



NWHN
National Women's Health Network

2024 POLICY AGENDA

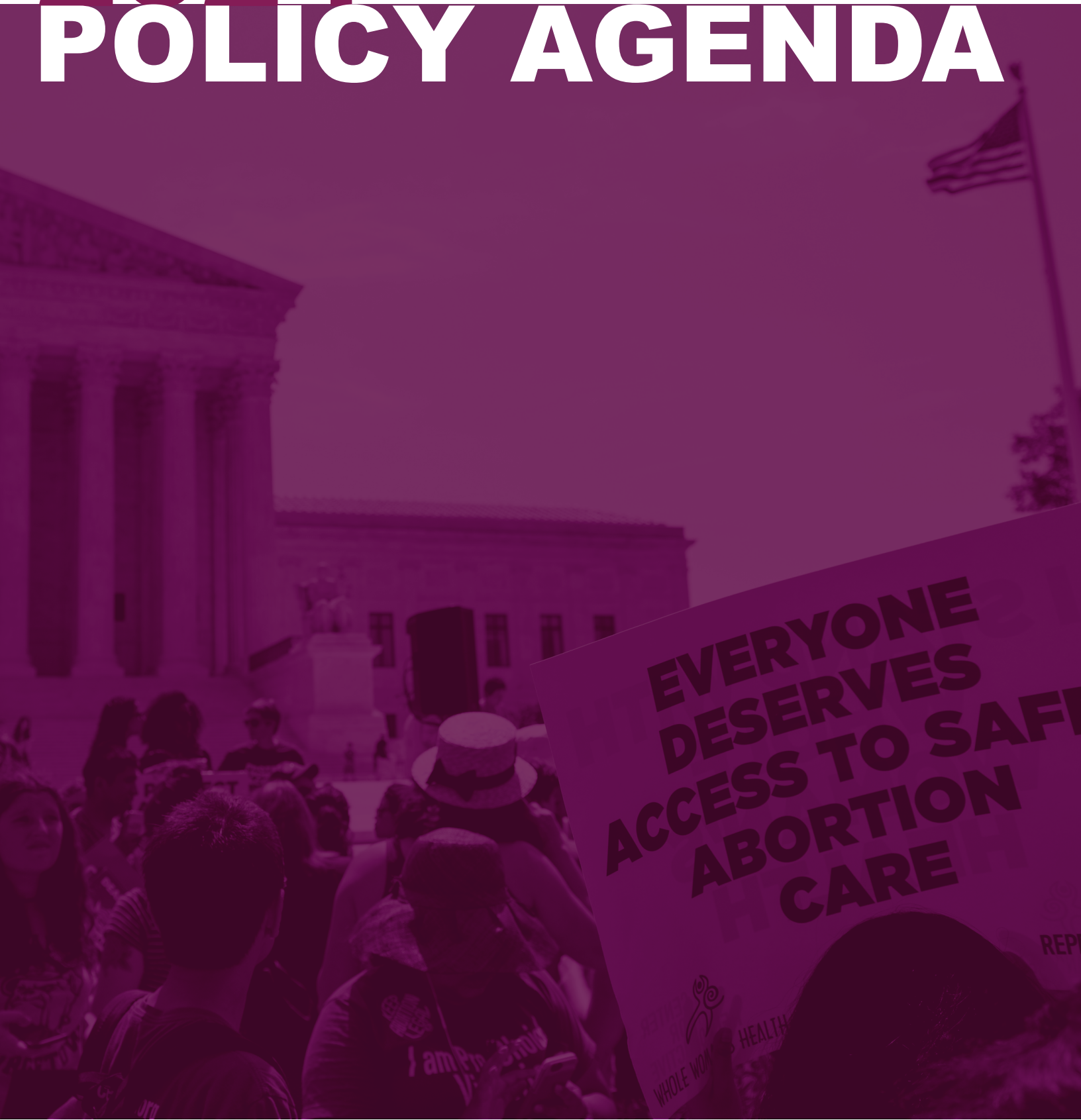


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WHO WE ARE

Women comprise more than half of the United States population, and yet women are less likely to have insurance and more likely to experience adverse health outcomes. The National Women's Health Network is a 501c3 not for profit that represents the health interests of these women across the life continuum. We maintain an intersectional focus on sexual and reproductive health, maternal health and the health and well-being of aging women. We work to improve women's health outcomes through state and federal advocacy, consumer health education, and grassroots technical assistance initiatives. Since our founding in 1975, we have empowered millions of women nationwide to access high quality health care.

