

September 29, 2011

Secretary Kathleen Sebelius
Centers for Medicare & Medicaid Services
US Department of Health and Human Services
Attention: CMS-9992-IFC2
P.O. Box 8010
Baltimore, MD 21244-8010

Re: **Comments on CMS-9992-IFC2, Group Health Plans and Health Issuers Relating to Coverage of Preventive Services under the Patient Protection and Affordable Care Act**

Dear Secretary Sebelius:

The National Family Planning & Reproductive Health Association (NFPRHA) appreciates the opportunity to respond to the interim final rule from the Department of Health and Human Services (HHS) implementing the new rules for group health plans and health insurance coverage in the group and individual markets under provisions of the Patient Protection and Affordable Care Act (ACA) regarding preventive health services.

NFPRHA is a national membership organization representing the nation's dedicated family planning providers - nurse practitioners, physicians, administrators and other key health care professionals. NFPRHA's members operate or fund a network of more than 3,700 health centers and service sites that provide comprehensive family planning services to millions of low-income, uninsured or underinsured individuals in 48 states and the District of Columbia.

We are pleased that HHS adopted in full the recommendations of the Institute of Medicine's Committee on Preventive Services for Women regarding private insurance coverage of essential women's health services, especially the recommendations related to family planning. This is a tremendous step to expand preventive health care access to millions of women who currently lack comprehensive health insurance coverage. We deeply appreciate the Department's engagement, and your leadership, in support of women's health.

We are concerned, however, that the proposed creation of a religious exemption for some employers would erect an unnecessary barrier to care and could negatively impact the ability of women to obtain contraception and other family planning services that they need to be healthy. As the federal government clarifies the requirements for group health plans and commercial health insurance coverage, NFPRHA urges HHS to remove the religious exemption in the final rule.

NFPRHA's member systems offer a range of preventive health services including education and counseling about sexual health; breast and pelvic examinations; breast and cervical cancer screening according to nationally recognized standards of care; STD and HIV prevention education, counseling, testing and referral; and pregnancy testing and options counseling.

In 2009, family planning providers funded through Title X of the Public Health Service Act served more than five million low-income men and women at more than 4,500 service delivery sites – an increase of more than 130,000 patients over 2008. This is the largest number of patients in the last 10 years,ⁱ and stems from the worst recession the United States has seen in 70 years. The majority of patients seen at all publicly funded systems have incomes under \$21,600 a year, and their care is subsidized on a sliding fee scale. Many of these patients will be expected to purchase insurance through a state-based commercial exchange after 2014.

NFPRHA's members provide largely uncompensated care to a growing number of patients and are encouraged by the coverage expansion provisions in the ACA. To ensure that those patients will continue to have their family planning needs met as they gain commercial insurance coverage, NFPRHA urged the IOM committee to recommend the full range of family planning services, including the visit, the contraceptive method and the counseling associated with the visit. The IOM report does exactly that, recommending that health plans cover “the full range of Food and Drug Administration–approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity” and “[a]t least one well-woman preventive care visit annually for adult women.”

The IOM report confirms that reducing barriers to family planning care make sense for public health and the public purse. The imposition of a religious exemption for some employers will result in publicly-supported family planning providers continuing to shoulder the burden of providing services without compensation. It will also prevent women who work for such employers, including administrative or support staff who do not necessarily share a religious objection to contraceptive use, from obtaining coverage for these essential services; perhaps even preventing them from being told about the coverage they are being denied based on their employers' objections. The failure of any entity to provide such information threatens patients' autonomy and their ability to make informed health care decisions that may be life-altering. It is important that all women gain access to coverage for preventive services, including contraceptive methods and counseling. NFPRHA encourages HHS to adopt the rule without the religious exemption to ensure that the millions of women who rely on publicly supported family planning network for their care can continue to access quality and affordable health services from their preferred safety-net provider.

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We appreciate the opportunity to comment on the interim final rule for group health plans and health insurance coverage in the group and individual markets under provisions of the ACA. If you require additional information about the issues raised in this letter, please contact Dana Thomas at 202-293-3114.

Sincerely,

A handwritten signature in cursive script that reads "Clare M. Coleman". The signature is written in a light blue or grey ink.

Clare Coleman
President & CEO

ⁱ RTI International, *Family Planning Annual Report: 2009 National Summary* (November 2010). Available online at http://www.hhs.gov/opa/familyplanning/toolsdocs/fpar_2009_national_summary.pdf.