January 8, 2019

Secretary Alex Azar  
Administrator Seema Verma  
Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Attention: CMS-9922-P  
P.O. Box 8016  
Baltimore, MD 21244-8010

Attn: Patient Protection and Affordable Care Act; Exchange Program Integrity CMS-9922-P,  
RIN: 0938-AT53

Thank you for the opportunity to submit comments to the U.S. Department of Health and Human Services’ (HHS) notice of proposed rulemaking (NPRM), “Patient Protection and Affordable Care Act; Exchange Program Integrity,” RIN: 0938-AT53.

The National Abortion Federation (NAF) is the professional association of abortion providers. Our mission is to ensure safe, legal, and accessible abortion care, which promotes health and justice for women. NAF’s members include private and non-profit clinics, Planned Parenthood affiliates, women’s health centers, physicians’ offices, and hospitals which together care for approximately half the people who choose abortion in the U.S. and Canada each year. Our members also include public hospitals and both public and private clinics in Mexico City and private clinics in Colombia. NAF is the leading organization offering accredited continuing medical education to health care professionals in all aspects of abortion care, and all NAF member facilities adhere to our evidence-based Clinical Policy Guidelines for Abortion Care, which set the standards for quality abortion care.

NAF believes that all forms of reproductive health care, including abortion, should not only be legal, but also safe and accessible, and we are deeply concerned about the impact of the NPRM. Private insurance coverage of abortion is essential for making abortion care affordable for those who seek it, and any efforts to make it more difficult for private insurers to cover abortion care are implicit attempts to impede access to that care. The NPRM is a misleading and dangerous proposal that is intended to dismantle insurance coverage for abortion care by creating requirements that will be burdensome for insurers and confusing for consumers.

If implemented as written, the proposed rule would require insurers to bill consumers twice, once for the coverage of abortion services, and again for literally every other covered benefit in each consumer’s plan. Every step that is part of the billing process, including sending invoices and processing payments, would be unnecessarily duplicated, requiring insurers to pay twice for the labor and material resources that they need in order to collect premium payments. Insurance companies would thus be financially disincentivized from including abortion care amongst their covered benefits, because they would be forced to raise their premium rates to cover their newly incurred costs or cut coverage of abortion care so that they would be better able to compete against other insurance plans. Companies that chose to continue to include abortion coverage would be forced to jump through hoops, even though they are already held to strict regulatory requirements to separate out federal funds from funds used to cover abortion care.² Requiring insurers to comply with even more burdensome conditions will make compliance onerous enough to dissuade insurers from offering abortion coverage at all.

Without insurance coverage of abortion care, health care choices are not based on the needs of patients and their families, but rather are at the whims of anti-choice politicians. This rule is the latest attempt by an anti-choice administration to restrict access to abortion care and do so in a way that disproportionately affects lower-income people. When patients have to pay out-of-pocket for health care, they are often forced to do so at the expense of other necessities, such as rent, food, and childcare.

That the Administrator is proposing a rule that could cause people to lose their health insurance coverage due to unnecessary, complicated, and intentionally onerous requirements is antithetical to the Department’s mission to, “enhance the health and well-being of all Americans.”³ Instead of making it more difficult for Americans to access health insurance and for insurance companies to provide comprehensive coverage, the Department of Health and Human Services should be working to expand access to health care, including abortion care.

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² 45 C.F.R. 156.280