

Congress of the United States

Washington, D.C. 20515

January 8, 2019

The Honorable Alex Azar
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: RIN 0938-AT53

Dear Secretary Azar:

We are writing to express our strong opposition to the proposed rule as it would impose unnecessary and onerous burdens on insurers and consumers with the goal of eliminating abortion coverage in the Affordable Care Act (ACA) marketplace and denying women comprehensive health insurance. This rule ignores Congressional intent on abortion coverage, would create consumer confusion, and would be costly for both insurers and consumers. By denying women comprehensive health coverage, it puts their health and lives in danger. For those reasons, we strongly urge the Administration to withdraw this proposed rule.

First, while Congress decided to treat abortion differently from other health care when it passed Section 1303 of the ACA, it did so specifically to ensure that private insurance plans could continue to decide whether to cover abortion in states that did not ban such coverage just as insurers had prior to passage of the law. In fact, Congress explicitly rejected amendments that would have imposed more stringent requirements or completely prohibited coverage in marketplaces altogether.

Second, the cost of abortion alone is often times prohibitive for many women. We are deeply concerned that the proposed rule would further push abortion out of reach for many and make access to the full spectrum of health care more difficult for women. Denying women access to the full range of health benefits, including abortion care, jeopardizes women's health, their economic stability and their overall futures. When safe abortion is not accessible, it puts women's lives in danger. If affordable abortion access is denied, women will return to the dark times of seeking unsafe, back-alley abortions. In opposing this rule, it is also important to note that the U.S. abortion rate has reached its lowest level since 1973. This is due in large part to improved access to contraceptives under the Affordable Care Act. Increased access to contraception has led to lower unintended pregnancy rates, however, access to abortion care when contraception fails or is unavailable continues to be fundamentally central to women's ability to plan and space their pregnancies in order to obtain career equality and economic well-being. Data shows that women who are unable to access reproductive health care, including contraception and abortion are more likely to live in poverty than women who were able to access this care. This rule will keep women

from accessing safe, affordable abortion care when making their health care decisions for themselves and their families.

Third, this rule would turn a once simple and concise billing procedure into an arduous and costly process that would result in reduced access to health care for women. Since ACA implementation, insurers have satisfied the Section 1303 accounting requirements while also ensuring that abortion coverage remained in place. Moreover, in October 2017, the current Administration reinforced the long-standing implementation parameters of Section 1303 through guidance. Yet now, the Administration is proposing to overhaul those regulations and impose new burdensome requirements on insurers and consumers. The unnecessary requirements created by the proposed rule would force many insurers not to offer abortion coverage moving forward. In fact, that appears to be the goal of this rule—to eliminate abortion coverage in the ACA marketplaces and cause people across the country to lose comprehensive health coverage—a goal that runs directly contrary to congressional intent.

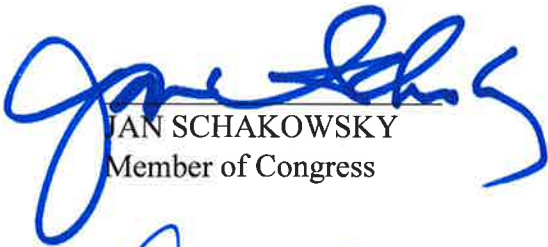
Fourth, this rule would also create consumer confusion. The rule's requirements for two separate bills and two separate payments to cover a consumer's premium would likely cause significant confusion for consumers as it requires a drastic change from how consumers currently receive medical bills and pay their premiums. For example, with this new billing structure, consumers may not realize or understand why they are receiving two separate bills for their health insurance. Having to pay two separate bills for one premium is incredibly confusing and many consumers may not understand that they must do this in order to cover their cost sharing requirements. With this confusion abounding, it may so happen that some consumers may not pay the second bill, perhaps simply forgetting to or not understanding that they must, thereby failing to pay their health insurance premium in full, putting them at risk of having their health care coverage cancelled altogether.¹ The Administration acknowledges that the rule would affect at least 1.3 million consumers nationwide – putting those individuals and potentially many more at risk of losing critical health care coverage.

