

November 2, 2011

Chairman Fred Upton
Committee on Energy and Commerce
United States House of Representatives
Washington, D.C. 20515

Ranking Member Henry Waxman
Committee on Energy and Commerce
United States House of Representatives
Washington, D.C. 20515

Chairman Joe Pitts
Energy and Commerce Subcommittee on Health
United States House of Representatives
Washington, D.C. 20515

Ranking Member Frank Pallone, Jr.
Energy and Commerce Subcommittee on Health
United States House of Representatives
Washington, D.C. 20515

Dear Chairmen Upton and Pitts and Ranking Members Waxman and Pallone:

As advocates for young people's health and rights and students currently attending religious affiliated colleges and universities, we are pleased that the Department of Health and Human Services adopted the Institute of Medicine's recommendations laid out in "Clinical Preventive Services for Women: Closing the Gaps." These recommendations are an important step forward in women's health and well-being. We are especially excited to see that starting in August of 2012, just before school starts, women will be able to access all FDA approved methods of contraception available on their private health plans, without a co-pay.

However, we are concerned by statements made by certain organizations and members of Congress that wish to undo this important advancement.

According to the recent report "TECHsex USA: Youth Sexuality and Reproductive Health in the Digital Age," birth control is one of the most important health issues for young women.¹ The United States has one of the highest teen pregnancy rates in the developed world with 71.5 pregnancies per 1000 women ages 15-19. That number is nearly three times that of Germany and France and four times the rate in the Netherlands.² In 20-24 year olds, more than half of all pregnancies are unintended.³ According to the Guttmacher Institute, unintended pregnancies cost the United States \$11.1 billion in 2006.⁴

Contraception is a basic part of women's health care. The Centers for Disease Control and Prevention states that more than 98 percent of U.S. women between the ages of 15 and 44 who have ever had sexual intercourse with a male have used at least one contraceptive method before. However, there are many barriers to accessing contraception, especially among young women. In a review published by the National Campaign to Prevent Teen and Unplanned Pregnancy, cost was cited as one of many barriers faced by young

¹ Boyar, R, Levine, D, Zensius, N. TECHsex USA: Youth Sexuality and Reproductive Health in the Digital Age. Oakland, CA: ISIS, Inc. April, 2011.

² Advocates for Youth. (March 2011). *Adolescent Sexual Health in Europe and the US*. Retrieved from <http://www.advocatesforyouth.org/publications/419?task=view> September 20, 2011.

³ Ibid.

⁴ Sonfield, A, Kost, K, Gold, R. B. and Finer, L.B. (2011), The Public Costs of Births Resulting from Unintended Pregnancies: National and State-Level Estimates. *Perspectives on Sexual and Reproductive Health*, 43: 94-102. Doi: 10. 1363/4309411

women and adolescents when attempting to access contraception.⁵ In fact, a recent study published in *Contraception* found that young women are significantly more likely than women of all ages to pay higher out-of-pocket costs for birth control and are less likely to buy multiple packs of pills at a time.⁶

Despite some limited success, the reality is that, even today, women with health insurance still do not have the ability to access the contraception they need because it is left up to individual health plans to decide which methods of contraception to cover or whether to even cover contraception *at all*.

The new preventive health guidelines serve to help resolve this issue; however, we are concerned that the religious exemption language may be expanded to prevent more women, and young women in particular, from accessing these services.

Deference to the conscience of others is fundamental to religious freedom. While we respect individuals' choices and their consciences, claims that refusal clauses are needed for institutional employers are indefensible. The availability of contraception in no way compels those who oppose it to use it. Individuals with religious conflicts can simply exercise their right not to access contraception. The conscience of one individual or one institution cannot, and must not, override a woman's basic right to necessary and timely medical care.

We have heard from too many young people who attend Catholic universities who have either had to lie to their doctor about their reason for accessing contraception (non-contraceptive purposes), or use local family planning clinics with already stretched resources, to access birth control.

"When I was a student at Georgetown Law, I watched women lie to their doctors about needing birth control for non-contraceptive reasons. This is just wrong. Students shouldn't be limited by their school's religious beliefs, especially when colleges are offering secular education to students of all faiths."

"I attended Boston College for law school and was denied contraception through the student health services. This must change."

"I am a student at Georgetown Law, and I am forced to go to Planned Parenthood to receive basic health care, as my insurance doesn't cover birth control pills. If I have a question or a problem with my medication, I can't ask my Georgetown doctor. It is absolutely outrageous that young, old, single, and married women alike at Georgetown Law cannot get basic health services."

"I went to a Catholic university, and saw first hand the terrible impact a lack of birth control had on the students. It doesn't stop college students from having sex. It just makes them think it's okay to do so unsafely."

⁵ National Campaign to Prevent Teen and Unplanned Pregnancy. (2009). *Unlocking the Contraception Conundrum*. Retrieved September 29, 2011, from http://www.thenationalcampaign.org/resources/pdf/pubs/Unlocking_Contraceptive.pdf

⁶ *Contraception*. 2011 Jun;83(6):528-36. Epub 2010 Nov 6. Women's out-of-pocket expenditures and dispensing patterns for oral contraceptive pills between 1996 and 2006.

In fact, in 2009, almost 90% of students at Boston College voted for changes to the school's sexual health education and resources. By voting for this referendum, the large majority of students called for not only prescriptions for contraception from their student health services, but also the availability of condoms on campus.⁷ Almost 70% of students at Boston College identify as Catholic, and like the majority of Catholics nation-wide, they support access to contraception.

The fact remains that, "Among all women who have had sex, 99 percent have ever used a contraceptive method other than natural family planning. This figure is virtually the same, 98 percent, among sexually experienced Catholic women."⁸ When almost 80 percent of unmarried young women between the ages of 20 and 24 have had sex, access to contraception cannot be ignored. Women should not be punished for making the responsible decision to access contraception when they wish to prevent an unintended pregnancy. We encourage you to stand with young women and ensure that they have access to contraception, regardless of where their private health insurance comes from.

Sincerely,

Advocates for Youth

Washington, DC

American Medical Student Association

Reston, VA

Campus Progress

Washington, DC

DC Federation of College Democrats Women's Caucus

Washington, DC

Generational Alliance

Washington, DC

Law Students for Reproductive Justice

Oakland, CA

Spiritual Youth for Reproductive Freedom

Washington, DC

All Education Matters

Nationwide

Boston College Students for Sexual Health

Chestnut Hill, MA

Choice USA

Washington, DC

Feminist Majority Foundation

Arlington, VA

H*yas for Choice

Washington, DC

Medical Students for Choice

Philadelphia, PA

⁷ Sweas, Megan. (8 March 2009). Students vote for expanded sex ed resources at Boston College. *U. S. Catholic* Retrieved from: <http://www.uscatholic.org/life/2009/03/students-vote-expanded-sex-ed-resources-boston-college>

⁸ Jones RK and Dreweke J, *Countering Conventional Wisdom: New Evidence on Religion and Contraceptive Use*, New York: Guttmacher Institute, 2011.