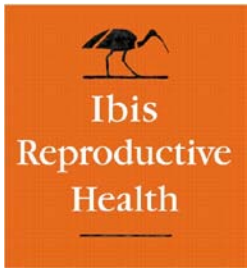

September 17, 2010

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

RE: Comments on Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services; etc. (Document ID **HHS-OS-2010-0018-0001**)

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 Interim Final Rules 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 preventive services without cost-sharing requirements and urge the Department of Health and Human Services to add contraception to the list of preventive services. We base our comments on public health evidence as well as on findings from two recently completed studies where we evaluated the impact of Massachusetts health care reform on access to contraception for low-income women and young adults.[i]

Contraception is a critical preventive health 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 both women and their children.[ii,iii] Eighty-nine percent of sexually active women are currently using a form of contraception.[iv]

The need for improved access to contraception in the US is great, as over half of all pregnancies are unintended.[v] The Centers for Disease Control and Prevention aim to reduce the number of unintended pregnancies by 30%.[vi] However, barriers to accessing this cost-effective,[vii] preventive health service can lead to gaps in use and impede this public health goal. Many of the most effective (and preferred) contraceptive methods currently require a prescription.[viii] Therefore, public health efforts to reduce unintended pregnancy must ensure that prescription contraception is both accessible and affordable, including by being covered by health insurance plans.

Cost of copays prevents women from consistently using contraception

In 2006, the Commonwealth of Massachusetts passed legislation aimed at improving access to affordable, high-quality health care. As national reform is modeled in part on the Massachusetts reform approach, the experience of women in Massachusetts offers a unique opportunity to examine how health care reform affects women's access to contraception. Ibis's research focused on two groups of women with high rates of unintended pregnancy: low-income women and young adult women aged 18-26.

Focus group discussions with women and interviews with family planning providers in Massachusetts revealed new successes and challenges to accessing contraception under health care reform. Even though health care reform in Massachusetts has to date successfully reduced the number of people who are uninsured in the Commonwealth by half,[ix] a number of barriers to accessing contraception, including unaffordable copays, remain.

Our research suggests that women with multiple, co-occurring chronic health conditions, women with very low incomes, and young women enrolled in different types of health plans struggled to cover the cost of their contraceptive copays. Women with chronic health conditions treated with prescription medication reported they struggled to pay multiple copays every month, and that paying for prescriptions for contraception often falls to the bottom of their list. For women with very low incomes, paying even minimal copays such as $1 or $2 a month for a prescription was an ongoing struggle. Similarly, young women enrolled in subsidized plans found that changes to cost-sharing arrangements were often instituted with little or no notice and represented a significant barrier to accessing contraceptive services, as the cost of obtaining a monthly supply of oral contraceptive pills (OCPs) could vary dramatically. Several women reported making the visit to the pharmacy only to learn that their copay for OCPs had doubled; while some were able to cover the difference, more than one woman reported that on occasion she had to leave empty handed. Finally, young women enrolled in non-subsidized plans reported that high copays for contraception were a barrier to accessing and consistently using some of the most effective contraceptive methods, particularly OCPs. For all of these groups, struggles paying for a prescription led to preventable gaps in utilizing effective contraception, and for some groups, such as young women, led to the use of less effective contraceptive methods such as withdrawal.[x,xi]

Contraception should be included in the Preventive Medicine Package

Based on existing public health evidence, and on our recent research on the impact of health care reform on women in Massachusetts, we strongly recommend that contraception be included as part of the federal preventive medicine package that insurers will be required to cover with no 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.

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

Sincerely,

Ibis Reproductive Health

[i] Reports for both of these studies can be found at the following links: http://ibisreproductivehealth.org/work/contraception/Reform.cfm and http://ibisreproductivehealth.org/work/contraception/REaDY.cfm.

[ii] Brown SS, Eisenberg L, editors. The best intention: unintended pregnancy and the well-being of children and families. Washington DC: National Academy Press, 1995.

[iii] Hummer R, Scmertmann CP, Eberstein IW, Kelly S. Retrospective reports of pregnancy wantedness and birth outcomes in the United States. *Social Science Quarterly,*1995:76(2):402-418.

[iv] Mosher WD, Jones J. Use of contraception in the United States: 1982–2008. National Center for Health Statistics. *Vital Health Stat*, 2010:23(29).

[v] Finer LB, Henshaw SK. Disparities in Rates of Unintended Pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual Reproductive Health*, 2006:38:90–96.

[vi] Centers for Disease Control and Prevention. Unintended pregnancy prevention home [Internet]. Atlanta: Centers for Disease Control and Prevention; 2010. Available from: http://www.cdc.gov/reproductivehealth/unintendedpregnancy/index.htm

[vii] Wind, R. Publicly funded family planning clinics prevent 1.4 million unintended pregnancies each year, save $4.3 billion in public funds [Internet]. New York: Guttmacher Institute; 2008. Available from: http://www.guttmacher.org/media/nr/2008/07/31/index.html.

[viii]Guttmacher Institute. Fulfilling the promise: public policy and U.S. family planning clinics. New York: The Alan Guttmacher Institute, 2000.

[ix] The Commonwealth Connector [Internet]. Massachusetts health care reform 2007/2008: progress report. Available from: http://www.mahealthconnector.org/portal/site/connector/menuitem.d7b34e88a23468a2dbef6f47d7468a0c/?fiShown=default.

[x] Ibis Reproductive Health and Massachusetts Department of Public Health (MDPH) Family Planning Program. Low-income women's access to contraception after Massachusetts health care reform. MA: Ibis Reproductive Health and MDPH Family Planning Program, September 2009.

[xi] Bessett D, Prager J, Harvard J, Murphy D, Agénor M, Foster A. Young adults, health insurance & access to contraception in the wake of health care reform: results from focus group discussion in the Commonwealth of Massachusetts. Cambridge, MA: Ibis Reproductive Health, 2010.