



January 27, 2012

Secretary Kathleen Sebelius
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Sebelius:

In response to the Health and Human Services' (HHS) "Essential Health Benefits Bulletin" issued December 16, 2011, The National Campaign to Prevent Teen and Unplanned Pregnancy respectfully submits comments for your consideration.

The National Campaign to Prevent Teen and Unplanned Pregnancy is a research-based, nonpartisan and nonprofit group that was founded in 1996. Our mission is to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable families who are committed to and ready for the demanding task of raising the next generation. Our specific strategy is to prevent teen pregnancy as well as unplanned pregnancy, especially among single, young adults. We support a combination of responsible values and behavior by both men and women and responsible policies in both the public and private sectors. If we are successful, child and family well-being will improve, there will be less poverty, more opportunities for young men and women to complete their education or achieve other life goals, fewer abortions, and a stronger nation.

We applaud the U.S. Department of Health and Human Service's recent decision to ensure that preventive services without cost-sharing includes all FDA-approved contraception, counseling, and other important preventive care and services for women. Accordingly, we urge you to align the coverage required by group health plans and health insurance issuers and received through the Medicaid expansion and Basic Health Plans to ensure that all individuals have access to these same preventive services. Specifically, we recommend requiring all plans which are subject to the Essential Health Benefit requirement—including Medicaid benchmark plans for the expansion population and Basic Health Plans—provide under the "preventive services" category all the services that must be provided by new group health plans and health insurance issuers pursuant to regulations and guidance implementing Section 2713 of the Affordable Care Act.

As you know, contraception is widely used and supported. Virtually all (99%) sexually active women in the United States have used some form of contraception. A study by Mercer Human Resource Consulting and Marsh, Inc. found that the cost of offering contraceptive coverage to employees is minimal, accounting for less than one percent of total employee coverage costs. These costs are easily offset by savings to the employer due to averted unplanned births.¹ In fact, as part of its best practice recommendations for Maternal and Child Health, the National Business Group on Health recommends that employers offer services to help avoid unintended pregnancy including coverage of all FDA-approved prescription contraceptive methods at no cost to employees based on evidence that they result in cost savings to companies.² Unplanned pregnancy also costs taxpayers \$11 billion annually,³ and the average national cost for one Medicaid-covered birth (including prenatal care, delivery, postpartum care, and infant care for one year) is \$12,613. In comparison, the annual per-client cost for contraceptive care is an estimated \$257.⁴

Family planning—both contraceptive services and supplies—is a mandatory service for current Medicaid beneficiaries, and the Affordable Care Act specifies that it must be included in benchmark plans for newly eligible Medicaid beneficiaries as well. However, this does not guarantee access to the full range of FDA-approved contraceptives in the same way that the women’s preventive services provision does in Section 2713. Studies have shown that state Medicaid programs vary in their coverage of contraceptive services.

Including the preventive services covered by Section 2713 in the essential health benefits would ensure consistent coverage of preventive services in every state Medicaid benchmark plan and every Basic Health Plan—enabling women to choose the contraceptive method that is best for them and ensuring the most effective contraception for each woman. This is particularly important given that after remaining essentially flat from 1994 through 2001, the overall unintended pregnancy rate in the United States increased between 2001 and 2006. New data released by the Guttmacher Institute indicate that the rates of unintended pregnancy increased slightly from 50 to 52 per 1,000 women (48% to 49%) and the overall unintended birth rate also increased, from 23 to 25 per 1,000 women. The jump in the rate of unintended pregnancy was highest among 20-24 year-olds, increasing from 101 to 107 per 1,000 women, (59% to 64%). Unplanned pregnancy also increased from 79 percent to 83 percent for 18-19 year-olds.⁵ Given this rise, it is more important than ever to ensure coverage of all FDA-approved contraceptive methods in the essential health benefits, especially when cost or lack of coverage can be a barrier to what may be the most effective method for them.

Additionally, because method choice is so crucial for adherence, the proposed treatment of prescription drugs could be problematic for Section 2713 preventive health services, especially contraceptives. The bulletin proposes a one drug per category or class coverage requirement, adapted from the Medicare Part D system. Should the categories or classes divide contraceptives in an inappropriate manner, a woman could be denied access to the method of contraception that is medically appropriate for her. For example, if the category of intrauterine device (IUD) is made up of one class, containing

both hormonal and non-hormonal IUDs, a health plan could opt to cover only the hormonal IUD. An enrollee who is contraindicated for hormonal contraceptives and wants a long-acting, reversible contraceptive would then be unable to access the non-hormonal IUD. We urge that forthcoming regulations consider this, and explain how the proposed plan for prescription drugs will not limit women's access to all FDA-approved contraceptive methods as Section 2713 includes.

Helping women and men plan and space their pregnancies is a key part of strengthening the health and well-being of our nation; it can also help to contain overall health care costs. A principle means of doing so is by making the full set of contraceptive methods and services widely available as part of the nation's growing commitment to preventive care for all. We urge HHS to include all women's preventive services—consistent with the regulations implementing Section 2713—and in particular contraception, in the essential benefits package, and to ensure that prescription drug coverage does not limit women's ability to choose the right contraceptive method for them. Thank you for your consideration. If you have any questions or need additional information, please contact Rachel Fey, Senior Manager of Public Policy at 202-478-8529 or rfey@thenc.org.

Sincerely,



Sarah S. Brown
CEO

¹ *Women's Health Care: Understanding the Cost and Value of Contraceptive Benefits*, Mercer Human Resources Consulting and Marsh Inc. (2005).

² Campbell, K.P., editor. *Investing in Maternal and Child Health: An Employer's Toolkit*. Washington, DC: Center for Prevention and Health Services, National Business Group on Health (2007).

³ Sonfield, A., Kost, K., Gold, R.B., & Finer, L. (June 2011). The Public Costs of Births Resulting from Unintended Pregnancies: National and State-Level Estimates. *Perspectives in Sexual and Reproductive Health*, 43, 2. Retrieved January 17, 2012 from <http://www.guttmacher.org/media/nr/2011/05/19/index.html>

⁴ Frost, J.J., Henshaw, S.K., & Sonfield, A. (2010). *Contraceptive needs and services: national and state data*, 2008 update, New York: Guttmacher Institute.

⁵ The Guttmacher Institute (2011) *Unintended Pregnancy in the United States: Incidence and Disparities, 2006* Washington, DC.