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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF CONNECTICUT; THE STATE OF DELAWARE; THE DISTRICT OF COLUMBIA; THE STATE OF HAWAII; THE STATE OF ILLINOIS; THE STATE OF MARYLAND; THE STATE OF MINNESOTA, BY AND THROUGH ITS DEPARTMENT OF HUMAN SERVICES; THE STATE OF NEW YORK; THE STATE OF NORTH CAROLINA; THE STATE OF RHODE ISLAND; THE STATE OF VERMONT; THE COMMONWEALTH OF VIRGINIA; THE STATE OF WASHINGTON,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

STATES' NOTICE OF MOTION AND MOTION FOR PRELIMINARY INJUNCTION, WITH MEMORANDUM OF POINTS AND AUTHORITIES

Date:	January 11, 2019
Time:	10:00 a.m.
Dept:	2, 4th Floor
Judge:	The Honorable Haywood S. Gilliam, Jr.
Trial Date:	Not set
Action Filed:	October 6, 2017

TO THE DEFENDANTS AND THEIR COUNSELS OF RECORD:

PLEASE TAKE NOTICE that on January 11, 2019, at 10:00 a.m., in Courtroom 2 of the above-entitled court, at 1301 Clay Street, Oakland, California, Plaintiffs the State of California, the State of Connecticut, the State of Delaware, the District of Columbia, the State of Hawaii, the State of Illinois, the State of Maryland, the State of Minnesota, by and through its Department of Human Services, the State of New York, the State of North Carolina, the State of Rhode Island, the Commonwealth of Virginia, the State of Vermont, and the State of Washington (collectively, "the States") move under Local Rule 7-2 for a preliminary injunction staying implementation of the two final rules (Exemption Rules): 83 Fed. Reg. 57,536 (Nov. 15, 2018) (religious exemption) and 83 Fed. Reg. 57,592 (Nov. 15, 2018) (moral exemption).

Because the Rules violate the Administrative Procedure Act and will cause irreparable harm, the States bring this motion to request that this Court issue a preliminary injunction enjoining enforcement and implementation of the contraception Exemption Rules by Defendants Alex M. Azar, in his official capacity as Secretary of the U.S. Department of Health & Human Services; U.S. Department of Health and Human Services; R. Alexander Acosta, in his official capacity as Secretary of the U.S. Department of Labor; U.S. Department of Labor; Steven Mnuchin, in his official capacity as Secretary of the U.S. Department of the Treasury; U.S. Department of the Treasury (collectively, Defendants).

This motion is based on this notice, the Memorandum of Points and Authorities, the Declarations of Nicole Alexander-Scott, MD, MPH, Bruce S. Anderson, Ph.D., John Arensmeyer, Keisha Bates, Mari Cantwell, Randie C. Chance, Dr. Jennifer Childs-Roshak, Kimberly Custer, Dr. Caryn Dutton, Laura E. Durso, Meagan Gallagher, Alfred J. Gobeille, Daniel Grossman, MD, Lisa M. Hollier, MD, MPH, FACOG, Professor Lisa Ikemoto, Dave Jones, Kevin Kish, Kathryn Kost, Myron Bradford Kreidler, Ruth Lytle-Barnaby, Heather P. Maisen, MSW, MPH, Nathan Moracco, Trinidad Navarro, Karen Nelson, Phuong H. Nguyen, Judy Mohr Peterson, Robert Pomales, Julie Rabinovitz, Karyl Rattay, Reverend Susan Russell, Amanda Skinner, Lauren J. Tobias, Jenna Tosh, Ph.D., Jennifer Welch, Jonathan Werberg, Massey Whorley, Walker A. Wilson, and Dr. Judy Zerzan-Thul this Court's file, and any matters properly before the Court.

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MEMORANDUM OF POINTS AND AUTHORITIES

INTRODUCTION

A woman's access to contraceptive care—and decision whether and when to use it—is a fundamental precept of her freedom and equality. The ACA and its implementing regulations revolutionized women's access to preventive healthcare by guaranteeing "no cost" coverage of all Food and Drug Administration (FDA)-approved contraceptive methods, sterilization, and contraceptive counseling. This guarantee empowered a woman to, in consultation with her own preferred medical provider, select the best contraception to meet her needs. Since 2012, over 62 million women have benefited from this law, with resulting societal benefits from greater female engagement in the workforce and economic self-sufficiency. Yet the federal Contraception Exemption Rules now allow any employer or insurer to dictate which contraceptive methods, if any, a woman may access, impacting her health care choices and decisions. 83 Fed. Reg. 57536 (Nov. 15, 2018); 83 Fed. Reg. 57592 (Nov. 15, 2018). The Rules thus "transform contraceptive coverage from a legal entitlement to an essentially gratuitous benefit wholly subject to [an] employer's discretion." Dkt. No. 105 at 25-26. The States bring this motion to protect the rights of women and their families, as well as the States' public health and financial interests.

LEGAL AND FACTUAL BACKGROUND

I. PROVIDING CONTRACEPTIVE COVERAGE BENEFITS EVERYONE

The benefits of contraception to women—and ultimately society—are universal. Nearly two-thirds of all women use contraceptives.[1] By the age of 40, American women have used an average of three or four different methods (many of which are available only by prescription), after considering their relative effectiveness, convenience, cost, accessibility, side effects, drug interactions and hormones, the frequency of sexual conduct, perceived risk of sexually transmitted infections, the desire for control, and a host of other factors. Kost Decl. ¶¶ 14-16; Ikemoto Decl. ¶ 6; Arensmeyer Decl. ¶ 6 ("Access to contraceptive coverage promotes the financial stability of female entrepreneurs and their employees"). As explained by the American

[1] *Current Contraceptive Status Among Women Aged 15-29*, Ctrs. for Disease Control and Prevention, NCHS Data Brief (Dec. 2018), https://www.cdc.gov/nchs/data/databriefs/db327-h.pdf.

College of Obstetricians and Gynecologists (ACOG), "the benefits of contraception are widely recognized and include improved health and well-being, reduced global maternal mortality, health benefits of pregnancy spacing for maternal and child health, female engagement in the workforce, and economic self-sufficiency for women." Hollier Decl. ¶ 5; Kost Decl. ¶¶ 18, 42, 44; *see, e.g.*, Grossman Decl. ¶ 7 ("interpregnancy intervals of less than 18 months and high rates of unintended pregnancy are associated with adverse birth outcomes"); Kish Decl. ¶ 12. Further, as a result of the ACA's contraceptive-coverage requirement, women have saved an average of 20% annually in out-of-pocket expenses, including $248 savings for IUDs and $255 for the contraceptive pill. Grossman Decl. ¶ 9; *see also* Kost Decl. ¶ 31 ("Between fall 2012 and spring 2014 (during which time the coverage guarantee went into wide effect), the proportion of privately insured women who paid nothing out of pocket for the pill increased from 15% to 67%, with similar changes for injectable contraceptives, the vaginal ring and the IUD").

II. THE ACA REQUIRES THAT WOMEN'S PREVENTIVE SERVICES, INCLUDING CONTRACEPTIVES, BE PROVIDED

The ACA generally requires that group health insurance plans include women's "preventive care and screenings" and those plans "shall not impose any cost sharing" on the consumer. 42 U.S.C. § 300gg-13(a)(4). In response to this Congressional directive, the U.S. Department of Health and Human Services (HHS) commissioned the nonpartisan Institute of Medicine (IOM) to assemble a diverse, expert committee to determine what should be included in "preventive care" coverage.[2] Following rigorous, independent, and exhaustive review of the scientific evidence, the IOM issued its expert report with a comprehensive set of recommendations for implementing women's preventive healthcare services.[3] These recommendations addressed important gaps in coverage for women, including an annual well-woman preventive care visit, counseling and screening for HIV and domestic violence, services for the early detection of reproductive cancers and sexually transmitted infections, and patient education and counseling for all women with

[2] Inst. Medicine, *Clinical Preventive Services for Women: Closing the Gaps*, 1-2 (2011), https://cdn.cnsnews.com/documents/INSTITUTE%20OF%20MEDICINE-PREVENTIVE%20SERVICES%20REPORT.pdf [hereinafter "*IOM Report*"]

[3] *Id*. at 79-156 (chapter 5 generally).

reproductive capacity.[4] Significantly, the IOM recommended that private health insurance plans be required to cover all FDA-approved contraceptives without cost-sharing.[5] It considered these services essential so that women can avoid unwanted pregnancies and space their pregnancies to promote optimal birth and maternal health outcomes.[6] The IOM also explained that removing cost barriers is important because "the most effective contraceptive methods," such as "long-acting, reversible contraceptive methods" have "high up-front costs."[7]

Following the IOM's recommendations on coverage, Defendants promulgated regulations requiring that certain employers offering group health insurance plans cover all FDA-approved contraceptive methods. 45 C.F.R. § 147.130(a)(1)(iv); 29 C.F.R. § 2590.715-2713(a)(1)(iv); 26 C.F.R. § 54.9815-2713(a)(1)(iv). To effectuate these regulations, the Health Resources and Services Administration (HRSA) issued guidelines that included a list of each type of preventive service, and the frequency with which it should be offered.[8]

Since the ACA's contraceptive-coverage requirement took effect in 2012, women have saved $1.4 billion annually, and to date, 62.8 million women nationwide have benefited.[9] These savings have a corresponding impact on society, including the States. Kost Decl. ¶¶ 32-36; Cantwell Decl. ¶¶ 13-14 ("The ACA's implementation correlates with a decrease" in enrollment in state-funded programs). The ACA's requirement decreases the number of unintended pregnancies, and thereby the costs associated with those pregnancies. Kost Decl. ¶¶ 32-26. Furthermore, unintended pregnancy is associated with poor birth outcomes and maternal health complications, and thus, the contraceptive-coverage requirement also reduces the number of high-cost births and infants born in poor health. Hollier Decl. ¶¶ 4-6 ("[u]niversal coverage of

[4] *See id*. at 109; *id*. at 79-156.

[5] *Id*. at 102-10. Before the ACA, contraceptives accounted for between 30-44% of out-of-pocket healthcare spending for women. Kost Decl. ¶ 32.

[6] Inst. Medicine, *Report Brief: Clinical Preventive Services for Women: Closing the Gaps* 2 (2011), http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps/preventiveservicesforwomenreportbrief_updated2.pdf [hereinafter *IOM Brief*].

[7] *IOM Report* at 108, 19, 20; Jones Decl. ¶ 20.

[8] Health Res. & Serv. Admin., *Women's Preventive Services Guidelines*, https://www.hrsa.gov/womens-guidelines/index.html.

[9] Nat'l Women's Law Ctr, Fact Sheet, *Reproductive Rights & Health* (Nov. 2018), https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/09/New-Preventive-Services-Estimates-4.pdf; Rabinovitz Decl. ¶¶ 4-5.

contraceptives is cost effective and reduces unintended pregnancy and abortion rates" and "each dollar spent on publicly funded contraceptive services saves the U.S. health care system nearly $6."); Grossman Decl. ¶ 7; Rattay Decl. ¶¶ 7-10.

III. THE 2016 REGULATORY SCHEME CARVED OUT A PROPERLY TAILORED EXEMPTION AND ACCOMMODATION THAT MAINTAINED WOMEN'S ACCESS TO EQUAL HEALTHCARE COVERAGE WHILE BALANCING RELIGIOUS LIBERTY

The ACA itself does not create exemptions or accommodations. But over the past six years, Defendants have implemented tailored exemptions and accommodations in order to reconcile the sincerely held religious beliefs of specific employers and the compelling interest in access to contraception. *See* 75 Fed. Reg. 41726 (2010); 76 Fed. Reg. 46621 (2011); 77 Fed. Reg. 8725 (2012); 78 Fed. Reg. 39870 (2013); 79 Fed. Reg. 51092 (2014); 80 Fed. Reg. 41318 (2015). The federal government carefully crafted a narrowly tailored exemption for houses of worship, churches and their integrated auxiliaries, conventions, and associations of churches. *See* 76 Fed. Reg. 46621 (2011); 77 Fed. Reg. 8728 (2012); 78 Fed. Reg. 8456, 8458 (2013). This allowed these entities to seek an exemption from the contraceptive-coverage requirement consistent with the Internal Revenue Code. *See* 45 C.F.R. § 147.131(a) (defining "religious employers"); 26 C.F.R. § 54.9815-2713A(a).

In addition to this narrow exemption, in 2013, the federal government created an "accommodation" for religiously affiliated nonprofit organizations with objections to contraceptive coverage. 45 C.F.R. § 147.131(b); 78 Fed. Reg. 12739871, 398892-389897 (2013). Under the accommodation—a process unnecessary and inapplicable to exempt employers—a nonprofit employer certified its religious objection to the federal government or to the insurer, and then the insurer was responsible for providing separate contraceptive coverage for female employees. 45 C.F.R. § 147.131(b) & (c)(2). Upon notification, the government worked with the insurer to guarantee that women received coverage.[10] This process ensured a seamless, automatic mechanism for female employees and dependents to receive the statutorily entitled contraceptives

[10] The health insurer covered the contraceptive benefits and services, and, in turn, could be reimbursed with a fee for providing such benefits and services. 80 Fed. Reg. 41346 (2015).

that their nonprofit employers did not pay for or facilitate. 45 C.F.R. § 147.131(b).[11] In short, the accommodation process balanced the rights of female employees to equal health care coverage while safeguarding religiously affiliated nonprofit employers' ability to opt out of providing this coverage. *See* 80 Fed. Reg. 41318 (2015) (HHS regulation); 45 C.F.R. § 147.131(c)-(d); 158 Cong. Rec. S375 at H586 (daily ed. Feb. 8, 2012) (statement that the accommodation "represents a respectful balance between religious persons and institutions and individual freedom").

The religious accommodation was later expanded to include certain closely held for-profit organizations with religious objections to providing contraceptive care, consistent with *Burwell v. Hobby Lobby Stores, Inc*., 134 S. Ct. 2751 (2014); 80 Fed. Reg. at 41318 (2015); 45 C.F.R. § 147.131(b)(4).

Crucially for this case, the Supreme Court declined to hold that the accommodation process violated the Religious Freedom Restoration Act of 1993 (RFRA), and instead instructed that: "the parties on remand should be afforded an opportunity to arrive at an approach going forward that accommodates [religious organizations'] religious exercise while *at the same time ensuring that women covered by* [religious organizations'] *health plans receive full and equal health coverage, including contraceptive coverage.*" *Zubik v. Burwell*, 136 S. Ct. 1557, 1559-60 (2016) (emphasis added) (internal quotation marks and citation omitted). As this Court recognized, during the *Zubik* litigation, the Defendants represented to the Supreme Court that the government "has a compelling interest in ensuring access to" contraceptive coverage for women. Dkt. No. 105 at 1-2 (citation omitted).

In response to *Zubik*, Defendants published a Request for Information, seeking input on whether and how the regulations could be changed to resolve the objections asserted by plaintiffs in *Zubik*, while still ensuring that the affected women receive full and equal health coverage. Notably, the Request did not propose a "moral" exemption and did not propose expanding the religious exemption to all employers, insurers, and individuals. Upon review, the agencies

[11] *Ctr. for Consumer Info. & Ins. Oversight, Women's Preventive Services Coverage and Non-Profit Religious Organizations, Ctrs. for Medicare & Medicaid Servs.*, https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/womens-preven-02012013.html.

concluded that the accommodation complied with RFRA by protecting the interests of religious objectors, while also fulfilling the agencies' statutory duty to ensure women retained access to no-cost contraceptive coverage. [12]

IV. DEFENDANTS PROMULGATED IFRS THAT ALLOW EMPLOYERS TO DEPRIVE FEMALE EMPLOYEES EQUAL ACCESS TO HEALTHCARE COVERAGE

On October 6, 2017, Defendants promulgated sweeping new rules upending women's access to contraceptive coverage in two interim final rules (IFRs), effective immediately, denying the public an opportunity to comment before these drastic changes went into effect. Dkt. Nos. 24-1 & 24-2. The "Religious Exemption IFR" vastly expanded the scope of the exemption to the contraceptive-coverage requirement, permitting any employer (regardless of corporate structure or religious affiliation), individual, or even a health insurer with religious objections to coverage of all or a subset of the contraceptive requirement to exempt themselves. The "Moral Exemption IFR" provided that nearly any employer can avoid providing these benefits to their employees if they have a "moral" objection. Like the Religious Exemption IFR, the Moral Exemption IFR extends to insurers and individuals, allowing those objectors to exempt themselves as well.

Significantly, under the IFRs, no employer needs to provide any accommodation to assure that women receive their statutorily entitled contraceptive coverage. The employer need not actually assert a religious or moral objection to the contraceptive-coverage requirement in order to opt out; nor do they need to notify the federal government. Rather, they "object" by simply exempting themselves from the statutory requirement—making the carefully structured accommodation process entirely voluntary and resulting in female employees simply not obtaining coverage *at all*. Notably, if any employer decided it has a religious or moral objection to providing contraception, there is no notice to the woman, or to the federal government. The only way a woman will discover that her employer has exempted itself from providing contraceptives is by examining her notice of benefits and coverage; she will otherwise receive no proactive notice.

[12] U.S. Dep't Labor, *FAQs About Affordable Care Act Implementation Part 36*, at 4-5 (Jan. 09, 2017), https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-36.pdf.

In determining the impact of the IFRs, Defendants specifically relied on state and local programs to fill in the gaps of coverage. 82 Fed. Reg. 47792, 47803 (2017) (noting that state and local programs "provide free or subsidized contraceptives for low-income women" and concluding that this "existing inter-governmental structure for obtaining contraceptives significantly diminishes" the impact of the expanded exemptions).

V. THIS COURT ENJOINED THE IFRS AND THE NINTH CIRCUIT LARGELY AFFIRMED

On December 21, 2017, this Court enjoined implementation of the IFRs. This Court held that the States, at a minimum, were likely to succeed on their claim that Defendants violated the Administrative Procedure Act (APA) by issuing the IFRs without advance notice and comment, and that absent a preliminary injunction, the States would suffer irreparable substantive and procedural injuries, in addition to the equities and public interest tipping in the States' favor. Dkt. No. 105 at 17-28. This Court rejected Defendants' standing arguments because the States had demonstrated they would incur economic burdens, either to cover contraceptive services necessary to fill in the gaps left by the IFRs or for expenses associated with unintended pregnancies. *Id*. at 12-16.

On December 13, 2018, the Ninth Circuit largely upheld this Court's decision. *California v. Azar*, --F.3d -- , 2018 WL 6566752 (9th Cir. Dec. 13, 2018). The Ninth Circuit held that the States have standing to sue because the IFRs would "first lead to women losing employer-sponsored contraceptive coverage, which [would] then result in economic harm to the states." *Id*. at *6. The Court elaborated that "it is reasonably probable that women in the plaintiff states will lose some or all employer-sponsored contraceptive coverage due to the IFRs." *Id*. The Court highlighted that the Defendants' "own regulatory impact analysis (RIA)—which explains the anticipated costs, benefits, and effects of the IFRs—estimates that between 31,700 and 120,000 women nationwide will lose some coverage." *Id*. The Court also concluded that "loss of coverage [would] inflict economic harm to the states." *Id*. at *7. The Court noted that the RIA estimates that the direct cost of filling the coverage loss as $18.5 or $63.8 million per year and the rule identifies state and local programs as filling that gap; thus, the RIA "assumed that state and local governments will bear additional economic costs." *Id*. The Court concluded that the

"declarations submitted by the states further show that women losing coverage from their employers will turn to state-based programs or programs reimbursed by the state." *Id*.

On the merits, the Ninth Circuit concluded that the States were likely to succeed on their APA notice-and-comment claim. *California*, 2018 WL 6566752, at *9-13. The Court also concluded that the harm to the States was "not speculative; it is sufficiently concrete and supported by the record." *Id*. at *14.

VI. DEFENDANTS PROMULGATED FINAL RULES WHICH WILL SUPERSEDE THE IFRS

On November 15, 2018, Defendants promulgated the final Exemption Rules which will supersede the IFRs effective January 14, 2019 (Rules). 83 Fed. Reg. 57536; 83 Fed. Reg. 57592. These Rules are very similar to the IFRs. *See* Federal Defs.' Supplemental Br., Ninth Circuit No. 18-15144, Dkt. No. 125 at 6 ("the substance of the rules remains largely unchanged"); Little Sisters' Supplemental Br., Ninth Circuit No. 18-15144, Dkt. No. 128 at 2 (noting the final rule is "substantively identical" to the IFR). However, there are two noteworthy differences.

First, not only do Defendants continue to acknowledge that tens of thousands of women will likely lose contraceptive coverage as a result of the Rules, but, the RIA in the Rules estimates that even *more* women will be harmed by the expanded exemptions. *See, e.g.*, 83 Fed. Reg. at 57551 n. 26, 57578. Second, the Rules suggest that women can seek out contraceptive coverage through the federal Title X family planning clinics, a safety-net program designed for low-income populations. 83 Fed. Reg. at 57548, 57551; 83 Fed. Reg. at 57605, 57608.[13] Such a suggestion *demonstrates* that the Rules require women to take additional steps—outside of their employer-sponsored coverage—to access necessary care. This purported remedy does not erase the threat inflicted by the Rules; it compounds the injury and expects the States to pick up the costs. A majority of states do not have family planning programs at all. Kost Decl. ¶¶ 46-52 (explaining that publicly funded family planning programs and providers are already operating under restrictive conditions, further undermining these programs ability to serve those affected by the expanded exemptions); *see also* Custer Decl. ¶¶ 22-24. Moreover, the Title X program is ill-

[13] Defendants have proposed drastic changes to the Title X program, making it even more unsuitable as a stop-gap for the Rules. *See also* Second Am. Compl. ¶¶ 7, 54-55, 218-222.

equipped to replicate or replace the seamless contraceptive-coverage requirement.[14] Custer Decl. ¶ 3; Kost Decl. ¶¶ 40-41; Rattay Decl. ¶ 4; Skinner Decl. ¶ 9. This will have a spill-over effect to state programs. Cantwell Decl. ¶ 18; Custer Decl. ¶ 23; Dutton Decl. ¶ 28; Nelson Decl. ¶¶ 16, 20; Pomales Decl. ¶¶ 10-11; Skinner Decl. ¶ 5; Tobias Decl. ¶ 5; Welch ¶ 10. Further, in several states Title X clinics screen every patient for state family-planning eligibility. *See, e.g.*, Cantwell Decl. ¶ 18; Rabinovitz Decl. ¶ 3; Tobias Decl. ¶ 5. Thus the States' safety-net programs will see an increase in the number of consumers, resulting in economic harm to the States, as women continue to fall through the proverbial cracks in trying to seek out basic care.

LEGAL STANDARD

To obtain a preliminary injunction, the plaintiff must demonstrate that (1) it "is likely to succeed on the merits," (2) it "is likely to suffer irreparable harm in the absence of preliminary relief," (3) "the balance of equities tips in [its] favor," and (4) "an injunction is in the public interest." *Winter v. Nat. Res. Def. Council, Inc.*, 555 U.S. 7, 20 (2008). Courts evaluate these factors on a "'sliding scale,'" such that serious questions on the merits and a balance of hardships that tip sharply towards the plaintiff can support a preliminary injunction, so long as the plaintiff also shows a likelihood of irreparable injury and that the injunction is in the public interest. *Arc of Cal. v. Douglas*, 757 F.3d 975, 983 (9th Cir. 2014).

ISSUE PRESENTED

Do the Exemption Rules violate the APA and irreparably harm the States and women, necessitating injunctive relief to maintain the status quo?

ARGUMENT

I. THE STATES ARE LIKELY TO SUCCEED ON THE MERITS

A. The Exemption Rules Are Invalid Under the APA Because They Are Not in Accordance with the Law and in Excess of Statutory Authority

The Rules must be held "unlawful and set aside" because they are "not in accordance with the law" and are "in excess of statutory jurisdiction." 5 U.S.C. §§ 706(2)(A), 706(2)(C). Here,

[14] The Title X program is subject to discretionary funding. Kost Decl. ¶ 48. From 2010-2014, even as the number of women in need of publicly funded contraceptive care grew by 5%, (an additional 1 million women), Congress cut funding for Title X by 10%. Kost Decl. ¶ 49.

Congress did not delegate to Defendants the ability to promulgate rules undermining the ACA's protection for women to access no-cost preventive services. *Michigan v. EPA*, 268 F.3d 1075, 1081 (D.C. Cir. 2001) (citing *Bowen v. Georgetown Univ. Hosp.*, 488 U.S. 204, 208 (1988)).

1. The Rules Are Contrary to the Women's Health Amendment

The Rules cannot be reconciled with the text and purpose of the ACA—which seeks to promote access to women's healthcare, not limit it. *See Pennsylvania v. Trump*, 281 F. Supp. 3d 553, 577-81 (E.D. Pa. 2017). The ACA's requirement that certain group health plans cover women's "preventive care and screenings" (42 U.S.C. § 300gg-13(a)(4)) was added by the Women's Health Amendment—the purpose of which was ensuring that women have equal access to healthcare and are not required to pay more than men for preventive care, including contraception. *See Hobby Lobby Stores*, 134 S. Ct. at 2788 (Ginsburg, J., dissenting); 158 Cong. Rec. S375 (noting that it is the female employee's decision, not the employer's, whether to use birth control or access the ACA's preventive health measures, despite the religious affiliation of her employer). The Women's Health Amendment sought to redress the "fundamental inequity" that women were systematically charged more for preventive services than men. 155 Cong. Rec. S12027 (Dec. 1, 2009) (statement of Sen. Gillibrand).[15] At that time, "more than half of women delay[ed] or avoid[ed] preventive care because of its cost." *Id.* Supporters of the amendment expected that eradicating discriminatory barriers to preventive care—including contraceptive care—would result in substantially improved health outcomes for women. *See, e.g.*, at S12052 (statement of Sen. Franken); *see also id.* at. S12059 (statement of Sen. Cardin) (noting that amendment will cover "family planning services"); *id.* (statement of Sen. Feinstein) (same).

During the same time, Congress rejected a competing amendment that would have permitted broad moral and religious exemptions to the ACA's coverage requirements—the same moral and religious exemptions that are reflected in the IFRs and the Rules. *Hobby Lobby*, 134 S. Ct. at 2775 n.30; *id.* at 2789-2790 (Ginsburg, J., dissenting); 159 Cong. Rec. S2268 (Mar. 22,

[15] *See id.* at S12051 (statement of Sen. Franken) (similar); *see also id.* at 12027 (statement of Sen. Gillibrand) ("women of child-bearing age spend 68 percent more in out-of-pocket heath care costs than men"); *see id.* at S12051 (statement of Sen. Dodd) (similar).

2013). These Rules thus contravene Congressional intent by disregarding what the Women's Health Amendment accomplished and adopting by regulation what Congress rejected.

While the Women's Health Amendment delegates to HRSA the responsibility of setting forth the "comprehensive guidelines," Defendants were not provided with the authority to carve out broad exemptions to exempt employers from this statutory requirement. HRSA was delegated the responsibility to define *what* types of preventive services shall be included—not *who* must abide by the statute. Further, Defendants may not exercise their discretion in a manner that effaces the provision's core purpose. *See Michigan v. EPA*, 135 S. Ct. 2699, 2708 (2015) (Chevron deference "does not license interpretive gerrymanders under which an agency keeps parts of statutory context it likes while throwing away parts it does not."). Defendants' implementation of the ACA's directive eliminates the provision's core purpose and is therefore invalid under the APA. *See, e.g.*, *Nw. Envtl. Def. Ctr. v. Bonneville Power Admin.*, 477 F.3d 668, 681-86 (9th Cir. 2007) (setting aside agency action that is contrary to governing law).

Moreover, the Rules cannot be reconciled with the plain language of the ACA. They are, in fact, contrary to the implementing statute itself, which states that, "a group health plan and a health insurance issuer offering group or individual health insurance coverage *shall*, at a minimum provide coverage for and shall not impose any cost sharing requirements for . . . (4) with respect to *women*, such additional preventive care and screenings . . . as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of this paragraph." 42 U.S.C. § 300gg-13(a)(4) (emphasis added). The statute makes plain that the "preventive care" for "women" "shall" be provided. Nothing in the statute allows exemptions for broad categories of employers, plan sponsors, issuers, or individuals.

2. The Rules Are Contrary to Other Provisions Within the ACA

First, Section 1554 of the ACA forbids the HHS Secretary from promulgating "any regulation" that "creates any unreasonable barriers" to medical care *or* "impedes timely access to health care services." 42 U.S.C. § 18114, (1), (2). Here, inclusion of women's preventive services as a core part of the ACA's essential health benefits requirement, 42 U.S.C. § 18022, was critical to fulfilling Congress's goals of ensuring complete coverage of preventive care, better

health outcomes for women, and an end to discrimination against women in health care. By forcing women to go outside their employer-sponsored healthcare provider, the Rules are creating barriers and impeding timely access to crucial care. Women may need to pay out of pocket for such care, which will have a direct impact on healthcare. Kost Decl. ¶ 24 ("[e]xtensive empirical evidence demonstrates what common sense would predict: eliminating costs leads to more effective and continuous use of contraception"). The Rules increase the impediment to contraceptive access, and that, "in turn, will increase those women's risk of unintended pregnancy and interfere with their ability to plan and space wanted pregnancies. These barriers could therefore have considerable negative health, social and economic impacts for those women and their families." Kost Decl. ¶ 37; Custer Decl. ¶¶ 19-21. Defendants' suggestion that women "simply" seek out services at a Title X clinic, or through some other governmental program, further demonstrates the barriers they are creating given that such clinics are already unable to meet the demands of the current low-income population they were designed to serve. 83 Fed. Reg. at 57548, 57551; Kost Decl. ¶¶ 48-51 (explaining the burdens of the proposed Title X rule).[16]

Second, Section 1557 of the ACA states that an "individual shall not . . . be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity" on the basis of sex. 42 U.S.C. § 18116; 20 U.S.C. § 1681; *see also Ferrer v. CareFirst, Inc.*, 265 F.Supp. 3d 50, *52-54 (D.D.C. 2017) (denial of full coverage resulted in women having to pay hundreds of dollars out of pocket for lactation services, violating the ACA). The Rules selectively authorize denial of coverage for women's preventive coverage only. Women are forced into a Hobson's choice: accept incomplete medical coverage unequal to that received by male colleagues or forgo employer-provided or university-provided coverage and try to purchase out-of-pocket a comprehensive healthcare package. *Cf.* Kish Decl. ¶ 12. The Rules' express authorization of employers' exempting themselves from providing full and equal coverage to their female employees directly violates Section 1557. 45 C.F.R. § 92.1.

[16] *See* Comment Letter of California, et al., available at https://www.regulations.gov/document?D=HHS-OS-2018-0008-161828.

3. The Rules Are in Excess of Statutory Jurisdiction

Defendants, like any federal agency, "literally [have] no power to act . . . unless and until Congress confers power upon it." *La. Pub. Serv. Comm'n v. FCC*, 476 U.S. 355, 374 (1986); 5 U.S.C. § 706(2)(C). In determining whether Defendants exceeded their statutory authority, this Court must undertake a two-step process. *American Library Ass'n v. FCC*, 406 F.3d 689, 698-99 (D.C. Cir. 2005). First, the Court must ascertain whether the statute "has directly spoken to the precise question at issue;" if the statute is unambiguously clear, "that is the end of the matter; for the court, as well as the agency, must give effect to the unambiguously expressed intent of Congress." *Chevron, U.S.A., Inc. v. Natural Res. Def. Council, Inc.*, 467 U.S. 837, 842-843 (1984). Second, if the statute admits of some ambiguity, then courts must determine whether the agency's interpretation is "reasonable." *Id*. at 844. In assessing whether an agency's interpretation is "reasonable," courts apply normal canons of statutory construction, and may therefore look not only to the law's text, but to its structure, purpose, and legislative history. *Id*. at 845. A regulation is invalid when it adopts an interpretation so unreasonable that it directly conflicts with the statute it purports to implement. *Ragsdale v. Wolverine World Wide, Inc*., 535 U.S. 81, 91-92, 101-102 (2002) (holding agency interpretation unreasonable where it conflicts with the law's "remedial scheme" and Congress's intent).

As discussed above, the Women's Health Amendment is unambiguously clear that Defendants did not have the authority under the ACA to enact the Rules. They are, in fact, contrary to several provisions within the ACA, including the guarantee to women of no-cost preventive care and screenings, the guarantee that access to healthcare not be blocked, and the guarantee of nondiscrimination on the basis of sex.

Even if the Women's Health Amendment is ambiguous, Defendants' interpretation of the ACA is unreasonable based on the ACA's text, structure, purpose, and legislative and regulatory history. In implementing the ACA Congress recognized that contraceptive coverage is a necessary component of equality between men and women because it allows women to control their health, education, and livelihoods. Kost Decl. ¶¶ 44-45. Denying women access to this coverage denies them equal opportunity to aspire, achieve, participate in and contribute to society

based on their individual talents and capabilities. *Id.* (2011 study found that a majority of women reported that access to contraception had enabled them to take better care of their families (63%), support themselves financially (56%), stay in school or complete their education (51%), or get or keep a job or pursue a career (50%)); *see also* Ikemoto Decl. ¶ 6; see also *See Hobby Lobby Stores*, 134 S. Ct. at 2785-2786 (Kennedy, J., concurring) (government has a compelling interest in ensuring women equal access to healthcare coverage as their male colleagues); Kost Decl. ¶¶ 38-45 (describing harms to women as a result of the Rules, including unintended pregnancies, being unable to space and time pregnancies, and effect on the overall health of women), ¶ 42 (isolating contraceptive coverage in this way interferes with the ability of healthcare providers to treat women holistically); ¶ 45 ("Low-income women, women of color and women aged 18-24 are at disproportionately high risk for unintended pregnancy, and millions of these women rely on private insurance coverage—particularly following implementation of the ACA"); Tosh Decl. ¶¶ 11-12; Grossman Decl. ¶ 6; Bates Decl. ¶¶ 3-4. As a result of these Rules, women will be forced to struggle to pay for it themselves, to forgo contraceptive coverage or switch to less expensive contraceptives that may be less effective for them, risking an unintended pregnancy, or to try to seek out services from some entity other than their employer, such as the state. Kost Decl. ¶¶ 25-34, 54. These harms uniquely impact women in that they affect women's ability to pursue additional education, spend additional time in their careers, and have increased earning power over the long term—precisely the problem Congress sought to cure with the Women's Health Amendment. Tosh Decl. ¶ 25; Ikemoto Decl. ¶ 6; Arensmeyer Decl. ¶ 4; Bates Decl. ¶¶ 3, 6. Thus, the Rules must be held unlawful and set aside as being in excess of statutory authority. 5 U.S.C. § 706(2)(C).

Defendants' reliance on RFRA to enact the Rules is erroneous. 83 Fed. Reg. at 57541. Of course, RFRA simply does not apply to the Moral Exemption Rule because RFRA does not extend to moral beliefs. Nor does RFRA justify the Religious Exemption Rule. As a threshold matter, "person," as defined in RFRA, does not extend to for-profit publicly traded corporations. 42 U.S.C. § 2000bb-1(a). Moreover, RFRA does not give Defendants license to allow employers to deprive women of their statutorily entitled benefits. To the extent that an employer has a

religious objection, Defendants must still ensure that female employees are not deprived of their entitlement to equal access to medical care and coerced to participate in the religious beliefs of their employer. Russell Decl. ¶¶ 5, 6. The Rules here substantially burden third parties—denying female employees (and the female dependents of all employees) access to preventive care and services—based on the religious beliefs of the employer. RFRA cannot justify the broad scope of either the Moral or Religious Exemption Rule.

B. The Exemption Rules Are Invalid Because Defendants Violated the APA by Permitting Only Post-Promulgation Comments

Defendants evaded their obligations under the APA by promulgating rules without proper notice and comment. The APA requires agencies to provide the public notice and an opportunity to be heard *before* promulgating a regulation. The agency must publish in the Federal Register a notice of proposed rulemaking that includes "(1) a statement of the time, place, and nature of public rule making proceedings; (2) reference to the legal authority under which the rule is proposed; and (3) either the terms or substance of the proposed rule or a description of the subjects and issues involved." 5 U.S.C. § 553(b). After the notice has issued, "the agency shall give interested persons an opportunity to participate in the rulemaking through submission of written data, views, or arguments with or without opportunity for oral presentation." *Id*. § 553(c).

Here, it is undisputed that Defendants bypassed the notice and comment requirements of the APA. Instead, Defendants issued IFRs, took comments after the IFRs became effective, and then promulgated Final Rules.[17] "It is antithetical to the structure and purpose of the APA" "to implement a rule first, and then seek comment later." *Paulsen v. Daniels*, 413 F.3d 999, 1005 (9th Cir. 2005); *see also, e.g., Levesque v. Block*, 723 F.2d 175, 188 (1st Cir. 1983) ("[p]ermitting the submission of views after the effective date is no substitute for the right of interested persons to make their views known to the agency in time to influence the rule in a meaningful way"); *Natural Resources Defense Council, Inv. v. EPA*, 683 F.2d 752, 768 (3rd Cir. 1982) ("post-promulgation notice and comment procedures cannot cure the failure to provide such procedures

[17] As this Court previously concluded, and the Ninth Circuit affirmed, Defendants do not have statutory authority to bypass notice and comment. *See* Dkt. No. 105 at 17-25; *California*, 2018 WL 6566752, at *9-13.

prior to the promulgation of the rule at issue"). "If a period for comments after issuance of a rule could cure a violation of the APA's requirements, an agency could negate at will the Congressional decision that notice and an opportunity for comment must precede promulgation." *Sharon Steel Corp. v. EPA*, 597 F.2d 377, 381 (3rd Cir. 1979). "Provision of prior notice and comment allows effective participation in the rulemaking process while the decisionmaker is still receptive to information and argument." *Id*. "After the final rule is issued, the petitioner must come hat-in-hand and run the risk that the decisionmaker is likely to resist change." *Id*.

As this Court and the Ninth Circuit already concluded, Defendants lacked good cause for failing to give any notice to the public or allowing for public comment *before* these rules took immediate effect. Dkt. No. 105 at 17-25; *California*, 2018 WL 6566752, at *9-13. Defendants' post-promulgation acceptance of comments is no substitute. Notice and comment is particularly important in legally and factually complex circumstances like those presented here—it allows affected parties to explain the practical effects of a rule before implementation, and ensures that the agency proceeds in a fully informed manner, exploring less harmful alternatives. *Alcaraz v. Block*, 746 F.2d 593, 611 (9th Cir. 1984); *Riverbend Farms, Inc. v. Madigan*, 958 F.2d 1479, 1483-1484 (9th Cir. 1992). Because Defendants failed to follow the APA's notice and comment procedures, the Rules are invalid.

C. The Rules Are Arbitrary and Capricious Because Defendants Failed to Provide an Adequate Justification for Their Reversal of Policy

An agency must provide a "concise general statement of [a regulation's] basis or purpose". 5 U.S.C. 553(c). "[A]n agency's action must be upheld, if at all, on the basis articulated by the agency itself." *Motor Vehicle Mfrs. Ass'n of U.S., Inc. v. State Farm Mut. Auto. Ins. Co*., 463 U.S. 29, 50 (1983). The agency must "articulate a 'rational connection between the facts found and the choice made.'" *Bowman Transp., Inc. v. Arkansas-Best Freight Sys., Inc.*, 419 U.S. 281, 285 (1974). Where an agency departs from a prior policy, it must at a minimum "display awareness that it *is* changing position." *F.C.C. v. Fox Television Stations, Inc*., 556 U.S. 502, 515 (2009); *Jicarilla Apache Nation v. U.S. Dept. of Interior*, 613 F.3d at 1112, 1119 (D.C. Cir. 2010) (holding that an agency that neglects to explain its departure from established precedent acts

arbitrarily and capriciously"). In addition, a more "detailed justification" is necessary where there are "serious reliance interests" at stake or the new policy "rests upon factual findings that contradict those which underlay its prior policy." *F.C.C.*, 556 U.S. at 515; *see also State Farm*, 463 U.S. at 48-51 (regulation rescinding prior regulation after change in presidential administration was arbitrary and capricious where agency failed to address prior fact findings). And a change in administration does not authorize an unreasoned reversal of course. *See State v. U.S. Bureau of Land Mgmt.*, 277 F.Supp.3d. 1106, 1123 (N.D. Cal. 2017) ("New presidential administrations are entitled to change policy positions, but to meet the requirements of the APA, they must give reasoned explanations for those changes and address the prior factual findings underpinning a prior regulatory regime." (quotation marks and brackets omitted)). Where the agency action is "arbitrary" or "capricious," the court must invalidate it. 5 U.S.C. § 706(2)(A).

Given the number of women nationwide who rely on the contraceptive-coverage requirement, the government must provide greater justification for the Rules. *Perez v. Mortgage Bankers Ass'n*, 135 S. Ct. 1199, 1209 (2015). Defendants failed to do so. The Rules are arbitrary and capricious because they constitute a complete reversal of prior agency policy without a detailed justification for such a substantial shift. The factual record remains unchanged since the prior regulations were promulgated. And millions of women across the country have relied on the ACA's contraceptive-coverage requirement since 2012. Dkt. Nos. 170-1 & 170-2.[18] The Rules cite a number of reasons for the change, none of which meet the heightened standard. See, e.g., 83 Fed. Reg. at 57537; 83 Fed. Reg. at 57593. For instance, the prior regulations found a compelling government interest in ensuring that women have access to contraceptive coverage. *See Hobby Lobby Stores*, 134 S. Ct. at 2785-86 (Kennedy, J., concurring). The Rules summarily announce that there is not a compelling interest in ensuring women's access to contraceptive

[18] Nat'l Women's Law Ctr, Fact Sheet, *Reproductive Rights & Health* (Nov. 2018), https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/09/New-Preventive-Services-Estimates-4.pdf; Rabinovitz Decl. ¶¶ 4-5.

coverage, yet provide no support for this complete about-face. 83 Fed. Reg. at 57545, 57546-57548; 83 Fed. Reg. at 57605.

Further, there is no justification for the *scope* of the Rules. Defendants fail to justify expanding the universe of employers, or its extension of the exemption (as opposed to the accommodation). For example, the religious exemption is now available for publicly traded entities, even though Defendants readily admit that they are not aware of any publicly traded entities that have objected to providing contraceptive coverage on the basis of religious belief. 83 Fed. Reg. at 57562. Nevertheless, the Rules now make it easy for any such entity to opt out of contraceptive coverage for any reason, including economic, because there is no notice required and no oversight by the Defendants. Nor is there notice to an employee, outside of her regularly provided evidence-of-coverage packet, including for new employees. Thus, unless a woman combs through her statement of benefits, she will not know that her employer has exempted itself from the contraceptive-coverage requirement, thereby depriving her of her statutorily entitled benefits. Although the Rules refer to the *Hobby Lobby* and *Zubik* decisions, the Supreme Court has never suggested that such a broad exemption, encompassing religious and moral objections for nearly any employer at the detriment to women, is necessary.

In addition, the Rules rely on information about women's health that is "unfounded." Kost Decl. ¶¶ 12-13 (explaining flawed data and analysis); Chance Decl. ¶¶ 6-19 (discussing the problematic and arbitrary methods and estimates Defendants used to determine the likely number of women affected by the unavailability of contraception due to the Rules, and suggesting that actual number of affected women could be far greater). At the same time, the Rules ignore other public health interests, such as the use of contraceptive medicines for non-birth control purposes. Hollier Decl. ¶ 5; Bates Decl. ¶ 3.

The Rules note that contraceptive coverage is not mandated by Congress, only by the implementing regulations. 83 Fed. Reg. at 57540. Yet, the ACA relied on HRSA to define the scope of preventive services and in turn, HRSA's guidelines state that preventive services include all FDA-approved contraceptive methods (along with other critical preventive services for

women). 42 U.S.C. § 300gg-13(a)(4).[19] Further, the legislative history of the Women's Health Amendment demonstrates that Congress expected contraceptives to fall within its ambit. *See, e.g.*, 55 Cong. Rec. S12027 (Dec. 1, 2009) (statement of Sen. Gillibrand) ("more than half of women delay[ed] or avoid[ed] preventive care because of its cost"). [20] "[T]he Women's Health Amendment 'will require insurance plans to cover at no cost basic preventive services and screenings for women." Br. amici curiae of Senators Murray, et al., *Burwell v. Hobby Lobby Stores, Inc*. (Jan. 28, 2014).[21] The Rules also ignore the IOM Report's core findings that providing no-cost coverage of the full range of contraceptives is critical to women's health and wellbeing. *Org. Vill. of Kake v. U.S. Dept. of Agric.*, 795 F.3d 956, 966 (9th Cir. 2015) (agency action is arbitrary where agency's explanation is counter to the evidence before the agency). Finally, the Rules attempt to justify the reduction in coverage by pointing to federal and state programs that already provide women access to contraception. But this was true when the contraceptive-coverage requirement was promulgated and thus cannot provide a reasoned justification for the reversal in course. 83 Fed. Reg. at 57605, 57608; 83 Fed. Reg. at 57548. Further, these programs "simply cannot replicate or replace the gains in access made by the contraceptive coverage guarantee." Kost Decl. ¶ 46.

Additionally, through the course of this litigation, Defendants have contended that that no employer will utilize these Rules. *See California v. Azar*, 18-15144, Fed. Def.'s Br. (Dkt #11), at 28-34 (9th Cir. 04/09/2018). If so, there is no rational justification for upending the prior regulatory framework.

In short, the Rules are arbitrary and capricious and therefore invalid. 5 U.S.C. § 706(2)(A). The facts have remained relatively unchanged since the prior regulations were promulgated, yet

[19] Health Res. & Serv. Admin., *Women's Preventive Services Guidelines*, https://www.hrsa.gov/womens-guidelines/index.html; *See also* Women's Preventive Services Initiative Report, https://www.womenspreventivehealth.org/final-report/.

[20] *See id.* at S12051 (statement of Sen. Franken) (similar); *see also, e.g.*, at S12052 (statement of Sen. Franken) (Noting the amendment expected to eradicate discriminatory barriers to preventive care—including contraceptive care—to result in substantially improved health outcomes for women); *see also id.* at. S12059 (statement of Sen. Cardin) (noting that amendment will cover "family planning services"); *id.* (statement of Sen. Feinstein) (same).

[21] http://sblog.s3.amazonaws.com/wp-content/uploads/2014/02/hobby-lobby-conestoga-amicus-brief.pdf

the Rules constitute a significant change in policy. As such, Defendants have acted arbitrarily and capriciously and the Rules should be found unlawful. *See Encino Motorcars, LLC v. Navarro*, 136 S. Ct. 2117, 2126 (2016) (declining to defer to agency provided insufficiently reasoned explanation for "why it deemed it necessary to overrule its previous position."); *see also F.C.C.*, 556 U.S. at 535-536 (Kennedy, J., concurring).

II. ABSENT AN INJUNCTION, THE STATES WILL SUFFER IRREPARABLE HARM

The Rules will inflict irreparable harm upon the States. *Winter*, 555 U.S. at 22; *California*, 2018 WL 6566752, at *14 (affirming this Court's conclusion that "potentially dire public health and fiscal consequences" will result without an injunction). The threat of harm here is imminent. *Caribbean Marine Servs. Co., Inc. v. Baldrige*, 844 F.2d 668, 674 (9th Cir. 1988). Every day the Rules are in effect will be another day that employers can eliminate contraceptive coverage for employees and their dependents, without any separate notice. *See, e.g.*, Werberg Decl. ¶¶ 4-9.[22] For workers and beneficiaries in existing health plans, contraceptive coverage could be dropped with 60-days notice that the employer is revoking its use of the accommodation process, or when a new plan year begins. 26 C.F.R. § 54.9815-2713A(a)(5); 29 C.F.R. § 2590.715-2713A(a)(5); 45 C.F.R. § 147.131(c)(4); 26 C.F.R. § 54.9815-2715(b); 29 C.F.R. § 2590.715-2715(b); 45 C.F.R. § 147.200(b). This loss of coverage will mean that women no longer have seamless access to their essential healthcare benefits. This will result in a lack of continuity of care. Rabinovitz Decl. ¶ 7. The States will also suffer concrete and irreparable injury, including to those already covered through plans using the accommodation. *See* Durso Decl. (results of a Freedom of Information Act request for all accommodated employers).

First, lack of access to contraception will likely cause unintended pregnancies to rise, triggering a chain of events with widespread repercussions. When contraception is provided at no

[22] While *some* states have contraceptive equity laws, those laws are only applicable to state-regulated insurers—not self-funded insurers, which cover millions of women nationwide. Emily Bazar, *For Millions of Insured Americans, State Health Laws Don't Apply*, The Washington Post (Nov. 16, 2017), https://www.washingtonpost.com/national/health-science/for-millions-of-insured-americans-state-health-laws-dont-apply/2017/11/16/138f4476-cab7-11e7-b506-8a10ed11ecf5_story.html?noredirect=on&utm_term=.f2b609de3f19 (61% of covered workers are in self-funded plans). Of the states that do have these laws, they do not all require no-cost contraceptive coverage or coverage of all 18 FDA-approved methods. 83 Fed. Reg. at 57612 (acknowledging state laws do not apply to self-insured plans and vary in scope).

cost under the ACA, women are free to use the most effective methods, resulting in lower rates of unintended pregnancy, abortion, and birth among adolescents. Kost Decl. ¶¶ 7-9, 14-15, 17-19, 32; *Id*. at ¶ 25 (A long-acting reversible contraceptive (LARC) "costs nearly a month's salary or a woman working full time at the federal minimum wage"); Grossman Decl. ¶ 9 ("women now save an average of 20% annually in out-of-pocket expenses, including $248 savings for IUDs and $255 for the contraceptive pill"); Hollier Decl. ¶ 6; Ikemoto Decl. ¶ 5; Tosh Decl. ¶ 26; Nelson Decl. ¶ 30. The converse is true under the Rules. As the cost of contraception increases, women are more likely to use less effective methods, use them inconsistently or incorrectly, or not use them at all—and the result is a higher rate of unintended pregnancies. Kost Decl. ¶¶ 29, 39-42; Hollier Decl. ¶ 6; Grossman Decl. ¶¶ 8-9 ("women from advantaged groups (income over $75,000) were far more likely to actually use a LARC method when they preferred LARC"); Ikemoto Decl. ¶ 5; Jones Decl. ¶ 15; Tosh Decl. ¶ 36; Nelson Decl. ¶ 30; Rattay Decl. ¶ 7; Lytle-Barnaby Decl. ¶ 28; Skinner Decl. ¶ 20. Significantly, the risk of unintended pregnancy is greatest for the most vulnerable women: young, low-income, minority women, without high school or college education. IOM Report at 103; Kost Decl. ¶ 45.