To represent the full spectrum of women's health interests, the National Women's Health Network has shaped our policy work around 12 distinct policy pillars. These pillars are informed by the science and the lived experiences of health care consumers. To learn more about the policy pillars please visit the following webpages:

- Aging Women
- Maternal Health
- Sexual and Reproductive Health
- Abortion
- Contraception
- Disability
- FDA Advocacy
- Breast Health
- Chronic Conditions
- LGBTQIA+ Health
- Mental Health and Wellbeing
- The Social Determinants of Health



SEXUAL AND REPRODUCTIVE HEALTH



| Position Summary:

In alignment with our feminist principles, the Network embraces the reproductive justice framework, asserting the right of every woman or individual with the capacity to become pregnant to exercise agency over their reproductive choices. This encompasses the freedom to decide whether to have children, not have children, and parent their children within safe and sustainable communities. At the heart of our commitment to reproductive justice is bodily autonomy. We maintain that when women are equipped with access to accurate and reliable information, they are empowered to make safe and good decisions concerning their health and well-being.

✔ Ensure access to safe and legal abortion services.

Issue Brief:

In 2022, the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* rescinded federal abortion protections, overturning 40 years of judicial precedent. Although their decision did not set a nationwide ban on abortion, it returned the issue of abortion rights back to state legislatures, ballot initiatives, and Congress. This catalyzed a wave of state abortion bans and restrictive laws against abortion. As of December 2023, there are 21 states that have enacted laws that have restricted abortion at 20 weeks of gestation or less. Although many states sought to curtail access to abortion, other states have increased access and piloted new policy solutions to expand and protect abortion and other sexual and reproductive health care.

Our Priorities:

To increase access to abortion care and safeguard women's bodily autonomy, the Network supports the following initiatives:

- **Codify the right to abortion and expand access to abortion care beyond the standard set by *Roe v. Wade*.** Although *Roe v. Wade* was the nation's first step towards reproductive justice, the standard set by the Justices fell woefully short of what women in the United States need. The National Women's Health Network has endorsed the Women's Health Protection Act (WHPA) introduced by Representative Judy Chu (D-CA) and the Abortion Justice Act (AJA) introduced by Representative Ayanna Pressley (D-MA). WHPA establishes the federal right to abortion and bodily autonomy. AJA also codifies the right to abortion, but it goes a step further by making historic investments in abortion care to reduce disparities and systemic racism in our health care system.

