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Cardinal criticizes contraceptives in health plans

Nancy Frazier O'Brien Catholic News Service | Jul. 20, 2011

WASHINGTON -- A U.S. cardinal expressed strong opposition July 19 to a recommendation that all health plans be required to cover any contraceptives approved by the Food and Drug Administration without a patient co-payment under the new health reform law.

Cardinal Daniel N. DiNardo of Galveston-Houston said the recommendation from an Institute of Medicine panel showed that "there is an ideology at work ... that goes beyond any objective assessment of the health needs of women and children."

The institute's Committee on Preventive Services for Women made public July 19 its list of recommendations to the Department of Health and Human Services, which is charged with deciding which health services will be mandated under the Patient Protection and Affordable Care Act.

In addition to recommending screenings for gestational diabetes and HIV, breast-feeding support and supplies and counseling for domestic violence, the 16-member panel said all women of reproductive age should have access to "the full range of Food and Drug Administration-approved contraceptive methods, sterilization procedures and patient education and counseling."

If HHS Secretary Kathleen Sebelius accepts that recommendation, "these controversial practices will be mandated for all insurance plans -- public and private -- without co-pay from anyone receiving them," said Cardinal DiNardo, who chairs the U.S. bishops' Committee on Pro-Life Activities.

"Without sufficient legal protection for rights of conscience, such a mandate would force all men, women and children to carry health coverage that violates the deeply held moral and religious convictions of many," he added.

At a news briefing July 19, panel member Alina Salganicoff, vice president and director of women's health policy at the Henry J. Kaiser Family Foundation, said the recommended contraceptives would include the "emergency contraception" drugs ella and Plan B, but not the abortion pill RU-486.

The cardinal said the panel's recommendation pointed up the importance of congressional passage of the Respect for Rights of Conscience Act, H.R. 1179, which would allow health insurance plans to exclude procedures that violate the moral or religious convictions of those providing or purchasing the plan.

In its 260-page report, titled "Clinical Preventive Services for Women: Closing the Gaps," the panel said "systematic evidence reviews and other peer-reviewed studies ... indicate that contraception and contraceptive counseling are effective at reducing unintended pregnancies."

In addition, it said, "current federal reimbursement policies provide coverage for contraception and contraceptive counseling and most private insurers also cover contraception in their health plans." The panel also cited the recommendations of "numerous health professional associations" and said "a reduction in

unintended pregnancies" is among the goals of the government's Healthy People 2010 and Healthy People 2020 programs.

The report defined preventive health services as "measures -- including medications, procedures, device, tests and counseling -- shown to improve well-being and/or decrease the likelihood or delay the onset of a targeted disease or condition."

But, Cardinal DiNardo said, "pregnancy is not a disease, and fertility is not a pathological condition to be suppressed by any means technically possible."

Sebelius is expected to act on the institute's recommendations by Aug. 1.

The department's interim final rules for women's preventive services include such medical services as blood pressure and cholesterol screening; diabetes screening for hypertensive patients; various cancer and sexually transmitted disease screenings; routine immunizations; and counseling related to aspirin use, tobacco cessation and obesity.

Those services "pose little or no medical risk themselves, and they help prevent or ameliorate identifiable conditions that would pose known risks to life and health in the future," Deirdre McQuade, assistant director for policy and communications at the bishops' Secretariat for Pro-Life Activities, told the panel in November.

But the use of prescription contraceptives "actually increases a woman's risk of developing some of the very conditions that the 'preventive services' listed in the interim final rules are designed to prevent, such as stroke, heart attacks and blood clots ..., so a policy mandating contraceptive services as 'preventive services' would be in contradiction with itself," she added.

Only one member dissented from the panel's recommendations but his objections had nothing to do with the proposed contraceptive coverage.

Anthony Lo Sasso, a professor and senior research scientist in the Division of Health Policy and Administration at the University of Illinois at Chicago School of Public Health and the Institute of Government and Public Affairs at the University of Illinois, said he felt the committee had an "unacceptably short time frame" in which to work and as a result "the recommendations were made without high-quality, systematic evidence of the preventive nature of the services considered."

Lo Sasso said he "advocates that no additional preventive services beyond those explicitly stated in the Affordable Care Act be recommended for consideration by the (HHS) secretary for first dollar coverage until such time as the evidence can be objectively and systematically evaluated and an appropriate framework can be developed."

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