



April 11, 2011

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS—9981—P
P.O. Box 8010
Baltimore, MD 21244-8010

Re: Comments in response to proposed rule on student health insurance coverage

To Whom It May Concern:

In response to the solicitation from the Department of Health and Human Services for input on the proposed rule for student health insurance coverage, 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, bipartisan and non-profit 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 and 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.

The proposed rule for student health insurance coverage states that as a type of individual coverage, student health plans must comply with requirements of the Affordable Care Act (ACA) related to the prohibition of cost-sharing for preventive services. This is extremely important for young adults. Women in their 20s account for more than half of all unintended pregnancies in the United States. Seven in ten pregnancies among unmarried women in their 20s are reported by women themselves to be unplanned. Of the 3 million unplanned pregnancies in 2001, over 2 million were to women 29 and younger.¹ Accordingly, for many young women, contraceptive care is health care, and therefore, it is critical that ensuring access to family planning and contraceptive services fall within the scope of any student health plan.

Unfortunately, many still struggle with the cost of contraception. A recent poll found that one in three women voters (34%) report having struggled with the cost of prescription birth control at some point. This figure rises dramatically among specific demographic groups. For example, fifty-five percent of women aged 18–34 have struggled with the cost of prescription birth control.² It is also important to note that fully half of all pregnancies in the United States are unplanned as reported by women themselves.³ With the costs of unplanned pregnancy far exceeding that of the cost of providing contraception, we strongly encourage the elimination of cost barriers to

contraception for patients in order to encourage use of this high value service. We hope and expect that the women's preventive services guidelines that are forthcoming will include all FDA-approved contraceptive methods and devices, prescriptions, and related outpatient services.

As we learned from health reform efforts in Massachusetts, there can be several barriers in addition to cost that make it difficult for young adults to gain access to vital contraceptive services. For example, insurance options at certain religiously-affiliated educational institutions will not cover contraceptive information or services. Additionally, many university-age students are concerned about privacy. This concerns can make being on parents' plans unappealing, especially regarding sensitive issues such as contraceptive coverage. Given all these factors, it is important that student health plans to comply with the preventive services provision of the ACA.

Finally, we also support the proposed rule which would require a health insurance issuer to disclose to the student and any dependents that the policy being issued does not meet all the requirements of the ACA. We learned from the Massachusetts experience that requiring health plans to disclose limitations and exclusions, including restrictions on contraceptive coverage, is extremely important for this population. Young adults in Massachusetts were confused about the types of health plans available, which plan types they were enrolled in, and what contraceptive services their plans covered.⁴ Contraceptive information should be easily located and explicitly mentioned in descriptions of health insurance plans. Students must know what they are and are not purchasing with such coverage.

Evidence suggests that contraceptive counseling and services rank high among the age-specific health needs of young adults. We commend the requirement of student health plans to include preventive services and hope that you will consider the contraceptive needs of this population as you consider student health insurance coverage. Thank you again for this opportunity to submit comments. If you have any questions or need additional information, please contact Lisa Shuger, Director of Public Policy at 202-478-8576 or lshuger@thenc.org.

Sincerely,



Sarah S. Brown
CEO

¹ National Campaign to Prevent Teen and Unplanned Pregnancy (2010). *Lessons Learned From Massachusetts: Effects on Young Adults' Access to Contraceptive Services*. Washington, DC: Author.

² Poll of 1,147 voters conducted June – July 2010 by Peter D. Hart Research Associates.

³ National Campaign to Prevent Teen and Unplanned Pregnancy. (2007). *Unplanned Pregnancy Among 20-Somethings: The Full Story*. Washington, DC: Author.

⁴ Ibis Reproductive Health (2010). *Young Adults, Health Insurance & Access to Contraception in the Wake of Health Care Reform: Results From Focus Group Discussions in the Commonwealth of Massachusetts*. Cambridge, MA: Author.