Fifth, it is important to note that this rule will be costly to implement. The Administration suggests that the rule could cost consumers \$30.8 million, but the impact would likely be much greater. For example, the Administration did not include in this estimate the additional administrative costs involved in further separating billing practices, costs for both insurers and consumers incurred by the confusion resulting from this rule, and lastly, the cost of increased unintended pregnancies and births along the continuum. By not accounting for any of these, and other added costs of implementing this ill-conceived rule, the Administration is promoting a change that will increase both costs and administrative burdens - two things that this Administration claims to be vehemently against.


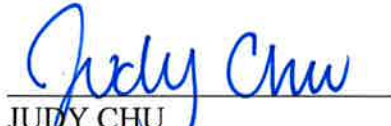
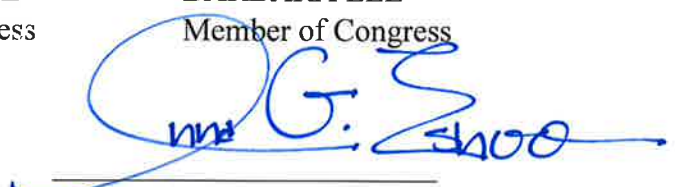

¹ While the rule provides for situations where consumers pay both bills in a single instrument, it is silent on what happens if they fail to pay both bills.


Women have the right to make their own decisions about their reproductive health. Barriers to abortion care force women to delay care, resulting in unintended pregnancies and unplanned births, which often times force families deeper into poverty. For these aforementioned reasons, along with the fact that abortion care is health care, we oppose this rule and urge you to withdraw it immediately before it has the opportunity to cause harm to Americans across the country.


Sincerely,



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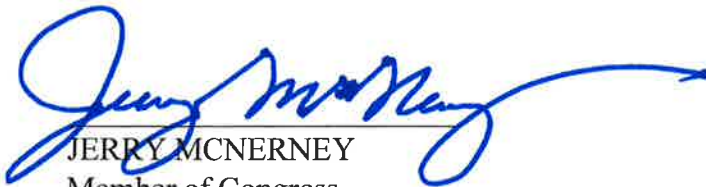
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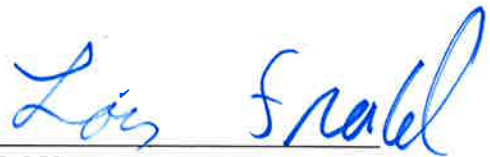
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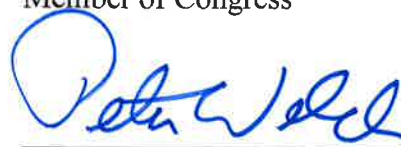
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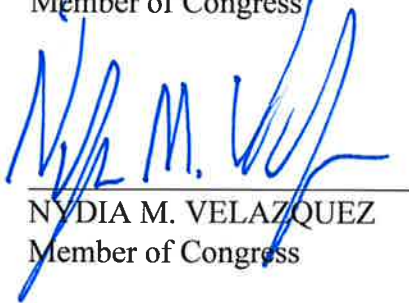
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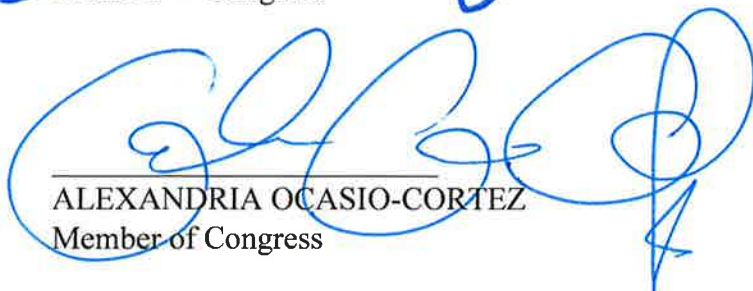
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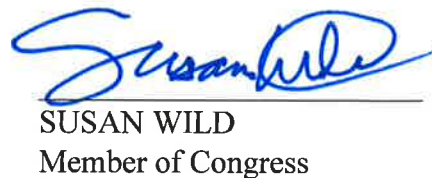
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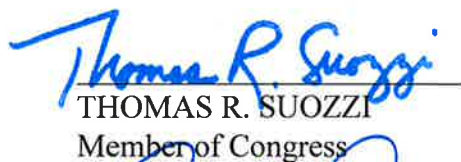
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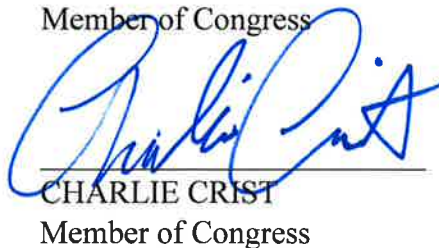
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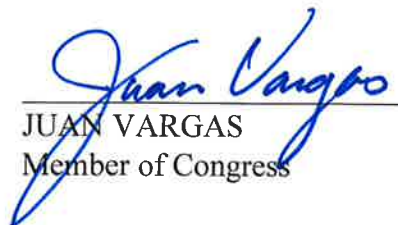
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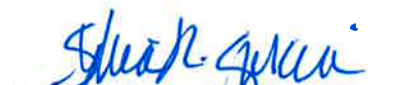
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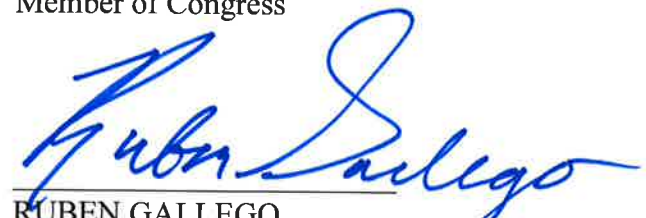

