



April 3, 2023

Daniel Werfel, Commissioner
Internal Revenue Service, Department of the Treasury

Lisa Gomez, Assistant Secretary of Labor for Employee Benefits Security
Employee Benefits Security Administration, Department of Labor

Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services, Department of Health and Human Services
Attention: CMS-9903-P, P.O. Box 8016, Baltimore, MD 21244-8016.

Submitted via [regulations.gov](https://www.regulations.gov).

RE: Coverage of Certain Preventive Services Under the Affordable Care Act

Dear Commissioner Werfel, Assistant Secretary Gomez, and Administrator Brooks-LaSure:

United States of Care (USofCare) is pleased to submit comments to the proposed rule by the Internal Revenue Service (IRS), Employee Benefits Security Administration (EBSA), and the Centers for Medicare & Medicaid Services (CMS) regarding coverage of certain preventive services under the Affordable Care Act (ACA).

[USofCare](#) is a nonpartisan nonprofit working to ensure everyone has access to quality, affordable health care regardless of health status, social need, or income. We drive change at the state and federal level in partnership with everyday people, business leaders, health care innovators, fellow advocates, and policymakers. Together, we advocate for new solutions to tackle our shared health care challenges — solutions that people of every demographic tell us will bring them peace of mind and make a positive impact on their lives. Through [our work](#) in states, we are able to identify unique perspectives from people on the ground to amplify on both the state and federal levels. Where possible, we uplift the voices of real people engaging with the health care system at the patient level whose perspectives have shaped our advocacy work.

USofCare supports the proposed rule and its aim to expand access to contraception as a free preventive service. Access to free preventive services is crucial to ensuring positive health outcomes and must include reproductive health care services. Reproductive health services, particularly contraception, are essential to preventing unintended pregnancies, managing chronic conditions, and promoting agency to make one's own health care decisions. The new pathway to accessing contraceptive services that this rule creates will enable millions of individuals to determine their own reproductive care without financial burden.

“Women's issues, mammograms, and more should be much more accessible and easily affordable.”

- White woman from Georgia

Access to free preventive services is not only essential to ensuring positive health outcomes, but it is also essential to promoting health equity within our care delivery system. [Preventive services](#) can identify potential health issues at an early stage, reduce the risk of developing chronic conditions, and promote healthier lifestyles, leading to better health outcomes and better quality of life. Overall, preventive services are [less expensive](#) than treating chronic or acute conditions, and bring an economical approach to health care by [lowering health care costs over time](#). Without access to free preventive services, people are often forced to choose between paying for needed care or their other day-to-day expenses. In fact, [half of U.S. adults](#) have delayed or skipped recommended medical care because they felt they could not afford it. Access to preventive services can be a game-changer for the health of individuals and communities, as the availability of these services can be a determining factor in whether one lives a long and healthy life.

“[I’m] a big believer in wellness exams, and the plan that I’m on covers a wellness exam 100%. And I think preventative care is the key. And it seems like we are really focused on treating problems, rather than focused on ways to prevent those problems in the first place.”
- White man from Texas

Increased access to reproductive care, including contraception, addresses health outcomes and health disparities. From 2015-2017, 64.9% of U.S. women aged 15–49 [used some form of contraception](#), yet [over 19 million women](#) reside in “contraceptive deserts,” where they have limited access to needed sexual wellness and reproductive care (note: our inclusion of the term “women” throughout our comments is used to maintain consistency with the studies cited; USofCare acknowledges that reproductive care impacts people of all gender identities). Black, Latinx, Asian, and Indigenous communities are [disproportionately impacted](#) by contraceptive deserts and are [less likely](#) to receive the perinatal care they need due to [systemic racism](#) in the health care system. Black and Indigenous infant mortality rates are [notably higher](#) than those of white infants, and the maternal mortality rates for Black women rose in 2021 to be a staggering [2.6 times](#) that of white women. The U.S. is the riskiest OECD nation for pregnant and birthing people, with Black and Indigenous people most at risk.

USofCare supports the proposed rule that creates the individual contraceptive arrangement. This arrangement is an entirely new and additional pathway for individuals to access contraceptive services, regardless of the potential religious exemptions of entities such as their health insurance issuer or employer. Given that the optional accommodation is not available to issuers on the individual market, this rule change will expand access to free contraceptive services to a new population that previously faced significant barriers to this access. The transition to this new rule will be eased by allowing participating providers to be reimbursed using the same user fee adjustment currently used by third-party administrators of self-insured group health plans sponsored by an entity with a moral or religious objection. USofCare commends the decision to rescind the moral exemption rule, as this ensures that access to contraception is not hindered by moral or ideological objections.

The proposed rule, if finalized, will help people across states continue to have access to free preventive reproductive services, especially in light of the *Dobbs v. Jackson Women’s Health Organization* ruling. As of March 1, 2023, 9 states have [adopted regulations](#) restricting access to emergency contraception. **Restricted access to contraception interferes with people’s ability to receive the care they want and need.** For example, when the state of Iowa halted funding in 2018 for free contraceptives provided at abortion clinics, the number of

patients postponing reproductive care [nearly doubled](#) and the number of patients who stopped using birth control [spiked by two-thirds](#). Although this occurred before the *Dobbs* decision, it demonstrates the negative outcomes that result from restricting contraceptive care. **The proposed rule will help ensure that people's reproductive health needs are met, regardless of the state they reside in.**

USofCare applauds the proposed expansion of access to contraceptive coverage under the ACA. This is a vital step towards ensuring reproductive freedom and protecting the health of millions of people and families, while also promoting public health and addressing long-standing health disparities. **USofCare encourages the swift adoption of this rule** and believes that, if finalized, it can build towards our mission of ensuring everyone has access to quality, affordable health care. If you have any questions, please reach out to me at LHunter@usofcare.org.

Sincerely,

A handwritten signature in black ink that reads "Lisa Hunter". The signature is written in a cursive, flowing style.

Lisa Hunter (she/her)

Senior Director for Policy & External Affairs
United States of Care