



September 27, 2011

**VIA ELECTRONIC SUBMISSION**

The Honorable Secretary Kathleen Sebelius  
Secretary of Health and Human Services  
U.S. Department of Health and Human Services  
Attention:  
P.O. Box 8010  
Baltimore, Maryland 21244 - 8010

**Re: Proposed Final Rule - Cost-Sharing for Preventive Women's Health Services**

Dear Secretary Sebelius:

California Family Health Council (CFHC) applauds and is in strong support of the Health and Human Services Department's (HHS) groundbreaking final rule adopting the Institute of Medicine's (IOM) recommendations for women's health coverage in their entirety.

CFHC is the primary administrator of Title X funding in California and distributes Title X dollars to nearly 80 community health providers at more than 250 health centers throughout the state. California's Title X provider network collectively serves more than 1.2 million low-income women, men and teens every year with high quality sexual and reproductive health care, education and counseling.

As HHS has recognized with this final ruling, too often, women go without the care they need to be healthy. More than half of all women avoid key preventive care because of high costs, turning small health issues into big health problems and driving up health care costs across the board. Currently, about half of all pregnancies in the United States are unplanned, costing taxpayers an estimated \$11 billion a year. According to a national poll, 84 percent of Americans approve of family planning and see birth control as an important part of preventive health care. Among all women who have had sex, 99 percent have used a contraceptive method other than natural family planning but a 2010 survey showed that one in three women voters have struggled to pay for prescription birth control at some point and have used it inconsistently as a result.

In California, we have seen first-hand the health and fiscal benefits of increasing access to and coverage of the services outlined in the IOM recommendations HHS has adopted. In our state, we are fortunate to have the Family Planning, Access, Care and Treatment (Family PACT) program. Family PACT is California's innovative approach to providing comprehensive family planning services to eligible low-income men and women. The Family PACT program combined with the preventive care, education and counseling funded by the federal Title X program, has dramatically decreased the rates of adult and teen unintended pregnancies statewide and has resulted in tremendous savings to the public sector.

According to the latest available data from 2007, each pregnancy averted to a female Family PACT client, saved the public sector \$6,557 in medical, welfare and other social service costs for a woman and child from conception to age two. Given the number of pregnancies averted to adult and adolescent female clients (207,500 and 79,200 respectively) and the likely outcomes of these pregnancies, the estimated total cost-savings of the unintended pregnancies averted by Family PACT was nearly \$1.88 billion from conception to age two.

The department's final rule is a historic step forward for women's health and wellness and we commend you and the department for recognizing what health providers and the public at large have long known – preventive sexual and reproductive health care is a basic and primary component of the health care delivery system.

However, as advocates for increased access to preventive services for all Americans, CFHC opposes any exemption that would leave any woman out of this bold and momentous public health achievement. The inclusion of the so-called religious refusal exemption would keep financial barriers to preventative services in place for women who are employees of religious institutions and would in turn create a separate and unequal system for women's access to preventive care.

In addition, there is no explicit authority in the Patient Protection and Affordable Care Act (ACA) that permits attempts to limit the scope of the ACA's Women's Health Amendment. Section 1554 of the ACA states that the "Secretary of Health and Human Services shall not promulgate any regulation that ... (1) creates any unreasonable barriers to the ability of individuals to obtain appropriate medical care or (2) impedes timely access to health care services."<sup>1</sup> The proposed refusal clause ignores this prohibition, and also ignores the right of female employees seeking affordable access to contraception and sterilization. Further, the proposed religious exemption should be removed as it violates Section 1557 of the ACA by discriminating against women.

According to a report recently released by the Guttmacher Institute, contraceptive use by Catholics and Evangelicals – including those who attend religious services most frequently – is the norm. Among all Catholic women who have had sex, 98% have used a contraceptive method other than natural family planning – this is true even among Catholic women who attend church once a month or more.<sup>2</sup> Access to family planning services without cost sharing should not be a privilege based on your religion or your choice to be employed by a religious institution. Instead, family planning access should be based on the significant evidence that broad access to preventive care is good for the fiscal and physical health of our communities and country, a primary tenant of the ACA.

We urge you to reconsider the inclusion of the so-called religious exemption in the otherwise exceptional final rule. American women need and deserve equal access to preventive health services without cost-sharing - and without exception.

Thank you for the opportunity to submit comments on the final rule. If you have any questions, please contact Amy Moy at 213.368.4409.

Sincerely,

Julie Rabinovitz  
President and CEO

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<sup>1</sup> U.S. Government Printing Office. (January 5, 2010). *Patient Protection and Affordable Care Act*. Retrieved September 20, 2011, from [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111\\_cong\\_bills&docid=f:h3590enr.txt.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf).

<sup>2</sup> Rachel K. Jones and Joerg Dreweke, (April 2011). *Countering Conventional Wisdom: Religion and Contraceptive Use*, <http://www.guttmacher.org/pubs/Religion-and-Contraceptive-Use.pdf>

