



T E X A S
Women's Healthcare
COALITION

Date

CC:PA:LPD:PR (REG-115615-17), Room 5205
Internal Revenue Service,
P.O. Box 7604,
Ben Franklin Station,
Washington, DC 20044

Re: Religious Exemptions and Accommodations for Coverage of Certain Preventive Services under the Affordable Care Act

On behalf of the Texas Women's Healthcare Coalition (TWHC), thank you for this opportunity to provide input on the set of temporary regulations, related to section 9815 of the Internal Revenue Code, expanding exemptions to protect entities and individuals with religious objections to the mandate of contraceptive coverage through the Affordable Care Act.

The TWHC and its 77 healthcare, faith, and community-based member organizations are dedicated to improving the health and well-being of Texas women, babies, and families by ensuring access to preventive healthcare - including contraception - for all Texas women.

We recognize the importance of exercising one's own faith, and value the free expression of religion. However, we also value the right women have to plan and space their pregnancies in the interest of the health and well-being of themselves and their families. We recognize a harmful precedent with this rule change that places an employer's personal beliefs above their employees'.

Contraceptive Use and the Impact the New Rules Will Have on Women

Access to preventive healthcare – including contraception – is critically important to the health and well-being of women and babies. When women and couples are able to plan and space pregnancies, babies have less risk of prematurity and low birth weight, and mothers experience healthier outcomes too. Planned pregnancies have a healthier start, with earlier prenatal care, less alcohol and tobacco exposure, more folic acid to prevent birth defects, more breastfeeding, and many positive outcomes for children.

The new rule provides broad exemptions for insurers and employers to claim a moral or religious objection to providing birth control and related services. This rule puts at risk the contraceptive coverage that millions of women rely on, including the over four million women in Texas who depend on the contraceptive coverage guarantee for no-cost birth control and contraceptive services.

Prescription cost is a major barrier for many to obtain the medication they need.ⁱ A recent survey found one-third of voters who are women of reproductive age would not be able to afford contraception priced at over \$10 per month.ⁱⁱ The same survey found that one in seven of the same group of women would not be able to afford contraception at any price.ⁱⁱⁱ In the years since the contraceptive coverage guarantee has been in effect, the percent of US women with out-of-pocket expenses for oral contraceptive pills (OCPs) dropped from over 20% to less than 4%.^{iv} In 2013, the guarantee saved women using OCPs over \$1.4 billion.^v Studies show that paying full cost leads to reduction in contraceptive use.^{vi} This in turn leads to an increased risk of unintended pregnancy, and the potential health and economic risks associated with unintended pregnancy.^{vii}

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These financial challenges are even greater for women trying to access more effective forms of contraception, such as implants or intrauterine devices (IUDs). These forms of birth control can be 20 times more effective than other methods, but they are also expensive.^x High up-front costs and insufficient contraceptive counseling have been found as significant barriers to access for women who have a preference for a LARC method.^{xi} ^{xii} If more employers stop providing coverage, many women may have no other option but to rely on less effective methods, or no method at all.

As part of the Administration's justification for the new rules, the rules preamble suggests that existing public programs are able to meet the need for subsidized free or contraceptive care. However, it is clear that women are still in need of these services. For example, Texas is still struggling to serve the 1.8 million women in need of contraceptive care in the state. Recent state investments in family planning have been critical, but data continues to show that Texas is only serving a fraction of the women in need. Our state's fragile family planning programs will be even further strained if forced to absorb insured clients that may now require free or low-cost contraceptive services.

Increasing women's ability to plan and space their pregnancies leads to an array of benefits, including lower abortion rates, improved infant and maternal health, better educational and economic opportunities for families, and cost savings for the state. Without the contraceptive coverage guarantee, the 55 million women (including 4 million women in Texas) who gained no-cost contraceptive coverage since the implementation of the ACA will be at risk of losing contraceptive access.^{xiii}

Given the importance of ensuring all women have access to preventive and contraceptive care, we urge the Department of Labor and the Department of Health and Human Services not to adopt these interim final rules.

Thank you for your consideration of these comments. Please let us know if we can provide you with any additional information.

Respectfully,

A handwritten signature in black ink that reads "Janet Realini MD MPH". The signature is written in a cursive style with a large initial "J" and "R".

Janet Realini, MD, MPH
Chair, Texas Women's Healthcare Coalition

Texas Women's Healthcare Coalition Steering Committee Members

Texas Medical Association
District XI (Texas) American Congress of Obstetricians and Gynecologists
Texas Academy of Family Physicians
Texas Association of Community Health Centers
Methodist Healthcare Ministries
Teaching Hospitals of Texas
Women's Health and Family Planning Association of Texas
Texans Care for Children
Center for Public Policy Priorities
Healthy Futures of Texas

