



November 30, 2017

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9940-IFC and CMS-9925-IFC
P.O. Box 8016
Baltimore, MD 21244-8016

Dear Administrator Verma:

On behalf of the American Academy of Family Physicians (AAFP), which represents 129,000 family physicians and medical students across the country, I write in response to the two regulations titled “Religious Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act” ([CMS-9940-IFC](#)) and “Moral Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act” ([CMS-9925-IFC](#)) as published by the Centers for Medicare & Medicaid Services (CMS) in the October 13, 2017, *Federal Register*.

These interim final rules are designed to expand exemptions to protect religious or moral beliefs for certain entities and individuals whose health plans are subject to a mandate of contraceptive coverage through the *Affordable Care Act* (ACA).

The AAFP strongly urges 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 these two interim final rules so that women do not lose coverage. Section 2713 of the 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. 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. 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.

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These rules will negatively impact access to preventive care 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. Per the Kaiser Family Foundation's [issue brief](#) on implications for women's access to coverage and care, before the ACA, women were spending between 30% and 44% of their total out-of-pocket health costs just on birth control. After the ACA, women saved approximately \$1.4 billion on out-of-pocket costs for contraception in one year.

Changes to our healthcare system come with very high stakes – impacting tens of millions of our patients. Access to contraception allows women to achieve their full potential and is key to healthier women 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.

The AAFP supports [policies](#) that require public and private insurance plans to provide coverage and not impose cost sharing for all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women and men with reproductive capacity including those contraceptive methods for sale over-the-counter. We therefore urge you to immediately withdraw these harmful rules and instead focus on rules that improve access to care.

About Family Medicine

Family physicians are dedicated to treating the whole person. These residency-trained, primary care specialists provide a wide variety of clinical services including prenatal and maternity care, and gynecological services. Family physicians provide clinical care across the lifespan and treat babies with ear infections, adolescents with depression, adults with hypertension, and seniors with multiple chronic illnesses. With a focus on prevention, primary care, and overall care coordination, they treat illnesses early and, when necessary, refer their patients to the right specialist and advocate for their care.

One out of every five office visits in the United States are made with family physicians. More than 192 million office visits are made to family physicians each year. This is 66 million more than the next largest medical specialty. More Americans depend on family physicians than on any other medical specialty.

We appreciate the opportunity to provide these comments. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org with any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Meigs, Jr.', with a stylized flourish at the end.

John Meigs, Jr., MD, FFAFP
Board Chair