The consequences of unintended pregnancies felt by the States and their residents are both immediate and far-reaching. Over half of unintended pregnancies end in miscarriage or abortion. Tosh Decl. ¶ 26. For pregnancies carried to term, intervals between pregnancies of less than 18 months are associated with poor obstetric outcomes, including maternal health problems, premature birth, birth defects, low birth weight, and low mental and physical functioning in early childhood. Kost Decl. ¶ 42; Grossman Decl. ¶ 7; Jones Decl. ¶ 18; Nelson Decl. ¶ 30; Tosh Decl. ¶ 25; Rabinovitz Decl. ¶¶ 4-5. All these outcomes—whether miscarriages, abortions, or live births (particularly high-risk births)—cost the States in both the short-term and long-term. The States are burdened not only with funding a significant portion of the medical procedures associated with unintended pregnancies and their aftermath, Kost Decl. ¶¶ 54, 61 (California), 69 (Connecticut), 77 (Delaware), 85 (District of Columbia), 93 (Hawaii); 101 (Illinois), 109 (Maryland), 117 (Minnesota), 125 (New York), 133 (North Carolina), 141 (Rhode Island), 149 (Vermont), 157 (Virginia), 165 (Washington); Tosh Decl. ¶¶ 26-28; Rattay Decl. ¶ 6; Peterson

Decl. ¶ 6; Welch Decl. ¶ 13; Wilson Decl. ¶ 5; Tobias Decl. ¶ 4; Zerzan-Thul Decl. ¶¶ 10-11; Alexander-Scott Decl. ¶ 3; Maisen Decl. ¶11; Moracco Decl. ¶ 5; Gobeille Decl. ¶¶ 6-7, but also with the lost opportunities for affected women to advance professionally and educationally and to contribute as taxpayers. Kost Decl. ¶ 44; Hollier Decl. ¶ 5; Arensmeyer Decl. ¶ 4; Nelson Decl. ¶ 31; Bates Decl. ¶¶ 3, 6. These lifelong consequences for women and their families are severe; for the States, such harm is irreparable because it cannot be undone with a successful result at the end of the litigation. The only way to avoid this disruption is to ensure that the ACA's guarantee of no-cost contraceptive coverage is maintained while this litigation proceeds. *Leigh v. Salazar*, 677 F.3d 892, 902 (9th Cir. 2012) ("Preliminary injunctions normally serve to prevent irreparable harm by preserving the status quo" pending adjudication of the action on the merits).

Second, if the Rules are not enjoined, the States are likely to face increased costs of providing contraception to their residents. This is particularly true in states, like Virginia and Minnesota, which do not have a contraceptive equity laws, and states with contraceptive equity laws that are not equivalent to the ACA contraceptive-coverage requirement, like those laws in North Carolina, Hawaii, and Rhode Island. Whorley Decl. ¶ 8; Alexander-Scott Decl. ¶ 3; Anderson Decl. ¶ 4; 83 Fed. Reg. at 57612 (acknowledging that of the states with contraceptive equity laws, "only four states have laws that match the federal requirements in scope"). Unlike other states, where the effect of the Rules is limited to patients covered under self-insured plans, Nelson Decl. ¶ 12, in Virginia there is no state requirement that insurance plans provide no-cost contraceptive coverage. Whorley Decl. ¶ 8. Many women who lose coverage in Virginia will turn to Plan First, Virginia's limited-benefit family-planning program, which only provides contraceptive coverage for women in families below 200% of the federal poverty level. *Id.* at ¶¶ 3, 4, 10. The increase in Plan First enrollees—and in women seeking services from hospital systems that are Plan First providers—will cause fiscal harm to Virginia. *Id.* at ¶¶ 10, 11.

Although Virginia and other states like it will be particularly impacted, all states will face rising costs. In California, women (and men) are eligible to enroll in the state's Family Planning, Access, Care, and Treatment (Family PACT) program if they have a family income at or below 200% of the federal poverty level, no other source of family planning coverage, and a medical

necessity for family planning services. Cantwell Decl. ¶ 7; Tosh Decl. ¶¶ 23, 29; Nguyen Decl. ¶ 10. Eligible women are likely to seek services from Family PACT when their employers slash coverage for contraception from the benefits of self-funded plans. Cantwell Decl. ¶¶ 15, 16; Tosh Decl. ¶ 34; Rabinowitz Decl. ¶¶ 3, 8-10; Nguyen Decl. ¶ 13. The same is true in Connecticut, Vermont, New York, Maryland, Minnesota, Washington, and Delaware, as well as in other states that have state family planning programs. Kost Decl. ¶¶ 63-166. The government—including the States—will be left to pick up the tab.[23] Cantwell Decl. ¶ 17; Tosh Decl. ¶¶ 34-35; Nelson Decl. ¶¶ 15-16, 35; Rattay Decl. ¶ 8; Lytle-Barnaby Decl. ¶ 28; Skinner Decl. ¶¶ 21-22; Tobias Decl. ¶ 5; Gallagher Decl. ¶¶ 18-19; Zerzan-Thul Decl. ¶ 8; Navarro Decl. ¶ 14; Anderson Decl. ¶ 4; Maisen Decl. ¶ 11; Kreidler Decl. ¶ 15; Gobeille Decl. ¶ 6; Peterson Decl. ¶ 6. Indeed, the Rules direct women to Title X clinics; however, not only are these clinics designed for low-income women and lack the capacity to serve a new patient population, but in California, all Title X clinics screen for Family PACT and in New York Title X clinics are the same clinics that provide the state's Family Planning Program services. Cantwell Decl. ¶ 18; Tobias Decl. ¶ 5. Thus, directing women to Title X means more women will be enrolled in the state's programs.

Even a slight uptick in such costs will cause irreparable harm to the States. *Simula, Inc. v. Autoliv, Inc.*, 175 F.3d 716, 724 (9th Cir. 1999) ("magnitude of the injury" is not determinative); *Ariz. Dream Act Coal. v. Brewer*, 757 F.3d 1053, 1068 (9th Cir. 2014) (court erred by attempting to evaluate the severity of the harm, rather than determining whether the harm was irreparable).

III. THE BALANCE OF EQUITIES AND THE PUBLIC INTEREST FAVOR ISSUING AN INJUNCTION TO PRESERVE THE STATUS QUO

The balance of the equities and the public interest support issuing a preliminary injunction. *See Winter*, 555 U.S. at 24; *California*, 2018 WL 6566752, at *14-15 (affirming this Court's

[23] A good example is Maryland, where, the Medicaid Family Planning Waiver program provides contraceptive coverage to women up to 200% of the federal poverty level. In fiscal year 2016, the average monthly enrollment was 12,852 individuals. Women in low-income jobs whose employers exempt themselves from contraceptive coverage may qualify for this program, thereby shifting the costs of contraceptives for these women to the State. Nelson Decl. ¶¶ 22-25. In addition, Maryland's Medicaid and Children's Health Insurance Plans provide coverage for women up to 138% of the federal poverty level and for children to 300% of the federal poverty level. Eligible women whose employers avail themselves of this broad exemption may turn to these programs for contraceptive coverage for themselves and/or their children, thereby shifting the costs of their care to the State. Nelson Decl. ¶¶ 26-28.

conclusion that the balance of equities and public interest weigh in favor of an injunction). Particular attention should be given to preserving the status quo. *Chalk v. U.S. Dist. Court Cent. Dist. Cal.*, 840 F.2d 701, 704 (9th Cir. 1988). Here, the status quo is the ACA's contraceptive-coverage requirement, and the carefully and deliberately crafted accommodation and exemptions. *Dep't of Parks & Recreation for State of Cal. v. Bazaar Del Mundo Inc.*, 448 F.3d 1118, 1124 (9th Cir. 2006) (status quo is "the last uncontested status that preceded the parties' controversy").

Absent a preliminary injunction, the Rules will take effect on January 14, 2019, immediately enabling an employer to drop ACA-required contraceptive coverage upon 30-days notice that it is invoking the accommodation process, upon 60-days notice that it is revoking its use of the accommodation process, or when a new plan year begins. 26 C.F.R. § 54.9815-2713A; 29 C.F.R. § 2590.715-2713A(a)(5); 45 C.F.R. § 147.131(c)(4); 26 C.F.R. § 54.9815-2715(b); 29 C.F.R. § 2590.715-2715(b); 45 C.F.R. § 147.200(b). And because an employer need not notify the federal government of its decision, without a preliminary injunction, the parties to this litigation will not know which employers stop providing the required coverage, thus impeding the Court from preventing harm once the rules take effect.

The Ninth Circuit found that the record supported the "potentially dire public health and fiscal consequences as a result of a process as to which [plaintiffs] had no input" and highlighted the public interest in access to contraceptive care. *California*, 2018 WL 6566752, at *15. And this Court has recognized the importance of the public interest at stake—"the interest in ensuring coverage for contraception and sterilization services" as provided by the ACA, in previously issuing a preliminary injunction. Dkt. No. 105:15-16; *California*, 2018 WL 6566752, at *14.

While the immediate enforcement of the Rules will inflict grave and lasting harm upon the States and their residents, Defendants will suffer little harm if the Rules are enjoined. The ACA's accommodation and exemptions would still be available as this matter is litigated to its conclusion. *League of Wilderness Defenders/Blue Mountains Biodiversity Project. v. Connaughton*, 752 F.3d 755, 765 (9th Cir. 2014) (the balance of equities generally tips in favor of plaintiffs when the harms they face if an injunction is denied are permanent, while the harms defendants face if an injunction is granted are temporary).

As the Ninth Circuit held, the public interest is served by compliance with the APA. *California*, 2018 WL 6566752, at *14 (citing *Alcaraz*, 746 F.2d at 610). As argued above, the Final Rules violate the APA. The Court should grant the preliminary injunction.

IV. THE COURT SHOULD ISSUE A NATIONWIDE INJUNCTION

A nationwide injunction is necessary to ensure complete relief to the plaintiff States. Residents of the States work for out-of-state employers, including in states that are not parties to this lawsuit. Pomales Decl. ¶ 9. Some plaintiff States are home to students who are on their parents' employer-sponsored health plans, and those parents and employers are out-of-state. Pomales Decl. ¶ 9; Childs-Roshak Decl. ¶ 16.[24] Additionally, reproductive healthcare providers in plaintiff States serve residents of other states who travel to receive care. Tosh Decl. ¶ 33; Custer Decl. ¶ 8. These scenarios demonstrate that this Court cannot simply draw a line around the plaintiff States and impose an injunction only as to those States to ensure complete relief.

Additionally, in compliance with the Ninth Circuit's opinion, the States have attached additional evidence demonstrating that absent a nationwide injunction, irreparable harms will be felt outside the plaintiff States. *California*, 2018 WL 6566752, at *17 (Nationwide injunctive relief appropriate where evidence shows "nationwide impact or sufficient similarity to plaintiff states"). For instance, every State has hundreds of thousands of women who have benefitted from the contraceptive-coverage requirement and are at risk of losing this benefit. Dkt. Nos. 170-1, 170-2. The plaintiff States have submitted evidence demonstrating additional harms to their own States and harm to other States. Pomales Decl. ¶¶ 10-11; Dutton Decl. ¶¶ 27-28; *see supra* at 21, 23.

CONCLUSION

The States respectfully request that the Court grant this motion for preliminary injunction and enjoin implementation of the Exemption Rules.

[24] *See also* National Center for Education Statistics, https://nces.ed.gov/programs/digest/d17/tables/dt17_309.20.asp?current=yes (reflecting, for example, that California is home to 25,000 out-of-state students; New York to 35,000).

Dated: December 19, 2018

Respectfully submitted,

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF BRUCE S. ANDERSON, Ph.D.

I, BRUCE S. ANDERSON, declare:

1. I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

2. I am the Director of the Hawaii State Department of Health ("HDOH").

3. The HDOH administers the State's Title X family planning grant and related reproductive and women's health programs. The Title X grant helps to fund approximately 58% of Hawaii's family planning services. In 2016, Title X grant funding provided approximately 16,000 women and men comprehensive family planning and related preventive health services, including contraceptive services and client centered education, counseling and referrals. These services are provided on six islands (Kauai, Oahu, Molokai, Maui, Lanai, and Hawaii) through 12 contracts at 30 services sites. These sites include, but are not limited to eight Federally Qualified Health Centers in medically underserved rural areas, three academic settings on Kauai, Maui and Hawaii Islands, and one hospital-based setting on Molokai Island. In almost all of the rural and medically underserved areas of our state, these clinics are the only source for low-cost family planning services.

4. The State of Hawaii has a law that that mandates employer group accident and health or sickness plans to provide contraceptive services or supplies. Unlike the federal law (Public Health Service Act 2713), Hawaii law permits an insurer to collect copayments on contraceptive supplies so long as they are not unusual. Hawaii law provides that coverage shall include reimbursement to a health care provider or dispensing entity for prescription contraceptive supplies intended to last up to a twelve-month period for an insured and that coverage of contraceptive services shall extend to any dependent of the subscriber who is covered under the policy. The State of Hawaii law does not cover women and covered dependents who have coverage through an employer that uses a self-insured plan. As a result of these rules, women will either: (a) utilize and seek coverage through HDOH's Title X family planning program resulting in increased enrollment or (b) they will forgo coverage and experience an unintended pregnancy. In both scenarios, the State will suffer increased costs.

Executed on December 18, 2018, in HONOLULU, HAWAII.

Bruce S. Anderson, Ph.D.
Director
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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF JOHN ARENSMEYER

I, John Arensmeyer, declare:

1. I am the Founder and CEO of Small Business Majority. I have used my long experience as a business owner to build Small Business Majority into a nationally recognized small business organization and the leading advocate for public policy issues facing America's entrepreneurs. In the past few years I have spearheaded the growth of Small Business Majority's Entrepreneurship Program, providing critical practical resources to our nation's 28 million small businesses.

2. Previously, I was the founder and CEO of ACI Interactive, an award-winning international interactive communications company. Earlier, I served as the chief operating officer of a pioneering multimedia business and as an attorney in New York. In 2009, I served on a panel at the White House summit on healthcare reform. I testify regularly before congressional committees, and have briefed White House officials and congressional leadership on small business policy issues. I serve as Board Chair for California's Insure the Uninsured Project. Previously, I led a study group at Harvard's Kennedy School of Politics, and served on the Association for Enterprise Opportunity's Economic Impact Council and Micro Capital Task Force.

3. Small Business Majority is a national small business advocacy organization headquartered in California, founded and run by small business owners to ensure America's entrepreneurs are a key part of a thriving and inclusive economy. We actively engage small business owners and policymakers in support of public policy solutions, and deliver information and resources to entrepreneurs that promote small business growth and drive a strong, sustainable job-creating economy. Our extensive scientific opinion polling, focus groups, and economic research help us educate and inform policymakers, the media, and other stakeholders about key issues impacting small businesses and freelancers, including healthcare, access to capital, taxes, retirement, paid leave, and other workforce issues.

4. On October 13, 2017 Small Business Majority released the results of a nationwide survey of women small business owners titled "Women Small Business Owners Say Access to Birth Control is Important to their Success, Support Continued Coverage." A true and correct copy of these results is attached as Exhibit A. Findings from the survey include:

- 71 percent of respondents believe health insurance issuers should be required to include birth control coverage in their health plans, and 54 percent strongly agree. This is an agreement that crosses all demographic sub-groups, with majorities across political, racial, religious and age lines agreeing that issuers should be required to include birth control coverage in health plans.
- 79 percent of respondents agree that contraceptive coverage is important for women's economic empowerment and well being. The same percentage believes we need to ensure all women have access to affordable reproductive healthcare as a basic economic issue.
- 56 percent of respondents agree that birth control access was beneficial for their own individual pursuit of education and business ownership, and 52 percent believe this access impacts their ability to grow their business.

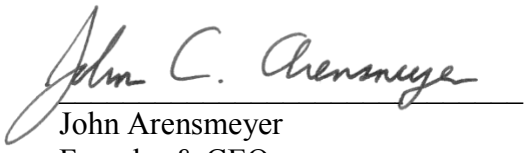
5. On March 1, 2018 Small Business Majority released the results of a nationwide survey of women small business owners titled "Access to Reproductive Health Underpins Women Entrepreneurs' Economic Success." A true and correct copy of these results is attached as Exhibit B. Findings from the survey include:

- More than 6 in 10 female entrepreneurs of color (65 percent of African-American and 64 percent of Latina women entrepreneurs) agree that their ability to access birth control and to decide if and when to have children has impacted their bottom line.
- Women of color who own small businesses feel strongly that access to birth control has allowed them to advance their career (71 percent of African-American women and 69 percent of Latinas agree). Fifty-six percent of all respondents agree their ability to access birth control and to decide if and when to have children allowed them to advance in their career and start their business.
- While respondents overall are split on whether access to birth control has impacted their success (46 percent agree and 46 percent disagree), women of color who own small businesses are more likely to say access to birth control to decide if and when to have children has impacted their ability to succeed. Sixty-eight percent of African-American and 66 percent of Latinas agree that this has been important to their success.

6. Based on these survey results and our experience dealing with the needs of small businesses on a daily basis, Small Business Majority believes it is "important for lawmakers to understand that women entrepreneurs believe access to reproductive health is a key component of healthcare, and that access to comprehensive health coverage, including birth control, is critical to ensuring their and their employees' economic wellbeing. Access to contraceptive coverage promotes the financial stability of female entrepreneurs and their employees, both of which are ultimately important for an entrepreneur's bottom line, as recruiting and retaining a healthy and productive workforce is a critical aspect of running a successful small business."

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 3, 2018, in Sausalito, California.



John Arensmeyer
Founder & CEO
Small Business Majority

EXHIBIT A

SMALL BUSINESS MAJORITY

Opinion Poll

Women Small Business Owners Say Access to Birth Control is Important to their Success, Support Continued Coverage

October 13, 2017

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Women Small Business Owners Say Access to Birth Control is Important to their Success, Support Continued Coverage

The Patient Protection and Affordable Care Act (ACA) expanded contraceptive coverage to more than 62 million women by requiring most health insurance plans, including most employer-sponsored plans, to cover birth control. With the recent move by the Trump administration to roll back this requirement, it's important to understand the perspective of one of the most important, and fastest growing, segments of our economy: women small business owners.

A recent scientific opinion poll conducted for Small Business Majority by Lake Research Partners and American Viewpoint found women small business owners support coverage of birth control for employees and cite birth control access as an important factor in their own ability to advance their career and become small business owners. This is critically relevant data, as women small business owners are our nation's job creators. In fact, it is projected that roughly one-third of the 15.3 million total new jobs created between 2010 and 2018 will be created by women-owned small businesses.[1] In 2016, there were nearly 11.3 million women-owned businesses, generating more than $1.6 trillion each year and employing nearly nine million people.[2]

The poll, which surveyed 507 women small business owners nationwide, including oversamples of 100 African-American and 100 Latina small business owners, found reproductive healthcare is especially important to women entrepreneurs. Specifically, the poll found more than 7 in 10 (71%) female entrepreneurs agree that health insurance issuers should be required to include birth control coverage in their health plans, with a majority (54%) in strong agreement. This agreement crosses all demographic sub-groups, with majorities across political, racial, religious and age lines agreeing that issuers should be required to include birth control coverage in health plans. Further, 69% of female small business owners are supportive of policies that ensure and expand access to birth control. Strong majorities across all demographic and political sub-groups support expanded access, including 63% of Republicans, 84% of Democrats and 57% of independents.

Indeed, according to this survey, the vast majority of female business owners agree (79%, with 59% in strong agreement) that access to reproductive healthcare is basic healthcare and important for women's economic wellbeing and stability. An additional 79% agree (61% of whom strongly agree) we need to ensure all women have access to affordable reproductive healthcare as a basic economic issue for our families. Seven in 10 women business owners across all political and demographic subgroups make this economic link and agree with both of these statements.

Women entrepreneurs believe access to basic healthcare like birth control improves their employees' financial stability, which in turn is important to their business's bottom line. African-American and Latina small business owners are even more likely to feel that access to birth control is important, with 68% and 80% respectively saying such access is important. Strong majorities of small business owners say that having health insurance coverage (87%) and having access to birth control to determine if and when to have children (57%) is important to obtaining financial security.

Female small business owners support access to birth control for their employees and also feel that access to reproductive healthcare has been critical to their ability to start a business. Fifty-six percent of women small business owners agree that their ability to access birth control and to decide if and when to have children allowed them to advance in their career and start their own business, and 52% agree this access impacts their ability to grow their business. What's more, 63% of respondents say that their ability to access birth control impacts their families' economic security and 64% agree that having such access is an important part of their ability to make choices about their career and future. Women small business

[1] Women-Owned Businesses: America's New Job Creation Engine, Forbes, 1/12/2010, https://www.forbes.com/2010/01/12/small-business-job-market-forbes-woman-entrepreneurs-economic-growth.html
[2] 2016 State of Women-Owned Business Report, American Express OPEN, April 2016, http://about.americanexpress.com/news/docs/2016x/2016SWOB.pdf

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owners recognize the importance of healthcare coverage and access to reproductive healthcare for women in planning their careers, families and future.

It's important to note that respondents are politically diverse, and do not view these issues through an ideological lens: 41% identify as Republican or Republican-leaning independents, 39% are Democrat or Democrat-leaning independents and 11% are pure independent.

Main Findings

- **Women small business owners believe insurance companies should be required to include birth control in their health plans**: 71% of female small business owners agree that insurers should be required to include birth control coverage in their health plans, with 54% of respondents strongly agreeing to this statement. This support held across all demographic sub-groups, with particularly high support among African American and Latina entrepreneurs, who support such requirements by sizable majorities of 79% and 87% respectively.
- **Large majority of women small business owners support policies that ensure and expand access to birth control:** 69% of respondents support policies that would increase women's access to birth control, with 50% of respondents strongly supporting such policies. Strong majorities across all demographic and political sub-groups support expanded access, including 84% of Democrats, 57% of independents and 63% of Republicans.
- **Vast majority of women small business owners feel that access to birth control is important for women's economic empowerment and well-being:** Female small business owners understand that access to birth control is an economic issue for many women—including many small business owners and employees—with 79% of respondents agreeing that access to birth control is important to financial well-being. Fifty-nine percent strongly agree with this statement. The same percentage, 79%, also agree that we need to ensure all women have access to affordable reproductive healthcare as a basic economic issue. Sixty-one percent strongly agree.
- **Women entrepreneurs believe access to birth control was critical to their ability to start a business and make career choices:** 56% of respondents agree that their ability to access to birth control and to decide if and when to have children allowed them to advance in their career and start their business, and 52% agree that such access impacts their ability to grow their business. Additionally, almost two-thirds of female small business owners (63%) say that access to birth control impacts their family's economic security, and 64% agree that this access is an important part of their ability to make choices for their career and their future.
- **Women small business owners are politically diverse:** 41% identify as Republican or Republican-leaning independents, 39% are Democrat or Democrat-leaning independents and 11% are pure independent.

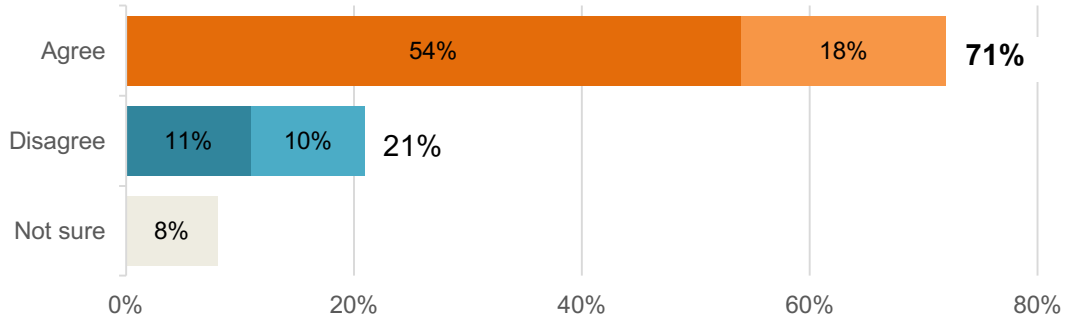
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Women Small Business Owners Believe Insurance Plans Should Include Contraceptive Coverage and Support Expanding Access to Birth Control

More than 7 in 10 (71%) women small business owners agree that health insurance issuers should be required to include birth control coverage in their health plans, while just 21% disagree. Fifty-four percent of respondents strongly agree that insurance companies should be required to offer such coverage. Women of color who own small businesses support such requirements by even greater majorities—79% of African-American business owners and 87% of Latina business owners feel that insurance companies should be required to include birth control coverage in health plans.

Figure 1: ***Female entrepreneurs feel strongly that health coverage should include birth control***

Do you agree or disagree that the health insurance issuers should be required to include birth control coverage in their health plans?

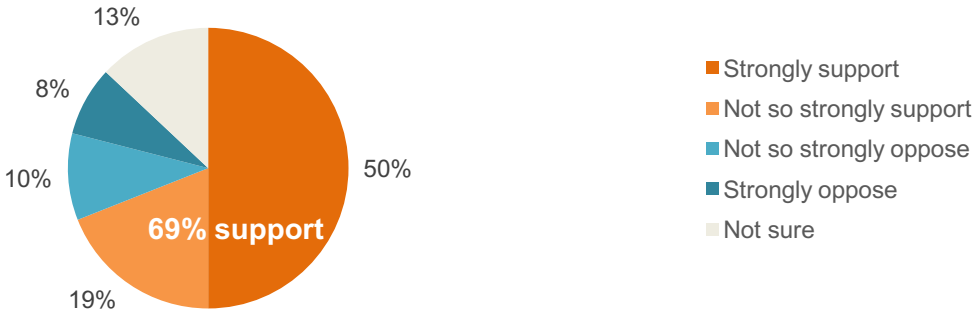


A large majority (69%) of women small business owners support policies that would ensure and expand access to birth control, with 50% of respondents strongly in support of such policies.

Support for such policies held across all major demographic sub-groups polled. For example, 69% of African-American women entrepreneurs and 72% of Latina women entrepreneurs are supportive of policies that would expand access.[3]

Figure 2: ***Female small business owners support policies that ensure and expand access to birth control***

Do you support or oppose policies that ensure and expand access to birth control?

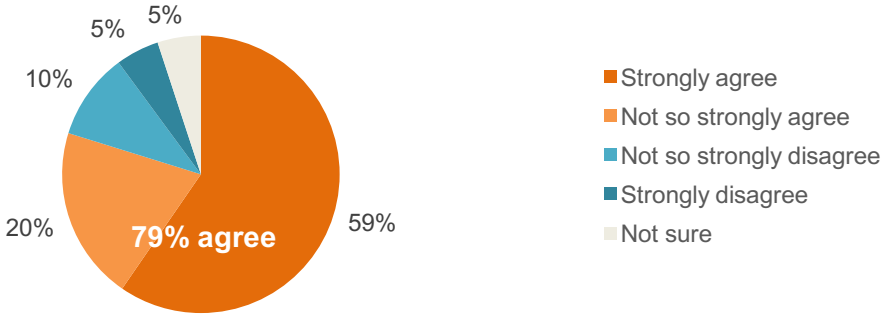


[3] This poll was conducted before the October 6, 2017 rule change announced by the Trump administration that allows more employers to opt out of providing birth control coverage in employer-sponsored health plans.

Women Entrepreneurs Believe Health Insurance and Access to Reproductive Health are Vital to Economic Security

Female small business owners understand that access to health insurance and reproductive health is an economic issue for entrepreneurs and their employees. Nearly 8 in 10 respondents (79%) agree that reproductive healthcare is basic healthcare, and that having access to it is important for economic well-being and stability. A large majority (59%) strongly agree with this statement, while just 15% disagree. The same percent, 79%, agree that we need to make sure all women have access to affordable reproductive healthcare as a basic economic issue for families.

Figure 3: ***Women entrepreneurs believe access to reproductive healthcare is essential to women's economic security and wellbeing***

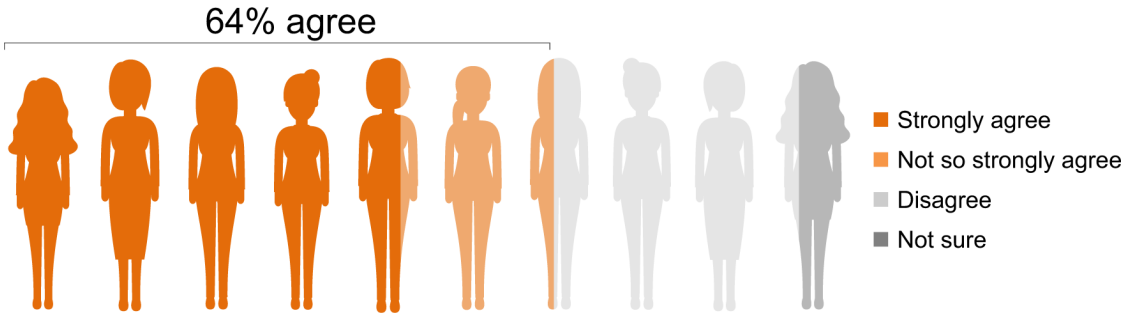


Women Small Business Owners Say Birth Control Access Critical to their Ability to Start a Business and Pursue their Career

Beyond understanding the importance of birth control access to employees' financial wellbeing, women entrepreneurs see a connection between this access and their ability to pursue their dreams. A majority of women small business owners say having access to birth control allowed them to pursue their education after high school (54% agree). Women of color who own small businesses are even more likely to agree (74% African Americans, 70% Latinas and 50% white women). What's more, 56% of women entrepreneurs agree that the ability to access birth control and to decide if and when to have children allowed them to advance in their career and start their own business. Fifty-two percent say having access to birth control and the ability to decide if and when to have children impacts their ability to grow their business.

Additionally, nearly two-thirds report that their ability to access birth control and decide if and when to have children has been an important part of planning their career and future (64% total agree with 47% who strongly agree).

Figure 4: ***Women entrepreneurs say ability to access birth control is important to planning their career and future***



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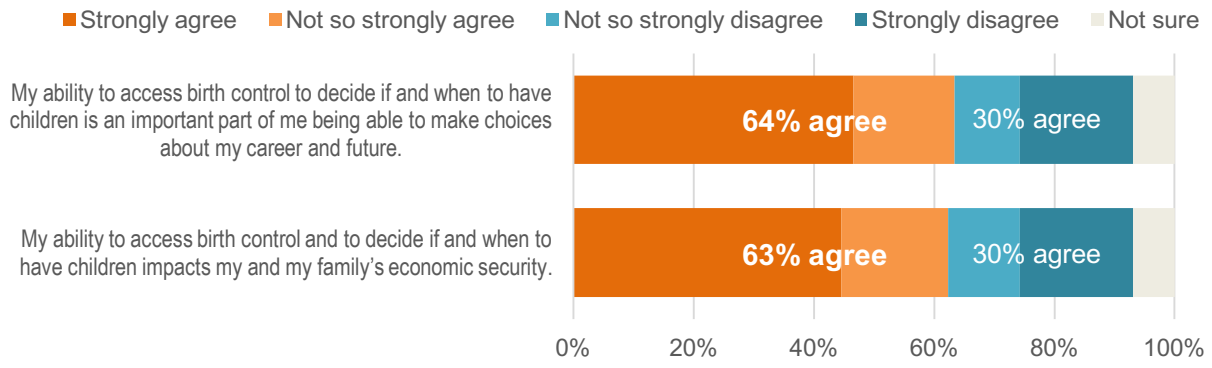
Illustrating the resonance of this sentiment as a core belief among women small business owners is the agreement across various demographic subgroups:

- 64% of non-college (47% strongly) and 63% of college-educated women (46% strongly) agree
- 72% of Latina (45% strongly), 62% of white (46% strongly), and 72% of African American (55% strongly) small business owners agree
- 80% of Democrats (62% strongly), 57% of independents (41% strongly), and 52% of Republicans (35% strongly)

Similarly important for women business owners is how birth control access has not only impacted their career, but also their family's economic security. Sixty-three percent of women business owners agree with this statement and 45% agree strongly. This holds true for women regardless of educational attainment, race or party affiliation:

- 64% of non-college educated (46% strongly) and 62% of college-educated (45% strongly) respondents agree
- 75% of Latina (47% strongly), 62% of white (45% strongly), and 70% of African-American (49% strongly) women small business owners agree
- 76% of Democrats (60% strongly), 56% of independents (44% strongly), and 55% of Republicans (34% strongly).

Figure 5: ***Women entrepreneurs believe access to birth control impacts their careers and family's economic security***



Conclusion

Female entrepreneurs are a vital and growing part of the small business community and the overall economy. Women-owned firms are one of the fastest growing segments of the business community, with a 45% increase in women-owned firms between 2007 and 2016, compared to just a 9% increase for new businesses overall. Women entrepreneurs are significant job creators, with employment in women-owned businesses increasing 18% since the recession compared to a 1% decline in employment across all businesses since 2007.

These numbers show how critical women entrepreneurs are to our economy, and underscore the importance of promoting policies that will help them and their employees thrive. This is why it's important for lawmakers to understand that women entrepreneurs believe access to reproductive health is a key component of healthcare, and that access to comprehensive health coverage, including birth control, is critical to ensuring their and their employees' financial stability. Access to contraceptive coverage promotes the financial stability of female entrepreneurs and their employees, both of which are ultimately

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important for an entrepreneur's bottom line, as recruiting and retaining a healthy and productive workforce is a critical aspect of running a successful small business.

Methodology

This poll reflects an Internet survey of 507 women small business owners nationwide with 1-99 employees, including oversamples of African-American and Latina small business owners (100 of each). The poll was conducted by Lake Research Partners and American Viewpoint for Small Business Majority during August, 2017. The margin of error is +/-4.4%.

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Toplines

500 women small business owners nationwide, cap 25% self-employed.
Oversamples of 100 African American women, 100 Latinas

	TOTAL	SOLO	2 - 9 EMPL	10+ EMPL
Weighted N=	507	116	233	158
Unweighted N=	718	143	288	287
Region				
New England	5	7	5	4
Middle Atlantic	14	14	14	15
East North Central	13	17	11	13
West North Central	7	11	7	5
South Atlantic	21	26	18	23
East South Central	4	6	2	5
West South Central	10	9	9	12
Mountain	8	10	9	5
Pacific	17	0	24	19
Q1. Please indicate your gender				
Female	100	100	100	100
Q2. What is your race or ethnicity? Select all that apply				
Hispanic or Latino or Spanish origin	12	2	7	26
White	76	89	85	55
Black, African, African American	9	6	4	20
Asian	3	0	4	5
Middle Eastern	1	0	2	0
Native Hawaiian or Other Pacific Islander	0	0	0	0
Native American, Indigenous, American Indian or Alaska Native	1	1	1	1
Not listed; Please specify	1	2	2	0
Q3. Just to confirm, are you the owner of a for-profit small business that has 99 or fewer employees?				
Yes, owner	100	100	100	100
Q4. Approximately how many people work 30 or more hours per week at your company, including yourself?				
1	23	100	0	0
2-9	46	0	100	0
10-14	10	0	0	32
15-24	6	0	0	21
25-49	9	0	0	29
50-99	6	0	0	19

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	TOTAL	SOLO	2 - 9 EMPL	10+ EMPL
Weighted N=	507	116	233	158
Unweighted N=	718	143	288	287

Q5. What percentage of your employees would you say are women?

Mean	58		59	56
Median	50		50	50
100%	19		25	10
75 – 99%	15		12	19
51 – 74%	12		7	20
50%	25		30	17
25 – 49%	15		12	20
11 – 24%	4		2	7
10% or less	10		12	7

Q6. What percentage of your employees would you say work part-time?

Mean	32		33	32
Median	20		20	20
100%	9		12	4
75 – 99%	8		8	8
51 – 74%	4		2	7
50%	15		16	13
25 – 49%	13		11	16
11 – 24%	9		4	18
10% or less	42		47	34

Q7. Do you have any children?

Yes, I have children younger than 18	29	15	22	49
Yes, I have children 18 or older	36	40	43	22
Yes, I have children who are both younger and older than 18	7	6	7	7
All yes, combined	71	61	72	78
No, I do not have any children	29	39	28	22

Q8. Are you planning to have children in the future, or are you not planning to have children in the future, or are you not sure?

Planning on having children	21	10	13	41
Not planning on having children	70	84	79	47
Not sure	9	6	8	12

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	TOTAL	SOLO	2 - 9 EMPL	10+ EMPL
Weighted N=	507	116	233	158
Unweighted N=	718	143	288	287

Q9. Which of the following categories best describes your business?

Professional services including taxes, accounting, IT, legal, finance, media	23	20	28	19
Retail	15	24	11	13
Construction and Real Estate	13	5	15	17
Healthcare and education or social services	8	5	8	10
Restaurant/food service	7	2	7	9
Wholesale and distribution of goods	6	4	6	9
Manufacturing	6	1	4	11
Leisure and hospitality	5	2	6	7
Other non-retail services	13	29	11	3
Not sure	4	9	4	1

Q10. How important is it for people to have access to the following items to obtain financial security?

a. Birth control to determine if and when to have children

Very important	39	43	34	42
Somewhat important	19	13	16	27
A little important	13	16	11	13
Not important at all	22	21	29	14
Not sure	7	8	10	4
Important	57	55	51	68
Not important	35	37	40	28

b. Health insurance coverage

Very important	67	79	64	63
Somewhat important	19	12	18	26
A little important	7	3	9	7
Not important at all	3	2	3	2
Not sure	4	4	5	1
Important	87	91	82	90
Not important	10	5	12	10

Q11. Do you agree or disagree that the health insurance issuers should be required to include birth control coverage in their health plans?

Strongly agree	54	57	51	56
Not so strongly agree	18	15	17	21
Not so strongly disagree	10	5	9	13
Strongly disagree	11	12	13	8
Not sure	8	12	10	3
Agree	71	71	68	77
Disagree	21	17	22	21

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	TOTAL	SOLO	2 - 9 EMPL	10+ EMPL
Weighted N=	507	116	233	158
Unweighted N=	718	143	288	287

Q12. Do you support or oppose policies that ensure and expand access to birth control?

Strongly support	50	56	51	44
Not so strongly support	19	21	15	24
Not so strongly oppose	10	5	10	14
Strongly oppose	8	6	8	8
Not sure	13	11	15	10
Support	69	77	66	68
Oppose	18	12	19	22

Q13. Here are some statements some people have made. For each, select if you agree or disagree.

a. Reproductive health care is basic health care, and having access to it is important for economic well-being and stability

Strongly agree	59	67	61	49
Not so strongly agree	20	23	16	25
Not so strongly disagree	10	5	9	16
Strongly disagree	5	2	7	5
Not sure	5	3	7	5
Agree	79	91	76	75
Disagree	15	7	16	21

b. We need to make sure that all women have access to affordable reproductive health care as a basic economic issue for our families

Strongly agree	61	66	63	53
Not so strongly agree	18	19	14	24
Not so strongly disagree	9	7	7	14
Strongly disagree	6	4	9	5
Not sure	6	4	8	5
Agree	79	85	77	77
Disagree	15	11	15	18

Q14. Do you agree or disagree with the following statement? My ability to access birth control and to decide if and when to have children allowed me to advance in my career and start my own business.

Strongly agree	39	35	39	42
Not so strongly agree	17	13	17	20
Not so strongly disagree	12	11	11	14
Strongly disagree	24	33	24	17
Not sure	8	8	10	7
Agree	56	48	56	62
Disagree	36	44	35	31

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	TOTAL	SOLO	2 - 9 EMPL	10+ EMPL
Weighted N=	507	116	233	158
Unweighted N=	718	143	288	287

Q15. Do you agree or disagree with the following statement? My ability to access birth control and to decide if and when to have children impacts my ability to grow my business.

Strongly agree	36	32	35	39
Not so strongly agree	16	14	16	19
Not so strongly disagree	13	14	10	18
Strongly disagree	28	36	31	18
Not sure	7	4	9	6
Agree	52	46	51	57
Disagree	41	50	40	36

Q16. Do you agree or disagree with the following statement? My ability to access birth control and to decide if and when to have children impacts my and my family's economic security.

Strongly agree	45	42	47	44
Not so strongly agree	18	17	18	19
Not so strongly disagree	12	9	10	17
Strongly disagree	19	24	19	14
Not sure	7	8	6	6
Agree	63	59	65	63
Disagree	30	33	29	31

Q17. Do you agree or disagree with the following statement? My ability to access birth control to decide if and when to have children is an important part of me being able to make choices about my career and future.

Strongly agree	47	48	48	43
Not so strongly agree	17	15	15	22
Not so strongly disagree	11	9	9	15
Strongly disagree	19	23	20	14
Not sure	7	6	8	6
Agree	64	63	63	65
Disagree	30	32	29	29

The remaining questions are for statistical purposes only.

Q18. What is your religion?

Protestant (Baptist, Adventist, Lutheran, Methodist, Presbyterian, Pentecostal, Anglican)	33	35	28	32
Catholic	24	18	20	33
Other Christian	15	13	13	18
Jewish	6	6	6	5
Muslim	1	2	0	2
Mormon, Latter Day Saints, LDS	1	2	1	1
Other (Please write in)	6	7	8	3
None/Agnostic/Atheist	15	20	17	9

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	TOTAL	SOLO	2 - 9 EMPL	10+ EMPL
Weighted N=	507	116	233	158
Unweighted N=	718	143	288	287

Q19. Generally speaking, do you think of yourself as a Republican, a Democrat, an independent, or something else?

Strong Democrat	23	20	21	27
Not strong Democrat	10	8	9	14
Lean Democrat	6	8	6	4
Democrat	39	36	36	45
Indepependent	11	8	11	14
Republican	41	46	40	39
Lean Republican	6	6	5	6
Not strong Republican	14	17	13	12
Strong Republican	22	23	22	21
Other	3	4	4	0
Not sure	2	2	3	1
Prefer not to answer	4	4	6	1

Q20. What is your age?

18-24	5	1	4	9
25-29	8	7	3	16
30-34	9	5	7	16
35-39	12	12	9	15
40-44	11	11	11	11
45-49	9	7	10	8
50-54	13	11	18	6
55-59	14	14	17	8
60-64	11	16	12	7
65-69	6	12	6	3
70-74	2	3	2	1
75 & older	0	1	0	0
(don't know)	0	0	0	0

Q21. What is the last year of schooling that you have completed?

1 - 11th Grade	0	0	0	1
High School Graduate	10	9	12	9
Non-College Post H.S.	2	1	2	2
Some College	29	29	32	25
Bachelor's degree	36	38	35	37
Master's degree	16	16	13	19
Doctoral degree	6	7	5	7

Q22. At any point in your life, have you used birth control, like a pill, implant, patch, shot, vaginal ring, or IUD?

Yes	81	84	82	78
No	15	12	14	19
Prefer not to answer	3	4	4	3
Not sure	0	0	1	0

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	TOTAL	SOLO	2 - 9 EMPL	10+ EMPL
Weighted N=	507	116	233	158
Unweighted N=	718	143	288	287

Q23. (If have insurance) Does your health insurance cover your birth control?

Weighted N=	438	99	196	143
Unweighted N=	615	117	244	254
Yes, my insurance pays the full cost of my birth control	33	25	26	50
Yes, but I pay a copay for my birth control	13	10	14	15
No, my insurance does not cover my birth control	13	9	15	14
I do not use prescription birth control	28	39	31	16
I do not have health insurance	0	0	0	0
Not sure	12	16	14	5

Q24. For statistical purposes only, which of these categories best describes the gross revenue of your business in 2016?

Less than $100,000	39	81	37	11
$100,000 to under $250,000	20	10	26	19
$250,000 to under $500,000	15	2	17	23
$500,000 to under $1 million	10	0	9	19
$1 million to under $2 million	7	0	7	14
$2 million or more	4	0	1	12
Not sure	4	6	3	3

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EXHIBIT B

SMALL BUSINESS MAJORITY

Opinion Poll

Access to Reproductive Health Underpins Women Entrepreneurs' Economic Success

March 1, 2018

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Executive Summary

For decades, women have been breaking the glass ceiling on entrepreneurship. From 1987 to 2007 the number of U.S. women-owned, small businesses increased from 10% to 30%. As of last year, more than 11 million of our nation's business are owned by women, contributing more than $1.6 trillion to our economy. Yet despite this progress, women-owned businesses lag behind their male counterparts in crucial business indicators like revenue and number of employees. This is especially true for female entrepreneurs of color, who are disproportionately affected by a variety of factors that impact the growth of minority entrepreneurship, including inadequate capital, lack of workplace development training and fewer angel investors. This is why it's crucial for women entrepreneurs to have access to the resources and benefits that underpin their success.

New scientific opinion polling conducted for Small Business Majority by Lake Research Partners and American Viewpoint found reproductive healthcare and access to birth control is important to women small business owners' bottom lines, especially for women of color, and has been an important component of their ability to move forward in their careers and launch their businesses.

The poll, which surveyed 507 women small business owners nationwide, including oversamples of 100 African-American and 100 Latina small business owners, found the majority of African-American and Latina women entrepreneurs (65% and 64% respectively) say their ability to access birth control and to decide if and when to have children has impacted their bottom line as a business owner.

Among those who say access and choice of birth control has impacted their bottom line, respondents ranked the top ways this has impacted them as business owners. They indicated access to birth control has given them the opportunity and freedom to focus on their business and has given them the choice of when or if to have children. Additionally, roughly two-thirds of female entrepreneurs of color (68% for African-American entrepreneurs and 66% for Latina entrepreneurs) say their ability to access birth control to decide if and when to have children has impacted their ability to succeed as a business owner.

The poll also found women small business owners believe access to birth control is important to women's financial security. Nearly 8 in 10 respondents (79% agree with 59% who strongly agree) agree that access to reproductive healthcare is basic healthcare and is important to women's financial well-being and stability. Strong majorities say having health insurance coverage (87%) and having access to birth control to determine if and when to have children (57%) is important to obtaining financial security.

Additionally, in a recent report of this same survey set, we found a majority of women entrepreneurs (56%) feel that access to reproductive healthcare has been critical to their ability to advance in their career and start a business.[1] More than half (52%) agree this access impacts their ability to grow their business. A majority of women entrepreneurs also say access to birth control has been an important part of their ability to make decisions about their careers, with 64% of respondents agreeing with this statement. This is particularly important for younger business owners—7 in 10 of respondents under 50 agree this has been true for them in their own careers.

As this survey makes clear, access to reproductive healthcare and birth control is important to women small business owners' ability to plan and move forward with their careers and their businesses. Other research shows this is especially true for women business owners of color, who are more likely to have faced systemic barriers to entrepreneurship, such as lack of access capital to start or grow their business or access to the networks and business development resources that can make or break a fledgling business.[2, 3] It's not surprising then that reproductive healthcare is important to their success, and that access to family planning resources has been a critical component of pursuing financial security through entrepreneurship.

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[1] Women Small Business Owners Say Access to Birth Control is Important to their Success, Support Continued Coverage. Small Business Majority, October 13, 2017, http://www.smallbusinessmajority.org/our-research/healthcare/women-small-business-owners-say-access-birth-control-important-their-success-support-continued-coverage

[2] 21st Century Barriers to Women's Entrepreneurship, U.S. Senate Small Business Committee, July 23, 2104, http://www.gbaforwomen.org/download/21st-century-barriers-to-womens-entrepreneurship/

[3] Competitive and Special Competitive Opportunity Gap Analysis of the 7(a) and 504 Programs, Urban Institute, January 17, 2008, https://www.urban.org/research/publication/competitive-and-special-competitive-opportunity-gap-analysis-7a-and-504-programs

Main Findings

- **Women entrepreneurs who traditionally face more systematic and institutional barriers to growth say access to birth control is important to their bottom lines**: More than 6 in 10 female entrepreneurs of color (65% of African-American and 64% of Latina women entrepreneurs) agree that their ability to access birth control and to decide if and when to have children has impacted their bottom line. Additionally, 45% of solo entrepreneurs agree that this gave them the opportunity to focus on their business.
- **Women small business owners, especially younger business owners and women of color, believe access to birth control was critical to their ability to start a business and advance their career**: Women of color who own small businesses feel strongly that access to birth control has allowed them to advance their career (71% of African-American women and 69% of Latinas agree). Sixty-two percent of younger business owners and 56% of all respondents agree their ability to access birth control and to decide if and when to have children allowed them to advance in their career and start their business, and 52% agree that such access impacts their ability to grow their business.
- **Women of color who own small businesses say access to contraception has impacted their ability to succeed**: While respondents overall are split on whether access to birth control has impacted their success (46% agree and 46% disagree), women of color who own small businesses are more likely to say access to birth control to decide if and when to have children has impacted their ability to succeed. Indeed, 68% of African-American and 66% of Latinas agree that this has been important to their success. A majority of women owning larger businesses with 10 or more employees (57%) also feel that this access has been critical to their success.
- **Women small business owners believe access to health insurance and reproductive healthcare is important to women's financial security**: 79% of respondents agree access to reproductive healthcare is important to women's financial well-being, and 59% strongly agree with this statement. The same percentage, 79%, also agree that we need to ensure all women have access to affordable reproductive healthcare as a basic economic issue. Strong majorities say having health insurance coverage (87%) and having access to reproductive healthcare to determine if and when to have children (57%) is important to obtaining financial security.
- **Majority of women entrepreneurs say access to birth control has been an important part of their ability to make decisions about their careers**: 64% agree that access to birth control has been an important part of their ability to make choices about their careers. This is particularly important for younger business owners—7 in 10 of respondents under 50 agree this has been true for them in their own careers.
- **Women small business owners do not see these issues through an ideological lens**: 41% identify as Republican or Republican-leaning independents, 39% are Democrat or Democrat-leaning independents and 11% are pure independent.

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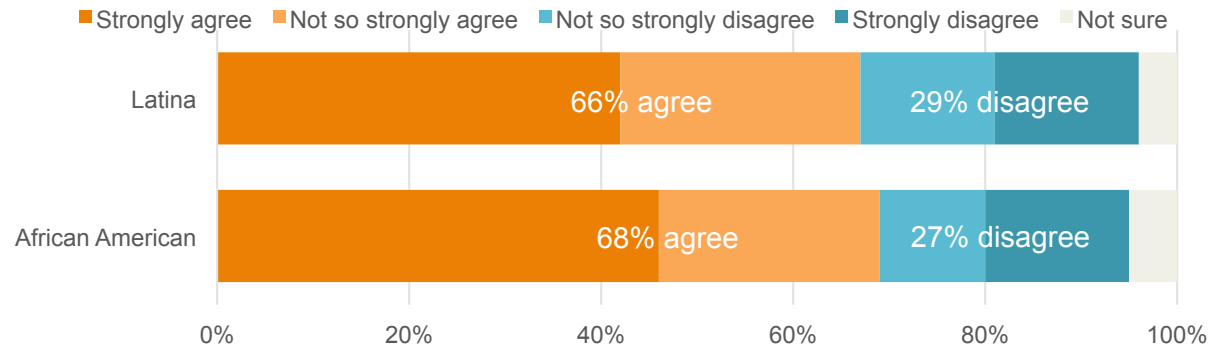
Women Small Business Owners Say Access to Birth Control is Important to their Bottom Lines

Women entrepreneurs report that access to contraception has been important to their success as business owners, and this is especially true for women of color, who typically face more barriers to launching and growing a business. Sixty-five percent of African-American and 64% of Latina entrepreneurs say their ability to access birth control and to decide if and when to have children has impacted their bottom line. More than 4 in 10 (42%) of all respondents agree with this sentiment, though 48% overall disagree with this statement. A majority (52%) of women owners of larger firms with more than 10 employees agree that access to contraceptives has impacted their bottom line. Birth control is particularly important for solo entrepreneurs, with 45% saying access birth control and to decide if and when to have children gave them the opportunity and freedom to focus on their business.

While respondents overall are split on whether access to birth control has impacted their success (46% agree and 46% disagree), more than two-thirds of African-American (68%) and 66% of Latina entrepreneurs say their ability to access birth control to decide if and when to have children has impacted their ability to succeed as a business owner. This is also especially important for owners of larger small businesses, with 57% of respondents with 10 or more employees saying their ability to access birth control impacted their ability to succeed as a business owner.

Figure 1: ***Women of color who own small businesses say access to birth control important to their bottom lines and their ability to succeed as a business owner***

My ability to access birth control to decide if and when to have children has impacted my ability to succeed as a business owner.



