



# CATHOLIC MEDICAL ASSOCIATION

*Upholding the Principles of the Catholic Faith in the Science and Practice of Medicine*

Institute of Medicine  
Committee on Preventive Services for Women  
The Keck Center  
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Washington, D.C. 20001  
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The Catholic Medical Association (CMA) is the largest association of Catholic physicians in the United States, made up of members representing over 75 specialties in medicine. As executive director, I would like to address the issue of whether contraceptive services should be classified as a “preventive service” for women and, ipso facto, become a mandated health insurance benefit.

Designating contraceptives as “preventive services” would fail tests of logic and sound science. “Preventive services,” by definition and as designated by the U.S. Preventive Services Task Force, prevent serious disease, dysfunction and/or injury which would require treatment to restore health or function. Fertility is a natural feature of human nature, not a dysfunction; and pregnancy is a natural human condition, even if not always planned or desired. Abortion cannot be considered a preventable cure in terms of ethics, medicine, or law.

Designating contraceptives as “preventive services” does not constitute good clinical medicine. Hormonal contraceptives can pose significant risks to otherwise healthy women. These risks are not confined to a small set of women exhibiting particular disease or behavioral histories. Rather, an extensive body of evidence shows hormonal contraceptives pose substantial threats to women, including myocardial infarction, cerebrovascular accidents, depression, deep venous thrombosis, pulmonary emboli, cervical cancer, and liver cancer. The relationship between OC use and breast cancer<sup>1</sup>—and in particular the disturbing connection between OC use and triple-negative breast cancer (for which OCs raise the risk by 2.5 to 4.2 times depending on age<sup>2</sup>)—should cause caution and concern. Moreover, the increase in aggressive breast cancer following widespread use of HRT, which utilizes the same hormones found in OCs, is well documented.<sup>3</sup> This experience should rule out any effort to expose more women to these synthetic hormones. Designating contraceptives as “preventive services” would give the false impression that these are safe and standard medications. Moreover, to the extent that widespread use of contraceptives contributes to sexual promiscuity, it contributes to a range of significant impacts to the health and well-being of individuals and communities.

Promoting and mandating contraceptives in order to reduce unplanned pregnancies has failed in the past and will fail in the future. Despite decades of such advocacy, despite millions, if not billions of dollars spent in the effort, and despite the fact that 35 states already mandate contraceptive coverage as a part of prescription drug coverage, the Guttmacher Institute still reports that nearly half of all pregnancies among American women are unintended and that 54% of women who have abortions had used a contraceptive method during the month they became pregnant.<sup>4</sup>

Mandating insurance coverage of contraceptives is not only a failed strategy, it is also unfair and unethical public policy. Such a mandate would force people to subsidize specific interest groups and businesses, including Planned Parenthood, who would benefit from having contraceptive coverage mandated. It would force people to subsidize contraceptives, and the behaviors they enable, even if they have ethical objections. It would increase the likelihood of ethical conflicts in health care, particularly for

providers who object to dispensing contraceptive services based on religious beliefs or moral convictions. Such ethical conflicts would be exacerbated by the improper designation of abortifacients as contraceptives. For example, HRA Pharma's ulipristal acetate, known as "ella," was approved by the FDA as an "emergency contraception," despite the fact that it is essentially similar in chemical structure and modes of efficacy to the abortion drug RU-486. If such abortifacients were mandated as preventive services, this would violate the letter and spirit of the Patient Protection and Affordable Care Act, the express terms and legislative history of which exclude abortion and abortifacients.<sup>5</sup>

In sum, the CMA believes we should use our limited funding and resources to provide real preventive services that promote, rather than harm, women's health.

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<sup>1</sup> C. Kahlenborn, M.D., et al., "Oral Contraceptive Use as a Risk Factor for Premenopausal Breast Cancer: A Meta-analysis," *Mayo Clin Proc.* 2006;81(10):1290-1302.

<sup>2</sup> Jessica M. Dolle, Janet R. Daling, Emily White, et al., "Risk Factors for Triple-Negative Breast Cancer in Women Under the Age of 45 Years," *Cancer Epidemiol Biomarkers Prev.* 2009;18:1157-1166.

<sup>3</sup> R.T. Chlebowski, et. al., "Estrogen Plus Progestin and Breast Cancer Incidence and Mortality in Postmenopausal Women," *JAMA* 2010;304(15):1684-1692.

<sup>4</sup> Guttmacher Institute, In Brief: *Facts on Induced Abortion in the United States* 2011

<sup>5</sup> Section 2713(a)(4) of PPACA references "evidence-based items or services that have in effect a rating of 'A' or 'B' in the current recommendations of the United States Preventive Services Task Force"—which does not include abortion or abortifacients. Comments made on December 2, 2009, by Senator Barbara Mikulski (D-MD) and Robert Casey (D-PA) demonstrate that the legislative intent of Congress was not to include abortion or abortifacients.

Mr. CASEY. There is one clarification I would like to ask the Senator. I know we discussed it during the HELP markup and it was not clarified at that time and thus I chose to vote against the amendment because of the possibility that it might be construed so broadly as to cover abortion. But I understand that the Senator has now clarified specifically that this amendment will not cover abortion in any way. Specifically, abortion has never been defined as a preventive service and there is neither the legislative intent nor the language in this amendment to cover abortion as a preventive service or to mandate abortion coverage in any way. I ask the Senator is that correct?

Ms. MIKULSKI. Yes, that is correct. This amendment does not cover abortion. Abortion has never been defined as a preventive service. This amendment is strictly concerned with ensuring that women get the kind of preventive screenings and treatments they may need to prevent diseases particular to women such as breast cancer and cervical cancer. There is neither legislative intent nor legislative language that would cover abortion under this amendment, nor would abortion coverage be mandated in any way by the Secretary of Health and Human Services.