

July 29, 2011

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

Dear Secretary Sebelius:

We write to you to urge HHS to fully implement the recent recommendations from the Institute of Medicine (IOM) regarding preventive services for women, and to require that all of the IOM-recommended services be included in health care coverage without cost sharing. The undersigned organizations represent a diverse array of organizations committed to access to quality health care, in particular for low-income women and communities.

The Affordable Care Act (ACA) set out baseline definitions for preventive services and, with respect to women, charged HRSA with developing comprehensive guidelines for additional preventive care and screenings. In August of 2010, your office commissioned the IOM to develop recommendations regarding the preventive women's health services that should be added. The IOM report was issued on July 20, 2011. The IOM process included an exhaustive evidence-based review of health care services, extensive stakeholder input, and careful analysis of current coverage trends. We believe that the impeccable and commendable IOM process is reflected in the quality of the study results, and we strongly recommend that HHS fully adopt the IOM recommendations.

Specifically, the IOM recommendations fill important gaps in the U.S. Preventive Services Task Force guidelines: all eight identified services are entirely essential to health care for women. Addressing this full range of services will not only go a long way towards improving the health of women, but it will also help begin to address health disparities affecting racial and ethnic minorities who are more likely to lack affordable access to these services and/or be disproportionately at risk for conditions that the recommendations address. We also note that increased access to many of these eight services will also help reduce long-term health care costs, which is an objective of the ACA.

As HHS designs coverage policies around these preventive services, we encourage HHS to consider a few additional points. First, if adopted, robust coverage policies within each service category will be essential to meaningful access to the preventive services. For example, as noted in the IOM report, different contraceptive methods may have varying rates of effectiveness for different individuals. Contraceptive coverage must include all forms of FDA-approved drugs, devices and supplies to ensure that each person has access to the most effective method for her health and personal needs.

Second, creating insurance coverage for preventive services does not guarantee that providers will prescribe or provide the services. HHS should also work to educate the provider community

about the content and importance of the new coverage standards, as well as to encourage providers to make these preventive services readily available to their patients.

Third, we urge HHS to implement these standards uniformly, without weakening them with exceptions to the preventive services mandates for plans that have objections to any particular preventive service. Women deserve the highest quality health care coverage designed using evidence-based standards of medical practice. This is *exactly* the framework that the IOM has used, and the one we support. A recent report from the National Health Law Program, *Health Care Refusals: Undermining Quality Care for Women*, provides an extensive analysis of the disastrous health care consequences for women when medicine is based on personal beliefs instead of evidence-based medical standards.<sup>1</sup>

We realize that HHS will hear from stakeholders who will criticize the IOM recommendations. We believe, however, that the thoughtful evidence-based process that the IOM followed and the quality results achieved speak for themselves. We note also that much of the criticism aimed at the IOM recommendations ignores the simple fact that many of these services are already covered by the majority of health insurances, but they may be unaffordable to some women without the requirement that they be covered without cost-sharing. Other criticism is based on misrepresentations or inaccuracies—such as allegations that this effort is about “free contraception” when in fact it is paid for through insurance premiums; or attempts to confuse contraception with abortion, when in fact the definition of contraception is very clear. The IOM did exactly what it was charged to do, and its recommendations should be heeded.

In conclusion, we urge HHS to fully implement the IOM recommendations in light of the critical health needs of women and the comprehensive evidence-based medical standards reflected in the report. If you have any questions or need any further information, please contact Leonardo Cuello, Staff Attorney at the National Health Law Program, at 202-289-7661.

Sincerely,

National Health Law Program (NHeLP)  
Abortion Care Network  
Advocates for Youth  
All our Lives  
American Association of University Women (AAUW)  
American Congress of Obstetricians and Gynecologists, District IX  
American Humanist Association  
American Medical Student Association  
Antelope Valley WIC Program  
Association of Reproductive Health Professionals  
Black Women’s Health Imperative  
Breastfeeding Coalition of Solano County  
Breastfeeding Task Force of Greater Los Angeles  
California Academy of Family Physicians

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<sup>1</sup> Report available at:  
[http://www.healthlaw.org/images/stories/Health\\_Care\\_Refusals\\_Undermining\\_Quality\\_Care\\_for\\_Women.pdf](http://www.healthlaw.org/images/stories/Health_Care_Refusals_Undermining_Quality_Care_for_Women.pdf)

California Latinas for Reproductive Justice (CLRJ)  
California WIC Association  
Center for Independence of the Disabled, NY  
Center for Medicare Advocacy  
Center for Reproductive Rights  
Center for Women Policy Studies  
Clinicas de Salud del Pueblo, Inc.  
Delta Health Care  
Directors of Public Health Nursing (DPHN)  
Edgerton Women's Health Center  
Florida Legal Services, Inc.  
Health Action New Mexico  
Health & Disability Advocates  
Ibis Reproductive Health  
Law Students for Reproductive Justice  
League of United Latin American Citizens  
Maine Equal Justice Partners, Inc.  
Massachusetts Law Reform Institute  
MCAH Action California Maternal, Child and Adolescent Health Directors  
Medical Students for Choice  
Michigan Consumers for Healthcare  
Migrant Legal Action Program  
National Asian Pacific American Women's Forum (NAPAWF)  
National Campaign to Prevent Teen and Unplanned Pregnancy  
National Center for Transgender Equality  
National Council of Jewish Women  
National Latina Institute for Reproductive Health  
National Network of Abortion Funds  
National Organization for Women  
National WIC Association  
National Women's Liberation  
New Mexico Center on Law and Poverty  
New Yorkers for Accessible Health Coverage  
Ohio Poverty Law Center  
Physicians for Reproductive Choice and Health  
Preconception Health Council of California  
Public Justice Center  
Raising Women's Voices for the Health Care We Need  
Religious Coalition for Reproductive Choice  
Reproductive Health Access Project  
Reproductive Health Technologies Project  
Riverside Family Health Medical Group  
San Diego County Breastfeeding Coalition  
Sargent Shriver National Center on Poverty Law  
SisterSong Women of Color Reproductive Justice Collective

Southwest Women's Law Center  
West Virginia Focus: Reproductive Education & Equality (WV FREE)  
Western Center on Law and Poverty  
Wisconsin Alliance for Women's Health  
Women of Reform Judaism

CC:

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HRSA

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Office of the Assistant Secretary for Planning and Evaluation  
Assistant Secretary for Planning and Evaluation

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Director  
CCIIO

Rose Marie Martinez  
Director, Board on Population Health and Public Health Practice  
IOM