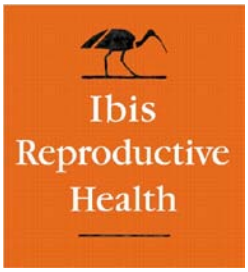

September 30, 2011

Secretary Kathleen Sebelius
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: Comments on Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services under Patient Protection and Affordable Care Act: Amendment. (Document ID EBSA-2010-0018-0002)

Dear Secretary Sebelius:

Ibis Reproductive Health, a nonprofit clinical and social science research organization dedicated to improving women's health worldwide, is submitting these comments on the Amendment for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services under the Patient Protection and Affordable Care Act (PPACA). We believe health care reform holds great promise for improving the lives and health of women and their families. We offer strong support for the requirement that insurers cover all approved contraceptives without cost-sharing and urge the Department of Health and Human Services to remove the clause in these regulations that would allow religious institutions not to provide this coverage for their employees. We think that no type of religious institution should be able to deny coverage of this critical health service that so many American women use and rely upon for the health of themselves and their families. We base our comments on public health evidence as well as on findings from our own research about the impact of religious exemptions on contraceptive access.

Contraception is a critical preventive health care service for women

On average, women spend nearly 30 years of their lives preventing pregnancy and only five years trying to get pregnant and bearing children, making access to contraception a critical component of women's preventive health care. Choosing whether and when to bear children is an essential part of a woman's health, and planned pregnancies also lead to better health outcomes for mothers and their children.[i,ii] Additionally, most women use contraception at some point in their lives. Though the United States Conference on Catholic Bishops advocates for restricting access to contraception, it is worth noting that 98% of Catholic women have used modern methods of contraception.[iii]

The need for improved access to contraception in the US is great; over half of all pregnancies are unintended.[iv] The Centers for Disease Control and Prevention aim to reduce the number of unintended pregnancies by 30%.[v] However, barriers to access to this cost-effective,[vi] preventive health service can lead to gaps in use and impede this public health goal. Therefore, public health efforts to reduce unintended pregnancy must ensure that the full range of FDA-approved contraceptive methods is both accessible and affordable by being covered by health insurance plans.

Religious exemptions on contraceptive coverage create access barriers

In 2006, the Commonwealth of Massachusetts passed legislation aimed at improving access to affordable, high-quality health care. Prior to reform, Massachusetts had passed a mandate that health plans providing prescription drug coverage and outpatient services must provide comparable coverage for any FDA-approved outpatient prescription method of contraception. However, religiously affiliated organizations are exempt from providing contraceptive care, meaning that women who receive health insurance from institutions with a religious affiliation as an employee or as a dependent cannot access contraceptive coverage.[vii] As national reform is modeled in part on the Massachusetts reform approach, the experience of women in Massachusetts accessing contraception under religious exemptions provides an opportunity to examine how the proposed amendment may affect women's access to contraception across the nation once PPACA is enacted.

Our research shows that the religious exemption policy in Massachusetts has created significant logistical and financial barriers to contraceptive access. We found that logistical barriers emerge when religiously affiliated organizations do not offer referrals to insurance plans that do cover contraceptive services, or do not provide general information about contraceptive services. Women may also face financial barriers when they must find a way to pay out of pocket for contraceptives because their insurance plan does not cover them. It is often unclear to those insured by religiously affiliated plans what the coverage limitations are in their plans, or where to find affordable contraceptive services. These challenges can lead to insurmountable obstacles to contraceptive access, and place women insured by religiously affiliated institutions at risk for unintended pregnancy.[viii][ix]

Contraception should be covered with no cost-sharing in *all* health plans

Based on the existing, strong public health evidence base, and on our recent research on the impact of religious exemptions to contraceptive coverage mandates in Massachusetts, we strongly recommend that contraception be covered by all insurers without cost-sharing. Access to highly effective contraception with no cost-sharing has the potential to greatly expand access to and use of contraception, helping to reduce unintended pregnancy and promising to improve the lives and health of women and their families. Women who are insured by religiously affiliated institutions should not be denied opportunities to access contraception and improve their lives because of religious exemptions. Where a woman works should not determine the type of health care she receives.

We look forward to working with you on the implementation of these provisions of PPACA to ensure that women and families receive the full benefits of coverage of preventive health services.

Sincerely,

Amanda Dennis
Senior Project Manager

Britt Wahlin
Director of Development and Communications

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