Texas Women's Healthcare Coalition General Members

Access Esperanza Clinics Inc.	National Latina Institute for Reproductive Health
Amistad Community Health Center	North Harris Montgomery Advanced Practice Nurse Society
Austin Advanced Practice Nurses	North Texas Alliance to Reduce Teen Pregnancy
Austin Physicians for Social Responsibility	North Texas Nurse Practitioners
AWHONN Texas	Panhandle Nurse Practitioner Association
Brazos Valley Community Action Agency, Inc.	Pasadena Health Center
Brazos Valley Nurse Practitioner Association	People's Community Clinic
Cardea	Port Arthur Housing Authority
Center for Community Health, UNTHSC	Pregnancy and Postpartum Health Alliance of Texas
Central Texas Nurse Practitioners	SALVERE (Striving to Achieve Literacy via Education, Research, and Engagement)
Children's Hospital Association of Texas	San Antonio Metropolitan Health District
Coalition for Nurses in Advanced Practice	San Antonio Nurses in Advanced Practice
Coastal Bend Advanced Practice Nurses	Schneider Communications
Coastal Bend Wellness Foundation	South Plains Nurse Practitioner Association
Community Healthcare Center	South Texas Family Planning & Health Corp.
Consortium of Texas Certified Nurse Midwives	Southeast Texas Nurse Practitioner Associates
Department of Ob/Gyn of UNTHSC and the ForHER Institute	Special Health Resources
El Buen Samaritano	St. David's Foundation
El Centro De Corazón	Texas Association of Obstetricians and Gynecologists
El Paso Area Advanced Practice Nurse Association	Texas Campaign to Prevent Teen Pregnancy
Food Bank of the Rio Grande Valley	Texas Council on Family Violence
Fort Worth Region Nurse Practitioners	Texas Health Institute
Gateway to Care	Texas Hospital Association
Good Neighbor Health Center	Texas Medical Association Alliance
Haven Health	Texas Nurse Practitioners
Hill Country Advanced Practice Nurses & Physicians	Texas Nurses Association
Assistants Association	Texas Pediatric Society
Houston Area Chapter of NAPNAP	Texas Unitarian Universalist Justice Ministry
Houston Area Nurse Practitioners	The Contraceptive Initiative
League of Women Voters of Texas	The SAFE Alliance
Legacy Community Health Services	The Women's Fund for Health Education and Resiliency
March of Dimes - Texas	University Health System
Mental Health America of Greater Houston	Valley AIDS Council
National Council of Jewish Women—Texas State Policy	Women's & Men's Health Services of the Coastal Bend, Inc.
Advocacy Network	

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- ⁱ Cox C and Sawyer B. How Does Cost Affect Access to Care. Kaiser Family Foundation. Peterson-Kaiser Health System Tracker. November 29, 2016.
- ⁱⁱ PerryUndem. Contraceptives + Policy Through a Gender Lens: Results from a National Survey Conducted by PerryUndem. March 22, 2017. Accessible at <https://www.scribd.com/document/342699692/PerryUndem-Genderand-Birth-Control-Access-Report>.
- ⁱⁱⁱ PerryUndem. Contraceptives + Policy Through a Gender Lens: Results from a National Survey Conducted by PerryUndem. March 22, 2017. Accessible at <https://www.scribd.com/document/342699692/PerryUndem-Genderand-Birth-Control-Access-Report>.
- ^{iv} Becker N, Polsky D. Women Saw Large Decrease in Out-of-Pocket Spending for Contraceptives After ACA Mandate Removed Cost Sharing. *Health Affairs*. 34 (7) 1204-1211. July 2015.
- ^v Cox C, et al. Examining high prescription drug spending for people with employer sponsored health insurance. Kaiser Family Foundation. October 27, 2016.
- ^{vi} Pace L, et al. Early Impact of the Affordable Care Act on Oral Contraceptive Cost Sharing, Discontinuation, and Nonadherence. *Health Affairs*. September 2016. 35 (9) 1616-1624.
- ^{vii} Unintended Pregnancy Prevention. Centers for Disease Control and Prevention. and Reproductive Health. January 22, 2015.
- ^{viii} Conde-Agudelo A, Rosas-Bermudez A, Kafury-Goeta AC. Birthspacing and Risk of Adverse Perinatal Outcomes: A Meta-Analysis. *JAMA*. 2006. 295(15). 1809-1823.
- ^{ix} Sonfield A et al. The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children. Guttmacher Institute. 2013.
- ^x Peipert J, et al. Preventing Unintended Pregnancies by Providing No-Cost Contraception. *Obstetrics & Gynecology*. 120 (6) 1291-1297. December 2012.
- ^{xi} Potter J, et al. Contraception After Delivery Among Publicly Insured Women in Texas. *Obstetrics and Gynecology*. 130 (2) 1-10. August 2017.
- ^{xii} Durante J, Woodhams E. Patient Education About the Affordable Care Act Contraceptive Coverage Requirement Increases Interest in Using Long-Acting Reversible Contraception. *Women's Health Issues*. 27 (2) 152-157. January 4 2017.
- ^{xiii} Office of the Assistant Secretary for Planning and Evaluation. The Affordable Care Act is Improving Access to Preventive Services for Millions of Americans. U.S. Department of Health and Human Services. May 14, 2015.