many patients going without their chosen contraceptive method. With the increased access to contraception provided by the ACA, unintended pregnancy rates have declined. Mandating continued coverage for no cost sharing for access to contraception is crucial to maintaining safe equitable health care. **We can't go back to a time when preventative health care costs are unfairly burdened on those individuals who can get pregnant.**

This bill will additionally ensure coverage for over-the-counter contraceptives, which has proven to be safe and increase access to effective contraceptive methods. This will also ensure that Medicaid covers 12-month supply of contraception. *Extended prescriptions for contraceptives have proven to increase access and decrease unintended pregnancy rates. We need to ensure that all Rhode Islanders have access to contraceptive care in the most accessible ways possible.* Additionally, it is crucial that we update our laws to require insurance coverage of all FDA-approved contraceptive medications, devices and other products; permanent contraception(sterilization); comprehensive counseling and costs related to device insertion and removal. If the medication option covered by my patient's insurance plan is not tolerated or

medically recommended, we need alternative therapeutic options with no-cost-share provision to be covered by insurance.

Since the enactment of the Affordable Care Act in 2010, more than 2,000 legal challenges have been filed in state and federal courts contesting part or all of the ACA.¹ Despite the ACA again being upheld by the U.S. Supreme Court in 2021, individual components of the ACA remain at risk, including the no-cost birth control benefit. In September 2022, a ruling by a Texas federal court judge declared the ACA requirement for preventive services without cost sharing invalid we need to ensure Rhode Islanders are protected if this were to happen at the federal level. In 2024 the Rhode Island General Assembly codified in state law the ACA protections for no-cost share preventive services. This was critically important to preserve affordable access to contraception. But we can, and must, go farther to expand this to contraception to ensure everyone in our state can get the birth control they need.

Contraception is essential health care, and this important legislation would protect access to birth control, regardless of what changes are made at a federal level, benefiting all Rhode Islanders. ACOG strongly urges your support of Senate Bill 2254. **Everyone, regardless of their age, race, documentation status, insurance coverage or disability, deserves access to birth control.**

Sincerely,

A handwritten signature in black ink, appearing to be 'Beth Cronin', with a long horizontal line extending to the right.

Beth Cronin, MD

District 1 Legislative Chair

American College of Obstetricians and Gynecologists

¹<https://www.kff.org/womens-health-policy/issue-brief/explaining-litigation-challenging-the-acas-preventive-services-requirements-br-aidwood-management-inc-v-becerra/>