

***WCC SIGNED ON TO THIS LETTER TO HHS RE: OPPOSING PROPOSED REGULATIONS THAT WOULD UNDERMINE WOMEN'S ACCESS TO REPRODUCTIVE HEALTH SERVICES.***

July 2008

Dear Secretary Leavitt,

We write both as concerned Americans and as members of the **WOMEN'S HEALTH ALLIANCE OF NEW YORK**, an alliance of advocates and organizations working to achieve optimal health for every woman in New York State, to oppose the draft Department of Health and Human Services regulations which would expand protections for those who refuse to participate in routine women's health care. These regulations would undermine New York state laws that ensure women's access to reproductive health services, and could drastically reduce access to contraceptive care in our state and across the country. We ask that you immediately abandon these draft regulations.

These regulations show a brazen disregard for the health and wellbeing of women. If adopted, they would make it easier for health care facilities and individuals to refuse women access to some of the most common forms of birth control. These regulations would further burden the already overstretched federally funded clinics with regulations that may require them to hire people who refuse to perform essential job duties, like providing contraceptive counseling and referrals. They raise the possibility that facilities that do not even provide health care services would become eligible to receive scarce family planning funds. And while the full implications of the draft regulations remain uncertain, the preamble of the draft regulations make it perfectly clear that their intended purpose is to undermine state laws that protect women's access to contraception.

New York in particular has a long-standing commitment to women's health care, and a strong public policy of protecting access to contraception. As the authors of the draft regulations note, the New York legislature has enacted laws requiring that women receiving care in emergency rooms after sexual assault be offered emergency contraception, and that insurance plans that cover prescription drugs also cover contraception. These laws are specifically targeted as a "problem" that the draft regulation seeks to solve—by creating loopholes that permit institutions and individuals to evade their requirements. Undermining duly enacted state laws is not an appropriate role for the federal government—especially for an administration that purports to respect principals of federalism and state sovereignty.

While the regulations make scant reference to contraception directly, the definition of abortion has been expanded to deliberately blur the line between the two. The regulations promote a definition of pregnancy that is far from what established, respected medical associations use, and is radically different from any previous understanding in federal policy of when pregnancy begins. By characterizing all methods of contraception that could impede the implantation of a fertilized egg as abortive, the administration would once again be placing ideology ahead of

reason and science, and embracing an agenda espoused by those who seek to strip women of fundamental rights to basic medical care.

Increasing access to contraception is a matter of sound public health policy. These regulations are profoundly out of step with both the accepted public health approach to preventing unwanted pregnancies, and with the realities of women's lives. Nearly all adult women are sexually active, and an overwhelming majority of women have used some method of contraception. Without contraception, women would experience an average of 12 to 15 pregnancies in their lifetime. Further, women use hormonal contraception not just to prevent pregnancy, but to relieve symptoms of various gynecological disorders.

Low-income women will be especially affected if these regulations go into effect. Seven million women rely on federally funded clinics and programs to access contraception. Ten million more need subsidized contraception. In the midst of such a health care crisis, it is appalling that the Department of Health and Human Services would even consider promulgating policies that would reduce access to contraception and allow scarce resources to be diverted from programs specifically funded to provide such services.

Further, adoption of these regulations would fundamentally reduce patient's capacity to give informed consent. To give informed consent, a cornerstone of ethical medical care, a patient must know the risks, benefits, and alternatives of the care they are receiving. If a doctor refuses to provide information or referrals about routine reproductive health care, the women they serve are unable to make informed decisions about their lives and health. These regulations expand a loophole to allow healthcare professionals to avoid their legal, ethical and professional obligations to provide full information and referrals.

Especially in light of the current health care crisis facing our nation, the administration should be working to increase access to health care, not to restrict it. Given the strong adverse impact that these regulations could have on the state of women's health in America and in the State of New York, we urge you to immediately abandon these regulations.