

October 6, 2017

President Donald J. Trump
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear President Trump,

Our organizations, which represent more than 560,000 physicians and medical students, urge you to preserve guaranteed coverage of women's preventive services, including contraception, at no out-of-pocket cost in private insurance plans, and immediately withdraw the interim final rules titled "Religious Exemptions and Accommodations for Coverage of Certain Preventive Services under the Affordable Care Act" and "Moral Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act." No woman should lose the coverage she has today.

Section 2713 of the Patient Protection and Affordable Care Act (ACA) requires all non-grandfathered individual and group health plans to offer coverage with no cost sharing of women's preventive services. Over 62 million women with private insurance now have access to these vital health care services, including breast and cervical cancer screening, breastfeeding services and supplies, contraception and contraceptive counseling. Coverage guidelines were developed based on the best clinical and scientific evidence, and contraception is a key piece of this comprehensive women's preventive services package. Maintaining access to this existing coverage is critical to ensuring American women and families can access the care that they need.

Contraception is an integral part of preventive care and a medical necessity for women during approximately 30 years of their lives. Access to no-copay contraception leads to healthier women and families. Any move to decrease access to these vital services would have damaging effects on public health. We know that when women have unplanned pregnancies, they are more likely to delay prenatal care, resulting in a higher risk of birth defects, low birth weight, and poor mental and physical function in early childhood.ⁱ No-copay coverage of contraception has improved the health of women and families and contributed to a dramatic decline in the unplanned pregnancy rate in the United States, including among teens, now at a 30-year low.ⁱⁱ

These rules will negatively impact access for women nationwide, and will negatively impact our economy. No-copay coverage of contraception saves money for taxpayers and state and federal governments. Unplanned pregnancies cost approximately \$21 billion in government expenditures in 2008.ⁱⁱⁱ Before the ACA, women were spending between 30% and 44% of their total out-of-pocket health costs just on birth control.^{iv} After the ACA, women saved approximately \$1.4 billion on out-of-pocket costs for contraception in one year.^v

Changes to our healthcare system come with very high stakes – impacting tens of millions of our patients. Access to contraception allows women to achieve, lead and reach their full potentials, becoming key drivers of our Nation's economic success. These rules would create a new standard whereby employers can deny their employees coverage, based on their own moral objections. This interferes in the personal health care decisions of our patients, and inappropriately inserts a patient's employer into the physician-patient relationship. In addition, these rules open the door to moral exemptions for other essential

physician-recommended preventive services, such as immunizations. We urge you to immediately withdraw these harmful rules and instead partner with us to improve access to care for our patients.

Sincerely,

American Academy of Family Physicians

American Academy of Pediatrics

American College of Physicians

American Congress of Obstetricians and Gynecologists

American Osteopathic Association

American Psychiatric Association

Cc: The Honorable Jeff Sessions, Attorney General
The Honorable Don Wright, MD, MPH, Acting Secretary of HHS
The Honorable Steven Mnuchin, Secretary of the Treasury
The Honorable Alex Acosta, Secretary of Labor

ⁱ Conde-Agudelo A, Rosas-Bermudez A, Kafury-Goeta AC. Birth spacing and risk of adverse perinatal outcomes: a meta-analysis. JAMA 2006;295:1809–23. [PubMed] [Full Text]

ⁱⁱ Finer, L.B., Zolna, M.R. Declines in Unintended Pregnancy in the United States, 2008-2011. N Engl J Med 2016; 374:843-52.

ⁱⁱⁱ Sonfield, A., Kost, K. Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010. New York: Guttmacher Institute, 2015. Available at: https://www.guttmacher.org/sites/default/files/report_pdf/public-costs-of-up-2010.pdf

^{iv} Access to contraception. Committee Opinion No. 615. American College of Obstetricians and Gynecologists. Obstet Gynecol 2015;125:250–5..

^v Health Reform: Implications for Women’s Access to Coverage and Care. Issue Brief #7987-03. Kaiser Family Foundation. August 2013, available at <https://kaiserfamilyfoundation.files.wordpress.com/2012/03/7987-03-health-reform-implications-for-women-s-access-to-coverage-and-care.pdf>.