February 1, 2012

The Honorable Kathleen Sebelius
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Dear Secretary Sebelius,

As advocates for young people's health and rights, including students currently attending religious-affiliated colleges and universities, we are pleased with the final rule on women's preventive health services that was announced on Friday, January 20, 2012. These recommendations, including access to contraceptive coverage without additional costs, are an important step forward in women's health and well-being.

We were also pleased with the proposed rule announced in February of 2011, which would classify student health plans as individual insurance plans and thus bring them within the ambit of the women's preventive health guidelines. We urge the Administration to retain this essential provision in the final student health plan rule to ensure that women who attend religious affiliated schools have access to contraception, and to reiterate that there is no religious exemption from contraceptive coverage requirements for student health plans.

Contraception is a basic part of women's health care, but for too many, access to contraception remains a challenge. While students at religious-affiliated colleges and universities may be considered insured because they are covered by their student health plan, many young women have to pay high out-of-pocket costs or go without contraception because their health insurance does not cover it.

Deference to the conscience of individuals is fundamental to religious freedom. While we respect individuals' choices and his or her conscience, claims that refusal clauses are needed for institutions of higher education who serve students of various religious beliefs are indefensible. The availability of contraception in no way compels those who oppose it to use it. Students with religious conflicts can simply exercise their right not to access contraception. An institution cannot, and must not, override a woman's basic right to necessary and timely medical care.

We have heard from too many young women who attend Catholic universities and are unable to access contraception through their student health plans.

> "When I was a student at Georgetown Law, I watched women lie to their doctors about needing birth control for non-contraceptive reasons. This is just wrong. Students shouldn't be limited by their school's religious beliefs, especially when colleges are offering secular education to students of all faiths."

> "I attended Boston College for law school and was denied contraception through the student health services. This must change."

> "I am a student at Georgetown Law…my insurance doesn't cover birth control pills. If I have a question or a problem with my medication, I can't ask my Georgetown doctor. It

> is absolutely outrageous that young, old, single, and married women alike at Georgetown Law cannot get basic health services."
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> "I went to a Catholic university, and saw firsthand the terrible impact a lack of birth control had on the students. It doesn't stop college students from having sex. It just makes them think it's okay to do so unsafely."

In fact, in 2009, almost 90% of students at Boston College voted for changes to the school's sexual health education and resources. By voting for this referendum, the large majority of students called for not only prescriptions for contraception from their student health services, but also the availability of condoms on campus.[i] Almost 70% of students at Boston College identify as Catholic, and like the majority of Catholics nation-wide, they support access to contraception.

The fact remains that, "Among all women who have had sex, 99 percent have ever used a contraceptive method other than natural family planning. This figure is virtually the same, 98 percent, among sexually experienced Catholic women."[ii] Seventy percent of young women have had sex by the age of nineteen.[iii] Young women who attend religious-affiliated colleges and universities should not be punished for making the responsible decision to access contraception when they wish to prevent an unintended pregnancy. We encourage you to stand with young women and ensure that they have access to contraception through their student health plan, regardless of what college or university they attend.

Sincerely,

Advocates for Youth
American Association of University Women
American Civil Liberties Union
American Medical Student Association
Asian Communities for Reproductive Justice
Association of Reproductive Health Professionals (ARHP)
Black Women's Health Imperative
Catholics for Choice
Center for Reproductive Rights
Generational Alliance
Hadassah, The Women's Zionist Organization of America, Inc.
H*yas for Choice
Illinois Caucus for Adolescent Health (ICAH)
Law Students for Reproductive Justice
Medical Students for Choice
Methodist Federation for Social Action
NARAL Pro-Choice America
National Council of Jewish Women
National Family Planning and Reproductive Health Association
National Health Law Program
National Latina Institute for Reproductive Health
National Organization for Women

National Partnership for Women and Families
National Women's Health Network
National Women's Law Center
National Youth Rights Association
Physicians for Reproductive Choice and Health
Raising Women's Voices for the Health Care We Need
Religious Coalition for Reproductive Choice
Reproductive Health Technologies Project
Rock the Vote
Sexuality Information and Education Council of the United States (SIECUS)

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[i] Sweas, Megan. (8 March 2009). Students vote for expanded sex ed resources at Boston College. *U. S. Catholic* Retrieved from: http://www.uscatholic.org/life/2009/03/students-vote-expanded-sex-ed-resources-boston-college

[ii] Jones RK and Dreweke J, *Countering Conventional Wisdom: New Evidence on Religion and Contraceptive Use,* New York: Guttmacher Institute, 2011.

[iii] Centers for Disease Control and Prevention. Sexual and Reproductive Health of Persons 10-24 Years-United States, 2002-2007. Surveillance Summaries, July 17, 2009. MMWR 2009;58(No. SS-6).