



September 28, 2010

Secretary Kathleen Sebelius  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

RE: Comments on Pre-existing Condition Insurance Plans (Document ID: **OCHIO-9995-IFC**)

Dear Secretary Sebelius,

Ibis Reproductive Health, a nonprofit clinical and social science research organization dedicated to improving women's health worldwide, is submitting these comments on the Interim Final Rule for the Pre-existing Condition Insurance Plans (PCIP) established under section 1101 of Title 1 of the Patient Protection and Affordable Care Act (PPACA). The PCIP program aims to provide uninsured people with pre-existing health care conditions access to needed health insurance and health care services. However, the PCIPs established by this rule has the potential to harm women with pre-existing conditions in need of health care coverage and services because the rule imposes a ban on abortion coverage, even when a woman's health will be harmed by continuing a pregnancy.

### **Banning Abortion Coverage Harms Women the Most in Need of Health Care Services**

We believe health care reform holds great promise for improving the lives and health of women and their families. However, research we have recently conducted suggests that the rule issued that denies abortion coverage for women with pre-existing health conditions harms the women most in need of health care coverage for abortion.<sup>1</sup>

Through in-depth interviews with almost 70 abortion providers in 15 states, we documented the devastating impact of federal policies that restrict public insurance coverage of abortion for low-income women. Abortion providers reported that women with a range of serious health conditions such as women who were HIV positive or had cancer, diabetes, multiple sclerosis, Lupus, or Chron's Disease, among other conditions, faced barriers in accessing needed health care due to federal policies that prohibit coverage of abortion care. Pregnancy can precipitate serious complications for women with these, and other, serious medical conditions. Many women could not receive treatment for their medical conditions until they obtained an abortion because treatments for many of the conditions could harm their pregnancies. Yet they also faced barriers in accessing abortions because their public health insurance did not provide coverage of this safe and common medical procedure.

Forced to delay both treatment for their medical conditions and obtaining an abortion, women turned to family, friends, and compassionate strangers for help raising funds for an abortion. Scrambling to raise money for an abortion inevitably led to further delays in obtaining abortions, preventing women from securing treatment for their medical conditions and putting their health and lives at risk.

### **Removing the Abortion Coverage Ban for Women with Pre-Existing Conditions Will Improve Women's Health**

Laws that restrict federal coverage of abortion for women with pre-existing conditions harm women and their families by putting women's health and lives at risk. They also perpetuate health disparities by making it even harder for women, and especially low-income women and women who have pre-existing health conditions, to get care they need to protect their health. Public policies that facilitate access to early abortion best serve the needs of women whose health care providers have told them that continuing a pregnancy will place their health and lives at risk. Health reform should safeguard women's health. We urge you to lift the harmful abortion restrictions in the Pre-existing Conditions Insurance Plans.

Sincerely,

Ibis Reproductive Health

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<sup>1</sup> Kacanek D, Dennis A, Miller K, Blanchard K. Medicaid Funding for Abortion: Providers' Experiences with Cases Involving Rape, Incest and Life Endangerment. *Perspectives on Sexual and Reproductive Health* June 2010; 42(2):79-86.