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- **Establish coverage for abortion care by passing the EACH Act.** First introduced in 2015, this bill eliminates the Hyde Amendment and other burdensome restrictions on federal abortion coverage. This bill would establish the federal government as a standard-bearer, ensuring that every person who receives care or insurance through the federal government will have coverage for abortion services. This bill also prohibits the federal government from interfering with the private insurance market to prevent insurance coverage of abortion services. Additionally, the Network supports initiatives to remove cost-sharing from abortion services.
- **Provide robust federal protections to ensure the safety and security of abortion care providers.** The National Women's Health Network has endorsed the Let Doctors Provide Reproductive Health Act introduced by Representative Schrier and Senator Patty Murray. This bill sets up protections for providers who practice in states where abortion remains legal from any efforts to restrict their practice or create uncertainty about their legal liability. This has become important because, due to the Dobbs decision, a patchwork of states are trying to implement abortion-related travel bans to prevent patients from access life-saving care across state lines.
- **Ensure privacy and confidentiality to abortion seekers.** Following the Dobbs decision, there were numerous outlets reporting on the risks associated with period tracker apps. So far, the federal government has not passed a federal privacy law that dictates how and when tech companies can collect, store or share your personal data, despite ongoing efforts to do so. Without these protections people seeking an abortion live in fear that their data may be used against them. The Network supports the My Body, My Data Act introduced by Representative Jacobs (D-CA) which establishes federal protections for personal reproductive and sexual health information.
- **Protect access to mifepristone, one of two drugs commonly prescribed for a self-induced abortion.** In 2024, the Supreme Court will hear oral arguments in a court case that will determine access to mifepristone. Since 2016, the Food and Drug Administration has eased restrictions on mifepristone based on well-documented, scientific evidence that supports the safety and efficacy of this drug. In 2020, the Network launched our #MailtheAbortionPill campaign, which successfully concluded in 2021 when the FDA announced that mifepristone could be dispensed through the mail and retail pharmacies. This upcoming supreme court proceeding seeks to revert mifepristone access to the pre-2016 standard. The Network has endorsed the Protecting Access to Medication Abortion Act introduced by Senator Smith (D-MN) and Rep. Bush (D-MO). This bill protects current FDA guidelines so patients may receive mifepristone through the mail.

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✔ Expand access to affordable contraception methods.

Issue Brief:

Although the Dobbs decision is most known for its impact on abortion access, the Supreme Court's decision also has far-reaching implications for contraception. In his concurring opinion, Justice Clarence Thomas wrote that the Supreme Court should reconsider its past rulings, including the Supreme Court's landmark decision in *Griswold v. Connecticut (1965)* which established the right to contraception. Like abortion, the right to contraception has not been codified into law and therefore one ruling from an activist judge could upend access. While the right to contraception remains uncontested, structural barriers like cost and prescription requirements often impede equitable access for everyone. According to Power to Decide, **19 million people live in contraceptive deserts** across the United States. Counties where the number of health centers providing contraceptive services are unable to meet demand are known as contraceptive deserts. Access to contraception continues to be a challenge for many Americans, but especially so for marginalized populations due to intersecting systems of oppression.

Our Priorities:

- **Codify the right to contraception by passing the Right to Contraception Act.** The Network endorsed the Right to Contraception Act introduced by Representative Manning (D-NC). This bill codifies the right to contraception for patients. It also legally protects health care providers who provide access to contraception and related information.
- **Extend coverage for contraception to a full 12 months.** So far, 22 states have extended contraceptive quantity limits to cover up to one year of certain contraceptives. This is critical, because right now, many insurance plans cover just one to three months of contraception before requiring a renewed prescription. Quantity limits are unnecessarily burdensome, forcing many people to take time off work and find childcare multiple times a year just to travel to their physician to re-up on their prescription. Further, data shows that quantity limits increase the likelihood of inconsistent contraceptive use and discontinued contraceptive use. The Network has endorsed the Convenient Contraception Act introduced by Representative Underwood (D-IL) and Senator Fetterman (D-PA). This bill provides individuals with the option to receive up to a full year of contraception at the time their prescription is issued instead of one-to-three-month quantities.
- **Expand coverage to over-the-counter (OTC) contraceptive products like the oral contraceptive pill and condoms.** In July, the FDA approved the first-ever OTC oral contraceptive otherwise known as Opill. Opill is expected to hit the shelves in 2024 but the exact cost for this product remains unknown. Under the Affordable Care Act (ACA), contraception is available to people with insurance at no extra cost, but it is unclear whether this benefit will be extended to OTC birth control products. The Network encourages the Biden Administration to extend the Affordable Care Act (ACA) no-cost benefit to OTC products. We also endorsed the Affordability is Access Act introduced by Senator Patty Murray (D-WA) and Representative Ayanna Pressley (D-MA), which would require private health insurance plans to cover OTC birth control without any out-of-pocket costs to patients.