Among those who say access and choice of family planning has impacted their bottom, many say this has given them the opportunity and freedom to focus on their business (31%) and given them the choice of when/if to have children (23%). For those who say access and choice has impacted their ability to succeed as business owners, nearly 1 in 4 say it has helped them better focus on their business (23%) and take control of planning their family (22%).

Women Small Business Owners Say Birth Control Access Critical to their Ability to Pursue their Careers and Launch their Businesses

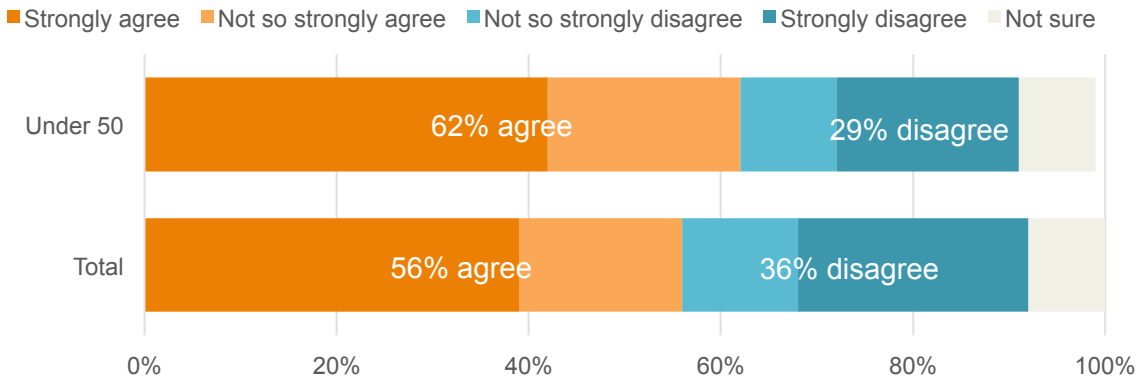
As reported in a recent survey among this same response group, women entrepreneurs see a strong connection between their access to contraception and their ability to pursue their dreams.[4] A majority of women small business owners say having access to birth control allowed them to pursue their education

[4] Women Small Business Owners Say Access to Birth Control is Important to their Success, Support Continued Coverage. Small Business Majority, October 13, 2017, http://www.smallbusinessmajority.org/our-research/healthcare/women-small-business-owners-say-access-birth-control-important-their-success-support-continued-coverage

after high school (54% agree). Women of color who own small businesses are even more likely to agree (74% African Americans and 70% Latinas compared to 50% of white women). What's more, 56% of women entrepreneurs agree that the ability to access birth control and to decide if and when to have children allowed them to advance in their careers and start their own businesses. This is especially true for women under 50, with 62% agreeing this helped them advance in their careers and start a business. Fifty-two percent of all respondents say having access to birth control and the ability to decide if and when to have children impacts their ability to grow their business.

Figure 2: ***Women small business owners, especially younger entrepreneurs say access to birth control allowed them to advance in career and start their own businesses***

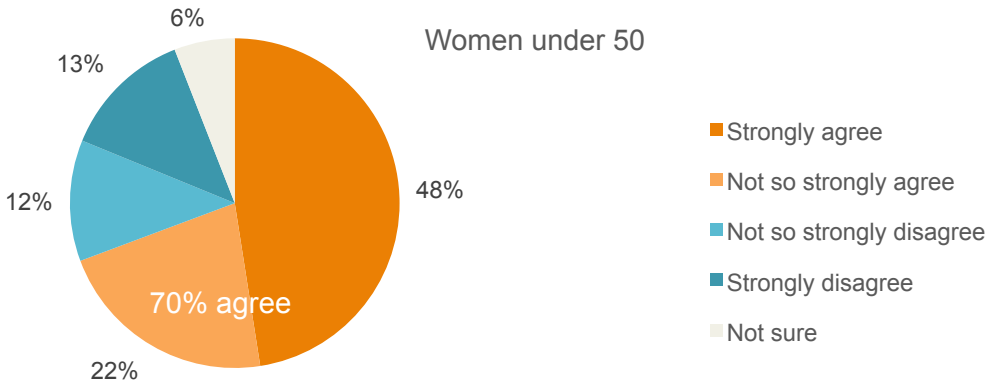
My ability to access birth control to decide if and when to have children allowed me to advance my career and start my own business.



Additionally, nearly two-thirds report that their ability to access birth control and decide if and when to have children has been an important part of planning their career and future (64% total agree, 47% strongly agree). This is especially important for younger business owners—7 in 10 of respondents under 50 agree this has been true for them in their own careers.

Figure 3: ***Access to birth control is important to younger women entrepreneurs in planning their career and future***

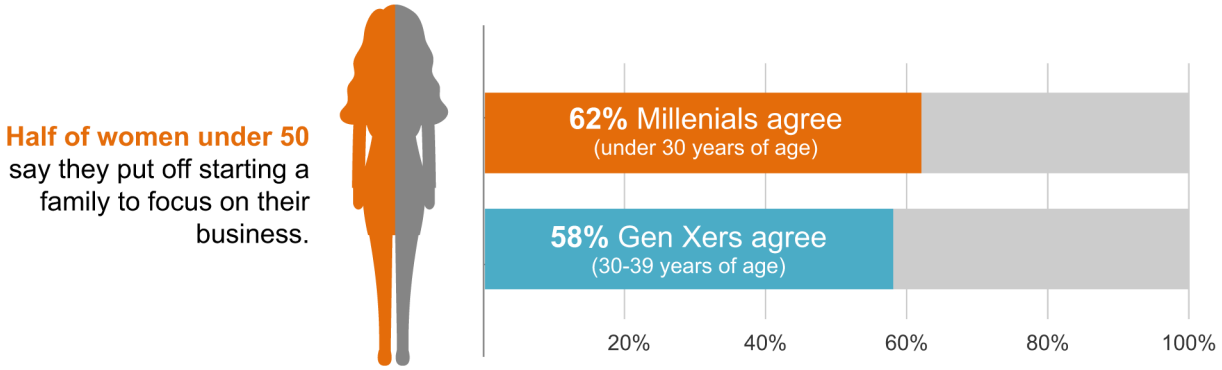
My ability to access birth control to decide if and when to have children is an important part of me being able to make choices about my career and future.



Taking a closer look at how access has impacted their personal career trajectories, women small business owners are relatively split on whether they waited to start their business until they started a family, with half (51%) saying they disagree with that statement. Most women also say they disagree with a statement about putting off starting a family to focus on their business (58%), although a third say they agreed

(34%). While there is little difference across educational attainment among these women, there is significant difference generationally. Half (50%) of women under 50 say they put off starting a family to focus on their business while only 15% of women over 50 say so. This is most true for millennials (62%) and Gen Xers (58%). This indicates reproductive healthcare is particularly important to younger entrepreneurs as they launch a business.

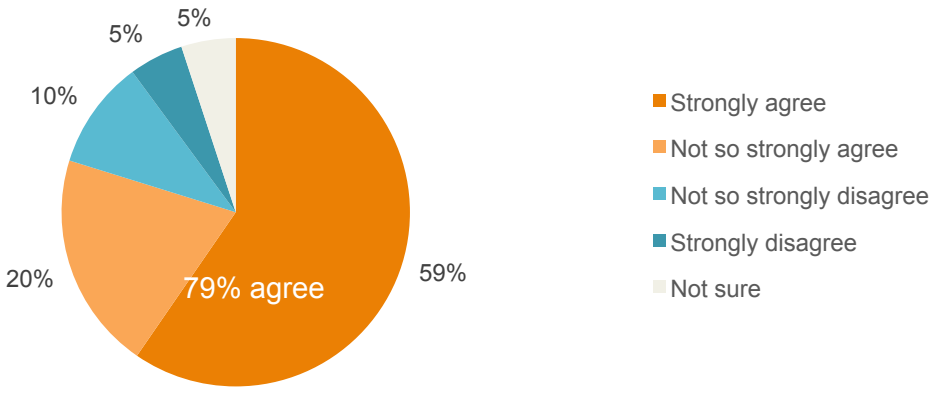
Figure 4: ***Women entrepreneurs under 50 say they put off starting a family to focus on their business***



Women Entrepreneurs Believe Health Insurance and Reproductive Healthcare are Vital to Economic Security

Women small business owners understand that access to health insurance and reproductive healthcare is an economic issue for entrepreneurs and their employees. Nearly 9 in 10 women entrepreneurs (87%) agree that access to health insurance coverage is important for obtaining financial security. More than two-thirds (67%) agree that this access is very important. Additionally, as described in a recent report of this same survey set, nearly 8 in 10 respondents (79%) agree that reproductive healthcare is basic healthcare, and that having access to it is important for economic wellbeing and stability.[5]

Figure 5: ***Women entrepreneurs believe access to reproductive healthcare is essential to women's economic security and wellbeing***



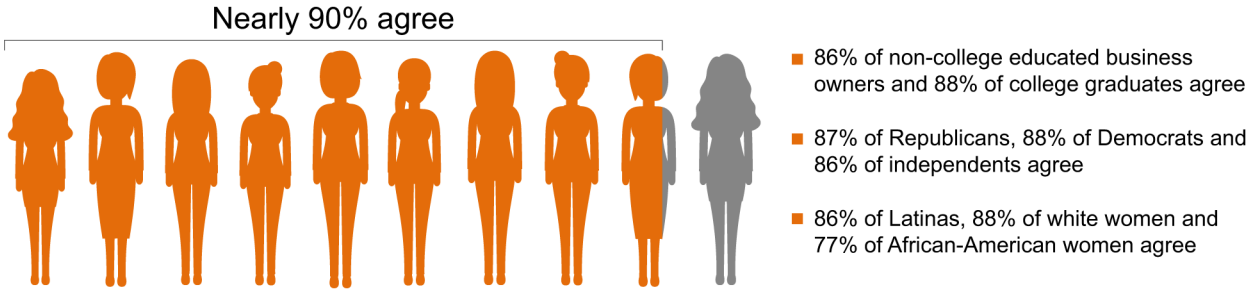
Women entrepreneurs also agree that women should have the freedom to plan if and when to have children (75% strongly agree) and that it is important to ensure that all women have access to affordable reproductive healthcare as a basic economic issue (79% total agree, 61% strongly agree).

[5] Ibid.

Nearly 3 in 4 (74% with 55% who agree strongly) say they support access to birth control, not just as an employer but as someone who cares about their employees. Additionally, the vast majority (78%) say we must ensure access to reproductive healthcare for all women.

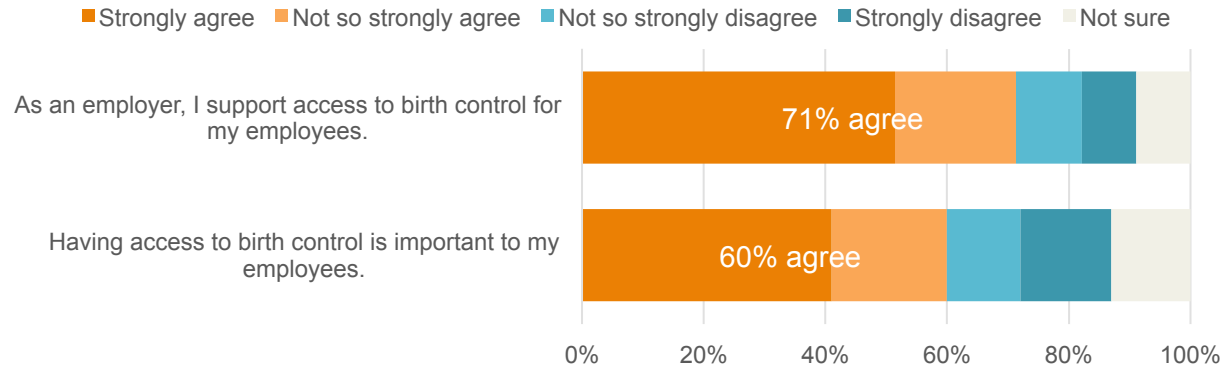
These are values that resonate with women small business owners across demographic subgroups. Majorities of women across varying degrees of educational attainment, party lines and race all agree that women should have the freedom to plan if and when to have children.

Figure 6: ***Respondents across demographic sub-groups agree women should have the freedom to plan if and when to have children***



While access to birth control is important for these women personally, a majority of small business owners also believe that access is an important issue for their employees (60% agree, 41% strongly agree) and as employers, they support access to birth control for their employees (71% agree, 52% strongly agree). This view crosses party lines with 83% of Democrats, 67% of independents and 63% of Republicans agreeing that they support access for their employees.

Figure 7: ***Women small business owners believe access to birth control important to their employees***



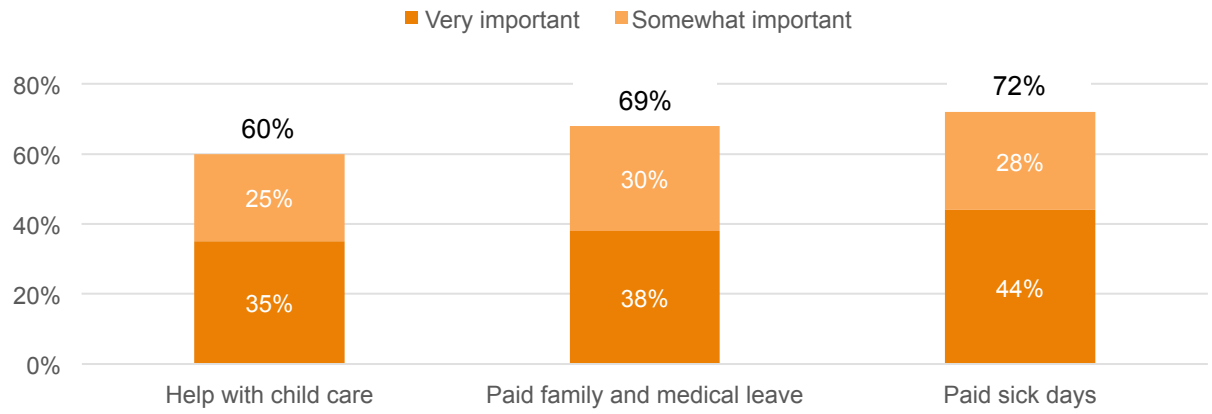
Women Entrepreneurs Support Family-Friendly Benefits to Promote Financial Security

Women entrepreneurs understand that access to healthcare and family-friendly benefits is crucial to retaining a productive workforce and promoting the financial security of employees. Women small business owners see the importance of comprehensive health insurance to their business, and are more likely to offer employer-sponsored healthcare to employees than their male counterparts. Forty-four percent of female small business owners offer health coverage to their employees, according to the polling

data. Recent polling by Small Business Majority poll conducted in March 2017 found 32% of all small business owners nationwide provide employer-sponsored health coverage to employees.[6]

Polling data show that female small business owners support a variety of other family-friendly benefits that help to ensure financial security for employees. More than 7 in 10 (72%) believe it is important to have access to paid sick days (44% believe this is very important). Sixty-nine percent believe paid family and medical leave is important, with 38% believing this is very important. What's more, 6 in 10 believe help with child care is vital to employees' economic security (35% very important).

Figure 8: ***Women small business owners support family-friendly benefits***



Conclusion

Women small business owners are one of the most important and fastest growing segments of our economy. As this report shows, access to reproductive healthcare and birth control has been important to their ability to plan and make decisions about their careers, their businesses and their families, and this is particularly important to women of color and younger business owners. Efforts to improve the health and financial security for women entrepreneurs of color can help this group overcome traditional barriers to success, and efforts to undermine access to healthcare may disproportionately impact this group. This is why it's critical to promote policies that will support and expand access to birth control and ensure small business owners and employees have access to the reproductive healthcare they need to plan for their futures and ensure their financial security.

Methodology

This poll reflects an Internet survey of 507 women small business owners nationwide with 1-99 employees, including oversamples of African-American and Latina small business owners (100 of each). The poll was conducted by Lake Research Partners and American Viewpoint for Small Business Majority during August 2017. The margin of error is +/-4.4%.

[6] Small Businesses Support ACA Over Replacement Plan, Small Business Majority, March 23, 2017, http://www.smallbusinessmajority.org/our-research/healthcare/small-businesses-support-aca-over-replacement-plan

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Toplines

500 women small business owners nationwide, cap 25% self-employed
Oversamples of 100 African-American women, 100 Latinas

	TOTAL	WHITE	AA	LATINA
Weighted N=	507	387	48	61
Unweighted N=	718	433	145	153
Region				
New England	5	6	2	3
Middle Atlantic	14	13	11	20
East North Central	13	13	19	8
West North Central	7	9	4	3
South Atlantic	21	20	26	26
East South Central	4	4	6	1
West South Central	10	8	23	11
Mountain	8	9	3	8
Pacific	17	18	6	21
Q1. Please indicate your gender				
Female	100	100	100	100
Q2. What is your race or ethnicity? Select all that apply				
Hispanic or Latino or Spanish origin	12			
White	76			
Black, African, African American	9			
Asian	3			
Middle Eastern	1			
Native Hawaiian or Other Pacific Islander	0			
Native American, Indigenous, American Indian or Alaska Native	1			
Not listed; Please specify	1			
Q3. Just to confirm, are you the owner of a for-profit small business that has 99 or fewer employees?				
Yes, owner	100	100	100	100
Q4. Approximately how many people work 30 or more hours per week at your company, incl. yourself?				
1	23	27	16	5
2-9	46	51	18	28
10-14	10	9	14	12
15-24	6	4	12	16
25-49	9	5	28	24
50-99	6	4	12	15
Q5. What percentage of your employees would you say are women?				
Mean	58	57	60	55
Median	50	50	60	50
100%	19	21	8	11
75 – 99%	15	14	23	15
51 – 74%	12	8	23	21
50%	25	27	19	17
25 – 49%	15	14	19	24
11 – 24%	4	4	4	4
10% or less	10	12	4	7

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	TOTAL	WHITE	AA	LATINA
Weighted N=	507	387	48	61
Unweighted N=	718	433	145	153

Q6. What percentage of your employees would you say work part-time?

Mean	32	32	34	33
Median	20	18	27	25
100%	9	10	2	9
75 – 99%	8	8	8	4
51 – 74%	4	3	7	7
50%	15	15	18	9
25 – 49%	13	10	23	21
11 – 24%	9	6	21	16
10% or less	42	47	22	33

Q7. Which of the following categories best describes your business?

Professional services including taxes, accounting, IT, legal, finance, media	23	23	21	20
Retail	15	15	18	11
Construction and Real Estate	13	14	5	27
Healthcare and education or social services	8	7	11	10
Restaurant/food service	7	5	12	7
Wholesale and distribution of goods	6	5	11	8
Manufacturing	6	5	8	6
Leisure and hospitality	5	6	2	3
Other non-retail services	13	15	10	2
Not sure	4	4	2	5

Q8. Do you have any children?

Yes, I have children younger than 18	29	22	52	62
Yes, I have children 18 or older	36	42	19	9
Yes, I have children who are both younger and older than 18	7	7	6	7
All yes, combined	71	71	76	79
No, I do not have any children	29	29	24	21

Q9. Are you planning to have children in the future, or are you not planning to have children in the future, or are you not sure?

Planning on having children	21	13	54	54
Not planning on having children	70	79	39	33
Not sure	9	8	7	13

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	TOTAL	WHITE	AA	LATINA
Weighted N=	507	387	48	61
Unweighted N=	718	433	145	153

Q10. How important is it for people to have access to the following items to obtain financial security?

a. Birth control to determine if and when to have children

Very important	39	38	44	50
Somewhat important	19	16	25	30
A little important	13	14	16	8
Not important at all	22	24	14	8
Not sure	7	8	1	4
Important	57	54	68	80
Not important	35	38	30	15

b. Health insurance coverage

Very important	67	70	60	66
Somewhat important	19	17	22	26
A little important	7	6	11	6
Not important at all	3	3	5	2
Not sure	4	4	2	1
Important	87	87	82	91
Not important	10	9	16	8

Do you agree or disagree with the following statements?

	TOTAL	WHITE	AA	LATINA
Weighted N=	231	158	33	40
Unweighted N=	373	188	99	105

Q11. My ability to access birth control to decide if and when to have children has impacted my ability to succeed as a business owner.

Strongly agree	32	30	46	42
Not so strongly agree	13	11	23	25
Not so strongly disagree	13	13	11	14
Strongly disagree	32	36	15	15
Not sure	9	9	5	5
Agree	46	41	68	66
Disagree	46	50	27	29

Q11b. (Asked if agree in previous question) In what way has your ability to access birth control and decide if and when to have children impacted your ability to succeed as a business owner?

Better focus on business	23
Control of family plan	22
Financially stable and/or prepared for children	12
Enabled career advancement	7
Impact on employees	3
Benefits health of woman	0

Do you agree or disagree with the following statements?

	TOTAL	WHITE	AA	LATINA
Weighted N=	231	158	33	40
Unweighted N=	373	188	99	105

Q12. My ability to access birth control to decide if and when to have children is an important part of me being able to make choices about my career and future.

Strongly agree	47	46	55	45
Not so strongly agree	17	17	17	27
Not so strongly disagree	11	10	16	13
Strongly disagree	19	21	8	11
Not sure	7	7	4	4
Agree	64	62	72	72
Disagree	30	31	24	23

Q13. My ability to access birth control and to decide if and when to have children has impacted my bottom line as a business owner.

Strongly agree	26	23	41	34
Not so strongly agree	16	14	24	30
Not so strongly disagree	15	16	14	14
Strongly disagree	34	37	15	18
Not sure	10	10	5	5
Agree	42	37	65	64
Disagree	48	53	29	32

Q13b. (Asked if agree in previous question) In what way has your ability to access birth control and to decide if and when to have children helped your bottom line?

Gave opportunity and freedom to focus on business	31
Choice if/when to have children	23
Increased flexibility and decision making about future	8
Did not have an impact	7
No child-related expenses	5
Has had a positive impact	3
Employees are more focused	2

Do you agree or disagree with the following statements?

	TOTAL	WHITE	AA	LATINA
Weighted N=	507	387	48	61
Unweighted N=	718	433	145	153

Q14. Reproductive health care is basic health care, and having access to it is important for economic well-being and stability.

Strongly agree	59	61	52	55
Not so strongly agree	20	20	24	20
Not so strongly disagree	10	9	12	18
Strongly disagree	5	5	5	4
Not sure	5	5	6	2
Agree	79	81	77	75
Disagree	15	14	17	23

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Do you agree or disagree with the following statements?

	TOTAL	WHITE	AA	LATINA
Weighted N=	507	387	48	61
Unweighted N=	718	433	145	153

Q15. We need to make sure that all women have access to affordable reproductive health care as a basic economic issue for our families.

Strongly agree	61	62	59	55
Not so strongly agree	18	18	16	25
Not so strongly disagree	9	8	13	14
Strongly disagree	6	6	5	5
Not sure	6	6	7	2
Agree	79	80	75	80
Disagree	15	14	18	18

Q16. Having access to birth control allowed me to pursue my education after high school.

Strongly agree	35	34	41	40
Not so strongly agree	19	15	33	30
Not so strongly disagree	11	9	13	18
Strongly disagree	25	29	8	8
Not sure	10	12	5	4
Agree	54	50	74	70
Disagree	36	38	21	26

Q17. I waited to start or expand my business until I started or raised my family.

Strongly agree	25	22	43	28
Not so strongly agree	17	15	20	34
Not so strongly disagree	13	14	13	9
Strongly disagree	37	41	22	27
Not sure	7	8	3	1
Agree	42	37	63	62
Disagree	51	56	35	37

Q18. My ability to access birth control and to decide if and when to have children allowed me to advance in my career and start my own business.

Strongly agree	39	37	47	45
Not so strongly agree	17	16	24	25
Not so strongly disagree	12	12	13	14
Strongly disagree	24	26	12	12
Not sure	8	9	4	4
Agree	56	53	71	69
Disagree	36	38	25	26

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Do you agree or disagree with the following statements?

	TOTAL	WHITE	AA	LATINA
Weighted N=	507	387	48	61
Unweighted N=	718	433	145	153

Q19. My ability to access birth control and to decide if and when to have children impacts my ability to grow my business.

Strongly agree	36	33	48	39
Not so strongly agree	16	16	19	24
Not so strongly disagree	13	13	17	13
Strongly disagree	28	31	14	15
Not sure	7	7	3	8
Agree	52	49	67	63
Disagree	41	44	30	28

Q20. I put off or am putting off starting a family to focus on or expand my business.

Strongly agree	22	18	43	34
Not so strongly agree	11	9	17	26
Not so strongly disagree	13	11	15	22
Strongly disagree	45	53	20	14
Not sure	8	9	4	5
Agree	34	27	61	59
Disagree	58	64	35	36

Q21. I should have the freedom to plan if and when to have children.

Strongly agree	75	79	61	56
Not so strongly agree	11	9	16	30
Not so strongly disagree	7	6	14	10
Strongly disagree	2	2	5	2
Not sure	4	4	4	2
Agree	87	88	77	86
Disagree	9	8	19	12

Q22. We must ensure access to reproductive health care for all women.

Strongly agree	58	60	56	55
Not so strongly agree	20	19	21	27
Not so strongly disagree	9	8	13	14
Strongly disagree	7	7	5	3
Not sure	6	6	5	2
Agree	78	78	77	81
Disagree	16	16	18	17

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Asked only of respondents with employees:
Do you agree or disagree with the following statements?

	TOTAL	WHITE	AA	LATINA
Weighted N=	391	284	40	58
Unweighted N=	391	284	40	58

Q23. I support access to birth control, not just as an employer but as someone who cares about the people who work for me.

Strongly agree	55	55	53	52
Not so strongly agree	19	18	22	26
Not so strongly disagree	10	9	16	13
Strongly disagree	9	10	4	6
Not sure	7	8	5	4
Agree	74	73	76	78
Disagree	19	19	19	18

Q24. Having access to birth control is important to my employees.

Strongly agree	41	38	55	52
Not so strongly agree	19	18	24	19
Not so strongly disagree	12	12	12	14
Strongly disagree	15	17	6	8
Not sure	13	15	3	8
Agree	60	56	79	70
Disagree	27	29	19	21

Q25. As an employer, I support access to birth control for my employees.

Strongly agree	52	52	50	57
Not so strongly agree	20	19	25	15
Not so strongly disagree	11	10	12	20
Strongly disagree	9	10	8	6
Not sure	9	10	4	2
Agree	71	71	76	72
Disagree	20	20	20	26

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Asked only of respondents with employees:
Do you agree or disagree with the following statements?

	TOTAL	WHITE	AA	LATINA
Weighted N=	391	284	40	58
Unweighted N=	391	284	40	58

Q26. How important is it for people to have access to the following items to obtain financial security?

Paid sick days				
Very important	44	42	47	56
Somewhat important	28	28	25	35
A little important	17	18	17	8
Not important at all	7	7	10	1
Not sure	4	5	1	1
Important	72	70	72	91
Not important	24	25	27	9
Paid family and medical leave				
Very important	38	35	53	59
Somewhat important	30	30	25	24
A little important	17	19	12	9
Not important at all	9	9	8	4
Not sure	6	6	2	3
Important	69	65	78	84
Not important	26	29	20	13
Help with child care				
Very important	35	33	46	50
Somewhat important	25	23	29	31
A little important	20	23	14	10
Not important at all	14	14	8	6
Not sure	6	6	2	3
Important	60	56	75	81
Not important	34	37	23	16

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QUESTIONS 11, 12, 13 BY FIRM SIZE
Do you agree or disagree with the following statements?

	TOTAL	SOLO	2 - 9 EMPL	10+ EMPL
Weighted N=	507	116	233	158
Unweighted N=	718	143	288	287

Q11. My ability to access birth control to decide if and when to have children has impacted my ability to succeed as a business owner.

Strongly agree	32	22	33	39
Not so strongly agree	13	14	9	18
Not so strongly disagree	13	12	15	12
Strongly disagree	32	40	34	24
Not sure	9	12	9	6
Agree	46	36	43	57
Disagree	46	52	48	37

Q12. My ability to access birth control to decide if and when to have children is an important part of me being able to make choices about my career and future.

Strongly agree	47	48	48	43
Not so strongly agree	17	15	15	22
Not so strongly disagree	11	9	9	15
Strongly disagree	19	23	20	14
Not sure	7	6	8	6
Agree	64	63	63	65
Disagree	30	32	29	29

Q13. My ability to access birth control and to decide if and when to have children has impacted my bottom line as a business owner.

Strongly agree	26	19	27	29
Not so strongly agree	16	12	13	23
Not so strongly disagree	15	14	14	17
Strongly disagree	34	45	35	23
Not sure	10	10	11	7
Agree	42	31	41	52
Disagree	48	59	48	41

Q13b. (Asked if agree in previous question) In what way has your ability to access birth control and to decide if and when to have children helped your bottom line?

Weighted N=	213	36	95	82
Unweighted N=	345	46	127	172
Gave opportunity and freedom to focus on business	31	45	36	20
Choice if/when to have children	23	30	29	13
Increased flexibility and decision making about future	8	5	9	9
Did not have an impact	7	8	7	6
No child-related expenses	5	8	7	2
Has had a positive impact	3	1	2	5
Employees are more focused	2	0	0	4

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QUESTIONS 12, 18, 19, 20 BY AGE
Do you agree or disagree with the following statements?

	TOTAL	Under 50	50 & Over	Under 30
Weighted N=	507	271	236	65
Unweighted N=	718	445	273	140

Q12. My ability to access birth control to decide if and when to have children is an important part of me being able to make choices about my career and future.

Strongly agree	47	48	45	49
Not so strongly agree	17	22	11	23
Not so strongly disagree	11	12	9	10
Strongly disagree	19	13	26	12
Not sure	7	6	8	6
Agree	64	70	57	72
Disagree	30	25	35	22

Q18. My ability to access birth control and to decide if and when to have children allowed me to advance my career and start my own business.

Strongly agree	39	42	35	50
Not so strongly agree	17	20	14	19
Not so strongly disagree	12	10	14	10
Strongly disagree	24	19	29	13
Not sure	8	8	8	9
Agree	56	62	49	68
Disagree	36	29	43	22

Q19. My ability to access birth control and to decide if and when to have children impacts my ability to grow my business.

Strongly agree	36	42	28	49
Not so strongly agree	16	20	12	19
Not so strongly disagree	13	12	15	14
Strongly disagree	28	20	37	14
Not sure	7	6	8	5
Agree	52	62	40	68
Disagree	41	31	53	27

Q20. I put off or am putting off starting a family to focus on or expand my business.

Strongly agree	22	34	8	46
Not so strongly agree	11	15	7	15
Not so strongly disagree	13	10	15	12
Strongly disagree	45	31	62	20
Not sure	8	9	8	6
Agree	34	50	15	62
Disagree	58	41	77	32

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The remaining questions are for statistical purposes only.

	TOTAL	WHITE	AA	LATINA
Weighted N=	507	387	48	61
Unweighted N=	718	433	145	153

Q27. What is your religion?

Protestant (Baptist, Adventist, Lutheran, Methodist, Presbyterian, Pentecostal, Anglican)	32	36	32	15
Catholic	24	22	17	47
Other Christian	15	13	27	14
Jewish	6	7	3	4
Muslim	1	1	4	1
Mormon, Latter Day Saints, LDS	1	1	0	0
Other (Please write in)	6	5	5	6
None/Agnostic/Atheist	15	16	12	12

Q28. Generally speaking, do you think of yourself as a Republican, a Democrat, an independent, or something else?

Strong Democrat	23	20	46	30
Not strong Democrat	10	9	14	12
Lean Democrat	6	6	6	9
Democrat	39	35	65	51
Indepependent	11	11	11	11
Republican	41	45	17	32
Lean Republican	6	6	2	1
Not strong Republican	14	16	3	8
Strong Republican	22	23	11	23
Other	3	3	1	1
Not sure	2	2	1	3
Prefer not to answer	4	3	5	2

Q29. What is your age?

18-24	5	3	18	13
25-29	8	5	19	18
30-34	9	7	16	18
35-39	12	10	20	23
40-44	11	10	13	9
45-49	9	10	5	3
50-54	13	14	5	7
55-59	14	15	2	8
60-64	11	14	2	1
65-69	6	8	0	1
70-74	2	3	0	0
75 & older	0	1	0	0

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	TOTAL	WHITE	AA	LATINA
Weighted N=	507	387	48	61
Unweighted N=	718	433	145	153

Q30. For statistical purposes only, which of these categories best describes the gross revenue of your business in 2016?

Less than $100,000	39	43	32	24
$100,000 to under $250,000	20	19	19	21
$250,000 to under $500,000	15	13	24	24
$500,000 to under $1 million	10	9	15	14
$1 million to under $2 million	7	7	5	13
$2 million or more	4	4	4	4
Not sure	4	4	1	1

Q31. What is the last year of schooling that you have completed?

1 - 11th Grade	0	0	0	1
High School Graduate	10	11	13	9
Non-College Post H.S.	2	2	2	2
Some College	29	31	25	25
Bachelor's degree	36	37	30	40
Master's degree	16	13	22	19
Doctoral degree	6	5	8	4

Q32. At any point in your life, have you used birth control, like a pill, implant, patch, shot, vaginal ring, or IUD?

Yes	81	84	68	83
No	15	13	27	14
Prefer not to answer	3	3	5	2
Not sure	0	0	0	0

Q33. (If have insurance) Does your health insurance cover your birth control?

	TOTAL	WHITE	AA	LATINA
Weighted N=	438	337	39	53
Unweighted N=	615	380	116	134

Yes, my insurance pays the full cost of my birth control	33	29	51	59
Yes, but I pay a copay for my birth control	13	12	22	17
No, my insurance does not cover my birth control	13	13	12	11
I do not use prescription birth control	28	33	8	9
I do not have health insurance	0	0	2	0
Not sure	12	13	6	4

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA, Plaintiffs, **v.** **ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,** Defendants, and, **THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,** Defendant-Intervenors.	4:17-cv-05783-HSG **DECLARATION OF KEISHA BATES IN SUPPORT OF STATES' MOTION FOR PRELIMINARY INJUNCTION**

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I, Keisha Bates, declare:

1. I am a Maryland resident who is currently residing in Lanham, MD. Since moving to Maryland, I have worked in basic science research at a neuroscience lab at Johns Hopkins and as an admission counselor at the University of Maryland College Park. I am currently working as an inpatient gynecology/perinatal nurse at a large, urban hospital and am a student in the Doctor of Nursing Practice program, Family Nurse Practitioner Specialty, at the University of Maryland School of Nursing.

2. This declaration is about my personal knowledge about the impact of the final rules published by the U.S. Health and Human Services Department, in conjunction with the U.S. Department of Labor and the U.S. Department of Treasury, on November 15, 2018. The final rules will dramatically reduce access to contraceptive coverage for me and my patients.

3. Contraceptive coverage is essential to me. Through my current employer, I have contraceptive coverage. Personally, I medically need hormonal birth control to avoid heavy periods that make me anemic and to prevent debilitating menstrual cramps that used to occur two weeks out of each month and would often keep me home from work. It is incredibly important to me that I continue to maintain my contraceptive coverage, regardless of where I work. The current IUD I have will expire in one year, and considering the bills and high loan payments that I have, I do not think I would be able to afford the hundreds of dollars it would cost out-of-pocket to get a new IUD without insurance coverage. If I were to get pregnant, or even if my debilitating cramps were to return, I would be greatly hindered not only in my ability to work, but also in my ability to complete my doctoral degree to become a nurse practitioner.

4. The final rules personally harm me by limiting my future job choices to employers with contraceptive coverage, thus decreasing my opportunities for career development and advancement. The final rules will increase the number of employers who do not offer insurance with contraceptive coverage. I am particularly worried about this in the health care field, where a large number of facilities and health programs have historical ties to religious institutions. For me, contraceptive coverage to control my menstrual cycle is essential to my livelihood.

5. The final rules also personally harm me because, at any point in my career, my employer could discontinue contraceptive coverage when renewing health plans for its employees. This means that I could be put in a difficult position of having to switch employers to get coverage. I probably would not qualify for some of the state family planning programs because of my income level. Yet, as I stated previously, contraception is not affordable to me at this point in my life.

6. As a nurse, I am concerned about the impact of the final rules on my patients. Pregnancy is a serious medical condition, and it can be dangerous. I know this because I work with pregnant and postpartum women every day. I see women come close to death because of complications relating to their pregnancy and/or birth. I see women develop health issues that they carry with them for the rest of their lives because of their pregnancy and/or birth. I see women who have to stop taking psychiatric and seizure medications because of pregnancy, placing their lives at risk for over 9 months. I am concerned about the impact of the final rules on my patients. If their employers drop contraceptive coverage, they may forgo using contraception and be in a position where their health or life is at risk.

7. Finally, having been raised in the Lutheran faith, I support religious freedom and understand its importance in our society. However, what I cannot support is when the religious or moral beliefs of one individual (or employer) are given the power to take away the rights of another. Contraceptive coverage is essential to me and other women. It's essential to ensure that we are healthy, can plan if and when to have families, finish our educations, and obtain employment to become productive citizens.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 4, 2018, in Lanham, Maryland.



Keisha Bates
B.A., M.S., R.N.

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FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

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Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF MARI CANTWELL

I, Mari Cantwell, declare:

1. I am the Medicaid Director for the State of California and Chief Deputy Director of Health Care Programs at the California Department of Health Care Services (DHCS). I have held the Chief Deputy position since 2013 and the State Medicaid Director position since 2015. I have worked in the field of health care policy and finance for almost 20 years. Prior to the position I hold now, I served as the Deputy Director of Health Care Financing for DHCS, and previously as the Vice President of Finance Policy for the California Association of Public Hospitals and Health Systems. I hold a B.A. in Public Policy from Brown University, and a Masters in Public Policy with a focus in Health Policy from the University of California, Los Angeles.

2. As the State Medicaid Director and Chief Deputy Director of Health Care Programs at DHCS, my responsibilities include the management of California's Medicaid program under title XIX of the federal Social Security Act, referred to in California as "Medi-Cal." In this role, I oversee the Office of Family Planning (OFP) which is responsible for developing family planning policy in Medi-Cal and administering family planning-related programs in the purview of DHCS.

3. The OFP is charged by the California Legislature "to make available to citizens of the State who are of childbearing age comprehensive medical knowledge, assistance, and services relating to the planning of families." Cal. Welf. & Inst. Code § 14501(a). The purpose of family planning is to provide women and men a means by which they decide for themselves the number, timing, and spacing of their children. Family planning services are a covered Medi-Cal benefit for individuals eligible for full scope coverage under the Medi-Cal State Plan.

4. In addition to the availability of family planning services for traditional Medi-Cal eligible individuals, the OFP also administers the Family Planning, Access, Care, and Treatment (Family PACT) program. Family PACT is California's innovative approach to provide comprehensive family planning services to eligible low income men and women that do not otherwise qualify for full scope Medi-Cal coverage. In 2015-16, the most recent fiscal year for which data is available, Family PACT served approximately 1.16 million income eligible men and women of childbearing age at no cost through a network of approximately 2500 public and private providers. Services include comprehensive education, assistance, and services relating to family planning.

5. Family PACT works to achieve the following key objectives: (1) to increase access to publicly-funded family planning services for low-income California residents who have no other source of health care coverage for family planning, (2) to increase the use of effective contraceptive methods by clients, (3) to promote improved reproductive health, and (4) to reduce the rate, overall number, and cost of unintended pregnancies.

6. When established by the California Legislature in 1996, Family PACT was funded solely through the California State General Fund. From December 1999 through June 2010, California received additional funding from the Centers for Medicare and Medicaid Services (CMS) through a Section 1115 Demonstration Waiver. In March 2011, California received federal approval to transition Family PACT to the Medi-Cal State Plan as an optional eligibility category pursuant to 42 U.S.C. 1396a(a)(10)(A)(ii)(XXI), retroactive to July 2010.

7. Family PACT serves clients that are (1) California residents (2) with an income at or below 200% of the federal poverty guidelines (3) who have no other source of health care coverage for family planning services and (4) have a medical necessity for family planning services. Clients can receive services the day that they enroll. Enrollment must be renewed annually.

8. Family PACT enrollees receive services through various clinician providers, including private physicians in individual or group settings, nonprofit community-based clinics, OB/GYNs and physicians representing general practice, family practice, internal medicine, and pediatrics. Planned Parenthood provides approximately 35% of the family planning visits that are reimbursed by Family PACT. Medi-Cal licensed pharmacies and laboratories also participate by referrals from enrolled Family PACT clinicians.

9. Family PACT benefits include all FDA approved contraceptive methods and supplies, family planning counseling and education, sexually transmitted infection (STIs) testing and treatment, HIV screening, cervical cancer screening, male and female permanent contraception, and limited infertility services.

10. California and the federal government jointly fund the majority of costs for the Family PACT program according to applicable Federal Medical Assistance Percentage (FMAP) rates

provided in Medicaid. Eligible family planning services and testing for STIs under Family PACT are reimbursed at a ninety percent FMAP rate. The diagnosis and treatment of STIs and other family planning-related services under Family PACT are reimbursed at a fifty percent FMAP rate. California provides the remainder of the funding needed to provide services to Family PACT enrollees.

11. Beginning in January 2014, when the Patient Protection and Affordable Care Act (ACA) was first implemented, many Family PACT clients became eligible for full scope Medi-Cal for the first time. A smaller proportion became eligible for subsidized private insurance through Covered California, if they met corresponding eligibility parameters including the required income threshold. Family PACT clients who transitioned to full scope Medi-Cal and coverage through Covered California were able to receive family planning services with their new coverage.

12. In addition, ACA regulations increased access to family planning services by generally requiring employers to provide insurance coverage for contraception at no cost to the employee. This coverage is subject to exemptions for churches and accommodations for nonprofits and closely-held for-profit corporations that claim a religious objection. Under the accommodation, the responsibility for contraceptive coverage is passed from the employer to the insurer, ensuring seamless coverage for the employee.

13. The ACA's implementation correlates with a decrease in Family PACT enrollees. The number of clients Family PACT served in 2014-15— approximately 1.38 million—decreased 17.9% from the previous fiscal year. Similarly, in 2015-16, the number of Family PACT clients decreased to approximately 1.16 million, representing a 15.9% decrease from 2014-15 and a 31% decrease from 2013-14.

14. In particular, the number of Family PACT clients between 139% and 200% of the federal poverty guidelines decreased from 126,170 in 2013-14 to 99,712 in 2014-15 and 92,811 in 2015-16. This represents a 21% decrease from 2013-14 to 2014-15, a 6.9% decrease from 2014-15 to 2015-16, and a 26.4% decrease from 2013-14 to 2015-16.

15. It is my understanding that under the two final rules issued by the U.S. Health and Human Services Department, in conjunction with the U.S. Department of Labor and U.S. Department of Treasury, on November 15, 2018 (Final Rules), certain employers could claim a religious or moral objection to providing contraceptive coverage and leave their employees without access to "no cost" contraceptive coverage. This expanded exemption would effectively make contraceptive coverage optional for certain employers and their employees.

16. After considering this change in the law prescribed by the Final Rules, I believe that some California women and covered dependents who could lose coverage could become eligible for the Family PACT program, provided they meet other requirements such as having income at or below 200% of the federal poverty level.

17. If, as a result of the Final Rules, additional individuals become eligible for and enroll in Family PACT, this will result in increased financial obligations for California's Medi-Cal program.

18. It is my understanding that the federal government suggests that women affected by the Final Rules should seek out services at Title X clinics. In California, in order for a clinic to receive Title X funding, that clinic must also be a Family PACT provider. Accordingly, all individuals in California who visit clinics that receive Title X funding are screened for Family PACT eligibility. Since more women may visit family planning clinics that receive Title X funding because of the broad exemptions created by the Final Rules, more women may be screened for Family PACT, and more women may be placed in the Family PACT program. As a result, state dollars may be diverted to provide care for this patient population that should instead be receiving contraceptive coverage through their employer-sponsored insurance.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 14, 2018, in Sacramento, CA.



Mari Cantwell
Chief Deputy Director, Health Care Programs
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IN THE UNITED STATES DISTRICT COURT

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Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR,

4:17-cv-05783-HSG

DECLARATION OF RANDIE C. CHANCE, Ph.D

JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

I, Randie C. Chance, Ph.D., declare:

1. I am over the age of eighteen. I have first-hand knowledge of the matters declared to herein, and am competent to testify as to those facts, except as to the matters declared to on the basis of information and belief and, as to the latter matters, have a reasonable basis to believe them to be true.

2. I am the Director of the new Department of Justice Research Center (the Research Center) within the California Justice Information Services Division of the California Department of Justice (CA DOJ).

3. The Research Center provides several functions to improve the work of the CA DOJ. Among other things, the Research Center supports divisions with their mandated reports by providing guidance and expertise on the content and the display of data in these reports; provides empirical research to improve social science research cited in the CA DOJ's litigation, in the development of legislative and policy proposals and in review of our law enforcement practices; and provides research and reports on public policy issues confronting California that affect the work of the CA DOJ.

4. I have worked for the CA DOJ since 2014. Prior to my current appointment, I served as the CA DOJ's lead researcher on a wide variety of research topics such as police practices, racial profiling and stop data, and issues related to immigration. I have also been leading a research team working to release criminal justice data for public access, and process data requests in support of the research community. Previously, I was a Senior Associate with a consulting firm examining social issues through services such as program evaluation, statistical consulting, and survey design and research.

5. I completed my doctorate in Psychology with a focus on Applied Social Psychology and Diversity Issues at Southern Illinois University Carbondale. I received a master's degree in Experimental Psychology and bachelor's degree in Psychology from the California State

University at San Marcos. I have been conducting research on social justice topics for nearly 15 years.

6. I have reviewed the final moral and religious exemption rules and the moral and religious interim final rules (IFRs), issued by the U.S. Department of Health and Human Services, the U.S. Department of the Treasury, and the U.S. Department of Labor (the Departments). Because the final moral rule claims that only 15 women may be affected by its provisions, I focus on the final religious rule in which the Departments give detailed estimates of the numbers of women who may be affected.

7. In the final religious exemption rule, the Departments use two methods to calculate the number of women who may be affected by the unavailability of contraception. I discuss the calculation methods in greater detail in the next few paragraphs. Yet in any case, in the rule the Departments admit that women will be harmed by losing cost-free access to contraception.

8. The first calculation method is based on the numbers of entities that have sued combined with entities that may switch from the accommodation to the exemption. This method yields an estimate of 70,500 women nationwide who would lose access to cost-free contraception. The second method, based on demographic calculations of the insured workforce, yields an estimate of 126,400 women.

The Final Religious Exemption Rule's First Estimate: 70,500 women

9. This calculation in the final rule relies on the numbers of litigating entities and estimates of the numbers of accommodated entities that would switch to the exemption, and gives a total of 70,500 women. In the calculation of both components of this estimate, the rule makes use of data from the 2010 census indicating women aged 15-44 comprise 20.2 percent of the U.S. population. (This calculation is problematic, as I discuss in paragraphs 16-17.)

10. I apportioned the harm from the first estimate –70,500 women total –to the plaintiff states using the proportion of women aged 15-44 in each plaintiff state, per the 2010 census. Table A1 gives the state-by-state data, and Table A2 apportions the overall harm to 70,500 women to the plaintiff states (rounded to nearest hundred).

//

Table A1: State-by-state percentages of women aged 15-44 per the 2010 census

		F 15-44 2010 census
All U.S.	*Number*	*62,374,964*
California	Number	7,876,871
	Percentage of U.S.	12.63%
Connecticut	Number	691,265
	Percentage of U.S.	1.11%
Delaware	Number	179,232
	Percentage of U.S.	0.29%
Hawaii	Number	262,107
	Percentage of U.S.	0.42%
Illinois	Number	2,631,753
	Percentage of U.S.	4.22%
Maryland	Number	1,193,402
	Percentage of U.S.	1.91%
Minnesota	Number	1,045,681
	Percentage of U.S.	1.68%
New York	Number	4,047,947
	Percentage of U.S.	6.49%
North Carolina	Number	1,949,350
	Percentage of U.S.	3.13%
Rhode Island	Number	214,647
	Percentage of U.S.	0.34%
Vermont	Number	118,297
	Percentage of U.S.	0.19%
Virginia	Number	1,652,698
	Percentage of U.S.	2.65%
Washington	Number	1,355,704
	Percentage of U.S.	2.17%
District of Columbia	Number	162,314
	Percentage of U.S.	0.26%
Plaintiff Total	**Number**	**23,381,268**
	Percentage of U.S.	**37.49%**

Table A2: Harm apportioned according to the percentages in Table A1

California	8,900
Connecticut	800
Delaware	200
Hawaii	300
Illinois	3,000
Maryland	1,300
Minnesota	1,200
New York	4,600
North Carolina	2,200
Rhode Island	200
Vermont	100

Virginia	1,900
Washington	1,500
District of Columbia	200
Plaintiff Total	**26,400**

The Final Religious Exemption Rule's Second Estimate: 126,400 women

11. The second estimate of 126,400 affected women relies on two independent sets of federal statistics that can each be broken down by state. State-by-state data for each data set are presented in Tables B1 and B2, and Table B3 shows the apportionment of the 126,400 women by the various methods discussed (rounded to the nearest hundred).

12. First, the calculation in the rule uses the numbers of women under age 65 and between ages 15 and 44 from the 2017 American Community Survey (ACS): 137,021,411 women under 65 and 64,030,796 women aged 15-44.[1] If we compare these numbers with the state-by-state figures from the 2017 ACS, we can estimate the percentage of the 126,400 women who would reside in each plaintiff state. Since the age distributions of each state differ, I get slightly different results if I base the apportionment on a state's share of women under age 65 versus on a state's share of women aged 15-44.

Table B1: State-by-state percentages of women per the 2017 ACS

		F under 65 2017 ACS	F 15-44 2017 ACS
All U.S.	*Number*	*137,021,411*	*64,030,796*
California	Number	16,825,212	8,103,747
	Percentage of U.S.	12.28%	12.66%
Connecticut	Number	1,497,628	673,900
	Percentage of U.S.	1.09%	1.05%
Delaware	Number	400,226	181,538
	Percentage of U.S.	0.29%	0.28%
Hawaii	Number	571,570	265,283
	Percentage of U.S.	0.42%	0.41%
Illinois	Number	5,407,686	2,532,430
	Percentage of U.S.	3.95%	3.96%
Maryland	Number	2,603,572	1,193,507
	Percentage of U.S.	1.90%	1.86%
Minnesota	Number	2,325,564	1,065,835
	Percentage of U.S.	1.70%	1.66%
New York	Number	8,403,814	3,996,449

[1] U.S. Census Bureau, ACS 1-Year Estimates, Age and Sex (2017), available at https://data.census.gov/cedsci/results/tables?q=S0101:%20AGE%20AND%20SEX&ps=table*currentPage@1.

	Percentage of U.S.	6.13%	6.24%
North Carolina	Number	4,356,128	2,025,262
	Percentage of U.S.	3.18%	3.16%
Rhode Island	Number	445,925	211,995
	Percentage of U.S.	0.33%	0.33%
Vermont	Number	252,439	113,778
	Percentage of U.S.	0.18%	0.18%
Virginia	Number	3,599,947	1,692,571
	Percentage of U.S.	2.63%	2.64%
Washington	Number	3,088,021	1,464,469
	Percentage of U.S.	2.25%	2.29%
District of Columbia	Number	315,103	186,250
	Percentage of U.S.	0.23%	0.29%
Plaintiff Total	**Number**	**50,092,835**	**23,707,014**
	Percentage of U.S.	**36.56%**	**37.02%**

13. The second estimate also relies on statistics from the U.S. Department of Labor (DOL) on the number of individuals receiving health insurance from various sources, including employer-sponsored insurance (ESI) and Medicare.[2] Individuals with ESI are further broken down into those with insurance from the public sector and those with private sector-sponsored insurance. The rule relies on both the overall number of people with ESI as their primary insurance and the number who have private-sector ESI as their primary insurance. These numbers are not completely consistent with each other, since some states have a larger proportion of public-sector workers. Such states include Maryland and Virginia, likely due to a higher proportion of federal employees who live in these states.

