



Written by [Brian Koenig](#) on August 2, 2011

HHS Mandates Birth Control With No Co-pays

The regulations will be imposed as an extension of the Affordable Care Act's preventive-care measures. HHS Secretary Kathleen Sebelius [stated](#) in a press release, "These historic guidelines are based on science and existing literature and will help ensure women get the preventive health benefits they need."



In addition to contraceptives, other mandated benefits under the new HHS guidelines [include](#) breast pumps, counseling on domestic violence, an annual "well-woman" physical, sexually-transmitted infection counseling, and other women's health services. Panel Chairwoman Linda Rosenstock, dean of public health at the University of California, Los Angeles, insists that such prevention services are critical to maintaining the physical, emotional, and psychological health of women.

Supporters of the guidelines contend that free birth control will assist millions of women in preventing the unwelcomed lifestyle change that accompanies unplanned pregnancies. "Covering birth control without co-pays is one of the most important steps we can take to prevent unintended pregnancy and keep women and children healthy," asserted Dr. Vanessa Cullins, vice president for medical affairs at Planned Parenthood Federation of America.

But studies show that birth control costs are not the sole emissary for unplanned pregnancies. According to a [government study](#) released last year, birth control is, in essence, universal in the United States, as generic versions of pills can be purchased for only \$9 a month – yet, still, almost half of U.S. pregnancies are unplanned. The main problem, the study notes, is not that birth control is too expensive, but that many women forget to take their pills on time, or simply neglect to take them at all.

The HHS guidelines are not welcomed by all, as pro-life groups and religious organizations denounce the initiative as an assault on family and moral values. The Family Research Council [believes](#) the decision "undermines the conscience rights of many Americans." Cardinal Daniel DiNardo, chairman of Committee on Pro-Life Activities with the United States Conference of Catholic Bishops, declared, "Pregnancy is not a disease, and fertility is not a pathological condition to be suppressed by any means technically possible."

Further, some of the services mandated — and coercively subsidized by every American who carries health insurance — will involve destroying human embryos, a controversial subject for pro-life advocates. Jeanne Monahan, director of the Family Research Council's center for Human Dignity, [commented](#) on this ethical issue:



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The mandate will include FDA-approved drugs like Ella and Plan B that are misleadingly labeled "emergency contraceptives" despite the fact that they can actually destroy a developing baby prior to or after implanting in the mother's womb. HHS failed to address this problem in the interim rule published today despite many public comments on this very issue.

For an administration that promised to protect conscience laws in effect now, this decision completely ignores opinion, research, and science that do not support a pro-abortion ideology. In the words of one of the committee members who objected to the IOM recommendations, the 'evaluation for evidence lacked transparency ... the process tended to result in a mix of objective and subjective determination through the lens of advocacy.

But the social quandary is not the only boundary the HHS mandate crosses. Critics contend that broadcasting the idea of "free" birth control is a highly ambitious statement — just like "free" healthcare under ObamaCare — because although these services may appear "free" on the surface, the physics of sound money says: "Someone must pay." And in this case, the cost to the insurance companies for women receiving free birth control will be redistributed among all other health insurance policyholders.

The adverse effects government inflicts on insurance premiums can be displayed by dissecting state-mandated health insurance benefits. William Congdon, Amanda Kowalski, and Mark Showalter [published](#) a paper, "State Health Insurance Regulation and the Price of High-Deductible Policies," which analyzed insurance premium data from Golden Rule insurance and eHealthInsurance.com (one health insurance provider and one internet brokerage). The study focused on four categories of state regulation:

(1) mandated health benefits, which require insurers to cover particular treatments or particular services; (2) "any willing provider" laws, which restrict insurers' ability to exclude hospitals and doctors from their networks; (3) community rating laws, which require insurers to limit premium differences across individuals; and (4) guaranteed issue laws, which require insurers to sell insurance to all potential customers regardless of health or pre-existing conditions.

The analysis was consistent across both datasets: eliminating state regulations would [lower](#) premiums by \$2,000 per year. The study concluded that individuals in states that mandate more than 26 benefits (the national average) pay higher premiums than individuals in states with fewer than 26 mandated benefits. Accounting for 12 cents on every [premium dollar](#), mandated benefits place a heavy burden on insurance premiums.

The HHS has not only bulldozed a social barricade, but also one that will inevitably lead to higher healthcare costs — not to mention, strip individual choice from individual policyholders. And it is another ObamaCare trait that critics suggest will further nudge U.S. healthcare towards a single-payer, European-style system.



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