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- **Ensure contraceptive equity for service members and their dependents.** Although many Americans have enjoyed the no-cost benefit created under the ACA, servicemembers and their loved ones still must pay out of pocket costs for contraception because the ACA does not extend to Tricare, the health plan used by service members. Service members and their families deserve the same level of access to contraception as civilians. To eliminate cost barriers for servicemembers and their dependents, the Network has endorsed the Access to Contraception for Servicemembers and Dependents Act introduced by Senator Shaheen (D-NH).

✔ Advocate for comprehensive sexual education programs and improved STI screening

Issue Brief:

As of 2023, only 38 states and the District of Columbia mandate sex education and/or HIV education. Only six states (California, Colorado, New Jersey, Oregon, Rhode Island, and Washington) as well as the District of Columbia explicitly require LGBTQ+ inclusive programming. Sex education is associated with lower rates of **teen pregnancy, unintended pregnancy, and STD transmission**. The Affordable Care Act (ACA) covers testing for sexually transmitted infections (STIs) like HIV, syphilis, chlamydia, and gonorrhea for people **ages 15-65 as well as other ages for high-risk individuals**. However, a lack of perceived symptoms and the social stigma associated with a positive result inhibits people from seeking routine testing. Moreover, health care providers are less likely to screen aging women for STIs due to biases and misconceptions about their sexual activities. The number of sexually transmitted infections has **skyrocketed post-pandemic**, and incidences of STI transmission amongst older Americans have been on the rise.

Our Priorities:

- **Expand sex education initiatives by passing the Real Education and Healthy Youth Act.** The Real Education and Healthy Youth Act otherwise known as REHYA was introduced by Representative Bonnie Watson Coleman. This bill funds teacher training and funds grants to promote comprehensive sex education in public and private schools. Additionally, this bill requires LGBTQ+ programming to be incorporated in sex education curricula.
- **Expand STI education and research initiatives to be inclusive to aging women.** The Network encourages the federal government to create a national awareness campaign to address the rising number of STI infections among aging adults. This campaign should be targeted towards health care providers and patients to improve adherence to appropriate screening measures and address underreporting. Undetected and untreated sexually transmitted infections are especially worrisome for aging women who are at risk for developing certain conditions like cervical cancer.

SEXUAL AND REPRODUCTIVE HEALTH

- ✔ **Advance research initiatives dedicated to chronic conditions and rare diseases that disproportionately impact women's sexual and reproductive health.**

Issue Brief:

There are many understudied and undertreated chronic conditions that impact women's sexual and reproductive health including but not limited to endometriosis, polycystic ovary syndrome (PCOS) and uterine fibroids. These conditions as well as certain cancers have wide-ranging implications for women's health, fertility, and well-being.

Our Priorities:

The Network supports a number of federal initiatives that seek to improve research, information sharing, and treatment options for these conditions. **We were thrilled to see Congress pass the Endometriosis Care Act in 2022, and we will continue to push for the passage of the Stephanie Tubbs Jones Uterine Fibroids Research and Education Act in 2024.** Black women are three times more likely than white women to have uterine fibroids. They are also more likely to experience fibroids younger in life and more likely to have multiple fibroids leading to more severe symptoms. On average, **80% of Black women and 70% of white women** will develop fibroids by the age of 50.





Position Summary:

To improve maternal health outcomes in the United States, we need to diversify our perinatal workforce, reshape how we deliver health care, and expand coverage options for pregnant and postpartum people.

Issue Brief:

The United States is consistently ranked as having worse maternal health outcomes than other high-income countries. The U.S maternal mortality rates exceed other wealthy nations by 10 times, including like Australia, Austria and Japan. Poor maternal health outcomes are made worse by obstetric unit closures, staffing shortages, and abortion restrictions which impede access to timely emergent care. The maternal mortality crisis in the United States disproportionately affects Black women who are three times more likely to experience severe maternal mortality and morbidity due to structural barriers and systemic racism.

Our Priorities:

The National Women's Health Network supports a number of initiatives aimed at tackling the maternal health crisis. These include:

✔ Reduce racial and ethnic disparities in maternal health outcomes.