Table B2: State-by-state percentages of individuals with ESI, per DOL

		With ESI	Private-sector ESI
All U.S.	*Number*	*168,700,000*	*131,600,000*
California	Number	19,600,000	15,400,000
	Percentage of U.S.	11.62%	11.70%
Connecticut	Number	2,000,000	1,500,000
	Percentage of U.S.	1.19%	1.14%
Delaware	Number	500,000	400,000
	Percentage of U.S.	0.30%	0.30%
Hawaii	Number	800,000	600,000
	Percentage of U.S.	0.47%	0.46%
Illinois	Number	7,400,000	6,200,000
	Percentage of U.S.	4.39%	4.71%

[2] U.S. Department of Labor, Health Insurance Coverage Bulletin (July 25, 2017), at Table 1C, available at https://www.dol.gov/sites/default/files/ebsa/researchers/data/health-and-welfare/health-insurance-coverage-bulletin-2016.pdf.

Maryland	Number	3,600,000	2,400,000
	Percentage of U.S.	2.13%	1.82%
Minnesota	Number	3,300,000	2,500,000
	Percentage of U.S.	1.96%	1.90%
New York	Number	10,600,000	8,100,000
	Percentage of U.S.	6.28%	6.16%
North Carolina	Number	5,200,000	4,200,000
	Percentage of U.S.	3.08%	3.19%
Rhode Island	Number	600,000	500,000
	Percentage of U.S.	0.36%	0.38%
Vermont	Number	300,000	300,000
	Percentage of U.S.	0.18%	0.23%
Virginia	Number	4,600,000	3,200,000
	Percentage of U.S.	2.73%	2.43%
Washington	Number	3,900,000	3,000,000
	Percentage of U.S.	2.31%	2.28%
District of Columbia	Number	400,000	300,000
	Percentage of U.S.	0.24%	0.23%
Plaintiff Total	**Number**	**62,800,000**	**48,600,000**
	Percentage of U.S.	**37.23%**	**36.93%**

Table B3: Harm apportioned according to the percentages in Tables B1 and B2

	By percent of F under 65 (ACS)	By percent of F 15-44 (ACS)	By percent with ESI as primary	By percent with private sector as primary
California	15,500	16,000	14,700	14,800
Connecticut	1,400	1,300	1,500	1,400
Delaware	400	400	400	400
Hawaii	500	500	600	600
Illinois	5,000	5,000	5,500	6,000
Maryland	2,400	2,400	2,700	2,300
Minnesota	2,100	2,100	2,500	2,400
New York	7,800	7,900	7,900	7,800
North Carolina	4,000	4,000	3,900	4,000
Rhode Island	400	400	500	500
Vermont	200	200	200	300
Virginia	3,300	3,300	3,500	3,100
Washington	2,800	2,900	2,900	2,900
District of Columbia	300	400	300	300
Plaintiff Total	**46,200**	**46,800**	**47,100**	**46,700**

Analysis of Calculations

14. In the previous religious IFR, the Departments also gave two estimates: first that 31,700 women and second that 120,000 women would be affected by the loss of cost-free contraceptive access. In the final rule, the Departments use the same method to calculate the first estimate, but a different method for the second. In the following paragraphs I offer a few

comments on problems with the calculations used in the rules and the reasons that the final rule gives different totals.

First Estimate:

15. The first component is the estimated number of contraceptive-using women of reproductive age (15-44) who will be affected by the use of the expanded exemption among litigating entities. This is calculated to be 8,700 in the IFR and 6,400 in the final rule. The difference between the two exists mainly because in the final rule, the Departments try to remove from consideration the women who work for entities that have received permanent injunctions. A key step in the calculation involves multiplying A) the total number of individuals covered by employer-based insurance at entities that will take the exemption by B) the percent of the overall population that is women aged 15-44. This step is problematic because it assumes that the demographics of people with employer-sponsored health insurance resemble the overall demographics of the country. Because most individuals over age 65 are insured through Medicare and many children receive insurance through CHIP, the proportion of women aged 15-44 who have employer-sponsored health insurance is likely much higher than the percentage used in the estimates (20.2%, based on the 2010 census).

16. The second component of the first estimate is an approximation of the number of women who might be affected by entities that switch from the accommodation to the exemption: 23,000 in the IFR and 64,000 in the final rule. The difference here is due to a large increase in the number of persons covered by self-insured plans that received user fee reimbursements for contraceptives in 2017. In the IFR, the Departments relied on 2015 data that 576,000 participants were covered by such plans; in the final rule, they cite 1,823,000 participants. This approximately threefold increase in the number of plan participants explains the approximately threefold increase in this component of the first estimate. Like the first component, this component also makes use of a problematic calculation using the 20.2 percent of the overall population that is women aged 15-44. This component also uses the dubious assumption that large hospital plans will not shift to the exemption, estimating that only 25 percent of individuals

covered by plans that received fee reimbursements will be affected by a shift from the accommodation to the exemption.

Second Estimate:

17. In the IFR, the second estimate uses as its starting point a 2015 data brief from the Assistant Secretary of Health and Human Services for Planning and Evaluation, which reports that 55.6 million women aged 15-64 have health insurance with cost-free preventive services under the ACA.[3] In the final rule, the second estimate starts from the total number of individuals under age 65 that receive employer-based health insurance.

18. Despite the different starting points, the estimates rely on some of the same assumptions. They both use a Kaiser Family Foundation (KFF) survey from 2010 to estimate that 6 percent of plans may drop coverage for contraceptives, because 6 percent of plans did not cover contraceptives before the ACA.[4] This is a problematic assumption for at least two reasons. First, covering some contraception prior to the ACA is not equivalent to covering all FDA-approved contraceptive methods free of cost sharing, per the ACA's requirements. Second, though the results of the KFF survey suggested that 6 percent of firms overall did not cover contraceptives, the results also indicated that 11 percent for large firms (200 or more employees) did not cover contraceptives. According to the U.S. Small Business Administration, in 2014 approximately 72.4 million workers (59.8%) were employed at firms with 200 or more employees, compared to 48.6 million (40.2%) at firms with fewer than 200.[5] It would follow that more women were employed by the 11 percent of large firms that did not offer coverage of contraceptives through their health plans prior to the ACA.

19. Additionally, the estimates in both the IFR and the final rule make use of the same assumption that one-third of plans that do not offer coverage of contraceptives do so for religious

[3] ASPE Data Point (May 14, 2015), available at https://aspe.hhs.gov/system/files/pdf/139221/The%20Affordable%20Care%20Act%20is%20Improving%20Access%20to%20Preventive%20Services%20for%20Millions%20of%20Americans.pdf.

[4] Kaiser Family Foundation, Employer Health Benefits 2010 Annual Survey (2010), available at https://kaiserfamilyfoundation.files.wordpress.com/2013/04/8085.pdf.

[5] U.S. Small Business Administration, Employer Firms, Establishments, Employment, and Annual Payroll Small Firm Classes, 1992-2014. Available via https://www.sba.gov/advocacy/firm-size-data.

reasons. This assumed proportion appears to be arbitrary, suggesting that actual number of affected women could be three times greater.

Employees of Entities That Have Expressed Objections to Contraceptive Coverage

20. To obtain an estimate of the number of employers that would be likely to choose an exemption from providing contraceptive coverage, I used the following protocol. This estimate is not intended to be exhaustive. For instance, it omits employees of for-profit corporations and students covered by university health plans, among other groups.

- I searched the amicus briefs that were supported in support of petitioners in Zubik v. Burwell, accessed via http://www.scotusblog.com/case-files/cases/zubik-v-burwell/.
- For each entity amicus listed on a brief, I performed internet searches to determine if the entity was a religious organization exempt from making filings to the Internal Revenue Service (IRS), a nonprofit organization required to file Form 990 with the IRS, or a for-profit company.
- For the nonprofit entities I found, I performed internet searches to determine where each entity is located or headquartered.
- For the two amicus entities that were associations—the Council for Christian Colleges & Universities and the Association of Catholic Colleges and Universities, I visited their websites to find the names and locations of their member schools.
- I sorted the nonprofit entities and member schools by state and then I looked at their Form 990 filings (accessed through Guidestar.org) to determine the number of individuals employed by the entity in the most recent filing year that was available. This information was not available for all employer entities.
- For each state, I tabulated the number of employer entities and the total number of employees as reported on Forms 990.

21. My results from this estimate are summarized in Table C.

Table C: Employers that have objected to contraceptive coverage and their employees

State	Number of employer entities	Approximate number of employees
California	25	54,879
Connecticut	4	8,751
North Carolina	4	4,169

Hawaii	1	877
Illinois	21	41,582
Maryland	5	6,460
Minnesota	11	24,413
Rhode Island	2	4,534
Vermont	2	2,278
Virginia	10	3,853
Washington	7	17,239
District of Columbia	12	20,059

I declare under penalty of perjury that the foregoing is true and if called as a witness, I would competently testify thereto.

Executed on December, 18, 2018, in Sacramento, California.

Randie C. Chance, Ph.D.
Director, Research, Analysis, and Data Center
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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF KIMBERLY CUSTER

I, Kimberly Custer, declare:

1. I am the Executive Vice President of the Health Care Division for Planned Parenthood Federation of America, Inc. ("PPFA").

2. This declaration is based on my personal knowledge, a review of PPFA's business records, and the knowledge I have acquired in the course of my two decades of service and duties with PPFA and several Planned Parenthood affiliates. If called and sworn as a witness, I could and would testify competently thereto.

3. As discussed more fully below, the final rules on exemptions to contraceptive access issued by the U.S. Department of Health and Human Services, U.S. Department of Labor and U.S. Department of Treasury on November 7, 2018 and published in the Federal Register on November 15, 2018 (Exemption Rules) would have devastating consequences for women across the United States who rely on Planned Parenthood. That is because the Exemption Rules would cause women across the country to lose access to contraceptive services without cost-sharing, as required under the Affordable Care Act (ACA). Women would then be forced to pay out-of-pocket for those services, or if they qualify, to seek out other low-cost (although in most cases likely not no-cost) ways to access preventive health care. This will take resources away from programs designed for people without private insurance and will mean that many women will end up with less access to care.

I. Employment and education background

4. I received a B.A. from the University of Oregon. After holding a series of management positions in the private sector, I began my work at Planned Parenthood in 1997 as a Vice President for Community Affairs of a Planned Parenthood affiliate. In 2004, I accepted a position as the President and CEO for Planned Parenthood of North East Pennsylvania and I served as a CEO of a Planned Parenthood affiliate for more than a decade.

5. In 2015, I joined PPFA as the Executive Vice President of the Health Care Division of PPFA. My responsibilities include overseeing all health care programs for PPFA, including medical services, health education, health care operations, business analytics, accreditation, and evaluation for PPFA's affiliates.

II. Planned Parenthood and the Delivery of Health Care

6. PPFA is a membership organization, with 55 affiliate organizations. PPFA's mission is to provide comprehensive reproductive health care services, to provide educational programs relating to reproductive and sexual health, and to advocate for public policies to ensure access to health services. PPFA itself does not provide healthcare, but it provides support, leadership, and guidance to its affiliates, which provide health care and educational services directly to the public. PPFA also works to promote research and the advancement of technology in reproductive health care.

7. For more than a century, millions of women and men have turned to Planned Parenthood for vital health care services, sex education, and sexual health information. Our skilled health care professionals are dedicated to offering all people high-quality, affordable medical care.

8. Planned Parenthood affiliates are separately incorporated and independent non-profit corporations, each with its own governance structure, including a board of directors. Each Planned Parenthood affiliate provides health care and educational services directly to the public in a distinct geographic area. Some affiliates have health centers in multiple states; others have health centers in two or more states. Moreover, each health center, depending on where it is located, may serve patients from several states. For example, Planned Parenthood affiliates operate health centers in cities like Chicago, Cincinnati, Kansas City, Memphis, Minneapolis, Pittsburgh, Spokane, St. Louis, Tallahassee, and others which are close to the state border.

9. Planned Parenthood affiliates operate more than 600 health centers located in 48 states and the District of Columbia which provide services to patients in all 50 states and the District of Columbia, serving millions of women and men each year. An estimated one out of every five women nationally has received care from Planned Parenthood at least once in her life. Planned Parenthood affiliates play a particularly important role in providing reproductive and other health care to women and men with low-incomes.

10. All Planned Parenthood affiliates offer a wide range of family planning services and reproductive health care, although the specific services that Planned Parenthood affiliates offer

vary depending on the needs of the communities in which they operate and the resources available. All Planned Parenthood affiliates provide contraceptive counseling and contraception (including long-acting reversible contraceptives ("LARCs")); other services generally include physical exams, clinical breast exams, screening for cervical cancer, testing and treatment for sexually transmitted infections ("STIs"), pregnancy testing and counseling, vasectomies, colposcopies, abortion, and health education services.

11. Between October 1, 2015 and September 30, 2016, Planned Parenthood affiliates provided approximately 9,500,000 clinical services to approximately 2,400,000 patients. Those patients visited Planned Parenthood health centers 4,000,000 times for care. Planned Parenthood provided contraceptives to more than 1,800,000 patients, and it is estimated that these services averted nearly 400,000 unintended pregnancies.

12. Our affiliates also administered more than 660,000 cancer screenings and prevention procedures, including 335,000 breast exams and 280,000 Pap tests (cervical screens). They performed nearly 4,400,000 STI tests, including HIV screenings, and diagnosed nearly 225,000 STIs.

13. PPFA affiliates have a special mission to provide high-quality, life-saving health care and medical treatment to historically underserved patients and communities. In many communities, a Planned Parenthood health center is the only place that a patient can turn to for high-quality, compassionate, and low-cost (or free) reproductive health care. Fifty-four percent of Planned Parenthood health centers are in Health Professional Shortage Areas (or HPSAs)—as designated by the Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services—and/or in rural or other Medically Underserved Areas (or MUAs).[1]

[1] Health Professional Shortage Areas are designated as having shortages of primary medical care, dental, or mental health providers. Medically Underserved Areas have a shortage of primary care health services for residents within a geographic area. Another designation, Medically Underserved Populations (or MUPs), concerns specific sub-groups of people living in a designated geographic area with a shortage of primary care health services; these groups may face economic, cultural, or linguistic barriers to health care.

14. Seventy-three percent of Planned Parenthood patients who reported their incomes have incomes at or below 150 percent of the federal poverty level.

15. As a recent study shows, in 57 percent of the counties with a Planned Parenthood health center in 2015, Planned Parenthood served at least half of all safety-net family planning patients (*i.e.*, patients who rely on free or reduced-fee services to obtain their reproductive health care).[2]

16. Planned Parenthood health centers play a critical role in serving communities of color and in many cases are the only health centers providing reproductive health care in such communities. Approximately 27 percent of Planned Parenthood's patients are Latino/a, 17 percent are Black, and 11 percent are Native American, Asian, or Multiracial. In recent years, Planned Parenthood has served an increasing number of patients in these groups, demonstrating Planned Parenthood's increasingly important role in serving communities of color.

17. Planned Parenthood patients rely on a variety of sources of funding in accessing our services, including Medicaid, the Title X program, state family planning programs, private insurance, or paying out-of-pocket.

III. The Effect of the Exemption Rules

18. It is my understanding that the ACA requires that most private insurance plans cover certain preventive health care services without patient cost-sharing and that the women's preventive services requirement, as it should, includes contraception and contraceptive counseling.[3] Contraceptive care is an essential preventive health care service. It helps to avoid unintended pregnancies and to promote healthy birth spacing, resulting in improved maternal,

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[2] Kinsey Hasstedt, *Understanding Planned Parenthood's Critical Role in the Nation's Family Planning Safety Net*, 20 Guttmacher Pol'y Rev. 12, 14 (2017), *available at* https://www.guttmacher.org/sites/default/files/article_files/gpr2001216.pdf.

[3] *See* 42 U.S.C. § 300gg-13(a)(4) (specifying that insurance providers "shall not impose any cost sharing requirements . . . with respect to women, [for] such additional preventive care and screenings . . . as provided for in comprehensive guidelines supported by the Health Resources and Services Administration . . . ."); *Women's Preventive Services Guidelines*, Health Res. & Servs. Admin., https://www.hrsa.gov/womens-guidelines/index.html (last updated Oct., 2017).

(continued...)

child, and family health.[4] Contraceptive care also results in other health benefits, including reduced menstrual bleeding and pain, and decreased risk of endometrial and ovarian cancer.[5]

19. As a result of the ACA, women are able to access contraception services seamlessly through their existing health plans at no cost—an important factor that has an impact on contraceptive method choice and use. Prior to the ACA, 1 in 7 women with private health insurance either postponed or went without needed health care services because they could not afford them.[6] Those who could purchase contraception were spending between 30 percent and 44 percent of their total annual out-of-pocket health care costs to that end,[7] and women were more likely to forego more effective long-acting reversible contraceptive (LARC) methods (such as intrauterine devices) due to upfront costs.[8]

20. As a result of the requirement, more than 62 million women now have access to contraceptive services without cost-sharing.[9] Out-of-pocket spending on contraception has decreased, and more women are choosing to use LARC methods.[10] In addition, the percentage of pregnancies that are unintended in the United States is at a 30-year low.[11]

21. The Exemption Rules threatens to undermine this progress because it would allow any employer or university to opt out of the existing accommodation process and leave their

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[4] Am. Coll. of Obstetricians & Gynecologists, Committee Opinion No. 615: Access to Contraception 2 (Jan. 2015, reaffirmed 2017), https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Access-to-Contraception.

[5] *Id.*

[6] Usha Ranji & Alina Salganicoff, Henry J. Kaiser Family Found., Women's Health Care Chartbook: Key Findings from the Kaiser Women's Health Survey 4, 30 (2011).

[7] Nora V. Becker & Daniel Polsky, *Women Saw Large Decrease in Out-Of-Pocket Spending for Contraceptives After ACA Mandate Removed Cost Sharing*, 34 Health Aff. 1204, 1208 (2015).

[8] *See* Ashley H. Snyder et al., *The Impact of the Affordable Care Act on Contraceptive Use and Costs Among Privately Insured Women*, 28 Women's Health Issues 219, 219 (2018).

[9] Nat'l Women's Law Ctr., New Data Estimates 62.4 Million Women Have Coverage of Birth Control Without Out-of-Pocket Costs 1 (2017), https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/09/New-Preventive-Services-Estimates-3.pdf.

[10] Snyder, *supra* note 8, at 219.

[11] Lawrence B. Finer & Mia R. Zolna, *Declines in Unintended Pregnancy in the United States, 2008–2011*, 374 New Eng. J. Med. 843, 850 (2016).

employees or students with no mechanism for seamless contraceptive coverage through a third-party private insurer. Women who have private insurance that covers other preventive health care with no-cost sharing will be forced to pay out-of-pocket for that care, or go without. Women are not faced with this choice for any other preventive services required by the ACA. As a trusted provider of quality and affordable reproductive health care, many of those women will turn to Planned Parenthood for care.

22. The Exemption Rules will negatively impact Planned Parenthood patients nationwide in several ways. First, some of our patients with private insurance will no longer have that coverage. While we will work to continue to provide care to those patients, at least some of them will have to pay a portion or the full cost for services that the ACA guaranteed would be available without cost-sharing. Only 29 states have laws that require insurance coverage of all FDA-approved prescription contraceptive drugs and devices, and only 10 of these state laws prohibit cost-sharing for contraceptives. Additionally, these laws apply only to health insurance plans that are subject to state regulation and not to the millions of women with insurance coverage through self-insured plans, which are typically offered by large employers, that are subject only to federal regulation under the Employee Retirement Income Security Act (ERISA).[12] These women will, therefore, likely need to pay out of pocket for contraception and, therefore, more will likely choose less effective methods or otherwise ration their care.

23. Second, many of these women will not qualify for government-subsidized programs such as Title X or a state family planning program. These programs are intended to provide health care for individuals with low incomes and most women covered under the ACA's birth control benefit will not qualify for these programs. Even for those women who may qualify, safety net programs are not intended as a substitute for employer-sponsored coverage. The budgets for such safety net programs are under threat of being drastically cut, and having to provide women with private insurance with services through these programs undermines the purpose of these programs and threatens to take resources away from the individuals with low incomes these programs are

[12] Guttmacher Inst., Insurance Coverage of Contrace ption (December 1, 2018), *available at* https://www.guttmacher.org/state-policy/explore/insurance-coverage-contraceptives.

meant to serve. Moreover, states that are willing and able to make sure that women can access this care will have to divert resources away from other services they could be providing.

24. Third, the loss in access to no-cost contraceptive coverage will put these women at greater risk of unintended pregnancies and other health problems, the costs of which will be borne by these women and their families, safety-net providers like Planned Parenthood, and state and local government entities.

25. For all of these reasons, the Exemption Rules should not be allowed to take effect.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 19, 2018, in New York, NY.

Kimberly Custer
Executive Vice President, Health Care
Planned Parenthood Federation of America

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

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v.

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THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION BY NICOLE ALEXANDER-SCOTT, MD, MPH, DIRECTOR OF RHODE ISLAND DEPARTMENT OF HEALTH

I, Nicole Alexander-Scott, MD, MPH, declare under penalty of perjury that the following is true and correct and of my own personal knowledge.

1. I have served as the Director of the Rhode Island Department of Health since 2015. As the Director, I have established the following three leading priorities for the Rhode Island Department of Health: (1) addressing the socioeconomic and environmental determinants of health; (2) eliminating disparities of health and promoting health equity; and (3) ensuring access to quality health services for all Rhode Islanders, including the state's vulnerable populations. Preventing unintended pregnancies falls under each one of these priorities.

2. The State of Rhode Island provides publicly funded contraceptive coverage through its state Medicaid Program and the Title X Family Planning Program. There are about 222,000 women in need of contraceptive services in Rhode Island. Rhode Island's Title X Family Planning Program serves about 26,000 patients each year. Rhode Island's Medicaid Program provides extended family planning benefits for two years post-partum.

3. Rhode Island does not have a state law that matches the federal guarantees provided by the Affordable Care Act (Public Health Service Act 2713(c)). For example, although Rhode Island's statute covers prescription contraceptive methods, it does not prohibit cost sharing. Women in Rhode Island are at risk of losing Affordable Care Act required contraceptive coverage under the final regulations issued by the federal government. Forty-four (44%) of pregnancies in Rhode Island are unintended. 71,320 women are in need of publicly funded contraceptive services in Rhode Island. The percentage of need met by Title X clinics and publicly supported providers in Rhode Island is currently only 35%.

As a result of these rules, Rhode Island women will either (a) utilize and seek coverage through the Title X Family Planning Program or (b) they will forgo coverage and experience an unintended pregnancy. In both scenarios, the State will suffer increased costs and its residents will be harmed.

Executed on December 18, 2018, in Providence, Rhode Island.

Nicole Alexander-Scott, MD, MPH
Director of Health
Rhode Island Department of Health

XAVIER BECERRA, State Bar No. 118517
Attorney General of California
KATHLEEN BOERGERS, State Bar No. 213530
Supervising Deputy Attorney General
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Attorneys for Plaintiff the State of California

IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF DR. JENNIFER CHILDS-ROSHAK

I, Jennifer Childs-Roshak, M.D. M.B.A., declare:

1. I am the President and CEO of Planned Parenthood League of Massachusetts (PPLM). I have held these positions since November 23, 2015.

2. Before joining PPLM, I served as the Boston Regional Medical Director for Atrius Health while personally caring for 1,000 patients as a primary care physician. I earned my medical degree from Temple University School of Medicine in Philadelphia, and my Masters of Business Administration from the Boston University School of Management.

3. I practiced as a primary care physician for over twenty years, practicing in Massachusetts specifically from 2001 until 2015 when I joined PPLM. During my career I provided care to a diverse population of women and families, both insured and uninsured, in a variety of settings including community health centers, regional hospitals, and urban medical centers.

4. As both a physician and a health care executive, I have long been concerned about the cost of reproductive health care, including contraception, and the impact that cost has on patient access to appropriate care.

5. As President and CEO of PPLM, I lead the largest freestanding reproductive health care provider and advocate in Massachusetts. PPLM operates five medical facilities throughout Massachusetts.

6. The mission of PPLM is to protect and promote sexual and reproductive health and freedom of choice by providing clinical services, education, and advocacy. Our vision is that sexual health is essential to every person's well-being.

7. Every year, PPLM provides a wide range of sexual and reproductive health care services to more than 32,000 patients, at more than 50,000 patient visits, across Massachusetts

and educates thousands of young people, parents, and professionals through PPLM's nationally recognized sexual health education programs.

8. PPLM is committed to providing high-quality, affordable care to all of the patients we serve. We seek to offer medically appropriate care and counseling in a confidential and nonjudgmental manner.

9. Some of the most vulnerable patients, including those who are uninsured or underinsured, seek out care from PPLM because of our reputation as a supportive and culturally sensitive provider.

10. Founded in 1928, PPLM has a long history of providing care to the women of Massachusetts, including removing financial barriers to contraception and reproductive health services.

11. In FY 2016, PPLM provided nearly $15 million of medical services. PPLM received roughly $5 million from Medicaid, $776,000 from Title X funding, and $240,000 from the Massachusetts Department of Public Health's (DPH) Sexual and Reproductive Health Program (SRHP) grant.

12. Some of the patients to whom PPLM provides medical services do not have health insurance, do not have coverage for the care they are seeking, or need confidential care and cannot utilize their health insurance for their visit.

13. Because of the Affordable Care Act (ACA), the percentage of patients who did not have or could not use insurance has significantly decreased over the past five years at PPLM. Nevertheless, approximately 18% of all patients, about 7,000 individuals, did not or could not utilize insurance coverage during their visits in FY 2016.

14. In these situations, PPLM does one of the following things: if the patient qualifies, PPLM will assist the patient in enrolling in Medicaid, known as MassHealth in Massachusetts; if

the patient qualifies for funding under PPLM's SRHP grant, PPLM will bill the services to the grant; depending on the patient's income, PPLM will charge the patient directly on a sliding scale from 0 to 80% of the cost; or PPLM will charge the patient directly at the self-pay rate (cash), which is discounted. In nearly all cases, PPLM generally will take a loss on those services.

15. PPLM exhausts the public funding available to it each year, including funding it receives through its SRHP grant. If there is an increase in individuals seeking care from PPLM who are eligible for one of the payment methods listed above, PPLM's budget, including money it receives through the SRHP grant, will be further strained.

16. Some of PPLM's patients are students or dependents who are covered by someone else's employer-sponsored health plan. Some of these insured patients receive coverage from either employers or family members who reside in another state. In some instances, the family member resides in a second state and the employer is headquartered in a third state.

17. I am familiar with the Final Rules issued by the Defendants in this case regarding expansion of the exemptions to the contraceptive mandate under the Affordable Care Act.

18. It is my understanding that approximately 60% of Massachusetts' insured are covered through an employer-sponsored health plan, either directly or as a dependent.

19. I anticipate that additional women who lose coverage for contraceptive services because of the Final Rules, either as the primary insured or as a dependent, will seek care at our health centers.

20. In those instances, PPLM will utilize the processes outlined above to find funding to cover the increased number of patients.

21. The women and families impacted by the Final Rules will come from a wide range of social and economic backgrounds. I believe that a direct consequence of the Final Rules will be an increase in unintended pregnancy which will in turn work to undermine the economic security

of families in Massachusetts as well as exacerbate the disparities that women face with regard to access to education, career advancement, and economic stability.

22. The Final Rules will also impact health outcomes. For example, birth control pills are used for health conditions beyond pregnancy planning such as reducing the symptoms of severe menstrual pain; treating excessive menstrual bleeding, which can lead to anemia; treating the pelvic pain that accompanies endometriosis; and treating bleeding due to uterine fibroids. Blocking access for hormonal treatments limits women's ability to manage these, and other, important medical issues.

23. Regarding family planning specifically, unintended pregnancies lead to poor health outcomes for both mothers and children. In turn, along with poor health outcomes, the overall cost of women's health care will increase. Studies have shown that for every dollar spent on family planning, there is a seven-dollar savings to the Medicaid program downstream.

24. Based on our experience providing care at PPLM, I believe that another direct consequence of the Final Rules will be that women whose contraceptive care is excluded from employer-sponsored insurance will opt for less expensive and less effective contraceptive services.

25. For example, under the cost elimination regime of the ACA, PPLM has seen a dramatic change in the types of birth control utilized by women in Massachusetts. In FY 2011, nearly 91% of all PPLM patients receiving contraceptive care sought hormonal treatment (birth control pills, mostly). Five years later, in FY 2016, that figure was reduced to 55%, with Long-Acting Reversible Contraception services rising five-fold to 45%. Prior to the ACA, there was, generally speaking, a considerable difference in the out-of-pocket costs of these types of birth control.

26. Though not appropriate for all patients in all situations, Long-Acting Reversible Contraception is generally far more effective in preventing unintended pregnancies. Thus, for women who lose their coverage because of the Final Rules, at least some will choose less effective versions of birth control because of the costs associated.

27. Access to effective and appropriate contraception allows women and families to plan whether and when to grow their family. There are too many studies to count that show a direct link between access to affordable and effective contraception and a decrease in unintended pregnancies. Studies also show a direct link between a decrease in unintended pregnancies and an improvement in health outcomes, increased economic stability for women and families, and broader health care cost savings.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 19, 2018, in Boston, Massachusetts.

Dr. Jennifer Childs-Roshak
President and CEO
Planned Parenthood League of Massachusetts

XAVIER BECERRA, State Bar No. 118517
Attorney General of California
KATHLEEN BOERGERS, State Bar No. 213530
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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA; THE STATE OF WASHINGTON, Plaintiffs, v. ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,	NO. 4:17-cv-05783-HSG DECLARATION OF DR. JUDY ZERZAN-THUL

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

I, Dr. Judy Zerzan-Thul, declare as follows.

I am over the age of 18 and have personal knowledge of all the facts stated herein.

1. I am the Chief Medical Officer for the Washington State Health Care Authority (HCA) and have been employed in this position since August 20, 2018. I am responsible for assessing and improving the quality of care for State-purchased health care programs, including Apple Health (which is commonly referred to as Medicaid) and the Employee and Retirees Benefits program.

2. Prior to joining HCA, I was employed as the Chief Medical Officer for the State of Colorado Department of Health Care Policy and Financing for nine years. In that capacity, I was responsible for providing clinical guidance for Colorado Medicaid and the Children's Health Insurance Program, including pharmacy and medical benefits, measuring and improving quality, and data analysis.

3. I obtained my M.D. degree from Oregon Health & Science University. I also hold a Master's degree in Public Health from the University of North Carolina. I am Board Certified

in Internal Medicine and I have over twenty years of experience as a medical doctor. I have an active current license to practice medicine in the states of Colorado and Washington.

4. The Health Care Authority administers federally and state funded medical assistance programs under the name Washington Apple Health, which is commonly referred to as Medicaid. Apple Health provides integrated health care services that promote health, wellbeing, and quality of life for almost 1.8 million Washington residents. As part of that mission, and as required by the Federal Government in order to participate in Medicaid, Apple Health provides coverage for reproductive health services including family planning and pregnancy related services for eligible Washington residents through a variety of programs. Family planning services include all FDA approved contraceptive methods and the clinical services necessary for clients to safely and effectively use their chosen contraceptive method.

5. Eligibility for Apple Health programs is based on several factors, including age, household size, tax filing status, pregnancy status, and income level. For example, childless adults are generally eligible up to 133% of the Federal Poverty Level (FPL), whereas pregnant women are eligible up to 193% of the FPL. Children under 19 are eligible up to 312% of the FPL. Through Apple Health, the Health Care Authority also administers a Family Planning Only Demonstration Waiver Program (FPO) that is an agreement with the Federal Government to provide coverage of family planning specific services for women and men otherwise ineligible for Medicaid, up to 260% of the FPL. Because FPL is established by income level and family/household size, generally a woman with a spouse and two children would qualify at a higher income level then a woman with no spouse or children.

ATTORNEY GENERAL OF WASHINGTON
800 Fifth Avenue. Suite 2000
Seattle, WA 98104-3188
(206) 464-7744

6. In 2016, the Health Care Authority and its contracted Managed Care Organizations spent $32,506,774.07 in combined federal and state dollars for coverage of family planning services for Apple Health clients enrolled in programs receiving federal funding.

7. The Health Care Authority serves as a secondary payor for services not otherwise fully covered by employer or higher education sponsored health plans for those clients that have both primary health coverage and Apple Health coverage. In 2016, the Health Care Authority provided secondary Apple Health coverage for 120,328 clients who had primary health coverage from other sources such as employer-sponsored coverage and student coverage. Of the total Apple Health clients that have primary health coverage from sources other than Apple Health, 69,652 are women, 38,336 of which are ages 15-44.

8. If employers or colleges and universities in Washington choose to no longer cover contraception for their employees and students pursuant to the federal government's newly-created and expanded exemptions to the Affordable Care Act's contraceptive mandate, the cost of family planning services will shift to the State for employees who have or will seek and be qualified for Apple Health coverage as secondary insurance through the Health Care Authority.

9. Women who lose access to contraceptive coverage through employer and college or university sponsored insurance plans may be unable to afford their current form of contraception and have an unintended pregnancy. The potential for women to reduce or stop working due to pregnancy could change the families' income, potentially causing these families to become eligible for one of the Apple Health programs. The change in family size due to a new birth could also cause these families to become eligible for one of the Apple Health programs. This could result in an increase in state expenditures related to pregnancy and future family planning services.

10. In 2016, the Health Care Authority and its contracted Managed Care Organizations spent on average $9,886 per delivery. Additionally, there are pregnancy services costs for pregnancy losses prior to 20 weeks gestation. Apple Health covered 42,516 deliveries in 2016. Approximately 30% of Medicaid-funded births in 2013 were from unintended pregnancies.

11. The Affordable Care Act's implementation correlates with a decrease in the FPO program enrollment. The number of enrollees receiving FPO services dropped by 71% from the 2012-13 fiscal year to the 2014-15 fiscal year. By the 2016-17 fiscal year there was a further drop of 48% in enrollees. Enrollment would be expected to increase if the expanded contraceptive exemptions are allowed to take effect.

12. The State of Washington Public Employees Benefits Board (PEBB) Program purchases and coordinates health benefits for more than 300,000 eligible public employees and retirees. PEBB members may elect to add their spouse or state-registered domestic partner to their health plan if they lose contraception coverage through their own employer's health plans. When state employees do so, it will cost the State additional money to provide health coverage for those spouses and state-registered domestic partners.

I declare under penalty of perjury under the laws of the State of Washington and the United States of America that the foregoing is true and correct.

DATED this 17 day of December 2018 at Olympia, Washington.

DR. JUDY ZERZAN-THUL

XAVIER BECERRA, State Bar No. 118517
Attorney General of California
KATHLEEN BOERGERS, State Bar No. 213530
Supervising Deputy Attorney General
NELI N. PALMA, State Bar No. 203374
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Attorneys for Plaintiff the State of California

IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF CONNECTICUT; THE STATE OF DELAWARE; THE STATE OF HAWAII; THE STATE OF ILLINOIS; THE STATE OF MARYLAND; THE STATE OF MINNESOTA BY AND THROUGH ITS DEPARTMENT OF HEALTH SERVICES; THE STATE OF NEW YORK; THE STATE OF NORTH CAROLINA; THE STATE OF RHODE ISLAND; THE STATE OF VERMONT; THE COMMONWEALTH OF VIRGINIA; THE STATE OF WASHINGTON; THE DISTRICT OF COLUMBIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

4:17-cv-05783-HSG

DECLARATION OF LAURA E. DURSO

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

I, Laura E. Durso, declare:

1. I am Vice President of the LGBT Research and Communications Project at the Center for American Progress (CAP). As head of that team, I have directed the filing of Freedom of Information Act requests for 5 years.

2. On May 31, 2017, CAP submitted a Freedom of Information Act (FOIA) request to the U.S. Department of Health and Human Services for all records of religious accommodation requests submitted to the agency under the Affordable Care Act's contraceptive mandate. Records were requested from when the Affordable Care Act went into effect to the date the FOIA request was submitted and included filings made by requesting entities as well as the agency's responses.

3. We received 558 pages of documents from January 2014 to March 2016 in response to our request. A true and correct copy of these documents is attached as Exhibit A.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 18, 2018 in Washington, DC.

Laura E. Durso
Center for America Progress

EXHIBIT A

NOTICE OF RELIGIOUS OBJECTION

Date: 3/22/16

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [X] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: Fresh Unlimited In.
Contact information: 937-498-4664
Eligible organization is a: [ ] Non-profit entity; OR [X] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Fresh Unlimited Inc	Anthem	1-866-848-1056	[X]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

**

Signature of authorized representative of eligible organization — Date: 3/22/16

Devon Beer
Typed name of authorized representative of eligible organization

****This form is being signed and submitted by Fresh Unlimited, Inc., d/b/a Freshway Foods and Freshway Logistics, Inc., who, along with their owners, have a religious objection to providing and paying for coverage of all contraceptive services required by the HHS mandate (1) under protest because the government is violating the Religious Freedom Restoration Act (RFRA) through the HHS mandate and accommodation and (2) pending the outcome of the decision by the Supreme Court of the United States in the following consolidated cases, which involve the HHS mandate and accommodation at issue here: Case Nos. 14-1418, 14-1453, 14-1505, 15-35, 15-105, 15-119, and 15-191.**

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Anna Steinbauer
VP of Administration
Dakota Tube Inc.
E-mail: anna.steinbauer@dakotatube.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Ms. Steinbauer,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at: http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the

basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

EBSA FORM 700– CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year

Name of the objecting organization	Dakota Tube Inc.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Anna Steinbauer VP of Administration / Co-owner
Mailing and email addresses and phone number for the individual listed above	anna.steinbauer@dakotatube.com 605-882-2156

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

11-5-14
Date

The organization or its plan using this form must provide a copy of this certification to the plan's health insurance issuer (for insured health plans) or a third party administrator (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a third party administrator for the plan that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that the eligible organization:

(1) Will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) The obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the eligible organization has a religious objection to providing coverage for all or a subset of contraceptive services, pursuant to 26 CFR 54.9815-2713A(b)(1)(ii)(B) and (c)(1)(ii), 29 CFR 2590.715-2713A(b)(1)(ii)(B) and (c)(1)(ii), and 45 CFR 147.131(c)(1)(ii). A model notice is available at http://www.cms.gov/cciio/resources/Regulations-and-Guidance/index.html#Prevention.

This form or a notice to the Secretary is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1210-0150. An organization that seeks to be recognized as an eligible organization that qualifies for an accommodation with respect to the federal requirement ~~to cover certain contraceptive services without cost sharing may complete this self-certification form,~~ or provide notice to the Secretary of Health and Human Services, in order to obtain or retain the benefit of the exemption from covering certain contraceptive services. The self-certification form or notice to the Secretary of Health and Human Services must be maintained in a manner consistent with the record retention requirements under section 107 of the Employee Retirement Income Security Act of 1974, which generally requires records to be retained for six years. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, gather the necessary data, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0150.

EBSA FORM 700– CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	ILLINOIS BAPTIST CHILDREN'S HOME AND FAMILY SERVICES
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	DOUG DEVORE EXECUTIVE DIRECTOR
Mailing and email addresses and phone number for the individual listed above	949 COUNTY ROAD 1300 N CARMI IL 62821 doug.devore@bchfs.com 618/382-4164

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Doug Devore
Signature of the individual listed above

1/21/15
Date

VALLEY FORGE CHRISTIAN COLLEGE
Office of the President

September 10, 2014

Sylvia Mathews Burwell
Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H
Via email to marketreform@cms.hhs.gov

Re: Valley Forge Christian College Objection to Health Care Mandate

To the Secretary of Health and Human Services:

Valley Forge Christian College has a religious objection to providing coverage of a subset of contraceptive services required to be covered under PHS Action Section 2713, as adopted by the Affordable Care Act, and incorporated under ERISA section 715 and Code section 9815.
The services for which this organization objects are the following:
We are requesting relief, based on our sincerely held religious beliefs, from the regulations issued under the Patient Protection and Affordable Care Act (PPACA) that force employers to provide, directly or indirectly, insurance plans that include potentially life threatening drugs and devices, which harm or terminate a fertilized human egg (the "Mandate"); including but not limited to:

- Ulipristal (aka Ella)
- Levonorgestrel (aka Plan B, Plan B One-Step, Next Choice)
- Intrauterine Devices (of any type)
- Abortion services except to save the life of the mother

Service Provider Information

(a) Plan Name	(b) Service Provider Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan type if applicable
Valley Forge Christian College	Aetna	Karla Hellings Senior Account Manager-Established Business SEPA 980 Jolly Road U11E Blue Bell, PA 19422 215-775-7815 HellingsKJ@aetna.com	Issuer	N/A
Valley Forge Christian College	PrimePay	Brad Ramer Product Specialist/Channel Manager, HR & Benefit Services 1487 Dunwoody Drive, West Chester, PA 19335 484.913.3535 **bramer@primepay.com**	TPA	N/A

Information being submitted is:

[x] Original Information [ ] Updated

Contact Information: Kindly direct all correspondence related to this matter to

Don Meyer, Ph.D.
President
VALLEY FORGE CHRISTIAN COLLEGE
1401 Charlestown Road
Phoenixville, PA 19460
610.917.1402 (O)

Eligible Organization: Nonprofit entity – Christian college

VALLEY FORGE CHRISTIAN COLLEGE

By_____
Don Meyer, Ph.D.
President

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA OVERNIGHT MAIL& E-MAIL
RETURN RECEIPT REQUESTED

September 18, 2014

Karla Hellings
Senior Account Manager-Established Business SEPA
Aetna
980 Jolly Road U11E
Blue Bell, PA 19422
215-775-7815
HellingsKJ@aetna.com

Re: Valley Forge Christian College

Dear Ms. Hellings,

This is to inform you that the Department of Health and Human Services has received notice from Valley Forge Christian College that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Valley Forge Christian College has notified HHS of its religious objection to the coverage of the following contraceptive services that for its group health plan Valley Forge Christian College: drugs and devices which harm or terminate a fertilized human egg, including but not limited to

- Ulipristal (aka Ella)
- Levonorgestrel (aka Plan B, Plan B One-Step, Next Choice)
- Intrauterine Devices (of any type)
- Abortion services except to save the life of the mother

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

Ph: 800-233-7509
Fx: 717-964-2307

December 29, 2014

Honorable Sylvia Burwell
Secretary, Health & Human Services
The U.S. Department of Health and Human Services
c/o Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
Room 739H
200 Independence Avenue, SW
Washington, DC 20201

Notification of Objection

Dear Ms. Burwell:

DAS Companies, Inc. is a closely-held corporation organized in Pennsylvania. The sole shareholder of the corporation is a (b)(6) and adheres to the tenets of his faith. As a closely-held family corporation with deep religious convictions and based on the United States Supreme Court's decision in Burwell v. Hobby Lobby Stores, Inc., 134 S. Ct. 2751 (U.S. 2014), DAS objects to providing coverage of all contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815.

DAS will continue to provide comprehensive health care plans for its employees. Based on its religious objections to the mandate to provide contraceptives, however, no form of contraceptives will be offered in the health care plans provided for its employees. The DAS health plan is the DAS Companies, Inc. PPO. It is administered by a Third Party Administrator: Highmark Blue Shield, 1800 Center Street, Camp Hill PA 17089.

Should you have any questions regarding this letter, please feel free to contact the undersigned.

Sincerely,

(b)(6)

Chief Financial Officer & Assistant Secretary

Corporate Office
724 Limit Road
Palmyra, PA 17078
www.dasinc.com

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	CUMMINS-ALLISON CORP.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	JEFFREY G. KNOLL EXECUTIVE VICE PRESIDENT CORPORATE COUNSEL
Mailing and email addresses and phone number for the individual listed above	852 FEEHANVILLE DRIVE MT. PROSPECT, IL 60056 KNOLLJ@CUMMINSALLISON.COM 847-299-9550

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

9/2/2015

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

(1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	CUMMINS ILLINOIS, INC.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	ROBERT D. JORDAN SECRETARY
Mailing and email addresses and phone number for the individual listed above	852 FEEHANVILLE DR. MT. PROSPECT, IL 60056 JORDANRD@CUMMINSILLINOIS.COM 847-299-9550

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Robert D Jordan

Signature of the individual listed above

9-8-2015

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

(1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

St. Raphael

Health, Dental and Vision Insurance

3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912

Phone: (414) 769-3300
Fax: (414) 769-3408

November 23, 2015

To the Secretary of Health and Human Services:

Enclosed is a letter from an employer who has just become a participant in the St. Raphael Health Plan.

In accordance with Catholic teaching, this eligible non-profit organization has a sincerely-held religious objection to providing coverage of all contraceptive services. We have notified Third Party Administrators that this employer should be treated similarly to other employers in the St. Raphael Health Plan, per their notifications to you on April 2, 2015.

Thank you.

John J Marek

John J. Marek, on behalf of St. Raphael Health Plan
Archdiocese of Milwaukee – Sponsoring Employer,
Plan Administrator and Agent for Participating Employers

Date: 11/23/2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Seton Catholic Schools (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Seton Catholic Schools
Organization Name



Signature of authorized representative — 11/23/2015 — Date

DONALD DREES — PRESIDENT

Print name of authorized representative — Title

MOYERS MARTIN LLP
ATTORNEYS AND COUNSELORS AT LAW SINCE 1910

FROM THE DESK OF
TERRY M. KOLLMORGEN
TMK@MOYERSMARTIN.COM

December 23, 2014

SUBMITTED BY ELECTRONIC MAIL, CERTIFIED MAIL RETURN RECEIPT REQUESTED AND FEDERAL EXPRESS

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Room 739H
Washington, DC 20201

Re: Supplement to Written Notice Pursuant to Interim Final Rule of Objections and Refusal to include Abortifacients within in the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

The undersigned serves as General Counsel for Oral Roberts University ("ORU"). This letter constitutes ORU's supplement to its written notice ("Notice") dated November 18, 2014 of "opting out" of any obligation imposed by the Patient Protection and Affordable Care Act mandate, including any resulting rules or regulations ("Mandate"), to include Abortifacients, as identified in the Notice, within its group health plan ("Plan") on the grounds that such action substantially burdens ORU's sincerely held religious beliefs. This supplement to the Notice is in compliance with and in reliance on the August 27, 2014 Interim Final Rule entitled Coverage of Certain Preventive Services Under the Affordable Care Act ("Interim Final Rule"), including the description of the augmented accommodation set forth therein. 79 Fed. Reg. 51092.

The information required by the Interim Final Rule contained in the Notice is supplemented as follows:

1. Effective January 1, 2015, the Plan will be self-funded.

2. The Plan's third party administrator is:

CommunityCare
218 W. 6th Street
Tulsa, Oklahoma 74119

All other terms and conditions of the Notice remain in full force and effect.

Sincerely,

Terry M. Kollmorgen, General Counsel
Oral Roberts University

St. Raphael

Health, Dental and Vision Insurance

3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912
Phone: (414) 769-3300
Fax: (414) 769-3408

VIA CERTIFIED MAIL AND EMAIL
RETURN RECEIPT REQUESTED

May 22, 2015

James Mayhew
Director, Division of Regulations and Policy, Oversight Group
Department of Health and Human Services
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Washington, DC 20201
Room 739H

Dear Mr. Mayhew,

We write on behalf of the St. Raphael Health Plan in response to your letter dated May 19, 2015 ("CMS Letter") regarding the notifications you received from the employers participating in the St. Raphael Health Plan that have sincerely-held religious objections to providing coverage for all contraceptive services. We appreciate your review and consideration of these notifications.

Based on the list of employers provided in the CMS Letter, we write to clarify that the following entities are exempt religious organizations. Please note that the parishes and religious orders noted below are exempt religious employers for which notifications were previously sent to the Department of Health and Human Services:

1. All Saints;
2. Good Shepherd (Shepherd of the Hills);
3. Immaculate Conception;
4. Mary Queen of Heaven;
5. Order of St. Camillus;
6. Our Lady of Divine Providence;
7. Sisters of Charity of St. Joan Antida;
8. St. Matthew; and
9. St. Thomas Aquinas.

In addition, St. Vincent de Paul, which is number 155 on the list of entities in the CMS Letter, is not an exempt religious organization, but rather an employer with a sincerely-held religious objection to providing coverage for all contraceptive services.

As indicated in the CMS Letter, we confirm that all exempt religious employers choose to avail themselves of the accommodation, similar to the other notifying employers that have sincerely-held religious objections to covering all contraceptive services.

Accordingly, based on the timing of the upcoming plan year and the new plan design, we will send this letter, along with the CMS Letter, to the St. Raphael Health Plan's third-party administrators to notify them of the use of the accommodation by all of the notifying employers in the St. Raphael Health Plan. We ask the Centers for Medicare & Medicaid Services to work with the Department of Labor to notify the St. Raphael Health Plan's third-party administrators in accordance with the August 2014 final regulations as soon as possible since the new plan year begins on July 1, 2015.

Please let me know if you have any questions regarding this letter. We very much appreciate your time and efforts in this process.

Sincerely,



John J. Marek
on behalf of St. Raphael Health Plan;
Archdiocese of Milwaukee – Sponsoring Employer, Plan Administrator and
Agent for Participating Employers
414-769-3334
marekj@archmil.org

cc: David W. Eckhardt, Esq.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

October 14, 2015

UnitedHealthcare – Oxford
ebsa700certform@uhc.com

Re: Platinum Freedom Direct Plan, Carolyn's Place, Inc.

Dear UnitedHealthcare,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Carolyn's Place, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Carolyn's Place, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Platinum Freedom Direct: "all contraceptive benefits".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Acting Director
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

March 03, 2016

Mary Hentosz
UPMC Health Plan
600 Grant Street
Pittsburgh, Pa. 15219

Re: Earth Sun Moon Trading Health Plan, Earth Sun Moon Trading Company, Inc.

Dear Ms. Hentosz,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Earth Sun Moon Trading Company, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Earth Sun Moon Trading Company, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Earth Sun Moon Trading Health Plan: "all contraceptive benefits".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market-wide Regulation Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

October 14, 2014

Andrea Meehan
Sr. Account Executive
Sales
3031C Walton Road, Ste. 201
Plymouth Meeting, PA 19462
Andrea.Meehan@ibx.com

Re: PAISBOA Plan & Trust, Holy Ghost Preparatory School

Dear Ms. Meehan,

This is to inform you that the Department of Health and Human Services has received notice from Holy Ghost Preparatory School that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Holy Ghost Preparatory School has notified HHS of its religious objection to the coverage of all contraceptive services for its group health plan PAISBOA Plan & Trust.

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

October 17, 2014

Patricia Mayhall
United HealthCare
1110 Montlimar Drive
Suite 250
Mobile, AL 36609
Patricia_Mayhall@uhc.com

Re: Loyola University Core, Basic and Plus Plans (Policy Number 903297), Loyola University New Orleans

Dear Ms. Mayhall,

This is to inform you that the Department of Health and Human Services has received notice from Loyola University New Orleans that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Loyola University New Orleans has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plans Loyola University Core Plan (Policy Number 903297, Balanced - 40/1000/80% Plan 422 Modified), Loyola University Basic Plan (Policy Number 903297, Traditional with Deductible - 25/500/90% Plan 4Y4 Modified), and Loyola University Plus Plan (Policy Number 903297, Traditional with Deductible - 20/100% 3D1 Modified): all contraceptive benefits.

