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December 5, 2017

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-9940-IFC
P.O. Box 8016
Baltimore, MD 21244-8016

Subj: Religious Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act, RIN 0938-AT20

Dear Sir or Madam:

The National Association of Catholic Nurses U.S.A. (NACN-USA) is the national professional organization for Catholic nurses in the United States. Representing hundreds of nurses of different backgrounds, the NACN-USA promotes education in Catholic nursing ethics, nurtures spiritual growth, provides guidance, support and networking for Catholic nurses, nursing students, and others who support our mission and objectives. The NACN-USA is approved by the U.S. Conference of Catholic Bishops and is a part of the International Catholic Committee of Nurses & Medico-Social Assistants, which collaborates with the Holy See and its Dicastery for Promoting Integral Human Development. The NACN-USA submits the following comments on the interim final rules, published at 82 Federal Register 47792 (October 13, 2017), on religious exemptions and accommodations for coverage of certain preventive services under the Affordable Care Act (ACA).

The NACN-USA is pleased to see the expansion in these interim final rules of exemptions to protect religious beliefs for certain entities and individuals whose health plans are subject to the contraceptive mandate issued pursuant to the ACA. This is consistent with the free exercise of religion in the First Amendment, the Religious Freedom and Restoration Act of 1993, and Congress' history of providing protections for religious beliefs regarding contraception, sterilization and abortion. For this we are grateful.

The NACN-USA, however, is concerned that the present interim final rules allow the Health Resources and Services Administration the option to include contraceptives as a preventive service. The NACN-USA finds this puzzling. That is because to consider contraception a preventive service indicates a misunderstanding of the meaning of prevention in health care.

It has been the long-standing goal of nursing and medicine to prevent disease and disability and to promote normal functions of the human body. Pregnancy, which is what contraception is intended to prevent, is neither a disease nor a disability and, thus, should not be treated as such. Furthermore, contraceptives that have the capacity to disrupt an existing pregnancy and act as abortifacients should never be included as a preventive service, or a service of any kind, for it is the birth of a living child that is being prevented which, again, is neither a disease nor a disability. Granted, there may be times when a woman may wish to delay or avoid pregnancy but this desire does not change the normal condition of pregnancy into a disease or disability nor does it make normal the condition of infertility, which is the direct effect of contraception.

Some argue that contraception qualifies as a preventive service because it prevents abortion. However, the facts do not bear this out. As reported by the Guttmacher Institute, “a substantial proportion of unintended pregnancies occur despite women’s and their partners’ use of contraceptives... [with] about half of pregnancies that are terminated by induced abortion having occurred during use of contraceptives.”¹ Even if it were true that contraception prevented abortion, it is not disease or disability that is being prevented but a procedure that terminates the life of an innocent person, who in no way could ever be considered a disease or a disability.

What the facts do support is that contraceptives pose risks of serious and even life-threatening side effects that can result in such devastating and disabling conditions as cardiovascular disease and cancer.² In fact, as reported by the World Health Organization and the American Cancer Society, combined hormonal contraceptives are classified as carcinogenic to human beings, on par with tobacco.³ Women who use combined hormonal contraceptives have a two to four-fold increased risk of venous thromboembolism,⁴ thrombotic stroke⁵ and myocardial infarction,⁶ all which can be deadly. Moreover, contraceptives do not promote normal functions of the body, namely fertility, but instead attempt to render them non-functional. In short, contraception is not a preventive service but is, in fact, a disservice.

The NACN-USA is pleased to see the expansion of exemptions in these interim final rules to protect the religious beliefs of those having objections to the contraceptive mandate. However, given that the goal of nursing and medicine is to prevent disease and disability and to promote normal healthy functioning of the body and, given that the facts show that contraceptives do neither, we recommend that contraceptives not be included among preventive services and that any mandate requiring such coverage in health plans be rescinded.