- To reduce racial and ethnic disparities in maternal health outcomes, **The Network endorsed the Black Maternal Health Momnibus Act** introduced by Representative Underwood (D-IL) and Senator Booker (D-NJ). First introduced in 2019, the Momnibus package is a collection of 12 bills that seek to address the maternal morbidity and mortality crisis in the United States, which disproportionately affects Black women. This bill makes critical investments in the social determinants of health, expands and diversifies our perinatal workforce, extends Women in Crisis (WIC) eligibility, and invests in telehealth and telemedicine technology. It is critical that congress advance this bill to address systemic racism and the ongoing maternal health crisis.
- **Address obstetric unit closures across the United States.** According to March of Dimes, **2.2 million women** live in maternity care deserts. Maternity care deserts are counties where there is a lack of maternity care resources, meaning there are no hospitals or birth centers offering obstetric care and no obstetric providers. When a hospital closes their obstetric unit, it is often a sign that the hospital's greater financial health is in danger. Due to existing payment models, obstetric units fail to make hospitals money, and, in many cases, they are operating on a deficit. When a hospital is in jeopardy, hospital administrators are often tasked with keeping the doors open or maintaining their labor and delivery services.

Obstetric unit closures disproportionately affect Black, Indigenous and people of color living in rural areas. **More than half** of all rural counties do not have a hospital that can provide obstetric care, which forces patients to travel long distances to access care. The National Women's Health Network urges Congress to pass legislation that improves existing reimbursement models to better serve rural obstetric services.

- **Expand access to Doula and Midwifery services.** Research indicates that midwives could meet **80% of essential maternal care around the world**, but midwives only attend **12% of all births in the United States**. Midwifery care is associated with **lower rates** of maternal morbidity and mortality, and fewer preterm births and low-birth weights. Midwifery services are underutilized in the United States due to limited education and training options, physician supervision requirements, and inequitable reimbursement models. To expand midwifery education options and address the maternity care provider shortage, the Network supports the Midwives for MOMS Act introduced by Representative Hinson (R-IA).
 - The Network also supports efforts made by states to implement payment parity for midwifery services and remove burdensome supervision requirements. As for doulas, the Network has endorsed the Kira Johnson Act. As part of the larger Momnibus package, this bill promotes payment models that support non-clinical maternity care such as doulas and invests in community-based organizations that may provide doula services. Due to their community-based training, midwives and doulas are associated with better maternal health outcomes for Black, Indigenous and people of color.

✔ Support initiatives to improve quality prenatal and postpartum care.

- **Expand access to telehealth and home-monitoring technology for pregnant and postpartum people.** The Network has endorsed the Tech to Save Moms Act introduced by Representative Nikema Williams. This bill leverages the use of telehealth to improve maternal health outcomes by expanding remote patient monitoring options and increasing virtual training and capacity. The use of telehealth helps to cut down on travel time for pregnant and postpartum people who may have to travel long distances, take off from work or find childcare to set up an appointment with their health care provider. Research shows that telehealth care is associated with **similar outcomes as in-person care and greater patient satisfaction**.
- **Extend Medicaid coverage to the full 12 months postpartum.** As of November 2023, 40 states and the U.S Virgin Islands and Washington, D.C., have extended postpartum coverage through Medicaid and CHIP from the current mandatory 60-day period to 12 months. States can extend Medicaid postpartum coverage through Sec. 1115 waivers and state plan amendments. To expand coverage options for pregnant people, the Network also endorses The Healthy MOM Act introduced by Representative Bonnie Watson Coleman (D-NJ). This bill creates a special enrollment period for pregnant women so they can access high-quality and timely prenatal care.