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

November 23, 2015

Lisa Williams
CIGNA HealthCare, Atlanta Select Sales Office
Two Securities Centre, Suite 200
3500 Piedmont RD N.E.
Atlanta, GA 30305

Re: Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan

Dear Ms. Williams,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Management, Analysis and Utilization, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Management, Analysis and Utilization, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan: "the provision of emergency contraception including, without limitation: Ella, Plan B, Plan B One Step, Next Choice, Next Choice One Dose, My Way, and Take Action".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Division of Market Regulation
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 73981

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

March 19, 2015

Julie Tannebaum
Major Account Executive
Blue Cross and Blue Shield of Illinois
1020 31st Street, Downers Grove, IL 60515
Email: julie_tannebaum@bcbsil.com

Re: Olivet Health Plan, Olivet Nazarene University

Dear Ms. Tannebaum,

This is to inform you that the Department of Health and Human Services has received notice from Olivet Nazarene University that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Olivet Nazarene University has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan Olivet Health Plan:

- "The Health Plan will not provide, pay for, and/or facilitate access to abortion-inducing products, and related counseling. This includes the use of Yaz, EllaOne, and the Copper-T IUD when prescribed with a diagnosis of pregnancy."
- "The Health Plan will require a prior authorization for the dispensing of Yaz, EllaOne, and the Copper-T IUD. Coverage of these products will not be allowed until a doctor confirms the use of the medications for non-abortifacient purposes."
- "Plan B will be non-covered."

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

August 11, 2015

Alan Shulman
Vice President and Actuary
Commercial Travelers Mutual Insurance Company
70 Genesee Street
Utica, NY 13502
E-mail: ashulman@commercialtravelers.com

Re: Student Health Insurance for Oral Roberts University

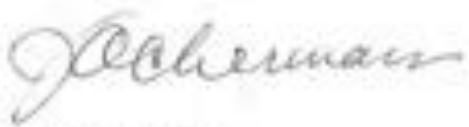
Dear Mr. Shulman,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Oral Roberts University that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its student health insurance coverage (Plan Policy Number 2015i5a97, Plain Form Number NBH-280(2014OK)). Oral Roberts University has notified HHS of its religious objection to the coverage of the following contraceptive services for its student health insurance plan: "EC Plan B One-step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus."

As the issuer of health insurance coverage for the eligible organization's student health insurance plan, your organization is responsible for complying with Public Health Service Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for student enrollees and their covered dependents without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the student health insurance plan, or student enrollees or their covered dependents. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

December 2, 2014

Attn: Marketing
CommunityCare HMO, Inc.
P.O. Box 3249
Tulsa, OK 74101-3249
employerconnection@ccok.com

Re: Oral Roberts University Group Benefits Plan

Dear CommunityCare HMO,

This is to inform you that the Department of Health and Human Services has received notice from Oral Roberts University that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Oral Roberts University has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan, Oral Roberts University Group Benefits Plan: "EC Plan B One-step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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RETURN RECEIPT REQUESTED

May 15, 2015

Becky Kinnaman
InHealth Mutual
Account Manager
501 West Schrock Road, Suite 310
Westerville OH 43081
bkinnaman@inhealthohio.org

Re: Healthcare Plan, Society of the Precious Blood

Dear Ms. Kinnaman,

This is to inform you that the Department of Health and Human Services has received notice from Society of the Precious Blood that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Society of the Precious Blood has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s): all contraceptive benefits.

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

June 2, 2015

Amy Klawitter
Director Account Management
UnitedHealthcare of WI, Employer & Individual
10701 W Research Drive
Milwaukee, WI 53226
E-mail: Amy_Klawitter@uhc.com

Re: St. Raphael Health Plan

Dear Ms. Klawitter,

This is to inform you that the Department of Health and Human Services has received notice from all employers participating in the St. Raphael Health Plan, a church plan, that they are either an exempt religious employer as defined in 45 CFR 147.131(a)[1] or an eligible organization as defined in 45 CFR 147.131(b) and that your organization is a third party administrator in a contractual relationship with the exempt or eligible organizations or their plan to provide administrative services to the plan.

The organizations participating in the St. Raphael Health Plan have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, St. Raphael Health Plan: all contraceptive benefits.

Church plans are exempt from ERISA pursuant to ERISA section 4(b)(2). As such, a third party administrator of a self-insured church plan cannot become the plan administrator by operation of 29 CFR 2510.3-16, although such a third party administrator may voluntarily provide or arrange separate payments for contraceptive services and seek reimbursement for associated expenses under the process set forth in 45 CFR 156.50. If your organization chooses to do so, you may:

(1) Provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries; or

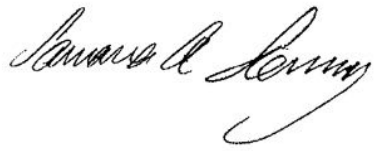
[1] The employers who are exempt have indicated to CMS that they wish to avail themselves of the accommodation.

(2) Arrange for an issuer or other entity to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries.

The costs of providing or arranging such payments may be reimbursed through an adjustment to the Federally-facilitated Exchange (FFE) user fee for a participating issuer pursuant to 45 CFR 156.50(d).

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Samara Lorenz
Director, Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

June 2, 2015

Michael Hoffmann
Director, Consumer Programs, CVS/Caremark
CVS Health
9501 E. Shea Blvd.
Scottsdale, AZ 85260
E-mail: Michael.Hoffmann@CVSCaremark.com

Re: St. Raphael Health Plan

Dear Mr. Hoffmann,

This is to inform you that the Department of Health and Human Services has received notice from all employers participating in the St. Raphael Health Plan, a church plan, that they are either an exempt religious employer as defined in 45 CFR 147.131(a)[1] or an eligible organization as defined in 45 CFR 147.131(b) and that your organization is a third party administrator in a contractual relationship with the exempt or eligible organizations or their plan to provide administrative services to the plan.

The organizations participating in the St. Raphael Health Plan have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, St. Raphael Health Plan: all contraceptive benefits.

Church plans are exempt from ERISA pursuant to ERISA section 4(b)(2). As such, a third party administrator of a self-insured church plan cannot become the plan administrator by operation of 29 CFR 2510.3-16, although such a third party administrator may voluntarily provide or arrange separate payments for contraceptive services and seek reimbursement for associated expenses under the process set forth in 45 CFR 156.50. If your organization chooses to do so, you may:

(1) Provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries; or

[1] The employers who are exempt have indicated to CMS that they wish to avail themselves of the accommodation.

(2) Arrange for an issuer or other entity to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries.

The costs of providing or arranging such payments may be reimbursed through an adjustment to the Federally-facilitated Exchange (FFE) user fee for a participating issuer pursuant to 45 CFR 156.50(d).

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Samara Lorenz
Director, Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA OVERNIGHT MAIL& E-MAIL
RETURN RECEIPT REQUESTED

September 18, 2014

Karla Hellings
Senior Account Manager-Established Business SEPA
Aetna
980 Jolly Road U11E
Blue Bell, PA 19422
215-775-7815
HellingsKJ@aetna.com

Re: Valley Forge Christian College

Dear Ms. Hellings,

This is to inform you that the Department of Health and Human Services has received notice from Valley Forge Christian College that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Valley Forge Christian College has notified HHS of its religious objection to the coverage of the following contraceptive services that for its group health plan Valley Forge Christian College: drugs and devices which harm or terminate a fertilized human egg, including but not limited to

- Ulipristal (aka Ella)
- Levonorgestrel (aka Plan B, Plan B One-Step, Next Choice)
- Intrauterine Devices (of any type)
- Abortion services except to save the life of the mother

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

October 2, 2015

Christina Salatrik,
Sales Manager
Blue Cross Blue Shield Michigan/Blue Care Network
600 E. Lafayette Blvd, Mail Code 519C
Detroit, MI 48226
E-mail: csalatrik@bcbsm.com

Re: W&P Management LLC Weingartz

Dear Ms. Salatrik,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Weingartz Supply Co., Inc. and W & P Management LLC that they are eligible organizations as defined in 45 CFR 147.131(b) and that your organization is the issuer of their group health insurance coverage. Weingartz Supply Co., Inc. and W & P Management LLC have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, W&P Management LLC Weingartz: all contraceptive benefits.

As the issuer of the eligible organizations' health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organizations, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organizations.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

April 21, 2015

David Wythe
Companion Life Insurance Company
7909 Parklane Road, Suite 200
Columbia, SC 29223
E-mail: david.wythe@companiongroup.com

Re: Wheaton College Student Health Insurance Plan (Policy #2014-S3-A27)

Dear Mr. Wythe,

This is to inform you that the Department of Health and Human Services has received notice from Wheaton College that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its student health insurance coverage. Wheaton College has notified HHS of its religious objection to the coverage of the following contraceptive services for its student health plan: "abortion-causing drugs, abortion procedures, and related services". It specifically identified Plan B, ella, and certain unspecified IUDs as drugs and devices to which it has religious objections. Wheaton College stated that it "has no religious objection to providing coverage for contraceptive drugs and devices that prevent conception (as opposed to interfering with the continued survival of a human embryo)".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

October 21, 2014

Michael Apolskis
Divisional Vice President
Regulatory Monitoring & Analysis
Health Care Service Corporation
300 E. Randolph Street, 28th Floor
Chicago, Illinois 60601
Email: Mike_Apolskis@bcbsil.com

Re: Wheaton College group health plans issued by Blue Cross Blue Shield of Illinois

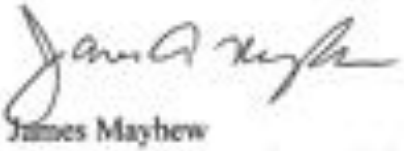
Dear Mr. Apolskis,

This is to inform you that the Department of Health and Human Services has received notice from Wheaton College that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Wheaton College has notified HHS of its religious objection to the coverage of the following contraceptive services for its two group health plans: abortion-causing drugs, abortion procedures, and related services. It specifically identifies Plan B, ella, and certain unspecified IUDs as drugs and devices to which it has religious objections. Note that it has no religious objection to providing coverage for contraceptive drugs and devices that prevent conception (as opposed to interfering with the continued survival of a human embryo).

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

VALLEY FORGE CHRISTIAN COLLEGE
Office of the President

September 10, 2014

Sylvia Mathews Burwell
Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H
Via email to marketreform@cms.hhs.gov

Re: Valley Forge Christian College Objection to Health Care Mandate

To the Secretary of Health and Human Services:

Valley Forge Christian College has a religious objection to providing coverage of a subset of contraceptive services required to be covered under PHS Action Section 2713, as adopted by the Affordable Care Act, and incorporated under ERISA section 715 and Code section 9815.
The services for which this organization objects are the following:
We are requesting relief, based on our sincerely held religious beliefs, from the regulations issued under the Patient Protection and Affordable Care Act (PPACA) that force employers to provide, directly or indirectly, insurance plans that include potentially life threatening drugs and devices, which harm or terminate a fertilized human egg (the "Mandate"); including but not limited to:

- Ulipristal (aka Ella)
- Levonorgestrel (aka Plan B, Plan B One-Step, Next Choice)
- Intrauterine Devices (of any type)
- Abortion services except to save the life of the mother

Service Provider Information

(a) Plan Name	(b) Service Provider Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan type if applicable
Valley Forge Christian College	Aetna	Karla Hellings Senior Account Manager-Established Business SEPA 980 Jolly Road U11E Blue Bell, PA 19422 215-775-7815 HellingsKJ@aetna.com	Issuer	N/A
Valley Forge Christian College	PrimePay	Brad Ramer Product Specialist/Channel Manager, HR & Benefit Services 1487 Dunwoody Drive, West Chester, PA 19335 484.913.3535 **bramer@primepay.com**	TPA	N/A

Information being submitted is:

[x] Original Information [ ] Updated

Contact Information: Kindly direct all correspondence related to this matter to

Don Meyer, Ph.D.
President
VALLEY FORGE CHRISTIAN COLLEGE
1401 Charlestown Road
Phoenixville, PA 19460
610.917.1402 (O)

Eligible Organization: Nonprofit entity – Christian college

VALLEY FORGE CHRISTIAN COLLEGE

By_____
Don Meyer, Ph.D.
President

MODEL NOTICE

Date: August 26, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [✓] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Plan B, Ella, Mirena, and Copper IUD's

(1) Name of eligible organization: Cummins-Allison Corp. and Cummins Illinois, Inc.
Contact information: MICHAEL CZERWINSKI, 847-759-3785
Eligible organization is a: [ ] Non-profit entity; OR [✓] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
CUMMINS-ALLISON CORP. WELFARE BENEFIT PLAN	ACES of IL	JULIE KANDEL 312-853-7016	[ ] Issuer or [✓] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):
[✓] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Michael R. Czerwinski 8-26-14
Signature of authorized representative of eligible organization Date

Director, Risk Management
Typed name of authorized representative of eligible organization

MICHAEL | JAMES
SALES TAX SOLUTIONS, LLC.

MODEL NOTICE

Date: May 22, 2015

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [] all or [x] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*
Any and all abortifacients

*Michael James Sales Tax Solutions also requires the Department of Health and Human Services exclude our service provider from making abortifacients available free of charge to employees on our plan. We request this due to religious beliefs and the US Supreme Court decision in BURWELL, SECRETARY OF HEALTH AND HUMAN SERVICES, ET AL. v. HOBBY LOBBY STORES, INC.

(1) Name of eligible organization: Michael James Sales Tax Solutions, LLC
Contact information: Michael Radvansky, 1100 Circle 75 Parkway, Suite 960 Atlanta, GA 30339 - 770-857-1010
Eligible organization is a: [ ] Non-profit entity; OR [x] Other eligible organization
a closely held for profit entity

(2) Service provider information

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan Type (if applicable)
Gold $35 $60 $2500 100% NP/PGA	Coventry Healthcare of GA	P.O. Box 7711 London, KY 40742	[X]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):

[x] Original information; OR [ ] Updated information. *If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:*
1/1/2015

Michael C. Radvansky 5-22-2015

Signature of authorized representative of eligible organization Date

Michael C. Radvansky

Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: October 3, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [X] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

All abortifacient coverages, such as, but not limited to, morning after and week after services

(1) Name of eligible organization: Management Analysis and Utilization, Inc.
Contact information: 501 Greene Street, Augusta, Georgia, 30901
Eligible organization is a: [ ] Non-profit entity; OR [X] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
MAU/Client A - PPO	BC/BS of South Carolina	1-800-922-1185	[x] Insurer AND [x] TPA	[ ] Church plan [ ] Student plan [x] N/A
MAU/Client B - PPO	BC/BS of South Carolina	1-800-922-1185	[x] Insurer AND [x] TPA	[ ] Church plan [ ] Student plan [x] N/A
MAU/Corporate – PPO	CIGNA	866-494-2111	[ ] Insurer or [x] TPA	[ ] Church plan [ ] Student plan [x] N/A
n/a	n/a	n/a	[ ] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____



10-3-14

Signature of authorized representative of eligible organization — Date

Adam Hatcher, General Counsel

Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: March 7, 2016

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [X] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: Luurtsema Sales
Contact information: Dean Luurtsema, 6672 Center Industrial Drive,Jenison, MI 49428 (616-669-9301)
Eligible organization is a: [ ] Non-profit entity; OR [X] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
HMO HSA 80-3	Priority Health	1231 E. Beltline NE Grand Rapids, MI 49525 616-942-0954	[X] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

Dean Luurtsema — March 7, 2016
Signature of authorized representative of eligible organization — Date

Dean Luurtsema
Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: February 11, 2016

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☑ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: Earth Sun Moon Trading Company, Inc.
Contact information: Nick Cirelli - Director of Human Resources 724-458-1687, ext 324
Eligible organization is a: ☐ Non-profit entity; OR ☑ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Earth Sun Moon Trading Health Plan	UPMC Health Plan	Mary Heniosz	☑ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
		600 Grant Street	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
		Pittsburgh, Pa. 15219	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
	heniosme@upmc.edu	412-454-5204	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):
☑ Original information; OR ☐ Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

Signature of authorized representative of eligible organization — Date: February 11, 2016

Nathan A. Depew
Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: March 23, 2016

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [x] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:* Abortion causing drugs, devices and sterilizations; patient education and counseling for all women with reproductive capacity.

(1) Name of eligible organization: Stephen W. Briscoe, Continuum Health Partnerships, Inc., Continuum Health Management, LLC, Mountain States Health Properties, LLC
Contact information: Steve Briscoe, P.O. Box 336250, Greeley, CO. 80633, steve.briscoe@continuumhealth.com
Eligible organization is a: [ ] Non-profit entity; OR [x] Other eligible organization

2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Continuum Health Management, LLC OAP Base Plan	CHLIC	Cigna Corporate Headquarters, 900 Cottage Grove Road, Bloomfield, CT 06002	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan
Continuum Health Management, LLC OAP Mid Plan	CHLIC	Cigna Corporate Headquarters, 900 Cottage Grove Road, Bloomfield, CT 06002	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan
Continuum Health Management, LLC OAP Choice Plan	CHLIC	Cigna Corporate Headquarters, 900 Cottage Grove Road, Bloomfield, CT 06002	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):
[x] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Stephen W. Briscoe, Continuum Health Partnerships, Inc., Continuum Health Management, LLC and Mountain States Health Properties, LLC (Continuum Health) are signing this Model Notice under protest. The Notice is signed under the threat of government imposed substantial fines, but the owner of Continuum Health and the company itself believe the federal government is not justified in requiring it. The form initiates Continuum Health's participation in the provision of abortion causing drugs, devices, sterilization and patient education and counseling for all women with reproductive capacity in a manner that violates the sincerely held religious beliefs of its owner and the company. Neither Continuum Health nor its owner intended to waive the right to challenge this requirement in court, should they choose to do so.



MARCH 23, 2016

Signature of authorized representative of eligible organization — Date

Stephen W. Briscoe

Typed name of authorized representative of eligible organization

EBSA FORM 700

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	TRINITY SCHOOLS, INC. D/B/A TRINITY SCHOOL AT RIVER RIDGE
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	KERRY J. KOLLER PRESIDENT
Mailing and email addresses and phone number for the individual listed above	107 SO. GREENLAWN AVE. SOUTH BEND, IN 46617 KJKOLLER@TRINITYSCHOOLS.ORG (574) 234-5088 EXT 113

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

DEC 11, 2014

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

(1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EBSA FORM 700

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	PEOPLE OF PRAISE MINNESOTA, INC.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	JOEL KIBLER PRESIDENT
Mailing and email addresses and phone number for the individual listed above	JOELKIBLER@GMAIL.COM 601 RIVER RIDGE PARKWAY EAGAN, MN 55121 (651) 789-2888

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Joel Kibler

Signature of the individual listed above

DEC 11, 2014

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

(1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

MODEL NOTICE

Date: 9/18/14

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Emergency Contraceptives and IUDs

(1) Name of eligible organization: Continuum

Contact information: Doug Graham, President

Eligible organization is a: [ ] Non-profit entity; OR [X] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Optimum Plus	HSA	[illegible]	[X] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan
Core	Catamount	www.Continuum.com	[X] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):

[X] Original information; OR [ ] Updated information

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

[signature] 9/18/14

Signature of authorized representative of eligible organization — Date

Doug Graham

Typed name of authorized representative of eligible organization

EBSA FORM 700– CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Continuant
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Doug Graham, President
Mailing and email addresses and phone number for the individual listed above	5656 20th St E Fife, WA 98424 doug@continuant.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a), 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

12/19/14
Date

EBSA FORM 700-- CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization:

CONTRACT PACKAGING, INC

Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization:

J KEITH KELLY, CEO

Mailing and email addresses and phone number for the individual listed above:

14481 LOCHRIDGE BLVD, COVINGTON, GA 30014
770-385-1187
keith@kellyreg.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

J Keith Kelly

Signature of the individual listed above

10/27/2014

Date

MODEL NOTICE

Date: **10/27/2014**

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [**X**] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Emergency contraception: (Plan B, Ella, and Next Choice

(1) Name of eligible organization: **CONTRACT PACKAGING, INC**
Contact information: **J KEITH KELLY**
14481 LOCHRIDGE BLVD, COVINGTON, GA 30014
770-385-1187
keith@kellyreg.com

Eligible organization is a: [ ] Non-profit entity; OR [**X**] Other eligible organization

(2) Service provider information:

(a) Plan Name **OPEN ACCESS POINT OF SERVICE (GA6599M004)**
(b) Service provider name: **Blue Cross and Blue Shield of Georgia**
(c) Service Provider Contact: Wayne M. Anderson | Account Manager - Large Group Sales
Blue Cross BlueShield of Georgia] 3350 Peachtree Road NE] Atlanta, GA 30326
✉ wayne.anderson@bcbsga.com ☎ Mobile: 404-676-6895 | ☎ Fax: 877-606-3808

(3) Information being submitted is (check one):
[**X**] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

J Keith Kelly
_____
Signature of authorized representative of eligible organization Date

J KEITH KELLY
Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: 12-22-15

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [X] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: ST JOSEPH'S ABBEY (AKA: CISTERCIAN ABBEY OF SPENCER)
Contact information: SEE BELOW
Eligible organization is a: [X] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
ST JOSEPHS ABBEY	TUFTS ASSOC HEALTH PLANS	800-208-9545	[X] Insurer or [ ] TPA	[X] Church plan [ ] Student plan
			[ ] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Fr. Vincent Rogers — 12-22-15
Signature of authorized representative of eligible organization — Date

FR. VINCENT ROGERS
Typed name of authorized representative of eligible organization

167 N. SPENCER RD
SPENCER MA 01562
508.885.8700 x550
Vincent@spencerabbey.org

PROVIDER: TUFTS ASSOCIATED HEALTH PLANS INC. (800.208.9545)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Anna Steinbauer
VP of Administration
Dakota Tube Inc.
E-mail: anna.steinbauer@dakotatube.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Ms. Steinbauer,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at: http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the

basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	CUMMINS-ALLISON CORP.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	JEFFREY G. KNOLL EXECUTIVE VICE PRESIDENT CORPORATE COUNSEL
Mailing and email addresses and phone number for the individual listed above	852 FEEHANVILLE DRIVE MT. PROSPECT, IL 60056 KNOLLJ@CUMMINSALLISON.COM 847-299-9550

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

9/2/2015

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

(1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	CUMMINS ILLINOIS, INC.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	ROBERT D. JORDAN SECRETARY
Mailing and email addresses and phone number for the individual listed above	852 FEEHANVILLE DR. MT. PROSPECT, IL 60056 JORDANRD@CUMMINSILLINOIS.COM 847-299-9550

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Robert D Jordan

Signature of the individual listed above

9-8-2015

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

(1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Michael C. Radvansky
Michael James Sales Tax Solutions, LLC
1100 Circle 75 Parkway, Suite 960
Atlanta, GA 30339
E-mail: metheredge@mjsalestax.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Radvansky,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at: http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following

information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

J Ackerman

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
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August 19, 2015

Adam Hatcher
General Counsel
Management Analysis and Utilization, Inc.
501 Greene Street
Augusta, Georgia 30901
E-mail: adam.hatcher@maa.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Hatcher,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
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August 19, 2015

Michael Muraski
President, Kent Manufacturing Company
2200 Oak Industrial Drive, NE
Grand Rapids, MI 49505
E-mail: mikem@kent-mfg.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Muraski,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at: http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following

information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

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200 Independence Avenue SW
Washington, DC 20201
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August 19, 2015

Stephen T. Best
J.E. Dunn Construction Group, Inc.
1001 Locust Street
Kansas City, MO 64106
E-mail: steve.best@jedunn.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Best,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at: http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following

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If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
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Washington, DC 20201
Room 739H

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Anna Steinbauer
VP of Administration
Dakota Tube Inc.
E-mail: anna.steinbauer@dakotatube.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Ms. Steinbauer,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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August 19, 2015

Michael A. Cybulski,
Director, Risk Management
Cummins-Allison Corp
852 Feehanville Drive
Mt. Prospect, IL 60056
E-mail: CybulskiM@cumminsallison.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Cybulski,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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August 19, 2015

J Keith Kelly
CEO, Contract Packaging, Inc.
14481 Lochridge Blvd.
Covington, GA 30014
E-mail:Keith@kellyreg.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Kelly,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

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August 19, 2015

Doug Graham,
President, Continuant Inc.
5050 20th St. E.
Fife, WA 98424
E-mail: dougg@continuant.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Graham,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at: http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following

information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Gregory Paul Conley
President
Carithers-Wallace-Courtenay, LLC
4343 Northeast Expressway
Atlanta, GA 30340
E-mail: paul.conley@c-w-c.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Conley,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Michael Worrell
Director, Human Resources
Bingaman and Son Lumber Inc.
PO Box 247
1195 Creek Mountain Rd
Kreamer, PA 17833
E-mail: mworrell@bingamanlumber.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Worrell,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

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Sincerely,

J Ackerman

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Anna Steinbauer
VP of Administration
Dakota Tube Inc.
E-mail: anna.steinbauer@dakotatube.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Ms. Steinbauer,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the

basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

Date: 2.22.16

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [X] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

_____.

(1) Name of eligible organization: Miller Contracting Services Inc.
Contact information: Sara Kathryn Miller 618.994.4616 miller@millercontracting.us
Eligible organization is a: [ ] Non-profit entity; OR [X] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
"Miller Contracting Services Inc.	"MedBen Benefits		[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
Employee Health Benefit Plan"	Administrators, Inc."	800.423.3151	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____.

Sara Kathryn Miller 2.22.16
Signature of authorized representative of eligible organization Date

Sara Kathryn Miller
Typed name of authorized representative of eligible organization

MOYERS MARTIN LLP
ATTORNEYS AND COUNSELORS AT LAW SINCE 1910

FROM THE DESK OF
TERRY M. KOLLMORGEN
TMK@MOYERSMARTIN.COM

November 18, 2014

SUBMITTED BY ELECTRONIC MAIL, CERTIFIED MAIL RETURN RECEIPT REQUESTED AND FEDERAL EXPRESS

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Room 7391I
Washington, DC 20201

Re: Written Notice Pursuant to Interim Final Rule of Objections and Refusal to include Abortifacients within in the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

The undersigned serves as General Counsel for Oral Roberts University ("ORU"). This letter constitutes ORU's written notice of "opting out" of any obligation imposed by the Patient Protection and Affordable Care Act mandate, including any resulting rules or regulations ("Mandate") to include Abortifacients, as identified below, within its group health plan ("Plan") on the grounds that such action substantially burdens ORU's sincerely held religious beliefs. This written notice is in compliance with and in reliance on the August 27, 2014 Interim Final Rule entitled Coverage of Certain Preventive Services Under the Affordable Care Act ("Interim Final Rule"), including the description of the augmented accommodation set forth therein. 79 Fed. Reg. 51092.

The information required by the Interim Final Rule is set forth below as well in the exhibits and enclosures with this letter:

1. The full name of the Eligible Organization is "Oral Roberts University."

2. The basis upon which ORU qualifies for the augmented accommodation to "opt out" of the Mandate under the Interim Final Rule is that ORU is organized and operates as a nonprofit entity – an Oklahoma not for profit corporation; ORU holds itself out as a religious institution; ORU opposes providing "contraceptive" coverages that include Abortifacients; and ORU self-certifies that it satisfies the first three criteria. *See* enclosed letter from ORU President Dr. William M. Wilson.

3. ORU's objections to including Abortifacients in its Plan based upon its sincerely held religious beliefs are set forth in the enclosed letter from Dr. Wilson.

4. The Abortifacients excluded from ORU's Plan are EC Plan B One-Step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus. ORU objects to and refuses to include these Abortifacients within its Plan.

5. Identification of the Plan name is set forth on the Form 5500 attached as Exhibit "A."

6. Identification of the Plan's health insurance issuer and contact information is set forth in the excerpt from the Plan document attached as Exhibit "B."

ORU exercises the "opt out" of the Mandate's coverage of Abortifacients in material reliance on the government's statements and representations regarding the implementation, effect, and operation of the Mandate and augmented accommodation. ORU reserves the right to challenge the Mandate, obtain and/or receive further protections including those arising from judicial or regulatory developments, and take any and all further action it deems necessary to protect its religious liberties and interests. By "opting out" of the Mandate, ORU does not in any way endorse the imposition of the Mandate, the inclusion of Abortifacients within the scope of the Mandate, or the failure of the government to provide a complete exemption for ORU from the Mandate. ORU has and shall continue to actively promote and undertake efforts to advance the causes of the sanctity of life and religious liberty.

Sincerely,

Terry M. Kollmorgen

Terry M. Kollmorgen, General Counsel
Oral Roberts University

Enclosures:
Letter from Dr. William M. Wilson
Exhibit "A" – Form 5500
Exhibit "B" – Excerpt from Plan

ORU | MAKE NO LITTLE PLANS HERE

November 18, 2014

SUBMITTED BY ELECTRONIC MAIL AND REGULAR MAIL

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight,
200 Independence Avenue SW
Room 739H
Washington, DC 20201

Re: Notice of Objection and Refusal to include Abortifacients within the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

This letter serves as further objection to and notice of refusal to include Abortifacients, as identified below, within the group health plan of Oral Roberts University (ORU) on the grounds that such action substantially burdens ORU's sincerely held religious beliefs.

ORU was established in 1962 as a private Christian university located in Tulsa, Oklahoma. ORU is an Oklahoma not for profit corporation and an Internal Revenue Code §501(c)(3) tax exempt entity. ORU was "founded in the fires of evangelism and upon the unchanging precepts of the Bible." *See* ORU's Founding Vision. ORU seeks to fulfill God's commission to its founder, Oral Roberts, to "[R]aise up your students to hear My voice, to go where My light is dim, where My voice is heard small, and My healing power is not known, even to the uttermost bounds of the earth." ORU's mission is "[T]o build Holy Spirit-empowered leaders through whole person education to impact the world with God's healing." *See* ORU's Mission Statement. ORU's fulfillment of its mission includes providing a "whole person education," which develops students in spirit, mind, and body, to prepare them to be

professionally competent leaders who are spiritually alive, physically disciplined, socially adept, and intellectually alert.

ORU draws its faculty, staff, and administration from those who hold its same religious beliefs by professing and demonstrating a strong commitment to the Lord Jesus Christ and the Bible as God's Word. An integral part of fulfilling ORU's mission is electing Trustees and hiring faculty, staff, and administrators that exemplify its lifestyle and Code of Honor. ORU employees and students sign the Honor Code Pledge, which is an expression of ORU's responsibility to God and "designed to bring unity among" its students, faculty, staff, and administration.

Among these deeply held shared religious beliefs are the Bible's clear teachings on the absolute sanctity of life. ORU believes, in accordance with Scripture, that life begins at conception. (Psalm 139:13-16, Luke 1:39-41, Jeremiah 1:5) and from that moment forward, life in the womb is sacred and worthy of the utmost protection and respect.

ORU abhors the destruction of innocent human life through abortion as unbiblical and contrary to God's will. ORU unreservedly believes that the procurement of, participation in, facilitation of, or payment for abortion, including the Abortifacients included within the Patient Protection and Affordable Care Act ("ACA") mandate, violates the Sixth Commandment and are inconsistent with the dignity conferred by God on creatures made in His image. Based on the Bible's religious and moral teachings, ORU opposes termination of the life of a preborn child by, among other means, abortion-inducing drugs and devices including those that after fertilization serve to prevent the newly formed embryo from implanting into the mother's uterus or dislodge the viable embryo after it was recently implanted. For ORU, abortions and the use of any Abortifacients are morally wrong and violate our sincerely held religious beliefs.

These sincerely held religious beliefs are not constrained to the black and white of a published statement but rather are lived out through the lives and activities of ORU's students, faculty, staff, Trustees and constituents. For example, ORU sponsors two student groups on campus focused on issues relating to abortion: Ambassadors for Life and Students for Life. Ambassadors for Life are guided by a mission to "go into every man's world with the Light and Life of Christ and to educate the student body about abortion, euthanasia, and infanticide, equipping this generation for life. *See* Ambassadors for Life Mission Statement. The mission of Students for Life is "to rais[e] the issues of life regarding born and unborn persons. [Their] goal is to further educate the ORU student body regarding community resources as alternatives to abortion as well as resources that respect the dignity of human life." *See* Students for Life Mission Statement. ORU's rich history, spanning over fifty years, is blessed by Trustees, Regents, Presidents, faculty, staff, students, and alumni who have actively engaged in communications, activities and organizations advancing these sanctity of life principles.

ORU understands that the Department of Health and Human Services adopted the recommendation from the Institute of Medicine panel to interpret the "preventive services" for women's health care provision of the ACA to require that private group health plans provide full coverage of women's contraceptives. Among the twenty contraceptives included in the guidelines are Abortifacients identified by ORU as EC Plan B One-Step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus. ORU objects to and refuses to include these Abortifacients within its group health plan.

In addition, ORU also objects to the provisions of the ACA that extend the religious exemption solely to traditional churches, while refusing to include similarly situated established religious institutions such as ORU. The cited rationale for exclusion of churches from the ACA mandate – that they are "more likely" to hire employees that share the same faith (78 Fed. Reg. 39869, 39874 (July 2, 2013) - applies with equal force and weight to ORU. ORU employees, as demonstrated by their commitment to the Code of Honor Pledge, share ORU's views on the absolute sanctity of human life and abhorrence of Abortifacients to initiate an unholy termination of human life.

The government's regulatory scheme of applying rigid standards to the definition of religious institutions fails to reflect an understanding of the religious and theological foundations of institutions such as ORU. As a Charismatic Spirit-Empowered educational institution, ORU does not fall within the government's pre-conceived notion of a "church, association of churches or integrated auxiliaries of churches" that are exempt from the ACA Mandate. Instead, operating as its controlling religious authority, ORU's Board of Trustees fulfills this governing role in determining and promulgating ORU's statements of faith and religious beliefs. These beliefs are not limited to a singular connection to one particular church or denomination, but rather have spawned a much broader expanse of relationships and ongoing associations with hundreds of churches of shared religious beliefs across the entire globe. ORU serves a core constituency of over 600 million renewalists or Spirit-Empowered Christian believers ranging from Charismatic Catholics to traditional Pentecostal groups. This global community of believers shares ORU's deeply held religious beliefs of rejecting abortion and honoring the sanctity of human life. Any governmental rule or regulation that refuses to extend a religious based exemption to ORU with its dynamic and expansive Christian impact is not only misguided but openly serves to discriminate against ORU on the basis of religion and denies our fundamental religious liberties.

In closing, I would ask you to reflect on the response of President Thomas Jefferson to a group of nuns writing him in 1804 to express concerns about the power of the federal government and their ability to retain both their property and their religious freedoms. President Jefferson responded that "the principles of the constitution and the government of the United States are a sure guarantee to you that [your property] will be preserved to you sacred and

inviolate, and that your institution will be permitted to govern itself according to its own voluntary rules, without interference from the civil authority." ORU appreciates your further evaluation of these issues and will remain in fervent prayer that our government will reconsider its promotion of Abortifacients in group health plans and will, at an absolute minimum, provide a complete religious exemption to ORU and similarly situated religious institutions and entities.

Sincerely,

Dr. William M. Wilson, President
Oral Roberts University

Page 96 redacted for the following reason:
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(b)(4)

any delegate. Any delegate shall report periodically to the Employer or Plan Administrator, as applicable, concerning the discharge of the allocated or delegated responsibilities. As authorized by ERISA, to prevent any two parties from being deemed co-fiduciaries with respect to a particular function, the Plan is intended and shall be construed to allocate to each party only those specific powers, duties, responsibilities and obligations as are specifically granted to such party under or pursuant to the Plan.

Plan Information

Employer and Plan Sponsor:

Oral Roberts University
7777 S. Lewis Ave.
Tulsa, OK 74171
(918) 495-7874

Other Participating Employer:

University Broadcasting, Inc.
7777 S. Lewis Ave.
Tulsa, OK 74171

Plan Name: Oral Roberts University Group Benefits Plan ("Plan")

Plan Sponsor's Employer Identification Number: 73-0739626

ERISA Plan Number: 501

Agent for Legal Process:

Terry M. Kollmorgen
Moyers, Martin, Santee, & Imel, LLP.
401 S. Boston Suite 1100
Tulsa, OK 74103
(918) 582-5281

Type of Plan: A welfare benefit plan.

Plan Payments: Plan benefits are paid from general assets of the Participating Employers with respect to self-insured benefits and insurance company payments with respect to insured benefits by the following insurers and claims administrators as indicated below (or any successor entity as communicated by the Employer from time to time) for the respective benefits programs.

Medical Insurance Program

This benefits program is insured by the Insurer named below pursuant to the terms of the insurance contract/policy identified below.

CommunityCare HMO, Inc.
P.O. Box 3249
Tulsa, OK 74101-3249

EXHIBIT B

Page 98 redacted for the following reason:
- -
(b)(5)

Page 99 redacted for the following reason:
- -
(b)(5)

10/26/2015

Via U.S. Mail and Electronic Mail
United States Department of Health and Human Services
Attn: Sylvia Burwell, Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201
Room 739H
marketreform@cms.hhs.gov

ELECTROLOCK
17930 GREAT LAKES PARKWAY
HIRAM, OH 44234 U.S.A.
www.electrolock.com
TEL: 440.834.7500
FAX: 440.834.7525

Re: Religious Objection to all contraceptive services pursuant to 26 CFR 54.2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131

Dear Secretary Burwell,

This letter serves as our formal religious objection to providing all contraceptive services in our employee health plan. This objection covers the following organizations: Electrolock, Inc., Dunstone Co., Inc. and Stone River Mgmt. Co. LLC. All three organizations provide employee health insurance benefits to their eligible employees through Electrolock, Inc. Employee Health & Welfare Benefit Plan. All three organizations are eligible, for-profit companies that are closely held, as described by 26 CRF 54, 29 CRF 2510, 2590, 45 CFR 147, and 80 Fed. Reg. 41317 (July 14, 2014). The contact information for the eligible organizations is as follows:

Name of eligible organization 1: Electrolock, Inc

Contact information: 17930 Great Lakes Pkwy., Hiram OH 44234 Phone: (440) 834-7500, Email: joe3@electrolock.com

Name of eligible organization 2: Dunstone Co, Inc

Contact information: 17930 Great Lakes Pkwy., Hiram OH 44234 Phone: (440) 834-7500, Email: joe3@electrolock.com

Name of eligible organization 3: Stone River Mgmt. Co. LLC

Contact information: 17930 Great Lakes Pkwy., Hiram OH 44234 Phone: (440) 834-7500, Email: joe3@electrolock.com

HIGH PERFORMANCE - ELECTRICAL/THERMAL INSULATION - MATERIAL SPECIALISTS

The Eligible Organization is a: Other eligible organization.

(2) Below please find the information you require pertaining to the eligible organizations' plan.

Service Provider Information:

(a) Plan Name	(b) Service Provider's Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan Type (if applicable)
Electrolock, Inc. Employee Health & Welfare Benefit Plan	Business Administrators & Consultants, Inc.	Richard Sheldon 614-863-8780 rsheldon@bactpa.com	Third Party Administrator "TPA"	

The information submitted is original information, required by you for the first time in response to 80 Fed. Reg. 41317 (July 14, 2015) that goes/went into effect on September 14, 2015. If you require additional information or if you find this notice to be unsatisfactory for any reason, please contact my legal counsel as soon as possible at the Thomas More Law Center, Attn: Erin Mersino, 24 Frank Lloyd Wright Drive, Suite 393, Ann Arbor, Michigan, 48106, Telephone: 734-827-2001. I have also attached the permanent injunction obtained by the eligible organization(s) for your reference as Exhibit 1.

Sincerely,

Joseph A. Williams, III
CEO Electrolock, Inc.
Member Stone River Mgmt. Co. LLC
Vice President Dunstone Co. Inc.

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JOSEPH A. WILLIAMS, III, et al., Plaintiffs, v. SYLVIA M. BURWELL, et al., Defendants.	Case No. 1:13-cv-01699 (CRC)

ORDER

In light of the Supreme Court's decision in *Burwell v. Hobby Lobby Stores, Inc.*, 134 S. Ct. 2751 (2014), and upon the parties' Joint Motion for Entry of Injunction and Judgment [ECF No. 10], it is hereby

ORDERED that defendants, their employees, agents, and successors in office are permanently enjoined

(a) from enforcing

(1) the "June 30, 2014 Contraceptive Coverage Requirement," defined here to include those provisions of federal law in existence on June 30, 2014, when the Supreme Court decided *Hobby Lobby*, that require plaintiffs Electrolock Inc., Stone River Management Co., and Dunstone Co. to provide their employees with health coverage for contraceptive methods, sterilization procedures, and related patient education and counseling to which plaintiffs object on religious grounds, *e.g.*, 26 C.F.R. § 54.9815-2713(a)(1)(iv); 29 C.F.R. § 2590.715-2713(a)(1)(iv); 45 C.F.R. § 147.130(a)(1)(iv); and

(2) any penalties, fines, or assessments for noncompliance with the June 30, 2014 Contraceptive Coverage Requirement, including those found in 26 U.S.C. § 4980D and 29 U.S.C. §§ 1132 and 1185d; and

(b) from taking any other actions based on noncompliance with the June 30, 2014 Contraceptive Coverage Requirement

against plaintiffs Electrolock Inc., Stone River Management Co., and Dunstone Co., their employee health plan(s), the group health coverage provided in connection with such plan(s), and/or these plaintiffs' health insurance issuers and/or third-party administrators with respect to these plaintiffs' health plan(s); and it is further

ORDERED that judgment is entered in favor of plaintiffs and against defendants on plaintiffs' claim under the Religious Freedom Restoration Act, 42 U.S.C. §§ 2000bb *et seq.*; and it is further

ORDERED that all other claims against Defendants are DISMISSED; and it is further

ORDERED that pursuant to Local Civ. R. 54.2, the Parties will meet and confer to reach agreement on attorneys' fees and costs. The Parties will file a joint status report, including a recommendation for further proceedings, by no later than January 7, 2014. If there is no resolution of the attorneys' fees and costs matter, Plaintiffs may file a motion for attorneys' fees and costs within thirty days of January 7, 2014, pursuant to Fed.R.Civ.P. 54; and it is further

ORDERED that this Injunction and Judgment does not apply with respect to any changes in statute or regulation that are enacted or promulgated after this date, and nothing herein prevents plaintiffs from filing a new civil action to challenge any such future changes.

SO ORDERED.

CHRISTOPHER R. COOPER
United States District Judge

Date: November 5, 2014

This letter is submitted under protest, as we don't believe we need an "accommodation" in order to operate freely under the provisions of the First Amendment to the Constitution and/or the Religious Freedom Restoration Act.

Date: September 23, 2015

To: Secretary of Health and Human Services
c/o Centers for Medicare and Medicaid Services
Center for Consumer Information and Insurance Oversight
Room 739H
200 Independence Ave. SW
Washington, DC 20201

The following eligible organization has a religious objection to providing coverage of a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. Namely,

We have a religious objection to and will not provide post-conceptive medications and devices, namely emergency contraceptives such as the "morning-after pill," the "week-after pill," and intrauterine devices.

(1) Name of eligible organization: Tyndale House Publishers, Inc.
Contact information: Mark D. Taylor, President
351 Executive Drive
Carol Stream, IL 60188
Phone: 630-668-8300
email: mt@tyndale.com

Eligible organization is a: [ ] Non-profit entity; OR [X] Other eligible organization

Tyndale House Publishers, Inc. is a closely-held for-profit corporation whose owners have a religious objection to the provision of abortifacient contraceptives through our health plan.

(2) Service Provider Information:
(a) Plan Name: Tyndale House Publishers, Inc. Health Plan
(b) Service Provider Name: Professional Benefit Administrators
(c) Contact Information: 900 Jorie Blvd #250, Oak Brook, IL 60523
800-435-5694
(d) Service Provider Category: [ ] Issuer or [X] TPA
(e) Plan Type: N/A

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.

Mark D. Taylor 9/23/2015
Signature of authorized representative of eligible organization Date

Mark D. Taylor
Typed name of authorized representative of eligible organization

CONESTOGA™
WOOD SPECIALTIES

November 23, 2015

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Room 739H
Washington, DC 20201

Re: Religious Objection to Providing Certain forms of Contraception

To the Secretary of Health and Human Services:

As you are well aware, Conestoga Wood Specialties, Corp., Conestoga Wood Transportation, Inc., and its owners, the Hahn family, have long objected to providing certain forms of contraception as part of their employer sponsored healthcare plan. *See Burwell v. Hobby Lobby Stores, Inc.*, 134 S.Ct. 2751 (2014) (which consolidated our appeal with that of Hobby Lobby and provided us injunctive relief from the relevant mandate). As our history in this subject demonstrates, we are an eligible, closely-held, for-profit corporation with a sincerely held religious belief. As such, we do not provide any of the hormonal drugs or IUDs but do provide barrier contraception and sterilization.

I can be reached at the address and phone number listed on this letterhead. Additionally, you can reach our Third Party Administrator for Conestoga Wood Specialties Employee Benefit Plan through Highmark Blue Shield, Attention: Jason Campbell, Lead Client Manager, 1800 Center Street 1A L4, Camp Hill, PA 17089-0089 (717) 302-2461.

Sincerely,

Anthony Hahn
President and Chief Executive Officer

AH/mms

Page 107 redacted for the following reason:
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 NOV 19 2015

MAU WORKFORCE SOLUTIONS
consider it done

November 10, 2015

Sylvia Mathews Burwell
Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
ATTN: Notice of Religious Objection to Contraceptive Services
200 Independence Avenue, SW Room 739H
Washington, DC 20201

RE: Notice of Religious Objection to Contraceptive Services

Dear Ms. Burwell,

The following eligible organization has a religious objection to providing coverage of [ ] all or [x] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815.

If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage.

The eligible organization objects to the provision of emergency contraception including, without limitation: Ella, Plan B, Plan B One Step, Next Choice, Next Choice One Dose, My Way, and Take Action.

1. Name of eligible organization: Management, Analysis & Utilization, Inc.
Contact information: 501 Greene Street, Augusta, GA 30901, 706-823-2349
Eligible organization is a: [ ] Non-profit entity; OR [x] Other eligible organization

2. Service provider information:

(a) Plan Name	(b) Service Provider Name	(c) Service Provider Contact information	(d) Service Provider Category	(e) Plan type
Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan	Cigna	Lisa Williams CIGNA HealthCare, Atlanta Select Sales Office Two Securities Centre, Suite 200 3500 Piedmont RD N.E. Atlanta, GA 30305 (860) 902 -4577	[x]Issuer or [ ]TPA	N/A (employer group health plan)
	Blue Cross Blue Shield of South Carolina	Jim Shew 1000 Executive Center Drive Greenville, SC 29615 (864) 567-6214	[x]Issuer or [ ]TPA	N/A (employer group health plan)
	Essential Staff Care	P.J. Green 250 Commonwealth Drive, Suite 107 Greenville, SC 29615 (864) 527-7939	[ ]Issuer or [x]TPA	N/A (employer group health plan)

3. Information being submitted is (check one):
[x] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____.

Adam H. Hatcher November 10 2015
Signature of authorized representative of eligible organization Date

Adam Hatcher
Typed name of authorized representative of eligible organization

cc: Jim Shew, P.J. Green, Lisa Williams

MODEL NOTICE

Date: August 21, 2015

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [X] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Plan B, Ella, Mirena, and copper IUD's

(1) Name of eligible organization: Cummins-Allison Corp. and Cummins Illinois Inc.
Contact information: Michael Cybulski; 847-759-3185
Eligible organization is a: [ ] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Cummins-Allison Corp. Group Health Plan	Aetna	312-453-2656	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed. _____

Signature of authorized representative of eligible organization — Date: 8-21-15

MICHAEL A. CYBULSKI
Typed name of authorized representative of eligible organization

Page 112 redacted for the following reason:
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MOYERS MARTIN LLP
ATTORNEYS AND COUNSELORS AT LAW SINCE 1910

FROM THE DESK OF
TERRY M. KOLLMORGEN
TMK@MOYERSMARTIN.COM

November 18, 2014

SUBMITTED BY ELECTRONIC MAIL, CERTIFIED MAIL RETURN RECEIPT REQUESTED AND FEDERAL EXPRESS

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Room 7391I
Washington, DC 20201

Re: Written Notice Pursuant to Interim Final Rule of Objections and Refusal to include Abortifacients within in the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

The undersigned serves as General Counsel for Oral Roberts University ("ORU"). This letter constitutes ORU's written notice of "opting out" of any obligation imposed by the Patient Protection and Affordable Care Act mandate, including any resulting rules or regulations ("Mandate") to include Abortifacients, as identified below, within its group health plan ("Plan") on the grounds that such action substantially burdens ORU's sincerely held religious beliefs. This written notice is in compliance with and in reliance on the August 27, 2014 Interim Final Rule entitled Coverage of Certain Preventive Services Under the Affordable Care Act ("Interim Final Rule"), including the description of the augmented accommodation set forth therein. 79 Fed. Reg. 51092.

The information required by the Interim Final Rule is set forth below as well in the exhibits and enclosures with this letter:

1. The full name of the Eligible Organization is "Oral Roberts University."

2. The basis upon which ORU qualifies for the augmented accommodation to "opt out" of the Mandate under the Interim Final Rule is that ORU is organized and operates as a nonprofit entity – an Oklahoma not for profit corporation; ORU holds itself out as a religious institution; ORU opposes providing "contraceptive" coverages that include Abortifacients; and ORU self-certifies that it satisfies the first three criteria. *See* enclosed letter from ORU President Dr. William M. Wilson.

3. ORU's objections to including Abortifacients in its Plan based upon its sincerely held religious beliefs are set forth in the enclosed letter from Dr. Wilson.

4. The Abortifacients excluded from ORU's Plan are EC Plan B One-Step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus. ORU objects to and refuses to include these Abortifacients within its Plan.

5. Identification of the Plan name is set forth on the Form 5500 attached as Exhibit "A."

6. Identification of the Plan's health insurance issuer and contact information is set forth in the excerpt from the Plan document attached as Exhibit "B."

ORU exercises the "opt out" of the Mandate's coverage of Abortifacients in material reliance on the government's statements and representations regarding the implementation, effect, and operation of the Mandate and augmented accommodation. ORU reserves the right to challenge the Mandate, obtain and/or receive further protections including those arising from judicial or regulatory developments, and take any and all further action it deems necessary to protect its religious liberties and interests. By "opting out" of the Mandate, ORU does not in any way endorse the imposition of the Mandate, the inclusion of Abortifacients within the scope of the Mandate, or the failure of the government to provide a complete exemption for ORU from the Mandate. ORU has and shall continue to actively promote and undertake efforts to advance the causes of the sanctity of life and religious liberty.

Sincerely,

Terry M. Kollmorgen

Terry M. Kollmorgen, General Counsel
Oral Roberts University

Enclosures:
Letter from Dr. William M. Wilson
Exhibit "A" – Form 5500
Exhibit "B" – Excerpt from Plan

ORU | MAKE NO LITTLE PLANS HERE

November 18, 2014

SUBMITTED BY ELECTRONIC MAIL AND REGULAR MAIL

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight,
200 Independence Avenue SW
Room 739H
Washington, DC 20201

Re: Notice of Objection and Refusal to include Abortifacients within the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

This letter serves as further objection to and notice of refusal to include Abortifacients, as identified below, within the group health plan of Oral Roberts University (ORU) on the grounds that such action substantially burdens ORU's sincerely held religious beliefs.

