

December 6th, 2024

Attn: Internal Revenue Service; Employee Benefits Security Administration; Health and Human Services Department

Comments in Response to the Enhancing Coverage of Preventive Services Under the Affordable Care Act Proposed Rule

On behalf of the **Texas Women's Healthcare Coalition (TWHC)**, thank you for this opportunity to provide feedback on the proposed administrative rule change relating to enhancing coverage of preventive services under the Affordable Care Act.

TWHC is a group of 77 healthcare, faith, and community-based member organizations - dedicated to improving the health and well-being of Texas women, babies, and families by ensuring access to preventive healthcare for all Texas women. Access to preventive and preconception care – including health screenings and contraception – means healthy, planned pregnancies and the early detection of cancers and other treatable conditions.

TWHC supports the Departments' efforts to establish an exceptions process for the reasonable medical management of recommended preventive services. TWHC also supports Departments' decision to require health plans and health insurance issuers to cover over-the-counter (OTC) contraceptive items without cost-sharing and without a prescription by a healthcare provider, as well as the Departments' choice to require a disclosure of this new coverage by health plans and health insurance issuers. These proposed rules would increase contraceptive use consistency nationwide, resulting in lower unplanned pregnancy rates and improved health outcomes for women, babies, and families across the country.

Preventative services, especially contraception, are in exceptionally high demand in the United States. According to the 2024 Kaiser Family Foundation (KFF) Women's Health Survey (a nationally representative survey of 3,901 women between the ages of 18 and 49), eight in ten women (82%) of reproductive age report using some form of contraception in the past 12 months. For these women, oral contraceptive pills and male condoms are the most common methods used. Additionally, 69% of women report it is important for them to avoid becoming pregnant in the next month.¹

Yet many women struggle to consistently obtain and use their preferred form of birth control due to numerous prescription, cost-related, spacial, and social barriers. Running out of birth control pills is among the primary reasons women discontinue oral contraceptive use. Studies have found that

¹ Frederiksen, Brittni, et al. "Contraceptive Experiences, Coverage, and Preferences: Findings from the 2024 KFF Women's Health Survey." KFF, 22 Nov. 2024, www.kff.org/womens-health-policy/issue-brief/contraceptive-experiences-coverage-and-preferences-findings-from-the-2024-kff-womens-health-survey/.

discontinuation rates range from 25% to 85% during the first 6 to 12 months of use due to barriers in access and supply.²

Prescription requirements create barriers to access for birth control pills and emergency contraception, as they require women to spend valuable time, money, and resources in order to obtain and fill those prescriptions. These include resources needed to take off from work, travel, visit a doctor's office, visit a pharmacy, and more.³ High costs can prevent women from being able to afford oral contraceptives, regardless of their insurance status. One in five (20%) uninsured women had to stop using a birth control method because they couldn't afford it. Yet a quarter (24%) of women with insurance also report that they paid some or all of the costs out-of-pocket because their plan did not cover the full cost or did not cover birth control at all.⁴ The increasing prevalence of contraceptive deserts also leaves many women with no place to go when they do seek out contraceptive care. Across the United States, studies show that over 19 million women of reproductive age are in need of publicly funded contraception, yet currently live in contraceptive deserts. Experts define contraceptive deserts as counties where the number of healthcare centers offering the full range of methods is not enough to meet the needs of the county's number of women eligible for contraception.⁵ In Texas specifically, 5.8 million of our citizens live in some type of contraceptive desert.⁶ Finally, underserved populations, rural areas, and communities of color are disproportionately impacted by these barriers to contraceptive use due to systemic inequities in our healthcare system.⁷

The results of this hindered access to contraception for women include unplanned pregnancies, and associated negative economic and health outcomes. Unintended pregnancy and abortion rates are higher in the United States than in most other developed countries, and low-income women have disproportionately high rates. Currently, 49% of American pregnancies are unintended.⁸ In Texas specifically, 54% of all pregnancies (298,000) in the year 2010 were unintended. These pregnancies and subsequent births pose costs to individuals, and governments. In Texas in 2010, the federal and state governments spent \$2.9 billion on unintended pregnancies; of this, \$2,057 million (61%) was paid by the

² Salganicoff, Alina, Laurie Sobel, et al. "Insurance Coverage of OTC Oral Contraceptives: Lessons from the Field." KFF, 14 Sept. 2023,

www.kff.org/womens-health-policy/report/insurance-coverage-of-otc-oral-contraceptives-lessons-from-the-field/.

³ Grindlay, Kate, and Daniel Grossman. "Prescription Birth Control Access Among U.S. Women at Risk of Unintended Pregnancy." *Journal of women's health* (2002) vol. 25,3 (2016): 249-54. doi:10.1089/jwh.2015.5312

⁴ Frederiksen, Brittini, et al. "Contraceptive Experiences, Coverage, and Preferences: Findings from the 2024 KFF Women's Health Survey." KFF, 22 Nov. 2024, www.kff.org/womens-health-policy/issue-brief/contraceptive-experiences-coverage-and-preferences-findings-from-the-2024-kff-womens-health-survey/.

⁵ Contraceptive Deserts, Power to Decide, powertodecide.org/what-we-do/contraceptive-deserts.

⁶ Kreitzer, Rebecca J et al. "Affordable but Inaccessible? Contraception Deserts in the US States." *Journal of health politics, policy and law* vol. 46,2 (2021): 277-304. doi:10.1215/03616878-8802186

⁷ Key, Katherine et al. "Challenges accessing contraceptive care and interest in over-the-counter oral contraceptive pill use among Black, Indigenous, and people of color: An online cross-sectional survey." *Contraception* vol. 120 (2023): 109950. doi:10.1016/j.contraception.2023.109950

⁸ "Access to Contraception (Committee Opinion No. 615)." ACOG, American College of Obstetricians and Gynecologists, Jan. 2015, <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/01/access-to-contraception>.

federal government and \$842.6 million was paid by the state. Numerous studies also link births resulting from unintended or closely spaced pregnancies to adverse maternal and child health outcomes and myriad social and economic challenges.⁹

By requiring the coverage of over-the-counter (OTC) contraceptive items without cost-sharing and without a prescription, then also requiring an easy exception process to obtain coverage or reimbursement for these items - the Departments will lessen or eliminate many of the major obstacles women face when searching for birth control. This will have numerous benefits for American women, including lower rates of unplanned pregnancy, and associated positive economic and health outcomes.

Women across this country need easy access to contraception, and have yet to obtain it. The Departments' proposed rules should be implemented, to support these women and their families. TWHC is eager to help with these issues, and we are happy to provide any additional information on this topic.

Respectfully,

A handwritten signature in black ink, reading "Evelyn Delgado". The signature is written in a cursive style with a large, looped "E" and "D".

Evelyn Delgado
Chair, Texas Women's Healthcare Coalition

⁹ State Facts about Unintended Pregnancy: Texas, Guttmacher Institute, 2016, www.guttmacher.org/sites/default/files/factsheet/tx_18.pdf.