- **Support the implementation of recommendations made by the Task Force on Research Specific to Pregnant Women (PRGLAC).** First established by the 21st Century Cures Act, PRGLAC was created to advise the Secretary of Health and Human Services on gaps in knowledge, research, and effective therapies for pregnant and lactating women. In 2021, the task force made 15 recommendations to support the research needs for pregnant, postpartum, and lactating persons. Aligned with the task force's recommendation, the Network will continue to push for the inclusion of pregnant and lactating women in clinical trials. Additionally, we support efforts to extend reasonable accommodations for lactating people in the workplace for the full 2 years recommended by the taskforce.



MID-LIFE AND AGING WOMEN



| Position Summary:

At the Network, we believe that women of all ages deserve access to the health information and care services they need to live healthy, independent lives for as long as possible. This means working on systemic solutions to promote healthy aging by expanding health care access, making sure this population is seen and heard, and lowering care costs.

Issue Brief:

Women's health issues do not disappear with a woman's reproductive years, and yet few resources exist specifically for aging women. Although women tend to live longer than men, women are more likely to live with two or three chronic conditions and they are more likely to have higher health care costs. Many women even struggle to get an accurate diagnosis from their health care provider due to gaps in biomedical research and gender bias. Women are more likely to serve as a caregiver for a family member or loved one, and they are more likely to experience financial struggles as they age. Research indicates that aging women are more likely to be **unhoused or live in poverty**, less likely to **afford their prescription drugs**, and **less likely to have retirement savings**.

Our Priorities:

✔ Advocate for comprehensive health care coverage and reasonable drug pricing for aging women.

- **Support the rollout and implementation of key provisions from the Inflation Reduction Act.** The Inflation Reduction Act (IRA) was signed into law in 2022, and it is the most significant piece of health care legislation since the Affordable Care Act. The IRA reduces health care costs for aging women by capping insulin costs at \$35 per month and limiting out of pocket costs to \$2,000 for Medicare beneficiaries. Most important, this bill allows the Centers on Medicare and Medicaid to negotiate the cost of certain high-cost prescription drugs under Medicare Part D. In July, the Biden Administration released the list of the first 10 drugs that will be negotiated, and many of these drugs treat conditions that disproportionately affect women. The Network will continue to support the Biden Administration's efforts to lower health care costs and improve health care access for older adults.
- **Promote and protect the Affordable Care Act (ACA).** The ACA has been the single greatest advance in women's health care since Medicare and Medicaid were established in 1965. Following the passage of the ACA, the uninsured rate among women **fell from 19 million in 2010 to 11 million by 2016**.

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The Affordable Care Act also improved access to preventive care for women by providing preventive services at no-cost. These services include annual mammograms and well-woman visits, birth control, and breastfeeding support. The Network will continue to defend the ACA against attacks from legislators and activists who wish to restrict access to health care. Most urgently, we are closely tracking *Braidwood v. Becerra*, a court case that calls into question the legality of the ACA's preventive services provision. Additionally, the Network supports state efforts to implement Medicaid expansion and cover gaps in our existing coverage model.

✔ Support research and awareness initiatives related to health issues that impact women.

- **Promote research initiatives and awareness for women's heart health.** Heart disease is the leading cause of death among women. Approximately **80% of women over the age of 40** are at risk for coronary heart disease. This risk is higher for Black women who are at an increased risk for high blood pressure, obesity, diabetes, and hypertension—all major risk factors that lead to coronary heart disease. Although most incidences of cardiac arrest and stroke can be prevented through lifestyle changes, women are at an early disadvantage because they are more likely to be misdiagnosed by their health care provider. Women are more likely to be misdiagnosed because symptoms of heart disease manifest differently in women than men, and women are often underrepresented in clinical trials.
- **Support bone health screening and osteoporosis treatment initiatives.** Half of all women will develop osteoporosis. Osteoporosis is a condition that leads to a loss of bone mass and density. People with osteoporosis are more likely to sustain osteoporotic fractures, and people who have sustained a fracture are more likely to injure themselves again. The Network supports efforts to improve screening and treatment for osteoporosis.
- **Improve access to breast cancer screening options for women. 1 in 8 women** will develop breast cancer in their life. Fortunately, breast cancer has a **99% survivability rate** when detected early. In 2023, the United States Preventive Services Taskforce (USPSTF) issued proposed guidance for breast cancer screening. The new USPSTF guidance lowered the screening age to 40 years and encourages screening every two years. Although the Network supports lowering the screening age to 40 years old, we disagree with the taskforce's decision to recommend biennial screenings when studies have shown that women benefit from annual screenings. The Network was also disappointed by the lack of guidance for women with dense breasts. Women with dense breasts are more likely to go undetected with breast cancer, because dense breasts appear white on a mammogram, like cancer. There are other screening options that can better detect breast cancer in women with dense breasts, but those methods are not always suggested by providers or covered by insurance. To improve access to screening options, the Network endorsed the Find it Early Act introduced by Representative DeLauro (D-CT). This bill would ensure health insurance plans cover all breast screening options without cost-sharing.

