

Immediate Release - November 3, 2011

Washington, DC - Yesterday Congresswoman Jan Schakowsky (IL-9) entered the National Health Law Program's (NHeLP) testimony into the congressional record before the Health Subcommittee of the Energy and Commerce Committee, opposing proposed refusal clauses that attempt to permit employers and insurers to override the health care decisions of women.

NHeLP's testimony expressed strong support for the decision by U.S. Department of Health and Human Services Secretary, Kathleen Sebelius, to adopt all of the Institute of Medicine's (IOM) recommendations around women's preventive health services. The Interim Final Rule requires insurance coverage of women's preventive health services, including all U.S. Food and Drug Administration (FDA)-approved methods of contraception, without cost-sharing. Family planning is an essential preventive service for the health of women and families, and the requirement to provide these services without cost-sharing will help many women access care they may otherwise not be able to afford. At the same time, NHeLP called on HHS to remove the refusal clause which would allow some employers to refuse to provide contraceptive coverage to their employees.

Chairman Joe Pitts (PA) called for the hearing entitled "Do New Health Law Mandates Threaten Conscience Rights and Access to Care" in response to the IOM recommendations. The Majority report suggested that the beliefs of employers and insurance companies should prevail over the decisions and health needs of women.

"NHeLP strongly opposes the efforts to undermine the health and autonomy of women outlined by the Majority staff. H.R. 1179, the misleadingly titled "Respect for Rights of Conscience Act of 2011," as well as HHS' proposed exemption for certain religious employers, undermine health reform by permitting insurers and employers to opt-out of providing comprehensive insurance coverage for women," said Emily Spitzer, NHeLP executive director. "These efforts violate the essential principles of modern health care delivery: evidence-based practice, patient centeredness, and prevention."

Refusal clauses, such as the one included in the women's preventive services rule and the even broader proposals outlined in H.R. 1179, disregard accepted "standards of care," practices that are medically necessary and services that any practitioner under the circumstances should be expected to render. Every woman should be able to make her own health care decisions about whether to prevent pregnancy based on her own beliefs. These clauses subordinate her health and autonomy to her employer's or insurer's ideological beliefs.

"Every person who enters a doctor's office or hospital expects that the care he or she gets will be based on the best medical evidence and will meet accepted medical guidelines - in other words, the care he or she gets will meet the standard of care," said Susan Berke Fogel, NHeLP director of reproductive health.

Documented in NHeLP's 2010 report, [*Health Care Refusals: Undermining Quality Care for Women*](#), contraceptive and abortion services are often included in professionally accepted standards of care, or protocols, for a wide range of common medical conditions including heart disease, diabetes, epilepsy, lupus, obesity, and cancer. According to the IOM, unintended pregnancy is highly correlated with pronounced health risks for both the mother and child. Any rule that allows providers to offer sub-standard care cannot be tolerated. Ultimately, refusal clauses and institutional denials of care conflict with professionally developed and accepted medical standards of care and have adverse health consequences for patients.

A copy of NHeLP's testimony can be found [here](#).