

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

Nancy-Ann DeParle  
Deputy Chief of Staff  
The White House  
1600 Pennsylvania Avenue, NW  
Washington, DC 20500

November 17, 2011

Dear Secretary Sebelius and Ms DeParle,

As organizations representing health care professionals, the maternal child health and public health communities, experts in disease prevention and the ovarian cancer community we applaud the Department of Health and Human Services' adoption, under Section 2713 of the Affordable Care Act (ACA), of the Institute of Medicine (IOM)-developed recommendations on services that ought to be covered with no co-pay for women - in addition to the recommendations of the United States Preventive Services Task Force, Bright Futures and the Advisory Committee on Immunization Practices. This provision is one of the many important polices of the ACA, which expand women's access to affordable and meaningful health insurance coverage. The undersigned organizations however object to the proposed religious exemption which would deny some women access to contraceptives, a key component in promoting women's optimum health. We therefore also strongly oppose any broadening of the exemption to other types of entities, which would erect barriers for an even larger number of women.

We agree with the IOM's findings that access to family planning counseling and a full array of family planning services is vital for women's health and well-being, especially the two-thirds of American women who wish to avoid or postpone pregnancy. By helping women control the timing, number, and spacing of births, family planning has many benefits for a woman and children she may have in the future. Planned pregnancies, which for most women require contraception, allow women to optimize their own health before pregnancy and childbirth. An unintended pregnancy may have significant implications for a woman's health, sometimes worsening a preexisting health condition such as diabetes, hypertension, or coronary artery disease. Planned pregnancies improve the health of children as well, as adequate birth spacing lowers the risk of low birth weight, preterm birth, and small-for-gestational age.

Access to oral contraception is not just about family planning. Since becoming available nearly 50 years ago, birth control pills containing estrogen have prevented some 200,000 cases of ovarian cancer world-wide, per the authors of a study published January 26, 2008, in *The Lancet*. Further, in the absence of having taken oral contraceptives, half of these women would have died of the disease.<sup>i</sup>

Limiting a woman's access to contraception is contrary to basic tenants of women's health care access and the goals of the Affordable Care Act. Thank you for considering our concerns about religious exemptions which would limit a women's ability to access basic healthcare. Should you

have any questions, please contact ACOG's Federal Affairs Director, Nevena Minor at [nminor@acog.org](mailto:nminor@acog.org) or 202-314-2322.

Sincerely,

American Academy of Pediatrics  
American College of Nurse-Midwives  
American Congress of Obstetricians and Gynecologists  
American Nurses Association  
American Public Health Association  
American Social Health Association  
American Society for Reproductive Medicine  
Association of Reproductive Health Professionals  
Association of Women's Health, Obstetrics and Neonatal Nurses  
Childbirth Connection  
National Alliance to Advance Adolescent Health  
National Association of County and City Health Officials  
National Family Planning and Reproductive Health Association  
Ovarian Cancer National Alliance  
Partnership for Prevention  
Planned Parenthood Federation of America  
Physicians for Reproductive Choice and Health  
Society for Adolescent Health and Medicine  
Society of Gynecologic Oncology

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<sup>1</sup> <http://www.cancer.gov/cancertopics/prevention/ovarian/oral-contraceptives>