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- **Expand research initiatives and education for women’s lung health.** Lung cancer is not more prevalent in women than men, but women who develop lung cancer are more likely to be non-smokers. The Network is especially interested in the impact of social determinants of health on women’s lung health, specifically for aging women, who are chronically understudied. The Network has endorsed the Women and Lung Cancer Research and Preventative Services Act introduced by Representative Boyle (D-PA) and Representative Fitzpatrick (R-PA). This bill compels the Department of Health and Human Services (HHS) to complete an interagency review to determine gaps in women’s lung cancer research and identify new ways to promote screenings and treatment.

✔ **Address specific health care needs related to menopause and post-menopausal health.**

Menopause is a naturally occurring life stage when a woman’s period has stopped for 12 consecutive months. Menopause can also be induced prematurely if a person undergoes a hysterectomy or receives gender-affirming hormone therapy. Women most commonly experience menopause between their 40s and 50s, but some women may experience it sooner. Black women are more likely to experience menopause earlier than their white counterparts. Studies show that Black women also experience more severe vasomotor symptoms. On average, women who experience more severe symptoms are more likely to have difficulties sleeping and feelings of anxiety and depression. In some cases, people who experience severe symptoms may leave the workforce earlier than they had planned. A report from the World Bank found that the United States has lost **\$1.8 billion in working hours** due to women leaving the workplace prematurely because of severe menopause symptoms.

Although most women will experience menopause in their lifetime, **a third of all women report feeling ashamed and nearly 90% of women** report feeling like there is some type of stigma associated with their symptoms. Gaps in research and a lack of provider education further isolate mid-life women because they feel like they don’t have a trusted source to turn to for information about their symptoms. Subsequently, this prevents women from seeking treatment to help manage their symptoms. To expand menopause research initiatives, the Network has endorsed the Menopause Research and Equity Act introduced by Representative Yvette Clarke (D-NY). The Network also urges Congress to introduce legislation that encourages provider education on menopause-related topics and legislation that protects and supports menopausal workers.



DIVERSITY IN BIOMEDICAL RESEARCH



Position Summary:

Since our founding in 1975, the Network has pushed for increased representation of women, especially those from diverse backgrounds, in biomedical research. To improve outcomes and increase awareness of women's health issues, the Network supports efforts by the federal government to expand research initiatives for women's health and increase diversity among participants and researchers.

Issue Brief:

Women comprise more than half of the United States population, and yet women only comprise 41% of clinical trial participants. Furthermore, women's health research only accounts for 10% of the National Institutes of Health (NIH) total budget. Women's health research is chronically underfunded and undervalued, leading to gaps in knowledge among health care providers and patients.

Our Priorities:

The Network supports the following ongoing efforts by the federal government to promote diversity within clinical trials and biomedical research:

- The Network commends the President and the First Lady, Dr. Jill Biden for launching the first-ever White House Initiative on Women's Health Research. We look forward to advising the initiative personally in the year to come.
- The Network supports efforts by the National Institutes of Health (NIH) to implement sex as a biological variable in research and reporting, and we urge greater adherence across agencies.
- The Network urges greater transparency and collaboration across the Offices of Women's Health.