ORU was established in 1962 as a private Christian university located in Tulsa, Oklahoma. ORU is an Oklahoma not for profit corporation and an Internal Revenue Code §501(c)(3) tax exempt entity. ORU was "founded in the fires of evangelism and upon the unchanging precepts of the Bible." *See* ORU's Founding Vision. ORU seeks to fulfill God's commission to its founder, Oral Roberts, to "[R]aise up your students to hear My voice, to go where My light is dim, where My voice is heard small, and My healing power is not known, even to the uttermost bounds of the earth." ORU's mission is "[T]o build Holy Spirit-empowered leaders through whole person education to impact the world with God's healing." *See* ORU's Mission Statement. ORU's fulfillment of its mission includes providing a "whole person education," which develops students in spirit, mind, and body, to prepare them to be

professionally competent leaders who are spiritually alive, physically disciplined, socially adept, and intellectually alert.

ORU draws its faculty, staff, and administration from those who hold its same religious beliefs by professing and demonstrating a strong commitment to the Lord Jesus Christ and the Bible as God's Word. An integral part of fulfilling ORU's mission is electing Trustees and hiring faculty, staff, and administrators that exemplify its lifestyle and Code of Honor. ORU employees and students sign the Honor Code Pledge, which is an expression of ORU's responsibility to God and "designed to bring unity among" its students, faculty, staff, and administration.

Among these deeply held shared religious beliefs are the Bible's clear teachings on the absolute sanctity of life. ORU believes, in accordance with Scripture, that life begins at conception. (Psalm 139:13-16, Luke 1:39-41, Jeremiah 1:5) and from that moment forward, life in the womb is sacred and worthy of the utmost protection and respect.

ORU abhors the destruction of innocent human life through abortion as unbiblical and contrary to God's will. ORU unreservedly believes that the procurement of, participation in, facilitation of, or payment for abortion, including the Abortifacients included within the Patient Protection and Affordable Care Act ("ACA") mandate, violates the Sixth Commandment and are inconsistent with the dignity conferred by God on creatures made in His image. Based on the Bible's religious and moral teachings, ORU opposes termination of the life of a preborn child by, among other means, abortion-inducing drugs and devices including those that after fertilization serve to prevent the newly formed embryo from implanting into the mother's uterus or dislodge the viable embryo after it was recently implanted. For ORU, abortions and the use of any Abortifacients are morally wrong and violate our sincerely held religious beliefs.

These sincerely held religious beliefs are not constrained to the black and white of a published statement but rather are lived out through the lives and activities of ORU's students, faculty, staff, Trustees and constituents. For example, ORU sponsors two student groups on campus focused on issues relating to abortion: Ambassadors for Life and Students for Life. Ambassadors for Life are guided by a mission to "go into every man's world with the Light and Life of Christ and to educate the student body about abortion, euthanasia, and infanticide, equipping this generation for life. *See* Ambassadors for Life Mission Statement. The mission of Students for Life is "to rais[e] the issues of life regarding born and unborn persons. [Their] goal is to further educate the ORU student body regarding community resources as alternatives to abortion as well as resources that respect the dignity of human life." *See* Students for Life Mission Statement. ORU's rich history, spanning over fifty years, is blessed by Trustees, Regents, Presidents, faculty, staff, students, and alumni who have actively engaged in communications, activities and organizations advancing these sanctity of life principles.

ORU understands that the Department of Health and Human Services adopted the recommendation from the Institute of Medicine panel to interpret the "preventive services" for women's health care provision of the ACA to require that private group health plans provide full coverage of women's contraceptives. Among the twenty contraceptives included in the guidelines are Abortifacients identified by ORU as EC Plan B One-Step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus. ORU objects to and refuses to include these Abortifacients within its group health plan.

In addition, ORU also objects to the provisions of the ACA that extend the religious exemption solely to traditional churches, while refusing to include similarly situated established religious institutions such as ORU. The cited rationale for exclusion of churches from the ACA mandate – that they are "more likely" to hire employees that share the same faith (78 Fed. Reg. 39869, 39874 (July 2, 2013) - applies with equal force and weight to ORU. ORU employees, as demonstrated by their commitment to the Code of Honor Pledge, share ORU's views on the absolute sanctity of human life and abhorrence of Abortifacients to initiate an unholy termination of human life.

The government's regulatory scheme of applying rigid standards to the definition of religious institutions fails to reflect an understanding of the religious and theological foundations of institutions such as ORU. As a Charismatic Spirit-Empowered educational institution, ORU does not fall within the government's pre-conceived notion of a "church, association of churches or integrated auxiliaries of churches" that are exempt from the ACA Mandate. Instead, operating as its controlling religious authority, ORU's Board of Trustees fulfills this governing role in determining and promulgating ORU's statements of faith and religious beliefs. These beliefs are not limited to a singular connection to one particular church or denomination, but rather have spawned a much broader expanse of relationships and ongoing associations with hundreds of churches of shared religious beliefs across the entire globe. ORU serves a core constituency of over 600 million renewalists or Spirit-Empowered Christian believers ranging from Charismatic Catholics to traditional Pentecostal groups. This global community of believers shares ORU's deeply held religious beliefs of rejecting abortion and honoring the sanctity of human life. Any governmental rule or regulation that refuses to extend a religious based exemption to ORU with its dynamic and expansive Christian impact is not only misguided but openly serves to discriminate against ORU on the basis of religion and denies our fundamental religious liberties.

In closing, I would ask you to reflect on the response of President Thomas Jefferson to a group of nuns writing him in 1804 to express concerns about the power of the federal government and their ability to retain both their property and their religious freedoms. President Jefferson responded that "the principles of the constitution and the government of the United States are a sure guarantee to you that [your property] will be preserved to you sacred and

inviolate, and that your institution will be permitted to govern itself according to its own voluntary rules, without interference from the civil authority." ORU appreciates your further evaluation of these issues and will remain in fervent prayer that our government will reconsider its promotion of Abortifacients in group health plans and will, at an absolute minimum, provide a complete religious exemption to ORU and similarly situated religious institutions and entities.

Sincerely,

Dr. William M. Wilson, President
Oral Roberts University

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any delegate. Any delegate shall report periodically to the Employer or Plan Administrator, as applicable, concerning the discharge of the allocated or delegated responsibilities. As authorized by ERISA, to prevent any two parties from being deemed co-fiduciaries with respect to a particular function, the Plan is intended and shall be construed to allocate to each party only those specific powers, duties, responsibilities and obligations as are specifically granted to such party under or pursuant to the Plan.

Plan Information

Employer and Plan Sponsor:

Oral Roberts University
7777 S. Lewis Ave.
Tulsa, OK 74171
(918) 495-7874

Other Participating Employer:

University Broadcasting, Inc.
7777 S. Lewis Ave.
Tulsa, OK 74171

Plan Name: Oral Roberts University Group Benefits Plan ("Plan")

Plan Sponsor's Employer Identification Number: 73-0739626

ERISA Plan Number: 501

Agent for Legal Process:

Terry M. Kollmorgen
Moyers, Martin, Santee, & Imel, LLP.
401 S. Boston Suite 1100
Tulsa, OK 74103
(918) 582-5281

Type of Plan: A welfare benefit plan.

Plan Payments: Plan benefits are paid from general assets of the Participating Employers with respect to self-insured benefits and insurance company payments with respect to insured benefits by the following insurers and claims administrators as indicated below (or any successor entity as communicated by the Employer from time to time) for the respective benefits programs.

Medical Insurance Program

This benefits program is insured by the Insurer named below pursuant to the terms of the insurance contract/policy identified below.

CommunityCare HMO, Inc.
P.O. Box 3249
Tulsa, OK 74101-3249

EXHIBIT B

MOYERS MARTIN LLP
ATTORNEYS AND COUNSELORS AT LAW SINCE 1910

FROM THE DESK OF
TERRY M. KOLLMORGEN
TMK@MOYERSMARTIN.COM

December 23, 2014

SUBMITTED BY ELECTRONIC MAIL, CERTIFIED MAIL RETURN RECEIPT REQUESTED AND FEDERAL EXPRESS

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Room 739H
Washington, DC 20201

Re: Supplement to Written Notice Pursuant to Interim Final Rule of Objections and Refusal to include Abortifacients within in the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

The undersigned serves as General Counsel for Oral Roberts University ("ORU"). This letter constitutes ORU's supplement to its written notice ("Notice") dated November 18, 2014 of "opting out" of any obligation imposed by the Patient Protection and Affordable Care Act mandate, including any resulting rules or regulations ("Mandate"), to include Abortifacients, as identified in the Notice, within its group health plan ("Plan") on the grounds that such action substantially burdens ORU's sincerely held religious beliefs. This supplement to the Notice is in compliance with and in reliance on the August 27, 2014 Interim Final Rule entitled Coverage of Certain Preventive Services Under the Affordable Care Act ("Interim Final Rule"), including the description of the augmented accommodation set forth therein. 79 Fed. Reg. 51092.

The information required by the Interim Final Rule contained in the Notice is supplemented as follows:

1. Effective January 1, 2015, the Plan will be self-funded.

2. The Plan's third party administrator is:

CommunityCare
218 W. 6th Street
Tulsa, Oklahoma 74119

All other terms and conditions of the Notice remain in full force and effect.

Sincerely,

Terry M. Kollmorgen, General Counsel
Oral Roberts University

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

December 2, 2014

Attn: Marketing
CommunityCare HMO, Inc.
P.O. Box 3249
Tulsa, OK 74101-3249
employerconnection@ccok.com

Re: Oral Roberts University Group Benefits Plan

Dear CommunityCare HMO,

This is to inform you that the Department of Health and Human Services has received notice from Oral Roberts University that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Oral Roberts University has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan, Oral Roberts University Group Benefits Plan: "EC Plan B One-step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

BELHAVEN
UNIVERSITY
Our Standard is Christ

September 23, 2014

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201Room 739H

To the Secretary of Health and Human Services:

Attached is our model notice of our religious objection to providing coverage of all contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815.

I am typing the name of Virginia C. Henderson, who is the authorized representative who has signed the model notice.

Mike Myrick
Director of Human Resources and Payroll
Belhaven University

MODEL NOTICE

Date: 9/23/2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [X] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: BELHAVEN UNIVERSITY
Contact information: 1500 PEACHTREE ST. CAMPUS BOX 172 JACKSON, MS 39202 601-968-8993
MAYRICK@BELHAVEN.EDU
Eligible organization is a: [X] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
BELHAVEN UNIVERSITY PLAN A	BLUE CROSS BLUE SHIELD MISSISSIPPI		[ ] Insurer or [X] TPA	[ ] Church plan [ ] Student plan
BELHAVEN UNIVERSITY PLAN B	BLUE CROSS BLUE SHIELD MISSISSIPPI		[ ] Insurer or [X] TPA	[ ] Church plan [ ] Student plan
BELHAVEN UNIVERSITY PLAN C	BLUE CROSS BLUE SHIELD MISSISSIPPI		[ ] Insurer or [X] TPA	[ ] Church plan [ ] Student plan
	PO BOX 1043 JACKSON, MS 39205-1043		[ ] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

Virginia C. Henderson 9/23/2014
Signature of authorized representative of eligible organization Date

Virginia C. Henderson
Typed name of authorized representative of eligible organization

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Community Healthcare System®

Community Foundation
of Northwest Indiana, Inc.

Community Hospital
St. Catherine Hospital
St. Mary Medical Center

December 31, 2015

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201
Room 739H

To the Secretary of health and Human Services:

The following eligible organizations have a religious objection to providing coverage of all contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. This is original information being submitted on behalf of these entities.

St. Mary Medical Center Non-profit entity
St. Catherine Hospital Non-profit entity

The identified self-funded health and prescription plan(s) under religious objection is a high deductible plan (Plan F) for the above entities. Service provider for Plan F is a third party administrator:

Prairie States Enterprises
P.O. Box 23
Sheboygan, WI 53082-0023
1-800-615-7020
prairieontheweb.com

Any questions can be directed to:
Anthony Ferracane
Vice President
Community Foundation of Northwest Indiana, Inc.
907 Ridge Road
Munster, IN 46321
219-836-6705

Sincerely,

Anthony Ferracane

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PS-940-16	07/08/16	Litigation (Joint v. Burwell)	CATHOLIC CHARITIES OF THE DIOCESE OF PITTSBURGH, INC.	N/A	Non-profit	Yes.	All	Catholic Benefits Trust	Church Plan	self-insured	N/A	N/A	Highmark, Inc. UPMC	Highmark: Jonathan Majernik Executive Client Manager, National Markets 412-544-5303 (phone) 412-544-6483 (fax) Jonathan.majernik@highmark.com 120 Fifth Avenue Suite PHP – P2101 Pittsburgh, PA 15222 UPMC: Jennie E. Grimm, ERA UPMC Health Plan Director, Strategic Accounts U.S. Steel Tower, 36th Floor 600 Grant Street, Pittsburgh, PA 15219 Phone: 412-454-5610, Fax: 412-454-5690 E-mail: grimmje@upmc.edu	Original	N/A	N/A		N/A			
PS-940-35	07/08/16	Litigation (Joint v. Burwell)	THE CATHOLIC CEMETERIES ASSOCIATION OF THE DIOCESE OF PITTSBURGH	N/A	Non-profit	Yes.	All	Catholic Benefits Trust	Church Plan	self-insured	N/A	N/A	Highmark, Inc. UPMC	Highmark: Jonathan Majernik Executive Client Manager, National Markets 412-544-5303 (phone) 412-544-6483 (fax) Jonathan.majernik@highmark.com 120 Fifth Avenue Suite PHP – P2101 Pittsburgh, PA 15222 UPMC: Jennie E. Grimm, ERA UPMC Health Plan Director, Strategic Accounts U.S. Steel Tower, 36th Floor 600 Grant Street, Pittsburgh, PA 15219 Phone: 412-454-5610, Fax: 412-454-5690	Original	N/A	N/A		N/A		7/21/16: Combined notification forwarded by DOC. Two organizations are named. DOC provided the names of the TPAs. They each have separate self-insured plans through the Catholic Employers Benefits Plan Delaware Trust. It is not clear whether this is a church plan. Need to call TPA to find out whether Church Plan and who to send letters to. Called and e-mailed Highmark contact information. Left message with TPA to see if we need from UPMC with contact information. 7/26: Talked to Ms. Grimm at UPMC. The Cassatta Trust was supposed to send them a letter regarding church plan status. Ms. Grimm will look for the letter and let us know if anything else. this is a church plan. 7/29: Ms. Grimm confirmed that this is a church plan. 7/29: Sent draft letters to DOC for review. Received e-mail's from Highmark with contact information. Jonathan Majernik's plan confirmed that this is a church plan. Note: Highmark's letters will need to be sent to two different addresses (see e-mail). 8/4/16: DOC advised not to send Letter and Letter from them.	
PS-940-56	07/08/16	Litigation (Joint v. Burwell)	ST. MARTIN CENTER, INC.	N/A	Non-profit	Yes.	All	Catholic Benefits Trust	Church Plan	self-insured	N/A	N/A	Highmark, Inc.	Matthew Polewczak Senior Client Manager- Highmark Inc. Matthew.polewczak@highmark.com (814) 871-8787 717 State St. 1st Floor Suite 60101 Erie, PA 16501	Original	N/A	N/A		N/A			
PS-940-57	07/08/16	Litigation (Joint v. Burwell)	PRINCE OF PEACE CENTER, INC	N/A	Non-profit	Yes.	All	Catholic Benefits Trust	Church Plan	self-insured	N/A	N/A	Highmark, Inc.	Matthew Polewczak Senior Client Manager- Highmark Inc. Matthew.polewczak@highmark.com (814) 871-8787 717 State St. 1st Floor Suite 60101 Erie, PA 16501	Original	N/A	N/A		N/A			
PS-940-58	07/08/16	Litigation (Joint v. Burwell)	NEW CATHOLIC PREPARATORY SCHOOL	N/A	Non-profit	Yes.	All	Catholic Benefits Trust	Church Plan	self-insured	N/A	N/A	Highmark, Inc.	Matthew Polewczak Senior Client Manager- Highmark Inc. Matthew.polewczak@highmark.com (814) 871-8787 717 State St. 1st Floor Suite 60101 Erie, PA 16501	Original	N/A	N/A		N/A			
PS-940-39	08/09/2001	Mail	Oral Roberts University	Terry M. Kellenberger, General Counsel Mayers, Morris, Sutton, & Hood, LLP 401 S. Boston Suite 1500 Tulsa, OK 74103 (918) 582-1081	Non-profit		TC Plan B One-step (the morning-after pill); Ella (Ulipristal acetate); Plan B One-Step, Next Choice One Dose, My Way, and Take Action; hormonal intrauterine devices; as well as any other drug, device, promotion, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus"	Student Health Insurance for Oral Roberts University (Policy # 1-2001-0001-0001 Group Number MBH ORGSHLADK)	Student	Fully Insured	National Guardian Life Ins. Co. P.O. Box 1191<| Madison, WI 53701-1191 1-800-622-6255	Alan Blackmon Vice President and Actuary Commercial Risk Solutions Insurance Company 70 Genesee Street Utica, NY 13502 E-mail: ablackmon@consolidated.net	N/A	N/A	Original	N/A	N/A	8/7 L/2009 (by e-mail); by mail N/A 8/2011 (RFI); 8/15/11 (by e-mail); 8/17/11 (by mail)	N/A	N/A	Cross reference to PS-940-58. This is a supplement of the original request. Need to call insurer to confirm that this is a church plan. Left voice mail and e-mail with Alan Blackmon at Consolidated Risk, which is the insurance agent for the University. Alan stated that this is a fully insured plan. Spoke to Martha Rowland at National Guardian Life Insurance. She provided the contact name and address. Draft letter reviewed by DOC. 8/17/11: Received e-mail confirmation of receipt. Status: Completed.	The TPA for this policy (contracted by National Guardian Life) is Consolidated Health Plan. 1-800-633-7887, Julie Nims ext. 293, Mary Jo Boehmg ext 139. First name provided by call to, received by Martha.
PS-940-40	08/31/2001	E-mail	Cummins Allison Corp and Cummins Illinois, Inc	Michael A. Cybulski, Director, Risk Management, 801 Pratt-wentz Dr Drive Mt. Prospect, IL 60056 D: 847-759-5185 F: 847-759-5185 Cybulskim@cumminsallison.com	Other	No	Plan B, Ella, Mirena, Copper IUDs	Cummins Allison Corp. Welfare Benefit Plan	Other	self-insured	N/A	N/A		BCBS of IL	Julie Pavelka, 312-653-3836	Original	N/A	N/A	N/A		N/A		8/24/11: Cross reference PS-940-1. Need to call TPA contact for mailing and e-mail addresses. Left message with TPA's contact. Letter to TPA sent to be sent prior to 9/14/11. 9/19/11: Received EBSA 700 forms from entity. Will be sent to TPA for review. Will send to Cummins Allison Corp. for review. Sent forms to the TPA already, but will send 4 copies, since the rule is effective 9/14/11. He preferred to send the notice to TPA directly. Will e-mail cut-letter to TPA on 9/14. No action necessary for HHS and EBL. Status: Closed.	
PS-940-41	09/29/2001	E-mail	Wintergarts Supply Co., Inc. & W & P Management LLC	Daniel Wintergarts 46062 Van Dyke Ave. Utica, MI 48317 586-203-9900 dan@wintergarts.com	Other	Yes.	All contraceptive services.	M&F Management LLC Wintergarts	Other	Fully Insured	Blue Cross Blue Shield of Michigan	Christine Salatnik, Sales Manager Blue Cross Blue Shield Michigan/Blue Care Network 600 E. Lafayette Blvd, Mail Code 1240 Detroit, MI 48226 Work: (313) 225-9487 Cell: 313-110-1556 E-mail: csalatnik@bcbsm.com	N/A	N/A	Original	N/A	N/A	10/1/13 by e-mail; 10/31/13 by certified mail (USPS tracking number 7013 2630 0000 7905 9818	N/A	N/A	11/25/13: Checking with DOC. Need to call insurer contact provided for BCBS MI contact information. 9/29/13: DOC confirmed it is ok to proceed. Left voice mail with contact. Sent e-mail to Ms. Salatnik at BCBS MI with contact information. 10/24/13: Received e-mail from Christine Salatnik Status: Completed.	Contact info provided by organization: Attn: Daniel Wintergarts Wintergarts Supply Co., Inc. 30175 Mound Road Sterling Heights, MI 48310 586-977-6300 insurance@fastenal.com
PS-940-42	10/16/2001	Mail	Carolyn's Place, Inc.	Carolyn's Place, Inc. Pregnancy Care Center 10 Travelstead Avenue Waterbury, CT 06798	Non-profit		All contraceptive services.	Platinum Freedom Direct		Fully insured	United Healthcare Oxford	888-201-4218 (send letter to ebsa150contact@uhc.com)	N/A	N/A	Original	N/A	N/A	10/24/2013	N/A	N/A	10/24/13: Letter was received. Does not state whether service provider is church plan. Need to call insurer to confirm church plan status. Spoke to DOC to see if they are litigants. Called United Healthcare - Oxford and confirmed that this is a fully insured plan. 10/25/13: Received e-mail confirmation of receipt. Status: Completed.	
PS-940-43	10/16/2001	Mail	Celesta Tuder Inc		Other															N/A		10/24/13/15 - Submitted EBSA form 700, dated 7/24/13. Checking next steps with DOC. Cross reference PS-940-27. 2/26/14: Per DOC advice, sent follow up e-mail asking organization to submit information in model notice if they want to verify HHS. Status: Closed.
PS-940-44	10/28/2001	Mail	Tyndale House Publishers, Inc.	Tyndale House Publishers, Inc. Attn: Legal Dept. 351 Executive Drive Carol Stream, IL 60188 Phone: 630-668-8300	Other		post-conception medications and devices, namely emergency contraceptives such as the "morning-after pill," the "week-after pill," and intrauterine devices	Tyndale House Publishers, Inc. Health Plan	Other	Self-insured	N/A	N/A		Professional Benefit Administrators	855 Jorie Blvd #255, Oak Brook, IL 60523 800-331-1984	Original	N/A	N/A	N/A	10/28/2015	N/A	DOL confirmed letter has been sent. Status: Completed.	
PS-940-45	11/29/2001	E-mail	Electrotech, Inc., Dominion Co., Inc. and Stone River Mgmt. Co. LLC	Joseph G. Whitaker, III CEO Electrotech, Inc. Member Stone River Mgmt. Co. LLC Vice President Dominion Co., Inc. 17950 Great Lakes Pkwy. Cleveland, Ohio 44142-1580 7530 Email: j.jwt@electrotech.com	Electrotech, Inc. Employee Health & Welfare Benefit Plan	Other		All	Electrotech, Inc. Employee Health & Welfare Benefit Plan	Other	self-insured	N/A	N/A		Business Administrators & Consultants, Inc.	Richard Sheldon 614-868-8788 rsheldon@bacitpa.com	Original	N/A	N/A	N/A	10/30/2015	N/A	DOL confirmed letter has been sent. Status: Completed.	
PS-940-46	11/29/2001	Mail	Management, Analysis and Utilization, Inc	Marni Hartsfield 501 Greene Street, Augusta, GA 30901 Phone: 706-823-2369	Other		Ella, Plan B, Plan B One-Step, Next Choice, Next Choice One Dose, My Way, and Take Action	Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan	Other	Fully insured	Cigna	Jina McGraw CIGNA HealthCare, Atlanta Sales Office Two Securities Centre, Suite 200 3520 Piedmont Rd NE. Atlanta, GA 30305 (866) 762 -3777	N/A	N/A	Original	N/A	N/A	11/21/13: by certified mail (USPS tracking number 7012 2920 0000 5171 4786); 12/20/13: by e-mail	N/A	N/A	Cross reference to PS-940-9. Organization sent copies of notifications to insurer and TPA contacts. 12/5/13: Spoke to Mr. Greer at MCMU. He confirmed that he received the letter and that they are taking steps to fulfill their obligations. Cigna confirmed receipt by e-mail. DOL confirmed letter has been sent. Status: Completed.	
										Fully Insured	Blue Cross Blue Shield of Georgia	Lisa Grasso 1100 Executive Center Drive Augusta, GA 30907 (866) 907-0214	N/A	N/A	Original	N/A	N/A	11/21/13: by certified mail (USPS tracking number 7012 2920 0000 5171 4860)	N/A	N/A		
										self-insured	N/A	N/A	Essential Staff Care	P.J. Green 250 Commonwealth Drive, Suite 107 Greenville, SC 29615 (866) 327-7944	Original	N/A	N/A	N/A	11/19/2015	N/A		
PS-940-47	12/17/2001	SWIFT	Conestoga Wood Specialties, Corp. Conestoga Transportation, Inc. Phone: 717-665-5781	Anthony Yoder 105 Reading Road P.O. Box 158, Gordonville, PA 17529-0158 Phone: 717-665-5781	Other	Yes.	Any hormonal drugs or IUDs	Conestoga Wood Specialties Employee Benefit Plan	Other	self-insured	N/A	N/A	Highmark Blue Shield	Jason Campbell, Lead Client Manager 1800 Center Street 4th Floor Camp Hill, PA 17089-0689 (717) 635-7600	Original	N/A	N/A	N/A	12/18/2015	N/A	Informed DOC (12/17/15#15). Status: HHS action completed.	
PS-940-48	12/21/2001	E-mail	St. Joseph's Abby (DBA: Cistercian Abby of Spencer)	N. Vincent Rogers, Jesse Law Offices of N. Vincent Rogers, P.C. 167 N. Spencer Rd. Spencer, MA 01562 508.885.8700 x232	Non-profit	No	ABA contraception services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815	St. Joseph's Abby	Church Plan	Fully Insured	Tufts Associated Health Plans, Inc.	705 Mount Auburn Street P.O. Box 9101 Watertown, MA 02471 800-208-9565	N/A	N/A	Original	N/A	N/A	01/25/2016 by certified mail (USPS tracking number 7012 2920 0000 5171 9662)	N/A	N/A	Contacted DOC with draft correspondence for Abby, seeking if they are exempt or wish to avail themselves of the accommodation. Sent to DOL for review. 12-24-15: DOL advised to send letter to insurer. Letter officially sent 01/25/2016. USPS delivered 01/29/2016. Status: Closed.	
PS-940-49	12/21/2001	Mail	Dolores Tuder Inc		Other																	Cross reference to PS-940-37 and PS-940-43. DOL advised no action changes in previous email. Sent October 16, 2015. See additional information. Sent Lorelle, Mr. Weinbaum on 10/24/15. Status: Closed.	
PS-940-50	01/28/2016	Mail	Community Foundation of Northwest Indiana, Inc. St. Mary Medical Center St. Catherine Hospital	Anthony Faccuzzo Vice President Community Foundation of Northwest Indiana, Inc. 907 Ridge Road Munster, IN 46321 219-836-0745	Non-profit		All - "objection to providing coverage of all contraception services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815."	St. Mary Medical Center St. Catherine Hospital	Other	Self-insured	N/A	N/A		Francis Gates Vice President P.O. Box 15 Wellington, NY 13362 (315) 1-800-611-7520 francis@wellhealth.com	Original	N/A	N/A	N/A	01/29/2016	N/A	DOL confirmed letter has been sent (02/23/2016). Status: closed	
PS-940-51	02/23/2016	E-mail	Miller Contracting Services Inc	Sara Kathryn Miller Miller Contracting Services Inc. 9900 Walnut Grove Rd Memphis, TN 38120 4167941411 (Office) millerjlm@millercontractingtn.com	Other		All	Miller Contracting Services Inc. Employee Health Benefit Plan	Other		N/A	N/A		Meritain Benefits Attn: Claims Dept. P.O. Box 1609 Newark, OH 43058-1609 1-800-633-9151	Original	N/A	N/A	N/A	03/23/2016	N/A	DOL confirmed letter has been sent (02/29/2016). Status: Closed.	
PS-940-52	03/30/2016	E-mail	Earth Sun Moon Trading company, Inc	Nick Cruz Human Resources Director Earth Sun Moon Trading Company, Inc Suite Pw 111 Broadway Ste. Ocean City, PA 16127 724-459-1687 ext. 102	Other		All	Earth Sun Moon Trading Health Plan	Other	Fully insured	UPMC Health Plan	Mercy Kenduz 600 Grant Street Pittsburgh, PA 15219 412-454-7590 kenduzmj@upmc.edu	N/A	N/A	Original	N/A	N/A	N/A	E-mail: 03/30/2016; Certified mail: 04/04/2016	N/A	N/A	Letter officially sent 05/02/2016, USPS delivered 05/06/2016 Status: Open	

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GREENVILLE
COLLEGE

December 1, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [X] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Greenville College opposes abortifacient contraception and requests exemption of Plan B, Ella and certain abortifacient IUD's from its insurance coverage for employees effective on January 1, 2015.

(1) Name of eligible organization: **Greenville College**

Contact information: **315 E. College Avenue, Greenville, IL 62246**
Phone: 618-664-2800

Eligible organization is a: [X] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
$500 Deductible Plan - PPO	Blue Cross Blue Shield	www.bcbsil.com; 800-458-6024	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan
$1,500 Deductible Copay Plan - PPO	Blue Cross Blue Shield	www.bcbsil.com; 800-458-6024	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan
$3,000 HSA Plan - HSA	Blue Cross Blue Shield	www.bcbsil.com; 800-458-6024	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____.

Signature of authorized representative of eligible organization

12/1/2014
Date

Dr. Ivan Filby, President
Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: 10/7/2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [X] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Plan B, which is one form of the morning-after pill.

Ella (the manufacturer uses a lower case "e") is another version of the morning-after pill.

Mirena, an IUD that changes cervical mucus.

ParaGard, which is a copper IUD.

(1) Name of eligible organization: Bingaman and Son Lumber Inc. Po Box 247 (1195 Creek Mountain rd) Kreamer PA 17833

Contact information: Michael Worrell, Director Human Resources 570-374-1108 mworrell@bingamanlumber.com

Eligible organization is a: [ ] Non-profit entity; OR [X] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Health America/ Health Assurance PPO $5000 plan	PO Box 6506 Carol Stream Il 60197		[X]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
UPMC PPO $3500 plan	One Chatham Center 112 Washington Place Pittsburgh PA 15219		[X]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Signature of authorized representative of eligible organization — Date 10/7/2014

Michael Worrell — Date 10/7/2014

Typed name of authorized representative of eligible organization

46061 Van Dyke Ave.
Utica, MI 48317

September 25, 2015

Via U.S. Mail and Electronic Mail
United States Department of Health and Human Services
Attn: Sylvia Burwell, Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201
Room 739H
marketreform@cms.hhs.gov

Re: Religious Objection to all contraceptive services pursuant to 26 CFR 54.2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131

Dear Secretary Burwell,

This letter serves as our formal religious objection to providing all contraceptive services in our employee health plan. This objection covers Weingartz Supply Co., Inc., and W & P Management LLC. These organizations are eligible for-profit companies that are closely held, as described by 26 CRF 54, 29 CRF 2510, 2590, 45 CFR 147, and 80 Fed. Reg. 41317 (July 14, 2014).

(1) The contact information for the eligible organization(s) is as follows:

Name of eligible organization(s): Weingartz Supply Co., Inc. and W & P Management LLC

Contact information: Daniel Weingartz, 46061 Van Dyke Ave., Utica, MI 48317, 586-255-9960, dan@weingartz.com

The Eligible Organization is a: Other eligible organization.

(2) Below please find the information you require pertaining to the eligible organization(s)'s plan.

Service Provider Information:

(a) Plan Name	(b) Service Provider's Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan Type (if applicable)
W & P Management LLC Weingartz	Blue Cross Blue Shield of Michigan	Brown & Brown of Detroit Sharon Nummer 35375 Mound Road Sterling Heights, MI 48310 586-977-6300 snummer@instantbusinessresources.com	Issuer	

The information submitted is original information, required by you for the first time in response to 80 Fed. Reg. 41317 (July 14, 2015) that went into effect on September 14, 2015. If you require additional information or if you find this notice to be unsatisfactory for any reason, please contact my legal counsel as soon as possible at the Thomas More Law Center, Attn: Erin Mersino, 24 Frank Lloyd Wright Drive, Suite 393, Ann Arbor, Michigan, 48106, Telephone: 734-827-2001. I have also attached the permanent injunction obtained by the eligible organization(s) for your reference as Exhibit 1.

Sincerely,

Daniel Weingartz

Daniel Weingartz, President
Weingartz Supply Co., Inc.

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

LEGATUS, et al.,

Plaintiffs,

v. Case No. 12-12061

SYLVIA BURWELL, et al.,

Defendants.
_____/

INJUNCTION AND JUDGMENT AS TO PLAINTIFFS WEINGARTZ SUPPLY COMPANY AND DANIEL WEINGARTZ[1]

In light of the Supreme Court's decision in *Burwell v. Hobby Lobby Stores, Inc.*, 134 S. Ct. 2751 (2014), and defendants' consent, it is hereby

ORDERED that defendants, their employees, agents, and successors in office are enjoined

(a) from enforcing

(1) the "June 30, 2014 Contraceptive Coverage Requirement," defined here to include those provisions of federal law in existence on June 30, 2014, when the Supreme Court decided *Hobby Lobby*, that require Plaintiff Weingartz Supply Company to provide its employees with health coverage for contraceptive methods, sterilization procedures, and related patient education and counseling to which plaintiffs object on religious grounds,

[1] This Injunction and Judgment relates to Plaintiffs Weingartz Supply Company's and Daniel Weingartz's claims only and does not affect Plaintiff Legatus' claims in any way.

e.g., 26 C.F.R. § 54.9815-2713(a)(1)(iv); 29 C.F.R. § 2590.715-2713(a)(1)(iv); 45 C.F.R. § 147.130(a)(1)(iv); and

(2) any penalties, fines, or assessments for noncompliance with the June 30, 2014 Contraceptive Coverage Requirement, including those found in 26 U.S.C. § 4980D, and 29 U.S.C. §§ 1132 and 1185d; and

(b) from taking any other actions based on noncompliance with the June 30, 2014 Contraceptive Coverage Requirement

against Plaintiff Weingartz Supply Company, its employee health plan(s), the group health coverage provided in connection with such plan(s), and/or Weingartz Supply Company's health insurance issuers and/or third-party administrators with respect to Weingartz Supply Company's health plan(s); and it is further

ORDERED that judgment is entered in favor of Plaintiffs Weingartz Supply Company and Daniel Weingartz and against defendants on Plaintiffs Weingartz Supply Company and Daniel Weingartz's claim under the Religious Freedom Restoration Act, 42 U.S.C. §§ 2000bb *et seq.*; and it is further

ORDERED that all other claims brought by Plaintiffs Weingartz Supply Company and Daniel Weingartz against Defendants are DISMISSED; and it is further

ORDERED that the Parties will meet and confer to reach agreement on attorneys' fees and costs with respect to Plaintiffs Weingartz Supply Company and Daniel Weingartz's claims. The Parties will file a joint status report, including a recommendation for further proceedings, by no later than February 9, 2015. If there is no resolution of the attorneys' fees and costs matter, Plaintiffs Weingartz Supply Company and Daniel Weingartz may file a motion for attorneys' fees and costs within

thirty days of February 9, 2015, pursuant to Federal Rule of Civil Procedure 54; and it is further

ORDERED that this Injunction and Judgment does not apply with respect to any changes in statute or regulation that are enacted or promulgated after this date, and nothing herein prevents plaintiffs from filing a new civil action to challenge any such future changes.

s/Robert H. Cleland
ROBERT H. CLELAND
UNITED STATES DISTRICT JUDGE

Dated: December 31, 2014

I hereby certify that a copy of the foregoing document was mailed to counsel of record on this date, December 31, 2014, by electronic and/or ordinary mail.

s/Lisa Wagner
Case Manager and Deputy Clerk
(313) 234-5522

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

May 19, 2015

John J. Marek
St. Raphael Health Plan
3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912

Dear Mr. Marek,

We received notifications from the employers participating in the St. Raphael Health Plan that they have religious objections to providing coverage of all contraceptive services.

Please note that group health plans established or maintained by religious employers, as defined in the regulations (and group health insurance coverage provided in connection with such plans), are exempt from the requirement to cover contraceptive services under section 2713 of the Public Health Service Act, as incorporated into the Employee Retirement Income Security Act and the Internal Revenue Code. Under final regulations published in July 2013, an organization that is organized and operates as a nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code, as amended, is considered a religious employer for purposes of the religious employer exemption.

It appears that the following employers meet the definition of a religious employer and therefore are exempt from the requirement to provide coverage of contraceptive services:

1. Annunciation Parish
2. The Archdiocese of Milwaukee
3. Blessed John Paul II
4. Blessed Sacrament Congregation
5. Blessed Savior Congregation
6. Blessed Teresa of Calcutta Parish
7. Blessed Trinity Parish
8. Carmelite Sisters of the Divine Heart of Jesus
9. Congregation of St. John Cathedral
10. Christ Child Christian Formation
11. Christ King Parish

12. Discalced Carmelites of Holy Hill
13. Divine Mercy Parish
14. Divine Savior Parish
15. Good Shepherd Catholic Church
16. Congregation of the Great Spirit
17. Holy Angels Parish, West Bend, WI
18. Holy Cross Catholic Church
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21. Holy Name of Jesus Parish
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24. Immaculate Conception – St. Mary Parish
25. Immaculate Conception (Ronald E. Kotecki, Pastor)
26. Immaculate Conception (Father Nathan Reesman, Pastor)
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56. St. Augustine Congregation, Milwaukee, WI
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65. St. Adalbert School and Parish
66. St. Alphonsus Parish and School
67. St. Charles Borromeo Parish
68. St. Claire Congregation
69. St. Clement Parish
70. Ss. Cyril & Methodius
71. St. Dominic Catholic Church
72. St. Dominic Parish
73. St. Elizabeth Congregation
74. St. Elizabeth Ann Seton Parish
75. St. Eugene Parish
76. St. Florian Congregation
77. St. Frances Cabrini Congregation
78. St. Francis Borgia Congregation
79. St. Francis de Sales Seminary
80. St. Francis de Sales Church
81. St. Francis of Assisi Church
82. St. Francis Xavier Catholic Church
83. St. Gabriel Congregation
84. St. Gregory Parish and School
85. St. Isidore the Farmer Parish
86. St. James Catholic Church
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90. St. Jerome Congregation
91. St. Joan of Arc/St. Catherine of Alexandria (Mapleton)
92. St. John Kanty
93. St. John Nepomuk Congregation
94. St. John Neumann Catholic Church
95. The Tri-Parishes of Dodge County - St. John the Baptist Catholic Church, Holy Family Catholic Church & St. Columbine Catholic Church
96. St. John the Baptist Congregation
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103. St. Joseph Congregation, Lyons, WI
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123. St. Mary Congregation – Menomonee Falls, WI
124. St. Mary Congregation (Patrick R. Wendt, Team Moderator)
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130. St. Michael Congregation
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132. St. Patrick Parish
133. Our Lady of Guadalupe & St. Patrick Parishes
134. St. Patrick Congregation
135. St. Paul Catholic Parish
136. St. Paul Parish
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140. St. Peter Congregation
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142. St. Peter Claver Parish
143. St. Pius X Congregation
144. St. Raphael the Archangel Congregation and Parish School
145. St. Richard Parish, Racine, Wisconsin
146. St. Rita Parish (Rev. Richard A. Young, OSA - Pastor)
147. St. Rita Parish (Charles G. Zabler, Authorized Representative)
148. St. Robert of Newminster Parish

149. St. Robert Bellarmine
150. Saint Roman Congregation
151. St. Stephen Congregation
152. St. Theresa Parish
153. St. Therese Congregation
154. St. Veronica Parish
155. St. Vincent de Paul (Robert Ramstack, Pastor)
156. St. Vincent Pallotti
157. St. William Catholic Church
158. The Sisters of St. Elizabeth
159. Sisters of the Divine Savior
160. Sons of Zebedee Ss. James and John
161. Three Holy Women Catholic Congregation

Please let us know by June 15, 2015 if this is a correct listing of all exempt religious employers participating in the St. Raphael Health Plan. Also by June 15, 2015, please let us know whether any exempt religious employers instead prefer to avail themselves of the accommodation, whereby they do not have to contract, arrange, pay or refer for contraceptive coverage. Under the accommodation, separate payments for contraceptive services may be available for women in the health plan from third-parties, at no cost to the women or to the organizations.

If we do not receive a response from you by Monday, June 15, 2015, we will regard this as an acknowledgement by you that the 161 employers identified above all qualify as exempt religious employers that do not wish to avail themselves of the accommodation, and that the remainder of the notifying employers addressed in your letter are eligible nonprofit organizations that do wish to avail themselves of the accommodation. After June 15, 2015, HHS will work with the Department of Labor to notify the third party administrators identified in the notifications submitted by the employers availing themselves of the accommodation in accordance with the August 2014 final regulations. If you have any questions, you may contact us at marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Oversight Group

NOV 16 2015



1570 Midway Pl.
Menasha, WI 54952

October 28, 2015

The U.S. Department of Health & Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary of Health and Human Services:

Network Health Administrative Services LLC serves as the third party administrator (TPA) for Ascension Health.

Enclosed is the EBSA Form 700 Certification associated with the federal requirements to cover certain contraceptive services.

If you require additional information or have any questions, please contact me at (920) 720-1218.

Sincerely,

Lori Zettel

Lori Zettel
Network health

EBSA FORM 700– CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organizations listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Ascension Health Alliance d/b/a Ascension and all of its current and future subsidiaries that are "eligible organizations" as defined in the regulations
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Eric Feinstein Senior Vice President, Total Rewards
Mailing and email addresses and phone number for the individual listed above	11775 Borman Drive St. Louis, MO 63146 efeinstein@ascensionhealth.org

On behalf of Ascension Health Alliance d/b/a/ Ascension and all of its current and future Subsidiaries that are "eligible organizations" as defined in the regulations, I certify the organizations are eligible organizations (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that have a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Eric Feinstein
Signature of the individual listed above

9/21/2015
Date

An organization or its plan using this form must provide a copy of this certification to the plan's health insurance issuer (for insured health plans) or a third party administrator (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a third party administrator for the plan that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that the eligible organization:

(1) Will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) The obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the eligible organization has a religious objection to providing coverage for all or a subset of contraceptive services, pursuant to 26 CFR 54.9815-2713A(b)(1)(ii)(B) and (c)(1)(ii), 29 CFR 2590.715-2713A(b)(1)(ii)(B) and (c)(1)(ii), and 45 CFR 147.131(c)(1)(ii). A model notice is available at: http://www.cms.gov/cciio/resources/Regulations-and-Guidance/index.html#Prevention.

This form or a notice to the Secretary is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1210-0150. An organization that seeks to be recognized as an eligible organization that qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing may complete this self-certification form, or provide notice to the Secretary of Health and Human Services, in order to obtain or retain the benefit of the exemption from covering certain contraceptive services. The self-certification form or notice to the Secretary of Health and Human Services must be maintained in a manner consistent with the record retention requirements under section 107 of the Employee Retirement Income Security Act of 1974, which generally requires records to be retained for six years. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, gather the necessary data, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0150.

No. 14-2396

In the United States Court of Appeals for the Seventh Circuit

WHEATON COLLEGE,

Plaintiff-Appellant,

v.

SYLVIA BURWELL, Secretary of the United States Department of Health and Human Services; UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES; THOMAS PEREZ, Secretary of the United States Department of Labor; UNITED STATES DEPARTMENT OF LABOR; JACOB J. LEW, Secretary of the United States Department of the Treasury; and UNITED STATES DEPARTMENT OF THE TREASURY,

Defendants-Appellees.

On Appeal from the United States District Court
for the Northern District of Illinois, Eastern Division
No. 1:13-cv-08910, Judge Robert M. Dow, Jr., Presiding

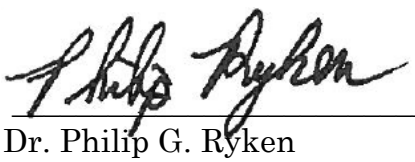
SUPPLEMENTAL DECLARATION OF DR. PHILIP G. RYKEN

1. My name is Philip G. Ryken. I am over the age of 18 and have personal knowledge of the contents of this declaration. I am the current President of Wheaton College. I have served as the College's President since July 1, 2010.
2. It is my understanding that the Court inquired yesterday about whether the "accommodation" coverage is currently being provided to Wheaton's students and employees.
3. During the course of this litigation, I have closely supervised administration of Wheaton College's insurance plans. As a result of my supervision, I know the "accommodation" coverage is not currently being provided, and has not been provided at any time, in connection with Wheaton College's plans.
4. That said, it is also my understanding that the government is pressuring our contract partners to provide this coverage in connection with Wheaton's plans over Wheaton's religious objection. That is why we continue to respectfully request and need injunctive relief against the government's ongoing efforts to use our plans in this manner.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief.

Executed on June 11, 2015 in the United States.

Date: June 11, 2015



Dr. Philip G. Ryken
(Original Signature on file with filing counsel)

The Becket Fund
FOR RELIGIOUS LIBERTY

Via CM/ECF
Clerk's Office
U.S. Court of Appeals for the Seventh Circuit
219 S. Dearborn St.
Chicago, IL 60604

June 12, 2015

Re: ***Wheaton College v. Burwell et. al,***
No. 14-2396
Restatement of position following oral argument

Dear Clerk:

During Wednesday's argument, the Court inquired as to the current status of contraceptive coverage at Wheaton. Counsel for the government told the Court that the disputed "accommodation" coverage is currently being provided to Wheaton employees and students (recording at approximately 28:30). However, as undersigned counsel represented to the Court, that is incorrect: the "accommodation" coverage is not being provided to Wheaton's employees and students (recording at approximately 9:27-10:15, 32:30-50). Since undersigned counsel represents Wheaton and has knowledge of the current status of Wheaton's coverage—and since the government later acknowledged that it actually does not have such knowledge and was just making an assumption (recording at approximately 28:53)—the representations made on behalf of Wheaton College about its plans should be sufficient to establish this fact.

However, because this appeal falls within this Court's equitable jurisdiction and the Court inquired about the current status quo, Wheaton also hereby submits as additional evidence the attached one-page declaration from President Ryken confirming that the "accommodation" coverage is not currently being provided and has not been provided to Wheaton's employees and students at any time.

Respectfully submitted,

/s/ *Mark Rienzi*
Mark Rienzi
THE BECKET FUND FOR RELIGIOUS LIBERTY
1200 New Hampshire Ave. NW, Ste. 700
Washington, D.C. 20036
(202) 955-0095
mrienzi@becketfund.org

Counsel for Wheaton College

CERTIFICATE OF SERVICE

I certify that on June 12, 2015, I caused the foregoing declaration to be served by CM/ECF to the following parties, who have consented in writing to service in this manner:

Julie Saltman, Julie.saltman@usdoj.gov

Patrick Nemeroff, Patrick.G.Nemeroff@usdoj.gov

Alisa Klein, Alisa.Klein@usdoj.gov

Adam Jed, Adam.C.Jed@usdoj.gov

Mark Stern, Mark.Stern@usdoj.gov

Joshua Salzman, Joshua.M.Salzman@usdoj.gov

U.S. Department of Justice

Counsel for Appellees

Respectfully submitted,
s/ *Mark Rienzi*

Mark Rienzi
THE BECKET FUND
FOR RELIGIOUS LIBERTY
1200 New Hampshire Ave. NW
Suite 700
Washington, DC 20036
(202) 955-0095
mrienzi@becketfund.org

Counsel for Wheaton College

BlueCross BlueShield of Illinois

Notice of Availability of Separate Payments for Contraceptive Services

Your employer or institution of higher education has certified that your health plan qualifies for an accommodation with respect to the federal requirement to cover all Food and Drug Administration-approved contraceptive methods for women, as prescribed by a health care provider, without cost sharing. This means that your employer or institution of higher education will not contract, arrange, pay or refer for contraceptive coverage. Instead, Blue Cross and Blue Shield of Illinois (BCBSIL) will provide or arrange separate payments for contraceptive services that you use, without cost sharing and at no other cost, for so long as you are enrolled in your health plan. Your employer or institution of higher education will not administer or fund these payments. If you have any questions about this notice, contact BCBSIL customer service at the number listed on your member ID card.

Certain contraceptive services are provided to you by BCBSIL without cost sharing when using an in-network provider*. To obtain contraceptive services, present your current BCBSIL member ID card. Mail-order pharmacy services may also be used to obtain contraceptive services.

The contraceptive services include, but aren't limited to:

- Emergency contraceptives and IUDs (unless otherwise provided under your group health coverage)

Mail Order Pharmacy Program-- When you receive covered drugs dispensed through the Mail-Order Program, you must complete and submit the mail service prescription drug claim form to the address on the claim form. Additional information may be obtained from your employer, from the carrier, the BCBSIL website at: www.bcbsil.com/member/rx_drugs.html, or by calling the customer service helpline listed on the back of your member ID card.

ERISA -- Statement of ERISA Rights, if applicable:
As a participant in this plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits:

a. Examine all documents governing the plan at no charge to the participant.
b. Obtain copies of documents governing the operation of the plan. There may be a reasonable charge for the copies.
c. Receive a summary of the plan's annual financial report.

Continue Group Health Plan Coverage:
Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event.

Enforce Your Rights:
If your claim for a welfare benefit is denied or ignored, you have a right to know why, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.



Assistance With Your Questions:
If you have any questions about the plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U. S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U. S. Department of Labor, 200 Constitution Avenue, N. W., Washington, D. C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Claims and Appeals -- If you receive a notice of "**Adverse Benefit Determination**" it means the claim has been denied, reduced or terminated, or that there was a failure to provide or make payment (in whole or in part)**.** You may seek and obtain a full and fair review of any determination of a claim determination made by BCBSXX in accordance with the benefits and procedures detailed in your Plan.

If you believe BCBSIL incorrectly denied all or part of your benefits, you may have your claim reviewed. BCBSIL will review its decision within 180 days after you receive notice of an Adverse Benefit Determination. You may call the number on the back of your identification card to request a claim review. BCBSIL will need to know the reasons why you do not agree with the Adverse Benefit Determination.

Contraceptive Services – Retail Pharmacy or Mail-Order Information
The following contraceptives are available to you at a participating pharmacy with no cost-share. Only the contraceptives listed below are eligible for separate payment. This list is reviewed periodically and is subject to change.

Emergency Contraceptives:**
Levonorgestrel
Ella

*To locate a provider in your network, you can access Provider Finder at www.bcbsil.com or call the customer service number on the back of your member ID card. To be eligible for this separate payment, a network provider should be utilized for all contraceptive services. Payment is not available for services received from an out-of-network provider.

**A prescription is required for emergency contraceptives to be paid without cost sharing at a participating pharmacy.

If you have questions about contraceptive services and payments, including your appeal rights, please call the customer service number listed on your member ID card.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

May 19, 2015

John J. Marek
St. Raphael Health Plan
3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912

Dear Mr. Marek,

We received notifications from the employers participating in the St. Raphael Health Plan that they have religious objections to providing coverage of all contraceptive services.

Please note that group health plans established or maintained by religious employers, as defined in the regulations (and group health insurance coverage provided in connection with such plans), are exempt from the requirement to cover contraceptive services under section 2713 of the Public Health Service Act, as incorporated into the Employee Retirement Income Security Act and the Internal Revenue Code. Under final regulations published in July 2013, an organization that is organized and operates as a nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code, as amended, is considered a religious employer for purposes of the religious employer exemption.

