

# PUBLIC SUBMISSION

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Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act

**Comment On:** EBSA-2010-0018-0002

Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services under Patient Protection and Affordable Care Act: Amendment

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## Submitter Information

**Name:** Kris Miller

**Address:**

POB 554

Frisco, CO, 80443

**Email:** kmiller@vailgov.com

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## General Comment

As a human resources professional, I applaud the agencies for ensuring that health care services are available and affordable for all Americans. However, the cost sharing component of contraception and is my concern with the recent amendment.

Although prescription contraception may have health benefits to women, this should not be the only factor to regulate cost-sharing. Compare this to cholesterol lowering prescriptions, which are also important in the long-term wellness of patients – and considered by many as preventive care. How is this different from women's birth control pills? Where will the agencies go next... that ALL prescriptions that are beneficial to a patient be free? If women are singled out for this, can we expect the EEOC to rule that this is discriminatory to men since their "preventive" prescriptions are not free? Will the EEOC suggest that health plans should also provide male contraception, such as condoms, at no cost? While I might support having a reasonable cap on cost-sharing for generic preventive prescriptions (all preventive– not just women's contraception), it is unreasonable to segment out only women's contraceptives for such benefits.

The so-called "day after pill" (approved by FDA as emergency contraceptive) makes this even more complicated - Should this also be provided without cost sharing? In Colorado, governments are prohibited from covering elective abortions and there are conflicting opinions on if these emergency contraceptives can be covered by Colorado's public employers. If this contraception is deemed covered under this amendment, it could be in violation of Article 5, section 50 of the Colorado Constitution.

As both a taxpayer and HR manager for a government organization, I am concerned about the taxpayer's obligation in this area. Most contraception coverage can be provided through health plans – as currently required – with appropriate cost sharing.