1. The Guttmacher Institute, *Contraceptive Failure in the United States: Estimates from the 2006-2010 National Survey of Family Growth*, Perspectives on Sexual and Reproductive Health, 49, 1 (March 2017) 7-16.

<https://www.guttmacher.org/journals/psrh/2017/02/contraceptive-failure-united-states-estimates-2006-2010-national-survey-family>

2. Peck R. & Norris, CW, *Significant Risks of Oral Contraceptives (OCPs): Why This Drug Class Should Not Be Included in a Preventive Care Mandate*, 79 *Linacre Quarterly* 41, 42 (Feb. 2012),

<https://familyplanning.net/sites/default/files/Significan-Risks-of-Oral-Contraceptives-OCPs-Why-This-Drug-Should-Not-Be-Included-In-a-Preventive-Care-Mandate.pdf>.

3. The World Health Organization Department of Reproductive Health and Research, *The Carcinogenicity of Combined Hormonal Contraceptives and Combined Menopausal Treatment*, September 2005,

http://www.who.int/reproductivehealth/topics/ageing/cocs_hrt_statement.pdf. The American Cancer Society, *Known and Probably Human Carcinogens*, 2017, <https://www.cancer.org/cancer/cancer-causes/general-info/known-and-probable-human-carcinogens.html>

4. Lidegaard, Ø., Løkkegaard, E., Svendsen, A. L., & Agger, C. (2009). Hormonal contraception and risk of venous thromboembolism: national follow-up study. *The BMJ*, 339, b2890.

<http://www.bmj.com/content/bmj/339/bmj.b2890.full.pdf>.

Van Hylckama Vlieg, A., Helmerhorst, F. M., Vandenbroucke, J. P., Doggen, C. J. M., & Rosendaal, F. R. (2009).

The venous thrombotic risk of oral contraceptives, effects of oestrogen dose and progestogen type: results of the MEGA case-control study. *The BMJ*, 339, b2921. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2726929/>

Vinogradova, Y., Coupland, C., & Hippisley-Cox, J. (2015). Use of combined oral contraceptives and risk of venous thromboembolism: nested case-control studies using the QResearch and CPRD databases. *The BMJ*, 350, h2135.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4444976/>

de Bastos, M., Stegeman, BH., Rosendaal, FR., Van Hylckama Vlieg, A., Helmerhorst, FM., Stijnen, T., Dekkers, OM. (2014). *Combined oral contraceptives: venous thrombosis*. *Cochrane Database Syst Rev*. 2014, Mar 3; (3)

CD010813. doi: 10.1002/14651858.CD010813.pub2. <https://www.ncbi.nlm.nih.gov/pubmed?term=24590565>

5. Gillum, LA., Mamidipudi, SK., Johnston, SC., (2000). *Ischemic stroke risk with oral contraceptives: A meta analysis*. *JAMA* 2000 Jul; 284(1), 72-78. <https://www.ncbi.nlm.nih.gov/pubmed?term=10872016>

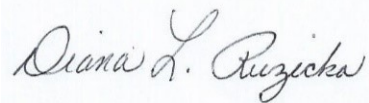
6. Lidegaard, Ø., Løkkegaard, E., Jensen, A., Skovlund, CW., Keiding, N. (2012). *Thrombotic stroke and myocardial infarction with hormonal contraception*. *N Eng J Med*. 2012; 366(24):2257.

<https://www.nejm.org/doi/pdf/10.1056/NEJMoa1111840>

We encourage evidence-based services that prevent disease and disability not produce them. Efforts should be focused on services that genuinely promote normal healthy functioning of the body and optimal flourishing of the person and not on those that do the opposite

Thank you for the opportunity to comment.

In His Holy Name,

A handwritten signature in cursive script that reads "Diana L. Ruzicka". The signature is written in black ink on a light-colored background.

Diana Ruzicka, RN, MSN, MA, MA, CNS-BC
Colonel, U.S. Army Retired
President, National Association of Catholic Nurses, U.S.A