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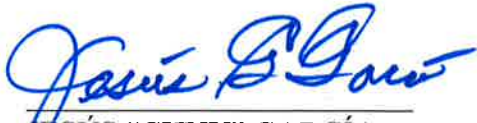
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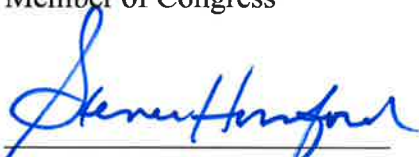
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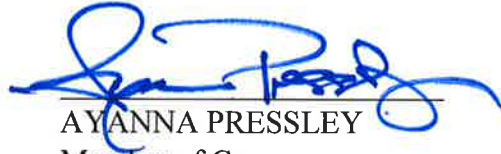
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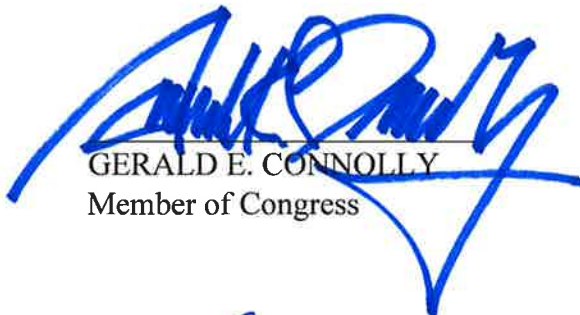
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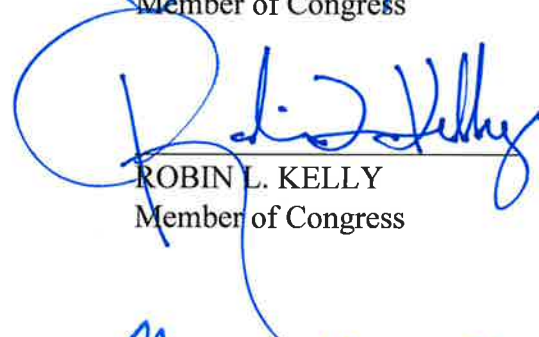
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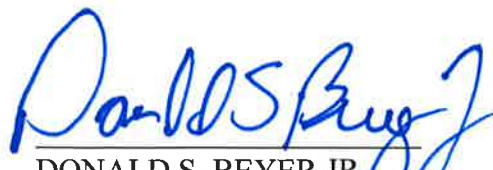
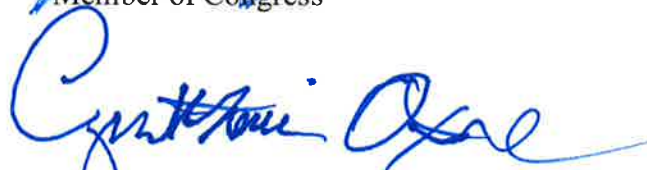




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