It appears that the following employers meet the definition of a religious employer and therefore are exempt from the requirement to provide coverage of contraceptive services:

1. Annunciation Parish
2. The Archdiocese of Milwaukee
3. Blessed John Paul II
4. Blessed Sacrament Congregation
5. Blessed Savior Congregation
6. Blessed Teresa of Calcutta Parish
7. Blessed Trinity Parish
8. Carmelite Sisters of the Divine Heart of Jesus
9. Congregation of St. John Cathedral
10. Christ Child Christian Formation
11. Christ King Parish

12. Discalced Carmelites of Holy Hill
13. Divine Mercy Parish
14. Divine Savior Parish
15. Good Shepherd Catholic Church
16. Congregation of the Great Spirit
17. Holy Angels Parish, West Bend, WI
18. Holy Cross Catholic Church
19. Holy Family Congregation, Inc.
20. Holy Family Congregation
21. Holy Name of Jesus Parish
22. Holy Trinity Congregation
23. Holy Trinity Cong. – Newburg, WI
24. Immaculate Conception – St. Mary Parish
25. Immaculate Conception (Ronald E. Kotecki, Pastor)
26. Immaculate Conception (Father Nathan Reesman, Pastor)
27. Immaculate Conception Parish
28. Immaculate Heart of Mary Congregation
29. Lumen Christi Congregation
30. Mother of Good Counsel Church
31. Nativity of the Lord Congregation
32. Old Saint Mary Parish
33. Our Lady of Divine Providence Parish
34. Our Lady of the Holy Rosary Catholic Church
35. Our Lady of Good Hope
36. Our Lady of the Lakes Catholic Congregation
37. Our Lady of Lourdes Congregation
38. Our Lady of Mt. Carmel Congregation
39. Our Lady Queen of Peace Parish
40. Pallottine Fathers and Brothers, Inc.
41. Presentation of the BVM
42. Queen of Apostles Congregation
43. Sacred Heart Parish
44. Sacred Heart Croatian Catholic Church
45. Sacred Heart Congregation
46. Sacred Heart of Jesus Parish
47. SS Peter and Paul Parish
48. St. Agnes Congregation
49. St. Aloysius Congregation
50. St. Alphonsus Congregation
51. St. Andrew Congregation
52. St. Anne Catholic Church
53. St. Anthony Parish
54. St. Anthony
55. St. Anthony Congregation
56. St. Augustine Congregation, Milwaukee, WI
57. St. Benedict Congregation

58. St. Bernadette
59. St. Bernard Congregation
60. St. Boniface Congregation
61. St. Bruno Parish
62. St. Catherine of Alexandria
63. St. Catherine of Siena
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65. St. Adalbert School and Parish
66. St. Alphonsus Parish and School
67. St. Charles Borromeo Parish
68. St. Claire Congregation
69. St. Clement Parish
70. Ss. Cyril & Methodius
71. St. Dominic Catholic Church
72. St. Dominic Parish
73. St. Elizabeth Congregation
74. St. Elizabeth Ann Seton Parish
75. St. Eugene Parish
76. St. Florian Congregation
77. St. Frances Cabrini Congregation
78. St. Francis Borgia Congregation
79. St. Francis de Sales Seminary
80. St. Francis de Sales Church
81. St. Francis of Assisi Church
82. St. Francis Xavier Catholic Church
83. St. Gabriel Congregation
84. St. Gregory Parish and School
85. St. Isidore the Farmer Parish
86. St. James Catholic Church
87. St. James Congregation
88. St. James Catholic Church
89. St. James Parish
90. St. Jerome Congregation
91. St. Joan of Arc/St. Catherine of Alexandria (Mapleton)
92. St. John Kanty
93. St. John Nepomuk Congregation
94. St. John Neumann Catholic Church
95. The Tri-Parishes of Dodge County - St. John the Baptist Catholic Church, Holy Family Catholic Church & St. Columbine Catholic Church
96. St. John the Baptist Congregation
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100. The Basilica of St. Josaphat
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102. St. Joseph Congregation (Rev. Kevon McManamon, Vice President)

103. St. Joseph Congregation, Lyons, WI
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107. St. Joseph Congregation – Wauwatosa)
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130. St. Michael Congregation
131. St. Monica Parish
132. St. Patrick Parish
133. Our Lady of Guadalupe & St. Patrick Parishes
134. St. Patrick Congregation
135. St. Paul Catholic Parish
136. St. Paul Parish
137. St. Paul the Apostle Parish
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139. St. Peter Catholic Church
140. St. Peter Congregation
141. St. Peter of Alcantara Congregation
142. St. Peter Claver Parish
143. St. Pius X Congregation
144. St. Raphael the Archangel Congregation and Parish School
145. St. Richard Parish, Racine, Wisconsin
146. St. Rita Parish (Rev. Richard A. Young, OSA - Pastor)
147. St. Rita Parish (Charles G. Zabler, Authorized Representative)
148. St. Robert of Newminster Parish

149. St. Robert Bellarmine
150. Saint Roman Congregation
151. St. Stephen Congregation
152. St. Theresa Parish
153. St. Therese Congregation
154. St. Veronica Parish
155. St. Vincent de Paul (Robert Ramstack, Pastor)
156. St. Vincent Pallotti
157. St. William Catholic Church
158. The Sisters of St. Elizabeth
159. Sisters of the Divine Savior
160. Sons of Zebedee Ss. James and John
161. Three Holy Women Catholic Congregation

Please let us know by June 15, 2015 if this is a correct listing of all exempt religious employers participating in the St. Raphael Health Plan. Also by June 15, 2015, please let us know whether any exempt religious employers instead prefer to avail themselves of the accommodation, whereby they do not have to contract, arrange, pay or refer for contraceptive coverage. Under the accommodation, separate payments for contraceptive services may be available for women in the health plan from third-parties, at no cost to the women or to the organizations.

If we do not receive a response from you by Monday, June 15, 2015, we will regard this as an acknowledgement by you that the 161 employers identified above all qualify as exempt religious employers that do not wish to avail themselves of the accommodation, and that the remainder of the notifying employers addressed in your letter are eligible nonprofit organizations that do wish to avail themselves of the accommodation. After June 15, 2015, HHS will work with the Department of Labor to notify the third party administrators identified in the notifications submitted by the employers availing themselves of the accommodation in accordance with the August 2014 final regulations. If you have any questions, you may contact us at marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Oversight Group

U.S. Department of Labor
Employee Benefits Security Administration
Washington, D.C. 20210

SENT VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

October 17, 2014

Blue Cross Blue Shield Mississippi
P. O. Box 1043
Jackson, MS 39215-1043

Re: Belhaven University Plan A, Belhaven University Plan B, and Belhaven University Plan C

Dear Fiduciary:

The Department of Labor (the Department) has responsibility for administration and enforcement of Title I of the Employee Retirement Income Security Act of 1974 (ERISA). Title I establishes standards governing the operation of employee benefit plans, such as Belhaven University Plan A, Belhaven University Plan B, and Belhaven University Plan C.

The Department has been informed by the Department of Health and Human Services (HHS) that Belhaven University has notified HHS that it is an eligible organization, as defined in 29 CFR 2590.715-2713A(a) and that you are a third party administrator in a contractual relationship with the eligible organization or its plan to provide administrative services to the plans.

Accordingly, consistent with 29 CFR 2510.3-16(b) and 29 CFR 2590.715-2713A(b), the Department is providing this notification that Blue Cross Blue Shield Mississippi is the plan administrator under section 3(16) of ERISA for any benefits for contraceptive services required to be covered under Public Health Service Act (PHS Act) section 2713(a)(4), as incorporated into ERISA section 715, and 29 CFR 2590.715–2713(a)(1)(iv) that the third party administrator would otherwise manage[1] and to which the eligible organization objects on religious grounds.

As long as you remain in a contractual relationship with the eligible organization or its plans to provide administrative services for the plans, as plan administrator, you are responsible for complying with section PHS Act section 2713(a)(4) and 29 CFR 2590.715–2713(a)(1)(iv) with respect to coverage of such contraceptive services to which eligible organization objects on

[1] To the extent the eligible organization or the plan contracts with different third party administrators for different classifications of benefits (such as prescription drug benefits versus inpatient and outpatient benefits), each third party administrator is responsible for providing contraceptive coverage that complies with section 2713 of the PHS Act (as incorporated into section 715 of ERISA) and 29 CFR 2590.715–2713(a)(1)(iv) with respect to the classification or classifications of benefits subject to its contract.

religious grounds. HHS has informed the Department that Belhaven University has a religious objection to coverage of all contraceptive benefits. As such, you are required to:

> (1) Provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries; or
>
> (2) Arrange for an issuer or other entity to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries.

The costs of providing or arranging such payments may be reimbursed through an adjustment to the Federally-facilitated Exchange (FFE) user fee for a participating issuer pursuant to 45 CFR 156.50(d).

As plan administrator, you are also responsible for establishing and operating a procedure for determining claims for such contraceptive services in accordance with 29 CFR 2560.503–1, and complying with disclosure and other requirements applicable to group health plans under Title I of ERISA with respect to such contraceptive benefits.

This notification from the Department is considered an instrument under which the plans are operated under 29 CFR 2510.3-16(b) and shall supersede any earlier designation. You may not require any documentation or other information from the eligible organization.

Questions regarding reimbursement through an adjustment to FFE user fees should be directed to HHS at marketreform@cms.hhs.gov. If you have any questions about your responsibilities as plan administrator under ERISA, you may contact the undersigned at (202) 693-8630.

Sincerely,

Mark B. Connor
Director
Office of Outreach, Education, and Assistance

CONESTOGA™
WOOD SPECIALTIES

November 23, 2015

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Room 739H
Washington, DC 20201

Re: Religious Objection to Providing Certain forms of Contraception

To the Secretary of Health and Human Services:

As you are well aware, Conestoga Wood Specialties, Corp., Conestoga Wood Transportation, Inc., and its owners, the Hahn family, have long objected to providing certain forms of contraception as part of their employer sponsored healthcare plan. *See Burwell v. Hobby Lobby Stores, Inc.*, 134 S.Ct. 2751 (2014) (which consolidated our appeal with that of Hobby Lobby and provided us injunctive relief from the relevant mandate). As our history in this subject demonstrates, we are an eligible, closely-held, for-profit corporation with a sincerely held religious belief. As such, we do not provide any of the hormonal drugs or IUDs but do provide barrier contraception and sterilization.

I can be reached at the address and phone number listed on this letterhead. Additionally, you can reach our Third Party Administrator for Conestoga Wood Specialties Employee Benefit Plan through Highmark Blue Shield, Attention: Jason Campbell, Lead Client Manager, 1800 Center Street 1A L4, Camp Hill, PA 17089-0089 (717) 302-2461.

Sincerely,

Anthony Hahn
President and Chief Executive Officer

AH/mms

U.S. Department of Labor
Employee Benefits Security Administration
Washington, D.C. 20210

SENT VIA EMAIL AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED

October 23, 2014

Mr. Michael Apolskis
Divisional Vice President
Regulatory Monitoring & Analysis
Health Care Service Corporation
300 E. Randolph Street, 28th Floor
Chicago, Illinois 60601
Email: Mike_Apolskis@bcbsil.com

Re: Wheaton College prescription drug plans
administered by Blue Cross Blue Shield of Illinois

Dear Fiduciary:

The Department of Labor (the Department) has responsibility for administration and enforcement of Title I of the Employee Retirement Income Security Act of 1974 (ERISA). Title I establishes standards governing the operation of employee benefit plans, such as the two self-insured Wheaton College prescription drug plans administered by Blue Cross Blue Shield of Illinois.

The Department has been informed by the Department of Health and Human Services (HHS), that Wheaton College has notified HHS that it is an eligible organization, as defined in 29 CFR 2590.715-2713A(a), and that you are a third party administrator in a contractual relationship with the eligible organization or its plan to provide administrative services to the plans.

Accordingly, consistent with 29 CFR 2510.3-16(b) and 29 CFR 2590.715-2713A(b), the Department is providing this notification that Blue Cross Blue Shield of Illinois is the plan administrator under section 3(16) of ERISA for any benefits for contraceptive services required to be covered under Public Health Service Act (PHS Act) section 2713(a)(4), as incorporated into ERISA section 715, and 29 CFR 2590.715–2713(a)(1)(iv) that the third party administrator would otherwise manage[1] and to which the eligible organization objects on religious grounds.

[1] To the extent the eligible organization or the plan contracts with different third party administrators for different classifications of benefits (such as prescription drug benefits versus inpatient and outpatient benefits), each third party administrator is responsible for providing contraceptive coverage that complies with section 2713 of the PHS Act (as incorporated into section 715 of ERISA) and 29 CFR 2590.715–2713(a)(1)(iv) with respect to the classification or classifications of benefits subject to its contract.

As long as you remain in a contractual relationship with the eligible organization or its plans to provide administrative services for the plans, as plan administrator, you are responsible for complying with PHS Act section 2713(a)(4) and 29 CFR 2590.715–2713(a)(1)(iv) with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. Consistent with the Supreme Court's order in *Wheaton College v. Burwell*, 134 S. Ct. 2806, 2807 (2014), which stated that Wheaton College "has already notified the Government . . . that it meets the requirements for exemption from the contraceptive coverage on religious grounds," HHS has informed the Department that Wheaton College has a religious objection to coverage of the following contraceptive services for its two self-insured prescription drug plans: Plan B, ella, and certain unspecified IUDs.

As such, you are required to:

> (1) Provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries; or
>
> (2) Arrange for an issuer or other entity to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries.

The costs of providing or arranging such payments may be reimbursed through an adjustment to the Federally-facilitated Exchange (FFE) user fee for a participating issuer pursuant to 45 CFR 156.50(d).

As plan administrator, you are also responsible for establishing and operating a procedure for determining claims for such contraceptive services in accordance with 29 CFR 2560.503–1, and complying with disclosure and other requirements applicable to group health plans under Title I of ERISA with respect to such contraceptive benefits.

This notification from the Department is considered an instrument under which the plans are operated under 29 CFR 2510.3-16(b) and shall supersede any earlier designation. You may not require any documentation or other information from the eligible organization.

Questions regarding reimbursement through an adjustment to FFE user fees should be directed to HHS at marketreform@cms.hhs.gov. If you have any questions about your responsibilities as plan administrator under ERISA, you may contact the undersigned at (202) 693-8630.

Sincerely,

Mark B. Connor
Director
Office of Outreach, Education, and Assistance

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Michael A. Cybulski,
Director, Risk Management
Cummins-Allison Corp
852 Feehanville Drive
Mt. Prospect, IL 60056
E-mail: CybulskiM@cumminsallison.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Cybulski,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Doug Graham,
President, Continuant Inc.
5050 20th St. E.
Fife, WA 98424
E-mail: dougg@continuant.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Graham,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at: http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following

information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Adam Hatcher
General Counsel
Management Analysis and Utilization, Inc.
501 Greene Street
Augusta, Georgia 30901
E-mail: adam.hatcher@maa.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Hatcher,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Michael Worrell
Director, Human Resources
Bingaman and Son Lumber Inc.
PO Box 247
1195 Creek Mountain Rd
Kreamer, PA 17833
E-mail: mworrell@bingamanlumber.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Worrell,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

J Ackerman

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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August 19, 2015

Gregory Paul Conley
President
Carithers-Wallace-Courtenay, LLC
4343 Northeast Expressway
Atlanta, GA 30340
E-mail: paul.conley@c-w-c.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Conley,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

J Keith Kelly
CEO, Contract Packaging, Inc.
14481 Lochridge Blvd.
Covington, GA 30014
E-mail:Keith@kellyreg.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Kelly,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following

information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Robert Reynolds
Avesta Homes LLC
5118 N. 56th Street, Suite 201
Tampa, FL 33610

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Reynolds,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at: http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf.

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Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

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August 19, 2015

Michael Muraski
President, Kent Manufacturing Company
2200 Oak Industrial Drive, NE
Grand Rapids, MI 49505
E-mail: mikem@kent-mfg.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Muraski,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

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200 Independence Avenue SW
Washington, DC 20201
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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Anna Steinbauer
VP of Administration
Dakota Tube Inc.
E-mail: anna.steinbauer@dakotatube.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Ms. Steinbauer,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at: http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf.

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Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
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Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Stephen T. Best
J.E. Dunn Construction Group, Inc.
1001 Locust Street
Kansas City, MO 64106
E-mail: steve.best@jedunn.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Best,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
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Room 739H

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Stephen Distelzweig
Manager, Finance and Administration
ParishSOFT LLC
825 Victors Way, Suite 200
Ann Arbor, MI 48108-2830

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Distelzweig,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

John Boest
Chief Financial Officer & Assistant Secretary
DAS Companies, Inc.
724 Lawn Road,
Palmyra, PA 17078

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Borst,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Acting Director, Market Rules Division
Oversight Group

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Room 739H

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August 19, 2015

Michael C. Radvansky
Michael James Sales Tax Solutions, LLC
1100 Circle 75 Parkway, Suite 960
Atlanta, GA 30339
E-mail: metheredge@mjsalestax.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Radvansky,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Sincerely,

J Ackerman

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

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200 Independence Avenue SW
Washington, DC 20201
Room 739H

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA OVERNIGHT MAIL& E-MAIL
RETURN RECEIPT REQUESTED

September 18, 2014

Karla Hellings
Senior Account Manager-Established Business SEPA
Aetna
980 Jolly Road U11E
Blue Bell, PA 19422
215-775-7815
HellingsKJ@aetna.com

Re: Valley Forge Christian College

Dear Ms. Hellings,

This is to inform you that the Department of Health and Human Services has received notice from Valley Forge Christian College that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Valley Forge Christian College has notified HHS of its religious objection to the coverage of the following contraceptive services that for its group health plan Valley Forge Christian College: drugs and devices which harm or terminate a fertilized human egg, including but not limited to

- Ulipristal (aka Ella)
- Levonorgestrel (aka Plan B, Plan B One-Step, Next Choice)
- Intrauterine Devices (of any type)
- Abortion services except to save the life of the mother

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
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VIA CERTIFIED MAIL & E-MAIL
RETURN RECEIPT REQUESTED

October 1, 2014

Cheri Lehto
Blue Care Network
20500 Civic Center Drive, Mail Code C410
Southfield, MI 48076
Email: clehto@bcbsm.com

Re: Blue Care Network (BCN Group Number 00104957), Sisters of the Order of St. Dominic of Grand Rapids

Dear Ms. Lehto,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from the Sisters of the Order of St. Dominic of Grand Rapids that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. The Sisters of the Order of St. Dominic of Grand Rapids has notified HHS of its religious objection to the coverage of all contraceptive services for its group health plan Blue Care Network (BCN Group Number 00104957).

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a) (4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to peovide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

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VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

October 14, 2014

Andrea Meehan
Sr. Account Executive
Sales
3031C Walton Road, Ste. 201
Plymouth Meeting, PA 19462
Andrea.Meehan@ibx.com

Re: PAISBOA Plan & Trust, Holy Ghost Preparatory School

Dear Ms. Meehan,

This is to inform you that the Department of Health and Human Services has received notice from Holy Ghost Preparatory School that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Holy Ghost Preparatory School has notified HHS of its religious objection to the coverage of all contraceptive services for its group health plan PAISBOA Plan & Trust.

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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October 17, 2014

Patricia Mayhall
United HealthCare
1110 Montlimar Drive
Suite 250
Mobile, AL 36609
Patricia_Mayhall@uhc.com

Re: Loyola University Core, Basic and Plus Plans (Policy Number 903297), Loyola University New Orleans

Dear Ms. Mayhall,

This is to inform you that the Department of Health and Human Services has received notice from Loyola University New Orleans that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Loyola University New Orleans has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plans Loyola University Core Plan (Policy Number 903297, Balanced - 40/1000/80% Plan 422 Modified), Loyola University Basic Plan (Policy Number 903297, Traditional with Deductible - 25/500/90% Plan 4Y4 Modified), and Loyola University Plus Plan (Policy Number 903297, Traditional with Deductible - 20/100% 3D1 Modified): all contraceptive benefits.

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

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October 21, 2014

Michael Apolskis
Divisional Vice President
Regulatory Monitoring & Analysis
Health Care Service Corporation
300 E. Randolph Street, 28th Floor
Chicago, Illinois 60601
Email: Mike_Apolskis@bcbsil.com

Re: Wheaton College group health plans issued by Blue Cross Blue Shield of Illinois

Dear Mr. Apolskis,

This is to inform you that the Department of Health and Human Services has received notice from Wheaton College that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Wheaton College has notified HHS of its religious objection to the coverage of the following contraceptive services for its two group health plans: abortion-causing drugs, abortion procedures, and related services. It specifically identifies Plan B, ella, and certain unspecified IUDs as drugs and devices to which it has religious objections. Note that it has no religious objection to providing coverage for contraceptive drugs and devices that prevent conception (as opposed to interfering with the continued survival of a human embryo).

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

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April 21, 2015

David Wythe
Companion Life Insurance Company
7909 Parklane Road, Suite 200
Columbia, SC 29223
E-mail: david.wythe@companiongroup.com

Re: Wheaton College Student Health Insurance Plan (Policy #2014-S3-A27)

Dear Mr. Wythe,

This is to inform you that the Department of Health and Human Services has received notice from Wheaton College that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its student health insurance coverage. Wheaton College has notified HHS of its religious objection to the coverage of the following contraceptive services for its student health plan: "abortion-causing drugs, abortion procedures, and related services". It specifically identified Plan B, ella, and certain unspecified IUDs as drugs and devices to which it has religious objections. Wheaton College stated that it "has no religious objection to providing coverage for contraceptive drugs and devices that prevent conception (as opposed to interfering with the continued survival of a human embryo)".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Oversight Group

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VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

December 2, 2014

Attn: Marketing
CommunityCare HMO, Inc.
P.O. Box 3249
Tulsa, OK 74101-3249
employerconnection@ccok.com

Re: Oral Roberts University Group Benefits Plan

Dear CommunityCare HMO,

This is to inform you that the Department of Health and Human Services has received notice from Oral Roberts University that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Oral Roberts University has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan, Oral Roberts University Group Benefits Plan: "EC Plan B One-step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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March 19, 2015

Julie Tannebaum
Major Account Executive
Blue Cross and Blue Shield of Illinois
1020 31st Street, Downers Grove, IL 60515
Email: julie_tannebaum@bcbsil.com

Re: Olivet Health Plan, Olivet Nazarene University

Dear Ms. Tannebaum,

This is to inform you that the Department of Health and Human Services has received notice from Olivet Nazarene University that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Olivet Nazarene University has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan Olivet Health Plan:

- "The Health Plan will not provide, pay for, and/or facilitate access to abortion-inducing products, and related counseling. This includes the use of Yaz, EllaOne, and the Copper-T IUD when prescribed with a diagnosis of pregnancy."
- "The Health Plan will require a prior authorization for the dispensing of Yaz, EllaOne, and the Copper-T IUD. Coverage of these products will not be allowed until a doctor confirms the use of the medications for non-abortifacient purposes."
- "Plan B will be non-covered."

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Acting Director, Division of Compliance and Enforcement
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
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Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

June 2, 2015

Michael Hoffmann
Director, Consumer Programs, CVS/Caremark
CVS Health
9501 E. Shea Blvd.
Scottsdale, AZ 85260
E-mail: Michael.Hoffmann@CVSCaremark.com

Re: St. Raphael Health Plan

Dear Mr. Hoffmann,

This is to inform you that the Department of Health and Human Services has received notice from all employers participating in the St. Raphael Health Plan, a church plan, that they are either an exempt religious employer as defined in 45 CFR 147.131(a)[1] or an eligible organization as defined in 45 CFR 147.131(b) and that your organization is a third party administrator in a contractual relationship with the exempt or eligible organizations or their plan to provide administrative services to the plan.

The organizations participating in the St. Raphael Health Plan have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, St. Raphael Health Plan: all contraceptive benefits.

Church plans are exempt from ERISA pursuant to ERISA section 4(b)(2). As such, a third party administrator of a self-insured church plan cannot become the plan administrator by operation of 29 CFR 2510.3-16, although such a third party administrator may voluntarily provide or arrange separate payments for contraceptive services and seek reimbursement for associated expenses under the process set forth in 45 CFR 156.50. If your organization chooses to do so, you may:

(1) Provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries; or

[1] The employers who are exempt have indicated to CMS that they wish to avail themselves of the accommodation.

(2) Arrange for an issuer or other entity to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries.

The costs of providing or arranging such payments may be reimbursed through an adjustment to the Federally-facilitated Exchange (FFE) user fee for a participating issuer pursuant to 45 CFR 156.50(d).

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Samara Lorenz
Director, Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
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June 2, 2015

Amy Klawitter
Director Account Management
UnitedHealthcare of WI, Employer & Individual
10701 W Research Drive
Milwaukee, WI 53226
E-mail: Amy_Klawitter@uhc.com

Re: St. Raphael Health Plan

Dear Ms. Klawitter,

This is to inform you that the Department of Health and Human Services has received notice from all employers participating in the St. Raphael Health Plan, a church plan, that they are either an exempt religious employer as defined in 45 CFR 147.131(a)[1] or an eligible organization as defined in 45 CFR 147.131(b) and that your organization is a third party administrator in a contractual relationship with the exempt or eligible organizations or their plan to provide administrative services to the plan.

The organizations participating in the St. Raphael Health Plan have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, St. Raphael Health Plan: all contraceptive benefits.

Church plans are exempt from ERISA pursuant to ERISA section 4(b)(2). As such, a third party administrator of a self-insured church plan cannot become the plan administrator by operation of 29 CFR 2510.3-16, although such a third party administrator may voluntarily provide or arrange separate payments for contraceptive services and seek reimbursement for associated expenses under the process set forth in 45 CFR 156.50. If your organization chooses to do so, you may:

(1) Provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries; or

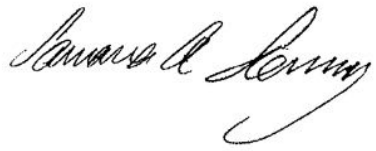
[1] The employers who are exempt have indicated to CMS that they wish to avail themselves of the accommodation.

(2) Arrange for an issuer or other entity to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries.

The costs of providing or arranging such payments may be reimbursed through an adjustment to the Federally-facilitated Exchange (FFE) user fee for a participating issuer pursuant to 45 CFR 156.50(d).

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Samara Lorenz
Director, Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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May 15, 2015

Becky Kinnaman
InHealth Mutual
Account Manager
501 West Schrock Road, Suite 310
Westerville OH 43081
bkinnaman@inhealthohio.org

Re: Healthcare Plan, Society of the Precious Blood

Dear Ms. Kinnaman,

This is to inform you that the Department of Health and Human Services has received notice from Society of the Precious Blood that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Society of the Precious Blood has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s): all contraceptive benefits.

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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August 11, 2015

Alan Shulman
Vice President and Actuary
Commercial Travelers Mutual Insurance Company
70 Genesee Street
Utica, NY 13502
E-mail: ashulman@commercialtravelers.com

Re: Student Health Insurance for Oral Roberts University

Dear Mr. Shulman,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Oral Roberts University that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its student health insurance coverage (Plan Policy Number 2015i5a97, Plain Form Number NBH-280(2014OK)). Oral Roberts University has notified HHS of its religious objection to the coverage of the following contraceptive services for its student health insurance plan: "EC Plan B One-step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus."

As the issuer of health insurance coverage for the eligible organization's student health insurance plan, your organization is responsible for complying with Public Health Service Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for student enrollees and their covered dependents without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the student health insurance plan, or student enrollees or their covered dependents. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
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200 Independence Avenue SW
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October 2, 2015

Christina Salatrik,
Sales Manager
Blue Cross Blue Shield Michigan/Blue Care Network
600 E. Lafayette Blvd, Mail Code 519C
Detroit, MI 48226
E-mail: csalatrik@bcbsm.com

Re: W&P Management LLC Weingartz

Dear Ms. Salatrik,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Weingartz Supply Co., Inc. and W & P Management LLC that they are eligible organizations as defined in 45 CFR 147.131(b) and that your organization is the issuer of their group health insurance coverage. Weingartz Supply Co., Inc. and W & P Management LLC have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, W&P Management LLC Weingartz: all contraceptive benefits.

As the issuer of the eligible organizations' health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organizations, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organizations.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
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October 14, 2015

UnitedHealthcare – Oxford
ebsa700certform@uhc.com

Re: Platinum Freedom Direct Plan, Carolyn's Place, Inc.

Dear UnitedHealthcare,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Carolyn's Place, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Carolyn's Place, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Platinum Freedom Direct: "all contraceptive benefits".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Acting Director
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
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200 Independence Avenue SW
Washington, DC 20201
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RETURN RECEIPT REQUESTED

November 23, 2015

Jim Shew
Blue Cross Blue Shield of South Carolina
1000 Executive Center Drive
Greenville, SC 29615

Re: Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan

Dear Mr. Shew,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Management, Analysis and Utilization, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Management, Analysis and Utilization, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan: "the provision of emergency contraception including, without limitation: Ella, Plan B, Plan B One Step, Next Choice, Next Choice One Dose, My Way, and Take Action".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Division of Market Regulation
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
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November 23, 2015

Lisa Williams
CIGNA HealthCare, Atlanta Select Sales Office
Two Securities Centre, Suite 200
3500 Piedmont RD N.E.
Atlanta, GA 30305

Re: Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan

Dear Ms. Williams,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Management, Analysis and Utilization, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Management, Analysis and Utilization, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan: "the provision of emergency contraception including, without limitation: Ella, Plan B, Plan B One Step, Next Choice, Next Choice One Dose, My Way, and Take Action".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Division of Market Regulation
Oversight Group

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VIA CERTIFIED MAIL
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January 8, 2016

Tufts Associated Health Plans, Inc.
705 Mount Auburn Street
P.O. Box 9193
Watertown, MA 02471

Re: St. Joseph's Abbey (Cistercian Abbey of Spencer, Inc.), St. Joseph's Abby

To whom it may concern,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from St. Joseph's Abbey (Cistercian Abbey of Spencer, Inc.) that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. St. Joseph's Abbey (Cistercian Abbey of Spencer, Inc.) has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s): "all contraceptive services."

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market-wide Regulation Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

March 03, 2016

Mary Hentosz
UPMC Health Plan
600 Grant Street
Pittsburgh, Pa. 15219

Re: Earth Sun Moon Trading Health Plan, Earth Sun Moon Trading Company, Inc.

Dear Ms. Hentosz,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Earth Sun Moon Trading Company, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Earth Sun Moon Trading Company, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Earth Sun Moon Trading Health Plan: "all contraceptive benefits".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market-wide Regulation Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

03/08/2016

Julie Trendt
Priority Health
1231 E. Beltline NE
Grand Rapids, MI 49525
(616) 942-0954
Julie.trendt@priorityhealth.com

Re: HMO HSA 80-3, Luurtsema Sales

Dear Ms. Trendt,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Luurtsema Sales that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Luurtsema Sales has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) HMO HSA 80-3: "all contraceptive benefits".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market-wide Regulation Division
Oversight Group

EBSA FORM 700-- CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Dakota Tube Inc.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Anna Steinbauer VP of Administration/Co-Owner
Mailing and email addresses and phone number for the individual listed above	221 Airport Dr Watertown SD 67201 anna.steinbauer@dakotatube.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Anna L Steinbauer
Signature of the individual listed above

10/29/15
Date

The organization or its plan using this form must provide a copy of this certification to the plan's health insurance issuer (for insured health plans) or a third party administrator (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a third party administrator for the plan that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that the eligible organization:

(1) Will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) The obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the eligible organization has a religious objection to providing coverage for all or a subset of contraceptive services, pursuant to 26 CFR 54.9815-2713A(b)(1)(iii)(B) and (c)(1)(iii), 29 CFR 2590.715-2713A(b)(1)(iii)(B) and (c)(1)(iii), and 45 CFR 147.131(c)(1)(ii). A model notice is available at: http://www.cms.gov/cciio/resources/Regulations-and-Guidance/index.html#Prevention.

This form or a notice to the Secretary is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1210-0150. An organization that seeks to be recognized as an eligible organization that qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing may complete this self-certification form, or provide notice to the Secretary of Health and Human Services, in order to obtain or retain the benefit of the exemption from covering certain contraceptive services. The self-certification form or notice to the Secretary of Health and Human Services must be maintained in a manner consistent with the record retention requirements under section 107 of the Employee Retirement Income Security Act of 1974, which generally requires records to be retained for six years. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, gather the necessary data, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0150.

MODEL NOTICE

Date: August 26, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [✓] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*
Plan B, Ella, Mirena, and Copper IUD's

(1) Name of eligible organization: Cummins-Allison Corp. and Cummins Illinois, Inc.
Contact information: MICHAEL CZERWINSKI, 847-759-3785
Eligible organization is a: [ ] Non-profit entity; OR [✓] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
CUMMINS-ALLISON CORP. WELFARE BENEFIT PLAN	ACES of IL	JULIE KANDER 312-853-7016	[ ] Issuer or [✓] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):
[✓] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Michael R. Czerwinski 8-26-14
Signature of authorized representative of eligible organization Date

Director, Risk Management
Typed name of authorized representative of eligible organization

LOYOLA UNIVERSITY NEW ORLEANS

OFFICE OF THE PRESIDENT

September 5, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [x] all or [ ] a subset of contraceptive services required to be covered under the PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code 9815.

Name of eligible organization: Loyola University New Orleans

Contact information: Ross D. Matthews, 6363 St. Charles Avenue Box 16, New Orleans, LA 70118

(1) Eligible organization is a : [x] Non-profit entity; OR [ ] Other eligible organization

(2) Service Provider Information:

(a) Plan Name	(b) Service provider name	(c) Service provider contact information	(d)Service provider category	(e) Plan type (if applicable)
Loyola University Core Plan (GRP No.)76101FF1	Blue Cross and Blue Shield of Louisiana	P.O. Box 98029 Baton Rouge, LA 70898-9029 225.295.2292	[x] Issuer or [ ] TPA	Non-profit
Loyola University Base Plan (GRP No.)76101FF1	Blue Cross and Blue Shield of Louisiana	P.O. Box 98029 Baton Rouge, LA 70898-9029 225.295.2292	[x] Issuer or [ ] TPA	Non-profit
Loyola University Plus Plan (GRP No.)76101FF1	Blue Cross and Blue Shield of Louisiana	P.O. Box 98029 Baton Rouge, LA 70898-9029 225.295.2292	[x] Issuer or [ ] TPA	Non-profit

(3) Information being submitted is (check one):
[x] Original information; OR [ ] Updated information.

Signature of authorized representative of eligible organization — Date: 5 Sept 2014

Rev. Kevin Wildes, S.J.
Typed name of authorized representative of eligible organization

VALLEY FORGE CHRISTIAN COLLEGE
Office of the President

September 10, 2014

Sylvia Mathews Burwell
Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H
Via email to marketreform@cms.hhs.gov

Re: Valley Forge Christian College Objection to Health Care Mandate

To the Secretary of Health and Human Services:

Valley Forge Christian College has a religious objection to providing coverage of a subset of contraceptive services required to be covered under PHS Action Section 2713, as adopted by the Affordable Care Act, and incorporated under ERISA section 715 and Code section 9815.
The services for which this organization objects are the following:
We are requesting relief, based on our sincerely held religious beliefs, from the regulations issued under the Patient Protection and Affordable Care Act (PPACA) that force employers to provide, directly or indirectly, insurance plans that include potentially life threatening drugs and devices, which harm or terminate a fertilized human egg (the "Mandate"); including but not limited to:

- Ulipristal (aka Ella)
- Levonorgestrel (aka Plan B, Plan B One-Step, Next Choice)
- Intrauterine Devices (of any type)
- Abortion services except to save the life of the mother

Service Provider Information

(a) Plan Name	(b) Service Provider Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan type if applicable
Valley Forge Christian College	Aetna	Karla Hellings Senior Account Manager-Established Business SEPA 980 Jolly Road U11E Blue Bell, PA 19422 215-775-7815 HellingsKJ@aetna.com	Issuer	N/A
Valley Forge Christian College	PrimePay	Brad Ramer Product Specialist/Channel Manager, HR & Benefit Services 1487 Dunwoody Drive, West Chester, PA 19335 484.913.3535 **bramer@primepay.com**	TPA	N/A

Information being submitted is:

[x] Original Information [ ] Updated

Contact Information: Kindly direct all correspondence related to this matter to

Don Meyer, Ph.D.
President
VALLEY FORGE CHRISTIAN COLLEGE
1401 Charlestown Road
Phoenixville, PA 19460
610.917.1402 (O)

Eligible Organization: Nonprofit entity – Christian college

VALLEY FORGE CHRISTIAN COLLEGE

By_____
Don Meyer, Ph.D.
President

Dominican Sisters
Grand Rapids, Michigan

Date: September 14, 2014

TO: Secretary, Health and Human Services
marketreform@cms.hhs.gov

Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, D.C. 20201, Room 739H

Name of Entity: Sisters of the Order of St. Dominic of Grand Rapids

Basis for exemption: Religious non-profit, objections based on sincerely held religious beliefs to providing coverage for all of the contraceptive services

Insurance Plan: Blue Care Network
BCN Group number 00104957
20500 Civic Center Drive
Southfield, MI 48076

Contact Information: Hylant Group
Gina Rogers
85 Campau Ave NW, Suite 100
Grand Rapids, MI 49503

Signed: Sr. Maureen Geary, *Prioress*

M. Maureen Geary OP, Prioress 9/18/14
Signature Date

Emboldened by faith, serving with joy

MODEL NOTICE

Date: 9/18/14

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Emergency Contraceptives and IUDs

(1) Name of eligible organization: Continuum

Contact information: Doug Graham, President

Eligible organization is a: [ ] Non-profit entity; OR [X] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Optimum Plus	HSA	[illegible]	[X] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan
Core	Catamount	www.catamount.com	[X] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):

[X] Original information; OR [ ] Updated information

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

[signature] 9/18/14

Signature of authorized representative of eligible organization — Date

Doug Graham

Typed name of authorized representative of eligible organization

EBSA FORM 700– CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Continuant
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Doug Graham, President
Mailing and email addresses and phone number for the individual listed above	5656 20th St E Fife, WA 98424 dougg@continuant.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a), 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

12/19/14
Date

MODEL NOTICE

Date: October 3, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [X] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

All abortifacient coverages, such as, but not limited to, morning after and week after services

(1) Name of eligible organization: Management Analysis and Utilization, Inc.
Contact information: 501 Greene Street, Augusta, Georgia, 30901
Eligible organization is a: [ ] Non-profit entity; OR [X] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
MAU/Client A - PPO	BC/BS of South Carolina	1-800-922-1185	[x] Insurer AND [x] TPA	[ ] Church plan [ ] Student plan [x] N/A
MAU/Client B - PPO	BC/BS of South Carolina	1-800-922-1185	[x] Insurer AND [x] TPA	[ ] Church plan [ ] Student plan [x] N/A
MAU/Corporate – PPO	CIGNA	866-494-2311	[ ] Insurer or [x] TPA	[ ] Church plan [ ] Student plan [x] N/A
n/a	n/a	n/a	[ ] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Signature of authorized representative of eligible organization — Date: 10-3-14

Adam Hatcher, General Counsel
Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: October 2, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [X] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

_____

(1) Name of eligible organization: Holy Ghost Preparatory School
Contact information: 2429 Bristol Pk., Bensalem, PA 19020, P: 215.639.2102
Eligible organization is a: [X] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
PAIBBCA Plan & Trust	Independence Blue Cross	Andrea Meehan 610-238-6519	[X] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Rev. James P. McCloskey, C.S.Sp. 10-6-2014
Signature of authorized representative of eligible organization Date

Rev. James P. McCloskey, C.S.Sp.
Typed name of authorized representative of eligible organization

THE CATHOLIC DIOCESE OF MEMPHIS IN TENNESSEE

September 29, 2014

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW,
Washington, DC 20201
Room 739H

To the Secretary of Health and Human Services:

The following eligible organizations has a religious objection to providing coverage of [ ] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

_____

(1) Name of eligible organization: Catholic Diocese of Memphis in Tennessee

(2) Contact information: Sandra Goldstein, Director if Human Resource

Eligible organization is a: [x] Non-profit entity; OR [ ] Other eligible organization

(3) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d)Service Provider category	(e) Plan type (if applicable)
Catholic Diocese of Memphis	Cigna	900 Cottage Grove Rd C3FIN Hartford, CT. 06152 (860) 226-1236	[ ] Issuer or [x] TPA	[x] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan

(4) Information being submitted is (check one):
[x] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Sandra Goldstein 9/29/2014
Signature of authorized representative of eligible organization Date

Sandra Goldstein
Typed name of authorized representative of eligible organization

BELHAVEN
UNIVERSITY
Our Standard is Christ

September 23, 2014

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201Room 739H

To the Secretary of Health and Human Services:

Attached is our model notice of our religious objection to providing coverage of all contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815.

I am typing the name of Virginia C. Henderson, who is the authorized representative who has signed the model notice.

Mike Myrick
Director of Human Resources and Payroll
Belhaven University

MODEL NOTICE

Date: 9/23/2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [X] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: BELHAVEN UNIVERSITY
Contact information: 1500 PEACHTREE ST. CAMPUS BOX 172 JACKSON, MS 39202 601-968-8993
MAYRICK@BELHAVEN.EDU
Eligible organization is a: [X] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
BELHAVEN UNIVERSITY PLAN A	BLUE CROSS BLUE SHIELD MISSISSIPPI		[ ] Insurer or [X] TPA	[ ] Church plan [ ] Student plan
BELHAVEN UNIVERSITY PLAN B	BLUE CROSS BLUE SHIELD MISSISSIPPI		[ ] Insurer or [X] TPA	[ ] Church plan [ ] Student plan
BELHAVEN UNIVERSITY PLAN C	BLUE CROSS BLUE SHIELD MISSISSIPPI		[ ] Insurer or [X] TPA	[ ] Church plan [ ] Student plan
	PO BOX 1043 JACKSON, MS 39205-1043		[ ] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

Virginia C. Henderson 9/23/2014
Signature of authorized representative of eligible organization Date

Virginia C. Henderson
Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: 10/7/2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [X] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Plan B, which is one form of the morning-after pill.

Ella (the manufacturer uses a lower case "e") is another version of the morning-after pill.

Mirena, an IUD that changes cervical mucus.

ParaGard, which is a copper IUD.

(1) Name of eligible organization: Bingaman and Son Lumber Inc. Po Box 247 (1195 Creek Mountain rd) Kreamer PA 17833

Contact information: Michael Worrell, Director Human Resources 570-374-1108 mworrell@bingamanlumber.com

Eligible organization is a: [ ] Non-profit entity; OR [X] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Health America/ Health Assurance PPO $5000 plan	PO Box 6506 Carol Stream Il 60197		[X]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
UPMC PPO $3500 plan	One Chatham Center 112 Washington Place Pittsburgh PA 15219		[X]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Signature of authorized representative of eligible organization — Date 10/7/2014

Michael Worrell — Date 10/7/2014

Typed name of authorized representative of eligible organization

LOYOLA UNIVERSITY NEW ORLEANS

OFFICE OF THE PRESIDENT

October 14, 2014

To the Secretary of Health and Human Services

The following eligible organization has a religious objection to providing coverage of [x] all or [ ] a subset of contraceptive services required to be covered under the PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code 9815.

Name of eligible organization: Loyola University New Orleans

Contact information: Ross D. Matthews, 6363 St. Charles Avenue Box 16, New Orleans, LA 70118

(1) Eligible organization is a [x] Non-profit entity; OR [ ] Other eligible organization

(2) Service Provider Information:

(a) Plan Name	(b) Service provider name	(c) Service provider contact information	(d)Service provider category	(e) Plan type (if applicable)
Loyola University Core Plan Policy Number 903297 Balanced – 40/1000/80% Plan 422 Modified	UnitedHealthcare	UnitedHealthCare 1110 Montlimar Drive Mobile, AL 36609 251.461.5222	[x] Issuer or [ ] TPA	Non-profit
Loyola University Basic Plan Policy Number 903297 Traditional with Deductible – 25/500/90% Plan 4Y4 Modified	UnitedHealthcare	UnitedHealthCare 1110 Montlimar Drive Mobile, AL 36609 251.461.5222	[x] Issuer or [ ] TPA	Non-profit
Loyola University Plus Plan Policy Number 903297 Traditional with Deductible - 20/100% 3D1 Modified	UnitedHealthcare	UnitedHealthCare 1110 Montlimar Drive Mobile, AL 36609 251.461.5222	[x] Issuer or [ ] TPA	Non-profit

(3) Information being submitted is (check one):

[ ] Original information, OR [x] Updated information *Effective 1/1/2015, Loyola University New Orleans's Health Plans service provider will be UnitedHealthCare The previous letter that was submitted to DHH had the Service Provider Name as Blue Cross and Blue Shield of Louisiana*

Signature of authorized representative of eligible organization Date 14 October 2014

Rev. Kevin Wildes, S.J.
Typed name of authorized representative of eligible organization

EBSA FORM 700-- CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Carithers-Wallace-Courtenay, LLC
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Gregory Paul Conley, President
Mailing and email addresses and phone number for the individual listed above	4343 Northeast Expressway Atlanta, GA 30340 770.493.8200 paul.conley@c-w-c.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

09.16.14
Date

The organization or its plan using this form must provide a copy of this certification to the plan's health insurance issuer (for insured health plans) or a third party administrator (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a third party administrator for the plan that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that the eligible organization:

(1) Will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) The obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the eligible organization has a religious objection to providing coverage for all or a subset of contraceptive services, pursuant to 26 CFR 54.9815-2713A(b)(1)(ii)(B) and (c)(1)(ii), 29 CFR 2590.715-2713A(b)(1)(ii)(B) and (c)(1)(ii), and 45 CFR 147.131(c)(1)(ii). A model notice is available at: http://www.cms.gov/cciio/resources/Regulations-and-Guidance/index.html#Prevention.

This form or a notice to the Secretary is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1210-0150. An organization that seeks to be recognized as an eligible organization that qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing may complete this self-certification form, or provide notice to the Secretary of Health and Human Services, in order to obtain or retain the benefit of the exemption from covering certain contraceptive services. The self-certification form or notice to the Secretary of Health and Human Services must be maintained in a manner consistent with the record retention requirements under section 107 of the Employee Retirement Income Security Act of 1974, which generally requires records to be retained for six years. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, gather the necessary data, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0150.

EBSA FORM 700-- CERTIFICATION

(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization:

CONTRACT PACKAGING, INC

Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization:

J KEITH KELLY, CEO

Mailing and email addresses and phone number for the individual listed above:

14481 LOCHRIDGE BLVD, COVINGTON, GA 30014
770-385-1187
keith@kellyreg.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

J Keith Kelly

Signature of the individual listed above

10/27/2014

Date

MODEL NOTICE

Date: **10/27/2014**

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [**X**] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Emergency contraception: (Plan B, Ella, and Next Choice

(1) Name of eligible organization: **CONTRACT PACKAGING, INC**
Contact information: **J KEITH KELLY**
14481 LOCHRIDGE BLVD, COVINGTON, GA 30014
770-385-1187
keith@kellyreg.com

Eligible organization is a: [ ] Non-profit entity; OR [**X**] Other eligible organization

(2) Service provider information:

(a) Plan Name **OPEN ACCESS POINT OF SERVICE (GA6599M004)**
(b) Service provider name: **Blue Cross and Blue Shield of Georgia**
(c) Service Provider Contact: Wayne M. Anderson | Account Manager - Large Group Sales
Blue Cross BlueShield of Georgia] 3350 Peachtree Road NE] Atlanta, GA 30326
✉ wayne.anderson@bcbsga.com ☎ Mobile: 404-676-6895 | ☎ Fax: 877-606-3608

(3) Information being submitted is (check one):
[**X**] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

J Keith Kelly
_____
Signature of authorized representative of eligible organization Date

J KEITH KELLY
Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: 10/22/14

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [X] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

_____.

(1) Name of eligible organization: Avesta Homes LLC_____
Contact information: c/o Robert Reynolds, 5118 N. 56th Street Suite 201, Tampa, FL 33610
Eligible organization is a: [ ] Non-profit entity; OR [X] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
W79-HD8P, 0FJ, 0KO	UnitedHealthcare	PO Box 740800 Atlanta, GA 30374	[X]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____.

Robert Reynolds_____10/22/14_____
Signature of authorized representative of eligible organization Date

Robert Reynolds, authorized representative, Avesta Homes LLC
Typed name of authorized representative of eligible organization

EBSA FORM 700-- CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Kent Manufacturing Company
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Michael Muraski/President
Mailing and email addresses and phone number for the individual listed above	2200 Oak Industrial Drive NE Grand Rapids MI 49505 mikem@kent-mfg.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

10/9/14

Date

EBSA FORM 700– CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year

Name of the objecting organization	Dakota Tube Inc.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Anna Steinbauer VP of Administration / Co-owner
Mailing and email addresses and phone number for the individual listed above	anna.steinbauer@dakotatube.com 605-882-2156

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

11-5-14
Date

The organization or its plan using this form must provide a copy of this certification to the plan's health insurance issuer (for insured health plans) or a third party administrator (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a third party administrator for the plan that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that the eligible organization:

(1) Will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) The obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the eligible organization has a religious objection to providing coverage for all or a subset of contraceptive services, pursuant to 26 CFR 54.9815-2713A(b)(1)(ii)(B) and (c)(1)(ii), 29 CFR 2590.715-2713A(b)(1)(ii)(B) and (c)(1)(ii), and 45 CFR 147.131(c)(1)(ii). A model notice is available at http://www.cms.gov/cciio/resources/Regulations-and-Guidance/index.html#Prevention.

This form or a notice to the Secretary is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1210-0150. An organization that seeks to be recognized as an eligible organization that qualifies for an accommodation with respect to the federal requirement ~~to cover certain contraceptive services without cost sharing may complete this self-certification form,~~ or provide notice to the Secretary of Health and Human Services, in order to obtain or retain the benefit of the exemption from covering certain contraceptive services. The self-certification form or notice to the Secretary of Health and Human Services must be maintained in a manner consistent with the record retention requirements under section 107 of the Employee Retirement Income Security Act of 1974, which generally requires records to be retained for six years. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, gather the necessary data, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0150.

MOYERS MARTIN LLP
ATTORNEYS AND COUNSELORS AT LAW SINCE 1910

FROM THE DESK OF
TERRY M. KOLLMORGEN
TMK@MOYERSMARTIN.COM

November 18, 2014

SUBMITTED BY ELECTRONIC MAIL, CERTIFIED MAIL RETURN RECEIPT REQUESTED AND FEDERAL EXPRESS

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Room 7391I
Washington, DC 20201

Re: Written Notice Pursuant to Interim Final Rule of Objections and Refusal to include Abortifacients within in the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

The undersigned serves as General Counsel for Oral Roberts University ("ORU"). This letter constitutes ORU's written notice of "opting out" of any obligation imposed by the Patient Protection and Affordable Care Act mandate, including any resulting rules or regulations ("Mandate") to include Abortifacients, as identified below, within its group health plan ("Plan") on the grounds that such action substantially burdens ORU's sincerely held religious beliefs. This written notice is in compliance with and in reliance on the August 27, 2014 Interim Final Rule entitled Coverage of Certain Preventive Services Under the Affordable Care Act ("Interim Final Rule"), including the description of the augmented accommodation set forth therein. 79 Fed. Reg. 51092.

The information required by the Interim Final Rule is set forth below as well in the exhibits and enclosures with this letter:

1. The full name of the Eligible Organization is "Oral Roberts University."

2. The basis upon which ORU qualifies for the augmented accommodation to "opt out" of the Mandate under the Interim Final Rule is that ORU is organized and operates as a nonprofit entity – an Oklahoma not for profit corporation; ORU holds itself out as a religious institution; ORU opposes providing "contraceptive" coverages that include Abortifacients; and ORU self-certifies that it satisfies the first three criteria. *See* enclosed letter from ORU President Dr. William M. Wilson.

