COMMISSIONER OF SECURITIES & INSURANCE

MONICA J. LINDEEN
COMMISSIONER

OFFICE OF THE MONTANA
STATE AUDITOR

September 15, 2010

The Honorable Kathleen Sebelius
Secretary, Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Prevention (OCIIO-9992-IFC)

Dear Secretary Sebelius,

As Commissioner of Securities and Insurance, Montana State Auditor, I wish to comment on the regulations regarding prevention (OCIIO-9992-IFC). I am writing to urge that the final guidelines for preventive care address the full range of women's preventive health care needs, including family planning.

I am aware that the guidelines for women's preventive care have been delayed until HRSA provides definitions at a later time. Given the September 23, 2010 deadline for implementing the preventive services requirements under the Affordable Care Act (ACA), the guidelines are no doubt forthcoming. Regardless of their specific content, it is critical that family planning services be considered preventive health care under the ACA.

Pregnancy is an expensive proposition and prevention of unplanned pregnancy is highly cost effective. For every public dollar invested in contraception, nearly $3.75 is saved in Medicaid expenditures that would have been needed for prenatal care, labor and delivery, postpartum care, and the infant's first year of medical care. In addition, the costs of complications can be very high. Women with unplanned pregnancies have more complicated pregnancies and deliveries on average due to increased likelihood of inadequate prenatal care, exposure of the fetus to harmful substances, and low birth weight.

Discussion on the Senate floor left no doubt that family planning was part of the intent of adding the women's health care amendment. Furthermore, the Healthy People series has included family planning as a preventive service in every report over the past two decades. The Health People series builds from an initial Surgeon General's Report, which in 1979 established national health objectives and served as the basis for State and community health planning. Each year it is developed through broad consultation with over 400 health organizations in partnership with HHS and extensive public comment. It relies on the best scientific knowledge and outcome measurements.

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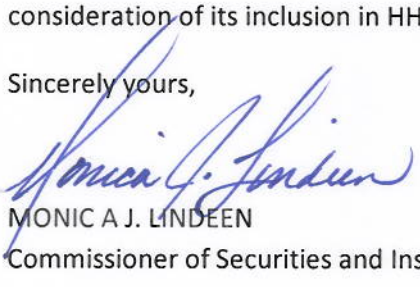
In addition, the federal law authorizing community health centers lists family planning among the preventive health services they are required to provide. Numerous health care provider associations such as the American Medical Association, the American Academy of Family Physicians, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists, along with public health advocates such as the March of Dimes and American public Health Association, all discuss family planning as preventive care.

For over 30 years, Montana has led the nation in prohibiting insurance rating based on gender. An attorney general's opinion has interpreted denial of contraceptive coverage in major medical plans to be a violation of that anti-discrimination provision. I believe carving out contraception from women's prevention services under the ACA guidelines would be discriminatory and not in the best interests of Montana women.

Cost is the top reason women forego necessary and most comprehensive contraceptive services. Family planning is a routine preventive service for most women of childbearing age. I urge your strong consideration of its inclusion in HHS's definition of preventive care for women.

Sincerely yours,



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