3. ORU's objections to including Abortifacients in its Plan based upon its sincerely held religious beliefs are set forth in the enclosed letter from Dr. Wilson.

4. The Abortifacients excluded from ORU's Plan are EC Plan B One-Step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus. ORU objects to and refuses to include these Abortifacients within its Plan.

5. Identification of the Plan name is set forth on the Form 5500 attached as Exhibit "A."

6. Identification of the Plan's health insurance issuer and contact information is set forth in the excerpt from the Plan document attached as Exhibit "B."

ORU exercises the "opt out" of the Mandate's coverage of Abortifacients in material reliance on the government's statements and representations regarding the implementation, effect, and operation of the Mandate and augmented accommodation. ORU reserves the right to challenge the Mandate, obtain and/or receive further protections including those arising from judicial or regulatory developments, and take any and all further action it deems necessary to protect its religious liberties and interests. By "opting out" of the Mandate, ORU does not in any way endorse the imposition of the Mandate, the inclusion of Abortifacients within the scope of the Mandate, or the failure of the government to provide a complete exemption for ORU from the Mandate. ORU has and shall continue to actively promote and undertake efforts to advance the causes of the sanctity of life and religious liberty.

Sincerely,

Terry M. Kollmorgen

Terry M. Kollmorgen, General Counsel
Oral Roberts University

Enclosures:
Letter from Dr. William M. Wilson
Exhibit "A" – Form 5500
Exhibit "B" – Excerpt from Plan

ORU | MAKE NO LITTLE PLANS HERE

November 18, 2014

SUBMITTED BY ELECTRONIC MAIL AND REGULAR MAIL

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight,
200 Independence Avenue SW
Room 739H
Washington, DC 20201

Re: Notice of Objection and Refusal to include Abortifacients within the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

This letter serves as further objection to and notice of refusal to include Abortifacients, as identified below, within the group health plan of Oral Roberts University (ORU) on the grounds that such action substantially burdens ORU's sincerely held religious beliefs.

ORU was established in 1962 as a private Christian university located in Tulsa, Oklahoma. ORU is an Oklahoma not for profit corporation and an Internal Revenue Code §501(c)(3) tax exempt entity. ORU was "founded in the fires of evangelism and upon the unchanging precepts of the Bible." *See* ORU's Founding Vision. ORU seeks to fulfill God's commission to its founder, Oral Roberts, to "[R]aise up your students to hear My voice, to go where My light is dim, where My voice is heard small, and My healing power is not known, even to the uttermost bounds of the earth." ORU's mission is "[T]o build Holy Spirit-empowered leaders through whole person education to impact the world with God's healing." *See* ORU's Mission Statement. ORU's fulfillment of its mission includes providing a "whole person education," which develops students in spirit, mind, and body, to prepare them to be

professionally competent leaders who are spiritually alive, physically disciplined, socially adept, and intellectually alert.

ORU draws its faculty, staff, and administration from those who hold its same religious beliefs by professing and demonstrating a strong commitment to the Lord Jesus Christ and the Bible as God's Word. An integral part of fulfilling ORU's mission is electing Trustees and hiring faculty, staff, and administrators that exemplify its lifestyle and Code of Honor. ORU employees and students sign the Honor Code Pledge, which is an expression of ORU's responsibility to God and "designed to bring unity among" its students, faculty, staff, and administration.

Among these deeply held shared religious beliefs are the Bible's clear teachings on the absolute sanctity of life. ORU believes, in accordance with Scripture, that life begins at conception. (Psalm 139:13-16, Luke 1:39-41, Jeremiah 1:5) and from that moment forward, life in the womb is sacred and worthy of the utmost protection and respect.

ORU abhors the destruction of innocent human life through abortion as unbiblical and contrary to God's will. ORU unreservedly believes that the procurement of, participation in, facilitation of, or payment for abortion, including the Abortifacients included within the Patient Protection and Affordable Care Act ("ACA") mandate, violates the Sixth Commandment and are inconsistent with the dignity conferred by God on creatures made in His image. Based on the Bible's religious and moral teachings, ORU opposes termination of the life of a preborn child by, among other means, abortion-inducing drugs and devices including those that after fertilization serve to prevent the newly formed embryo from implanting into the mother's uterus or dislodge the viable embryo after it was recently implanted. For ORU, abortions and the use of any Abortifacients are morally wrong and violate our sincerely held religious beliefs.

These sincerely held religious beliefs are not constrained to the black and white of a published statement but rather are lived out through the lives and activities of ORU's students, faculty, staff, Trustees and constituents. For example, ORU sponsors two student groups on campus focused on issues relating to abortion: Ambassadors for Life and Students for Life. Ambassadors for Life are guided by a mission to "go into every man's world with the Light and Life of Christ and to educate the student body about abortion, euthanasia, and infanticide, equipping this generation for life. *See* Ambassadors for Life Mission Statement. The mission of Students for Life is "to rais[e] the issues of life regarding born and unborn persons. [Their] goal is to further educate the ORU student body regarding community resources as alternatives to abortion as well as resources that respect the dignity of human life." *See* Students for Life Mission Statement. ORU's rich history, spanning over fifty years, is blessed by Trustees, Regents, Presidents, faculty, staff, students, and alumni who have actively engaged in communications, activities and organizations advancing these sanctity of life principles.

ORU understands that the Department of Health and Human Services adopted the recommendation from the Institute of Medicine panel to interpret the "preventive services" for women's health care provision of the ACA to require that private group health plans provide full coverage of women's contraceptives. Among the twenty contraceptives included in the guidelines are Abortifacients identified by ORU as EC Plan B One-Step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus. ORU objects to and refuses to include these Abortifacients within its group health plan.

In addition, ORU also objects to the provisions of the ACA that extend the religious exemption solely to traditional churches, while refusing to include similarly situated established religious institutions such as ORU. The cited rationale for exclusion of churches from the ACA mandate – that they are "more likely" to hire employees that share the same faith (78 Fed. Reg. 39869, 39874 (July 2, 2013) - applies with equal force and weight to ORU. ORU employees, as demonstrated by their commitment to the Code of Honor Pledge, share ORU's views on the absolute sanctity of human life and abhorrence of Abortifacients to initiate an unholy termination of human life.

The government's regulatory scheme of applying rigid standards to the definition of religious institutions fails to reflect an understanding of the religious and theological foundations of institutions such as ORU. As a Charismatic Spirit-Empowered educational institution, ORU does not fall within the government's pre-conceived notion of a "church, association of churches or integrated auxiliaries of churches" that are exempt from the ACA Mandate. Instead, operating as its controlling religious authority, ORU's Board of Trustees fulfills this governing role in determining and promulgating ORU's statements of faith and religious beliefs. These beliefs are not limited to a singular connection to one particular church or denomination, but rather have spawned a much broader expanse of relationships and ongoing associations with hundreds of churches of shared religious beliefs across the entire globe. ORU serves a core constituency of over 600 million renewalists or Spirit-Empowered Christian believers ranging from Charismatic Catholics to traditional Pentecostal groups. This global community of believers shares ORU's deeply held religious beliefs of rejecting abortion and honoring the sanctity of human life. Any governmental rule or regulation that refuses to extend a religious based exemption to ORU with its dynamic and expansive Christian impact is not only misguided but openly serves to discriminate against ORU on the basis of religion and denies our fundamental religious liberties.

In closing, I would ask you to reflect on the response of President Thomas Jefferson to a group of nuns writing him in 1804 to express concerns about the power of the federal government and their ability to retain both their property and their religious freedoms. President Jefferson responded that "the principles of the constitution and the government of the United States are a sure guarantee to you that [your property] will be preserved to you sacred and

inviolate, and that your institution will be permitted to govern itself according to its own voluntary rules, without interference from the civil authority." ORU appreciates your further evaluation of these issues and will remain in fervent prayer that our government will reconsider its promotion of Abortifacients in group health plans and will, at an absolute minimum, provide a complete religious exemption to ORU and similarly situated religious institutions and entities.

Sincerely,

Dr. William M. Wilson, President
Oral Roberts University

Page 254 redacted for the following reason:
- -
(b)(4)

any delegate. Any delegate shall report periodically to the Employer or Plan Administrator, as applicable, concerning the discharge of the allocated or delegated responsibilities. As authorized by ERISA, to prevent any two parties from being deemed co-fiduciaries with respect to a particular function, the Plan is intended and shall be construed to allocate to each party only those specific powers, duties, responsibilities and obligations as are specifically granted to such party under or pursuant to the Plan.

Plan Information

Employer and Plan Sponsor:

Oral Roberts University
7777 S. Lewis Ave.
Tulsa, OK 74171
(918) 495-7874

Other Participating Employer:

University Broadcasting, Inc.
7777 S. Lewis Ave.
Tulsa, OK 74171

Plan Name: Oral Roberts University Group Benefits Plan ("Plan")

Plan Sponsor's Employer Identification Number: 73-0739626

ERISA Plan Number: 501

Agent for Legal Process:

Terry M. Kollmorgen
Moyers, Martin, Santee, & Imel, LLP.
401 S. Boston Suite 1100
Tulsa, OK 74103
(918) 582-5281

Type of Plan: A welfare benefit plan.

Plan Payments: Plan benefits are paid from general assets of the Participating Employers with respect to self-insured benefits and insurance company payments with respect to insured benefits by the following insurers and claims administrators as indicated below (or any successor entity as communicated by the Employer from time to time) for the respective benefits programs.

Medical Insurance Program

This benefits program is insured by the Insurer named below pursuant to the terms of the insurance contract/policy identified below.

CommunityCare HMO, Inc.
P.O. Box 3249
Tulsa, OK 74101-3249

EXHIBIT B

MODEL NOTICE

Date: November 19, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [X] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

- Plan B (levonorgestrel) and its generic equivalents
- ella (ulipristal acetate)
- ParaGard (copper IUD)
- Mirena and Skyla (levonorgestrel-releasing IUDs)

.

(1) Name of eligible organization: J.E. Dunn Construction Group, Inc.
Contact information: 1001 Locust Street
Kansas City, MO 64106
steve.best@jedunn.com
(678) 781-2512

Eligible organization is a: [ ] Non-profit entity; OR [***X***] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
JE Dunn Construction Group Welfare Benefits Plan	Blue Cross & Blue Shield of Kansas City	One Pershing Square 2301 Main PO Box 419071 Kansas City, MO 64141 steve.price@bcbssc.com	TPA	N/A
Same as above	MedTrak Services	7101 College Blvd., #1000 Overland Park, KS 66210 bmcguire@medtrakservices.com	TPA	N/A

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.

Stephen C Best — **11-19-2014**

Signature of authorized representative of eligible organization — Date

Stephen T. Best

Typed name of authorized representative of eligible organization

GREENVILLE
COLLEGE

December 1, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [X] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Greenville College opposes abortifacient contraception and requests exemption of Plan B, Ella and certain abortifacient IUD's from its insurance coverage for employees effective on January 1, 2015.

(1) Name of eligible organization: **Greenville College**

Contact information: **315 E. College Avenue, Greenville, IL 62246**
Phone: 618-664-2800

Eligible organization is a: [X] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
$500 Deductible Plan - PPO	Blue Cross Blue Shield	www.bcbsil.com; 800-458-6024	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan
$1,500 Deductible Copay Plan - PPO	Blue Cross Blue Shield	www.bcbsil.com; 800-458-6024	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan
$3,000 HSA Plan - HSA	Blue Cross Blue Shield	www.bcbsil.com; 800-458-6024	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____.

Signature of authorized representative of eligible organization

12/1/2014
Date

Dr. Ivan Filby, President
Typed name of authorized representative of eligible organization

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	Covenant Presbyterian Church
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Ron Fischer, CPM, CCA Church Staff Administrator
Mailing and email addresses and phone number for the individual listed above	RFISCHER@COVENANTPALMBAY.ORG 321-727-2661

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

12/2/14

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

(1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EBSA FORM 700

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	TRINITY SCHOOLS, INC. D/B/A TRINITY SCHOOL AT RIVER RIDGE
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	KERRY J. KOLLER PRESIDENT
Mailing and email addresses and phone number for the individual listed above	107 SO. GREENLAWN AVE. SOUTH BEND, IN 46617 KJKOLLER@TRINITYSCHOOLS.ORG (574) 234-5088 EXT 113

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

DEC 11, 2014

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

(1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EBSA FORM 700

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	PEOPLE OF PRAISE MINNESOTA, INC.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	JOEL KIBLER PRESIDENT
Mailing and email addresses and phone number for the individual listed above	JOELKIBLER@GMAIL.COM 601 RIVER RIDGE PARKWAY EAGAN, MN 55121 (651) 789-2888

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Joel Kibler

Signature of the individual listed above

DEC 11, 2014

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

(1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

MOYERS MARTIN LLP
ATTORNEYS AND COUNSELORS AT LAW SINCE 1910

FROM THE DESK OF
TERRY M. KOLLMORGEN
TMK@MOYERSMARTIN.COM

December 23, 2014

SUBMITTED BY ELECTRONIC MAIL, CERTIFIED MAIL RETURN RECEIPT REQUESTED AND FEDERAL EXPRESS

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Room 739H
Washington, DC 20201

Re: Supplement to Written Notice Pursuant to Interim Final Rule of Objections and Refusal to include Abortifacients within in the group health plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

The undersigned serves as General Counsel for Oral Roberts University ("ORU"). This letter constitutes ORU's supplement to its written notice ("Notice") dated November 18, 2014 of "opting out" of any obligation imposed by the Patient Protection and Affordable Care Act mandate, including any resulting rules or regulations ("Mandate"), to include Abortifacients, as identified in the Notice, within its group health plan ("Plan") on the grounds that such action substantially burdens ORU's sincerely held religious beliefs. This supplement to the Notice is in compliance with and in reliance on the August 27, 2014 Interim Final Rule entitled Coverage of Certain Preventive Services Under the Affordable Care Act ("Interim Final Rule"), including the description of the augmented accommodation set forth therein. 79 Fed. Reg. 51092.

The information required by the Interim Final Rule contained in the Notice is supplemented as follows:

1. Effective January 1, 2015, the Plan will be self-funded.

2. The Plan's third party administrator is:

CommunityCare
218 W. 6th Street
Tulsa, Oklahoma 74119

All other terms and conditions of the Notice remain in full force and effect.

Sincerely,

Terry M. Kollmorgen, General Counsel
Oral Roberts University

ParishSOFT
Connecting People and the Church

December 11, 2014

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
Room 739H
200 Independence Avenue, SW
Washington, DC 20201

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [X] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:* All contraceptive medications & procedures (sterilization, abortion, IUC, contraceptive devices etc.)

(1) Name of eligible organization: ParishSOFT LLC
Contact information: Stephen Distelzweig, Manager Finance & Administration
Eligible organization is a: [ ] Non-profit entity; OR [X] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category		(e) Plan type (if applicable)	
BCN HMO 4000	Blue Care Network	Ryan Figurski	[X] Issuer or	[ ] TPA	[ ] Church plan	[ ] Student plan
Simply Blue PPO 500	Blue Cross Blue Shield	Ryan Figurski	[X] Issuer or	[ ] TPA	[ ] Church plan	[ ] Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

SDA

December 11, 2014
Signature of authorized representative of eligible organization — Date

Stephen Distelzweig, Manager Finance & Administration
Typed name of authorized representative of eligible organization

Ph: 800-233-7509
Fx: 717-964-2307

December 29, 2014

Honorable Sylvia Burwell
Secretary, Health & Human Services
The U.S. Department of Health and Human Services
c/o Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
Room 739H
200 Independence Avenue, SW
Washington, DC 20201

Notification of Objection

Dear Ms. Burwell:

DAS Companies, Inc. is a closely-held corporation organized in Pennsylvania. The sole shareholder of the corporation is a (b)(6) and adheres to the tenets of his faith. As a closely-held family corporation with deep religious convictions and based on the United States Supreme Court's decision in Burwell v. Hobby Lobby Stores, Inc., 134 S. Ct. 2751 (U.S. 2014), DAS objects to providing coverage of all contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815.

DAS will continue to provide comprehensive health care plans for its employees. Based on its religious objections to the mandate to provide contraceptives, however, no form of contraceptives will be offered in the health care plans provided for its employees. The DAS health plan is the DAS Companies, Inc. PPO. It is administered by a Third Party Administrator: Highmark Blue Shield, 1800 Center Street, Camp Hill PA 17089.

Should you have any questions regarding this letter, please feel free to contact the undersigned.

Sincerely,

(b)(6)

Chief Financial Officer & Assistant Secretary

Corporate Office
724 Limit Road
Palmyra, PA 17078
www.dasinc.com

EBSA FORM 700– CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	ILLINOIS BAPTIST CHILDREN'S HOME AND FAMILY SERVICES
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	DOUG DEVORE EXECUTIVE DIRECTOR
Mailing and email addresses and phone number for the individual listed above	949 COUNTY ROAD 1300 N CARMI IL 62821 doug.devore@bchfs.com 618/382-4164

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Doug Devore
Signature of the individual listed above

1/21/15
Date

EBSA FORM 700– CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	OLIVET NAZARENE UNIV
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	David Pickering Director of Business and Human Resources
Mailing and email addresses and phone number for the individual listed above	1 UNIVERSITY AVE Bourbonnais, ILL 60914 dpickrng@olivet.edu 1-815-939-5239

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

January 29, 2015
Date

MODEL NOTICE

Date: January 29, 2015

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

All Pharmaceutical Abortifacients-substance causing abortion

(1) Name of eligible organization: Olivet Nazarene University
Contact information: 1 University Ave, Bourbonnais, IL 60914
Eligible organization is a: [X] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Olivet Health Plan	BCBS OF ILL	Chicago, IL	[X] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

David Pickering

Signature of authorized representative of eligible organization — January 29, 2015 — Date

David Pickering, Dir of Business and Human Resources

Typed name of authorized representative of eligible organization

St. Raphael

Health, Dental and Vision Insurance

3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912
Phone: (414) 769-3300
Fax: (414) 769-3408

VIA CERTIFIED MAIL AND EMAIL
RETURN RECEIPT REQUESTED

May 22, 2015

James Mayhew
Director, Division of Regulations and Policy, Oversight Group
Department of Health and Human Services
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Washington, DC 20201
Room 739H

Dear Mr. Mayhew,

We write on behalf of the St. Raphael Health Plan in response to your letter dated May 19, 2015 ("CMS Letter") regarding the notifications you received from the employers participating in the St. Raphael Health Plan that have sincerely-held religious objections to providing coverage for all contraceptive services. We appreciate your review and consideration of these notifications.

Based on the list of employers provided in the CMS Letter, we write to clarify that the following entities are exempt religious organizations. Please note that the parishes and religious orders noted below are exempt religious employers for which notifications were previously sent to the Department of Health and Human Services:

1. All Saints;
2. Good Shepherd (Shepherd of the Hills);
3. Immaculate Conception;
4. Mary Queen of Heaven;
5. Order of St. Camillus;
6. Our Lady of Divine Providence;
7. Sisters of Charity of St. Joan Antida;
8. St. Matthew; and
9. St. Thomas Aquinas.

In addition, St. Vincent de Paul, which is number 155 on the list of entities in the CMS Letter, is not an exempt religious organization, but rather an employer with a sincerely-held religious objection to providing coverage for all contraceptive services.

As indicated in the CMS Letter, we confirm that all exempt religious employers choose to avail themselves of the accommodation, similar to the other notifying employers that have sincerely-held religious objections to covering all contraceptive services.

Accordingly, based on the timing of the upcoming plan year and the new plan design, we will send this letter, along with the CMS Letter, to the St. Raphael Health Plan's third-party administrators to notify them of the use of the accommodation by all of the notifying employers in the St. Raphael Health Plan. We ask the Centers for Medicare & Medicaid Services to work with the Department of Labor to notify the St. Raphael Health Plan's third-party administrators in accordance with the August 2014 final regulations as soon as possible since the new plan year begins on July 1, 2015.

Please let me know if you have any questions regarding this letter. We very much appreciate your time and efforts in this process.

Sincerely,



John J. Marek
on behalf of St. Raphael Health Plan;
Archdiocese of Milwaukee – Sponsoring Employer, Plan Administrator and
Agent for Participating Employers
414-769-3334
marekj@archmil.org

cc: David W. Eckhardt, Esq.

St. Raphael

Health, Dental and Vision Insurance

3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912
Phone: (414) 769-3300
Fax: (414) 769-3408

April 2, 2015

To the Secretary of Health and Human Services:

Enclosed are letters from all of the employers who participate in the St. Raphael Health Plan.

In accordance with Catholic teaching, each of these eligible non-profit organizations has a sincerely-held religious objection to providing coverage of all contraceptive services. Please process Third Party Administrator notifications accordingly.

Thank you.

John J. Marek, on behalf of St. Raphael Health Plan
Archdiocese of Milwaukee – Sponsoring Employer,
Plan Administrator and Agent for Participating Employers

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, All Saints Catholic School (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: All Saints Catholic School
Organization Name

Joachim M Lichter Ph D 3/16/15
Signature of authorized representative Date

Jacqueline M Lichter, Ph D 3/16/15
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Annunciation Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Annunciation Parish
Organization Name

Michael L. Wild — 3-18-15
Signature of authorized representative — Date

Michael L. Wild — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Apostleship of Prayer (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Apostleship of Prayer
Organization Name

Signature of authorized representative — Date: 3/20/2015

Douglas Leonard — Executive Director
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, the Archdiocese of Milwaukee, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Archdiocese of Milwaukee
Organization Name

John J Marek — 16 March 2015
Signature of authorized representative — Date

John J Marek — Treasurer
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Blessed John Paul II (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Blessed John Paul II Congregation
Organization Name

Signature of authorized representative — Date: 3-20-15

Rev Michael Ignaszak — Pastor

Print name of authorized representative — Title

414-769-3405

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Blessed Sacrament Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Blessed Sacrament Congregation
Organization Name

Thomas J Adamski — 3/17/15
Signature of authorized representative — Date

THOMAS J ADAMSKI — Business Manager
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Blessed Savior Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Blessed Savior Congregation
Organization Name

[signature] 3/19/2015
Signature of authorized representative Date

Sister Sylvia Anne 3/19/2015
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Blessed Teresa of Calcutta Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Blessed Teresa of Calcutta Parish

Signature of authorized representative — Date: 3/16/15

Print name of authorized representative: STEPHEN H. FOLTZ — Title: DIRECTOR OF ADMINISTRATION

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Blessed Trinity Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Blessed Trinity Parish

Lynn Walvoort 3/19/2015
Signature of authorized representative Date

Lynn Walvoort Director of Administrative Services
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Carmelite Home Inc, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Carmelite Home Inc
Organization Name

Sr. maria Goretti 3/19/2015
Signature of authorized representative Date

Sr. maria Goretti Administrator
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, __Carmelite Sisters of the Divine Heart of Jesus_____ _____, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: *Organization Name*- Carmelite Sisters of The Divine Heart of Jesus

Sister M Immaculata Ostrihaus 3-20-15
Signature of authorized representative Date

Sister M. Immaculata OsTrihaus Superior
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, **Congregation of St. John Cathedral**, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: **Congregation of St. John Cathedral**
Organization Name

Jeffrey R. Haines — **March 18, 2015**
Signature of authorized representative — Date

Very Rev. Jeffrey R. Haines — **Rector and Pastor**
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Catholic Cemetery Association of Racine, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Catholic Cemetery Association of Racine
Organization Name

Celeste M. McKlosky 3/23/2015
Signature of authorized representative Date

Celeste M. McKlosky Director
Print name of authorized representative Title

1334644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Catholic Charities of the Archdiocese of Milwaukee, Inc. (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Catholic Charities of the Archdiocese of Milwaukee, Inc.
Organization Name

Signature of authorized representative — Date: 3.17.15

Beth E. Hanan — board chair
Print name of authorized representative — Title

THE CATHOLIC COMMUNITY FOUNDATION

March 18, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, the Archdiocese of Milwaukee Catholic Community Foundation, Inc., (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Archdiocese of Milwaukee Catholic Community Foundation, Inc.

Mary Ellen Markowski 3/18/15

Signature of authorized representative Date

Mary Ellen Markowski, President

837 EAST ERIE STREET ■ MILWAUKEE, WI 53202 ■ T: 414.431.8402 ■ F: 414.431.8407 ■ legaciesoffaith.org

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ALL SAINTS CATHOLIC EAST ELEMENTARY (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ALL SAINTS CATHOLIC EAST ELEMENTARY
Organization Name

Hilda Esteves 03/20/2015

Signature of authorized representative — Date

Hilda Esteves — Business Manager

Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, the Milwaukee Catholic Press Apostolate (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Milwaukee Catholic Press Apostolate
Organization Name

Brian T Olszewski 3-19-15
Signature of authorized representative Date

BRIAN T OLSZEWSKI General Manager
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Christ Child Christian Formation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Christ Child Christian Formation
Organization Name

Fr. Paul J. Fliss — 3/19/15
Signature of authorized representative — Date

Fr. Paul J. Fliss — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Christ King Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Christ King Parish
Organization Name

Rev. Phillip Bogachi — 3/20/15
Signature of authorized representative — Date

Rev. Phillip Bogachi — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, _Holyland Catholic - CPES, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

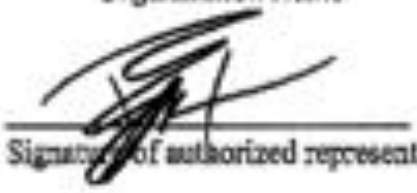
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holyland Catholic - CPES
Organization Name



Signature of authorized representative

March 20, 2015
Date

__Rick Erickson, PhD__
Print name of authorized representative

Administrator
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Discalced Carmelites of Holy Hill, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Discalced Carmelites of Holy Hill
Organization Name

V. Rev. Michael Berry, OCD — 3/19/15
Signature of authorized representative — Date

V. REV. MICHAEL BERRY OCD — PRIOR
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Divine Mercy Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Divine Mercy Parish
Organization Name

Fr Robert L Betz — 3-19-15
Signature of authorized representative — Date

Robert L Betz — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Divine Savior Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Divine Savior Parish - HHe
Organization Name

Fr. Todd Budde 3-17-15
Signature of authorized representative Date

Fr. Todd Budde Pastor
Print name of authorized representative Title

ERICA P. JOHN FUND
330 E. Kilbourn Ave., Suite 1454, Milwaukee, Wisconsin 53202

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Erica P. John Fund, Inc., (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Erica P. John Fund, Inc.
Organization Name

Signature of authorized representative — 3-22-2015 Date

Patrick J. Byrne — Print name of authorized representative

Vice President & CFO — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Shepherd of the Hills, Eden, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Shepherd of the Hills, Eden
Organization Name

Jane Riley Best 03/16/2015
Signature of authorized representative Date

Jane Riley Best Director of Administrative Services
Print name of authorized representative Title

1031464.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, GOOD SHEPHERD CATHOLIC CHURCH, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: GOOD SHEPHERD
Organization Name

[signature] 3-23-2015
Signature of authorized representative Date

DEACON SAM SITES PARISH DIRECTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Congregation of the Great Spirit (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Congregation of the Great Spirit
Organization Name

Edward J. Cook — 3/17/15
Signature of authorized representative — Date

EDWARD J. Cook — PASTOR
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, GUARDIAN ANGEL LEARNING CENTER INC. (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: GUARDIAN ANGEL LEARNING CENTER INC.
Organization Name

Anne Marie Baemmert 3-17-15
Signature of authorized representative Date

SR. ANNE MARIE BAEMMERT PRESIDENT
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Angels Parish, West Bend, WI, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Angels Parish, West Bend, WI
Organization Name

Rev. Gerald Brittain 3/20/15
Signature of authorized representative Date

Rev. Gerald Brittain Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Cross Catholic Church, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Cross Catholic Church
Organization Name

Sandra J Schmitt — 3-30-15
Signature of authorized representative — Date

SANDRA J. SCHMITT — PARISH DIRECTOR
Print name of authorized representative — Title

11314684.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Family Congregation, Inc (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Family Congregation, Inc
Organization Name

Robert X. Stiefvater 3/16/15
Signature of authorized representative Date

Robert X. Stiefvater Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Family Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Family Congregation
Organization Name

Rev. Dennis Dirky — 3-17-15
Signature of authorized representative — Date

Rev DENNIS Dirky — Pastor
Print name of authorized representative — Title

11314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Name of Jesus Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Name of Jesus Parish
Organization Name

R Matthew Widdis 3/18/2015
Signature of authorized representative Date

Matthew Widdis Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Sepulcher Cemetery, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Sepulcher Cemetery
Organization Name

[signature]	3-19-15
Signature of authorized representative	Date
[illegible]	Director
Print name of authorized representative	Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Trinity Congregation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Trinity Parish
Organization Name

Rev. Edwin Kinnath 3/17/15
Signature of authorized representative Date

Rev. Edwin Kinnath Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Trinity Cong. – Newburg WI (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Trinity Cong. – Newburg WI
Organization Name

Rev. KJ Kowalske — 3-17-2015
Signature of authorized representative — Date

Rev. Kevin J. Kowalske — Pastor + Vice President
Print name of authorized representative — Title

11314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Holy Wisdom Academy (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Holy Wisdom Academy
Organization Name

Signature of authorized representative — Date: 3-20-15

Rev. Michael Ignaszak — Pastor

Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Immaculate Conception - St. Mary Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Immaculate Conception - St. Mary Parish
Organization Name

Rev. James T. Vuilleumier 3-18-15
Signature of authorized representative Date

Rev. James T. Vuilleumier Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Immaculate Conception (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Immaculate Conception
Organization Name

Ronald E. Kotecki — 3/25/15
Signature of authorized representative — Date

RONALD E. KOTECKI — PASTOR
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Immaculate Conception, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Immaculate Conception
Organization Name

Fr. Paul Fliss — 4/9/15
Signature of authorized representative — Date

Rev Paul Fliss — Pastor
Print name of authorized representative — Title

SAINT MARY'S IMMACULATE CONCEPTION

408 JEFFERSON STREET
WEST BEND, WI 53090-1538

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Immaculate Conception Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Immaculate Conception - West Bend, WI
Organization Name

Signature of authorized representative — 3/18/15 Date

Father Nathan Reesman — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, IMMACULATE HEART OF MARY CONGREGATION, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Immaculate Heart of Mary Congregation
Organization Name

Rev. Jeffery A. Prosser 3/19/15
Signature of authorized representative Date

Fr. Jeffery Prosser Pastor
Print name of authorized representative Title

11214644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Lumen Christi Congregation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Lumen Christi Congregation
Organization Name

Fr. Daniel J. Sanders — March 17, 2015
Signature of authorized representative — Date

Fr. Dan'l J. Sanders, — Pastor, Lumen Christi Congregation
Print name of authorized repeesentative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Mary Queen of Heaven (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Mary Queen of Heaven
Organization Name

[signature] 3/19/2015
Signature of authorized representative Date

Fr. Thomas Vazhappalli Administrator
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Mother of Good Counsel Church (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Mother of Good Counsel Church
Organization Name

Rev Daniel T Pekarske SDS — 3/19/15
Signature of authorized representative — Date

Rev Daniel T Pekarske SDS — Priest
Print name of authorized representative — Title

13304644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Mary Queen of Saints Catholic Academy, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Mary Queen of Saints Catholic Academy
Organization Name

Nicole Kuehne — 3/17/2015
Signature of authorized representative — Date

Nicole Kuehne — Principal
Print name of authorized representative — Title

13116443

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Sisters of the Holy Cross, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Sisters of the Holy Cross
Organization Name

[signature] 3-19-15
Signature of authorized representative Date

Brother R Brother Director of Administrative Services
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Northwest Catholic School (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Northwest Catholic School
Organization Name

Michelle Paris 3-17-15
Signature of authorized representative Date

Michelle Paris Principal
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Notre Dame Middle School (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Notre Dame Middle School
Organization Name

Mary McIntosh — 3/20/15
Signature of authorized representative — Date

Mary McIntosh — President
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Old Saint Mary Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Old Saint Mary Parish
Organization Name

Rev. Michael F. Michalski — 3-17-15
Signature of authorized representative — Date

REV. MICHAEL F. MICHALSKI — 3-17-15
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, the USA Delegation of the Order of St. Camillus, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: USA Delegation of the Order of St. Camillus
Organization Name



3/20/2015
Signature of authorized representative — Date

Fr. Pedro Tramontin, M.I. — Provincial Delegate
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Our Lady of Divine Providence Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Our Lady of Divine Providence Parish
Organization Name

Rev. Michael F. Michaels — 3-17-15
Signature of authorized representative — Date

REV. MICHAEL F. MICHAELS — 3-17-15
Print name of authorized representative — Title

Attn: Kim Kasten

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching Our Lady of the Holy Rosary Catholic Church (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: UnitedHealthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Our Lady of the Holy Rosary Catholic Church
Organization Name

Rev. William Hennessy — 3/20/15
Signature of authorized representative — Date

Rev. William Hennessy — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Our Lady of Good Hope (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Our Lady of Good Hope
Organization Name

Signature of authorized representative — 24 Mar 15 — Date

Robert Gallagher — Pastoral Associate

Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Our Lady of the Lakes Catholic Congregation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Our Lady of the Lakes Catholic Congregation
Organization Name

Fr. Todd Budde 3/18/2015
Signature of authorized representative Date

Fr. Todd Budde Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Our Lady of Lourdes Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Our Lady of Lourdes Congregation
Organization Name

Signature of authorized representative — 3-16-15 Date

Rev. William C. Burkett — Pastor, Vice-President
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, OUR LADY OF MT. CARMEL CONGREGATION (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: OUR LADY OF MT CARMEL CONGREGATION
Organization Name

Father Robert T. McDermott 17 March 15
Signature of authorized representative Date

FATHER ROBERT T. McDERMOTT ASSISTANT PASTOR
Print name of authorized representative Title

11314644.1

Our Lady Queen of Peace Parish
3222 S. 29th Street
Milwaukee, WI 53215
Phone: (414) 672-0313 Fax: (414) 672-0441

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, _Our Lady Queen of Peace Cathoic Parish, Milwaukee, WI, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Our Lady Queen of Peace Catholic Parish, Milwaukee, WI
Organization Name

Rev Gregory M Spitz — March 16, 2015
Signature of authorized representative — Date

Rev. Gregory M. Spitz — March 16, 2015
Print name of authorized representative — Title

1131464.1

Office of the Provincial

Pallottine Fathers and Brothers

Society of the Catholic Apostolate
Mother of God Province

March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Pallottine Fathers and Brothers, Inc. (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Pallottine Fathers and Brothers, Inc
Organization Name

Joseph Kovickal SAC 03/20/2015
Signature of authorized representative Date

Rev. Joseph Kovickal, SAC Provincial
Print name of authorized representative Title



St. Vincent Pallotti

5424 W. Bluemound Rd. • Milwaukee, WI 53208
www.pallottines.org • provincial@pallottines.org
(414) 259-0688 ext. 150 • (414) 258-9314 fax

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, PAVE (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Partners Advancing Values - Education (PAVE)
Organization Name

Daniel McKinley 3/21/2015
Signature of authorized representative Date

DANIEL McKINLEY President/CEO
Print name of authorized representative Title

11314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Port Washington Catholic School, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Port Washington Catholic School
Organization Name

RO [illegible] 3-17-15
Signature of authorized representative Date

Richard Gordon Richard Gordon Principal
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, We at Presentation of the BVM (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Presentation of the Bl. Virgin Mary
Organization Name

Rev. Joseph Dominic SDB 03.24.2015
Signature of authorized representative Date

Rev. Joseph Dominic SDB Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Providence Catholic School, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Providence Catholic School
Organization Name

Signature of authorized representative — 3/23/15 Date

Greg Young — Principal
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Queen of Apostles Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Queen of Apostles Congregation : Pewaukee, WI
Organization Name

David Tomaselice — 23rd March 2015
Signature of authorized representative — Date

David Tomaselice — Director of Operations
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Sacred Heart Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Sacred Heart Parish
Organization Name

Michael J. Petrie — 3-17-2015
Signature of authorized representative — Date

Michael J. Petrie — pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, SACRED HEART CROATIAN CATHOLIC CHURCH (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: SACRED HEART CROATIAN CATHOLIC CHURCH
Organization Name

Ivan Strmecki 3/16/2015
Signature of authorized representative Date

FR. IVAN STRMECKI PASTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, SACRED HEART CONGREGATION (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: SACRED HEART CONGREGATION
Organization Name

Signature of authorized representative — March 19, 2015 — Date

REV. RICARDO MARTIN — PASTOR.

Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Sacred Heart of Jesus Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Sacred Heart of Jesus Parish
Organization Name

Don Allan Foeckler — 3-24-15
Signature of authorized representative — Date

Deacon Allan Foeckler — Parish Director
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, SS Peter & Paul Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: SS Peter & Paul Parish
Organization Name

Rev. Michael F. Michalski 3-17-15
Signature of authorized representative Date

REV. MICHAEL F. MICHALSKI 3-17-15
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Adalbert School + Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Adalbert School + Parish.
Organization Name

Priscilla A Prado 3-20-15
Signature of authorized representative Date

Priscilla A Prado Dir. Admin. Serv.
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. AGNES CONGREGATION (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. AGNES CONGREGATION
Organization Name

Fr. Mark Brandl — 3-17-15
Signature of authorized representative — Date

REV. MARK BRANDL — PASTOR
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. ALOYSIUS CONGREGATION, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Aloysius Congregation
Organization Name

Rev. Jeffrey A. Prasser 3/19/15
Signature of authorized representative Date

Fr. Jeffery Prasser Pastor
Print name of authorized representative Title

1131644.1

CONGREGATION
St. Alphonsus
5960 West Loomis Road
Greendale, WI 53129-1824

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Alphonsus Congregation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Alphonsus Congregation
Organization Name

Aaron J Esch 3-17-15
Signature of authorized representative Date

Aaron J. Esch Parochial Administrator
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Alphonsus Parish and School (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: _____
Organization Name

St. Alphonsus Parish/School
6301 344th Ave
P.O. Box 767
New Munster, WI 53152

Rev. Terence Langley, SCJ — Mar. 20, 2015
Signature of authorized representative — Date

REV. TERENCE LANGLEY, S.C.J. — ADMINISTRATOR
Print name of authorized representative — Title

11314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. ANDREW CONGREGATION, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST ANDREW CONGREGATION
Organization Name

Theresa L Krueger 9-14-15
Signature of authorized representative Date

THERESA L KRUEGER BUS MGR
Print name of authorized representative Title

11514644.1

Dominican Sisters
St. Ann Rest Home
2020 South Muskego Avenue
Milwaukee, WI. 53204
Phone: (414) 383-2630

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ***Dominican Sisters St. Ann Rest Home***, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ***Dominican Sisters St. Ann Rest Home***
Organization Name

Sr. Andrea K. Andrzejewska 3/23/2015
Signature of authorized representative Date

Sister Andrea Katarzyna Andrzejewska Nursing Home Administrator
Print name of authorized representative Title

11314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

ST. ANNE CATHOLIC CHURCH
9091 PRAIRIE RIDGE BLVD.
PLEASANT PRAIRIE WI 53158

In accordance with Catholic teaching, _____,
(an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

ST. ANNE CATHOLIC CHURCH
9091 PRAIRIE RIDGE BLVD.
PLEASANT PRAIRIE WI 53158

BY: _____
Organization Name

Rev. Robert Weigner — 3/18/2015
Signature of authorized representative — Date

REV. ROBERT WEIGNER — PASTOR
Print name of authorized representative — Title

1131464.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. ANTHONY PARISH (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare - Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. ANTHONY PARISH, MENOMONEE FALLS
Organization Name

[signature] 3/20/2015
Signature of authorized representative Date

DENNIS BUDKA PASTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Anthony (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Anthony
Organization Name

[signature] 12/3/15
Signature of authorized representative Date

Fr Cliff Ermatinger Pastor
Print name of authorized representative Title

13146441

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. ANTHONY CONGREGATION, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. ANTHONY CONGREGATION
Organization Name

Rev. Anthony J. Zimmer 3/19/15
Signature of authorized representative Date

REV. ANTHONY J. ZIMMER PASTOR
Print name of authorized representative Title

11314648.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, **St. Augustine Congregation, Milwaukee, WI** (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Augustine Congregation, Milwaukee, WI
Organization Name

Ronald E. Kotecki 3/18/15
Signature of authorized representative Date

Ronald E. Konecki Pastor and Vice President
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Benedict Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Benedict Congregation
Organization Name

Rev. Gary D. Nowicki — March 17, 2015
Signature of authorized representative — Date

Rev. Gary D. Nowicki — Temporary Administrator
Print name of authorized representative — Title

13314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Bernadette (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Bernadette
Organization Name

Fr. [signature] 3/20/15
Signature of authorized representative Date

Fr. Gregory Greiten Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Bernard Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Bernard Congregation
Organization Name

[redacted] Fr. Glen Sayers, SDS — 3/17/'15
Signature of authorized representative — Date

Fr. Glen Sayers, SDS — Administrator
Print name of authorized representative — Title

1331464v1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Boniface Community (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Boniface Community
Organization Name

Signature of authorized representative — 3/18/15 Date

Joseph A. Kuhn — Director of Administration
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Bruno Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Bruno Parish
Organization Name

X Ralph C Gross — 3/16/15
Signature of authorized representative — Date

Rev. Ralph C Gross — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Catherine of Alexandria (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Catherine of Alexandria
Organization Name

Debra Hintz 3/20/15
Signature of authorized representative Date

Debra Hintz Parish Director
Print name of authorized representative Title

03/20/2015 13:27 4149652021 ST CATHERINE PARISH PAGE 01/01

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Catherine of Siena, Rapid, Wi (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Catherine of Siena, Rapid, Wi
Organization Name

Fr. Robert A Fiatum
Signature of authorized representative

3/23/2015
Date

Robert A. Fiatum
Print name of authorized representative

Pastor
Title

11314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. CHARLES PARISH & SCHOOL, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. CHARLES PARISH & SCHOOL
Organization Name

Rev. Kenneth Omernick — March 23rd 2015
Signature of authorized representative — Date

Rev. Kenneth Omernick — pastor
Print name of authorized representative — Title

11104644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Charles Borromeo Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Charles Borromeo Parish *Organization Name*

John Plichta — March 16, 2015
Signature of authorized representative — Date

JOHN PLICHTA — TRUSTEE-SECRETARY
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Clare Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Clare Congregation
Organization Name

Rev Peter Drenzek 3/20/15
Signature of authorized representative Date

Rev. Peter C. Drenzek Administrator
Print name of authorized representative Title

11204644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St Clement Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Clement Parish
Organization Name

Signature of authorized representative

3/16/2015
Date

Matthew Widder
Print name of authorized representative

Pastor
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Ss. Cyril & Methodius, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Ss. Cyril & Methodius
Organization Name

Fr. Paul J. Fliss — 3/19/15
Signature of authorized representative — Date

Rev Paul Fliss — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Dominic Catholic Church (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Dominic Catholic Church
Organization Name

[signature] 3/20/15
Signature of authorized representative Date

Amy Wittenberger Dir. of Administrative Services
Print name of authorized representative Title

1339684.1

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Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Dominic, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Dominic Parish
Organization Name

Laura Terwinkle 3/27/15
Signature of authorized representative Date

Laura Terwinkle Admin Assistant
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Elizabeth Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Elizabeth Congregation
Organization Name

Signature of authorized representative — 16 March 2015 — Date

Sean Granger — Reverend Father

Print name of authorized representative — Title

11514644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St Elizabeth Ann Seton Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Elizabeth Ann Seton Parish

Signature of authorized representative — Date: 16 MARCH 2015

Rev Joseph Auffdermauer, Pastor

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. ELIZABETH ANN SETON CATHOLIC SCHOOL (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. ELIZABETH ANN SETON CATHOLIC SCHOOL
Organization Name

[signature] 3/18/2015
Signature of authorized representative — Date

Matthew Widder — Pastor — 3/18/2015
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St Eugene Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Eugene Parish
Organization Name

Rev. Jerome A Herda 3/17/15
Signature of authorized representative Date

Rev Jerome G Herda Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, __St. Florian Congregation_____, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ____St. Florian Congregation_____
Organization Name

_____ March 11, 2015
Signature of authorized representative Date

__Rev. David J. Centner O.C.D._____ Pastor_____
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Saint Frances Cabrini Congregation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Saint Frances Cabrini Congregation

Organization Name

March 16, 2015

Signature of authorized representative — Date

Fr. Nathan Reesman — Pastor

Fr Nathan Reesman

Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Francis Borgia Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Francis Borgia Congregation
Organization Name

Thomas Eichenberger VP 3-20-15
Signature of authorized representative Date

Thomas Eichenberger Pastor & VP
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Saint Francis de Sales Seminary, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Saint Francis de Sales Seminary
Organization Name

Very Rev. John D. Hemming — 3/23/15
Signature of authorized representative — Date

Very Reverend John D. Hemming — Rector
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Francis de Sales Church (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Francis de Sales Church
Organization Name

James T. Schuerman — 3-23-15
Signature of authorized representative — Date

James T. Schuerman — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ____ St Francis of Assisi Church _____, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: _____St Francis of Assisi Church_____
Organization Name

_____March 20, 2015_____
Signature of authorized representative Date

_____Gabriela Brunton_____Office Manager _____
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Francis Xavier Catholic Church, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Francis Xavier Catholic Church
Organization Name

Russell L Arnett 03/17/2015
Signature of authorized representative Date

Rev. Russell L. Arnett Administrator
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Gabriel Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Gabriel Congregation
Organization Name

Celia Meyers 3-17-2015
Signature of authorized representative Date

Celia Meyers - Director of Administration
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST GREGORY THE GREAT PARISH AND SCHOOL (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST GREGORY THE GREAT PARISH AND SCHOOL
Organization Name

Rev Thomas Paul Demse — March 17 2015
Signature of authorized representative — Date

Rev. Thomas P. Demse — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, **St. Isidore the Farmer Parish**, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Isidore the Farmer Parish
Organization Name

Signature of authorized representative — Date: March 23, 2015

Rev. Gary J. Wegner, OFM Capuchin — Pastor
Print name of authorized representative — Title

1131644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St James Catholic Church, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St James Catholic Church
Organization Name

Daniel Hull 3-16-15
Signature of authorized representative Date

Daniel Hull Parish Director
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. James Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. James Congregation
Organization Name

Signature of authorized representative — 16 March 2015 — Date

Sean Granger — Reverend Father

Print name of authorized representative — Title

11304644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. James Catholic Church (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. James Catholic Church
Organization Name

Daryl Olszewski 3/16/2015
Signature of authorized representative Date

DARYL OLSZEWSKI 3/16/2015
Print name of authorized representative Title

11314544.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. James Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. James Parish
Organization Name

Rev. Michael G. Savio — March 18, 2015
Signature of authorized representative — Date

Rev. Michael G. Savio — Administrator
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, **St. Jerome Congregation**, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: **St. Jerome Congregation**
Organization Name

Signature of authorized representative — March 17, 2015 Date

Rev. John G. Yockey — **Pastor**
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. JOAN OF ARC / ST. CATHERINE OF ALEXANDRIA (MAPLETON) (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. JOAN OF ARC / ST. CATHERINE OF ALEXANDRIA MAPLETON
Organization Name MAPLETON

Rev. Michael D. Strachota 3-20-2015
Signature of authorized representative Date

REV. MICHAEL D. STRACHOTA PASTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St John Kanty (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St John Kanty
Organization Name

Signature of authorized representative — Date: 3-20-15

Rev Michael Ignaszak — Pastor

Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. John Nepomuk Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. John Nepomuk Congregation
Organization Name

Fr. Steve Vaughn — 3/17/2015
Signature of authorized representative — Date

Rev. Steve Vaughn, CAC — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. John Neumann Catholic Church, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. John Neumann Catholic Church, Waukesha, WI
Organization Name

Rev. Curt Frederick — March 20, 2015
Signature of authorized representative — Date

Rev. Curt Frederick — Pastor
Print name of authorized repeesentative — Title

11314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST JOHN the BAPTIST CATHOLIC CHURCH, HOLY FAMILY CATHOLIC CHURCH & ST COLUMBKILLE CATHOLIC CHURCH (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: The Tri-Parishes of Dodge County - St John the Bapt
Organization Name Holy Family Catholic Church
St. Columbkille Catholic Church

Kathy Meinholz 3-24-15
Signature of authorized representative Date

KATHY MEINHOLZ BOOKKEEPER
Print name of authorized representative Title

St. John
THE Baptist
Catholic Church

115 Plymouth St., Plymouth, WI 53073 ■ 920/892-4006 ■ sjbparish@sjbplymouth.org

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. John the Baptist Congregation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. John the Baptist Congregation
Organization Name

Rev Daniel Volkert — March 19, 2015
Signature of authorized representative — Date

Rev. Daniel Volkert — Pastor, Vice President
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. John the Evangelist catholic church school (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. John the Evangelist catholic church school
Organization Name

Gary L Tveten 3-16-15
Signature of authorized representative Date

GARY L. TVETEN Trustee - Treasurer
Print name of authorized representative Title

1131844.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. John the Evangelist Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: _____
Organization Name
St. John the Evangelist
701 North Lake Avenue
Twin Lakes, WI 53181

Rev. Terence Langley, SCJ — Mar. 20, 2015
Signature of authorized representative — Date

REV. TERENCE LANGLEY, S.C.J. — ADMINISTRATOR
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. John Vianney Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. John Vianney Parish
Organization Name

Kenneth A. Knigge — 3/18/15
Signature of authorized representative — Date

Kenneth P. Knigge — Pastor
Print name of authorized representative — Title

11314044.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, the Basilica of St Josaphat, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: the Basilica of St Josaphat
Organization Name

Signature of authorized representative — 23 March 2015 Date

Very Rev Michael J Glastetter, OFM Conv — Rector - Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Joseph of Basilica Foundation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Joseph of Basilica Foundation.
Organization Name

Signature of authorized representative — 03.20.15 — Date

JEAN A. BABE — PRESIDENT & CEO
Print name of authorized representative — Title

March 23, 2015

SAINT JOSEPH PARISH

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Joseph Congregation in Grafton, Wisconsin (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST JOSEPH CONGREGATION – GRAFTON, WISCONSIN
Organization Name

Brenda A. Cline — 3/18/15
Signature of authorized representative — Date

Brenda A. Cline — Parish Director
Print name of authorized representative — Title

1619 Washington Street • Grafton, Wisconsin 53024
Telephone: 262-375-6500 • Fax: 262-375-6509 • www.stjosephgrafton.org

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Joseph Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Joseph Congregation
Organization Name

Rev. John McNamara — 3/12/15
Signature of authorized representative — Date

Rev. Kevin McNamara — Vice President
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Joseph Congregation, Lyons WI, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Joseph Congregation - Lyons, WI
Organization Name

Rev James T. Volkert 3-29-15
Signature of authorized representative Date

Rev. James T. Volkert Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. JOSEPH Congregation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. JOSEPH Congregation
Organization Name

Rev Steve Varghese 3/19/2015
Signature of authorized representative Date

Rev Steve Varghese PASTOR
Print name of authorized representative Title

St. Joseph Catholic Church
Parroquia San José

818 North East Avenue
Waukesha, WI 53186-4887
Tel.: 262-542-2589
Fax: 262-542-2570
E-mail: stjoseph@archmil.org



Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Joseph Catholic Church (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Joseph Catholic Church
Organization Name

Rev William Key — 3-20-15
Signature of authorized representative — Date

Reverend William Key — Pastor
Print name of authorized representative — Title

11314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Joseph Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Joseph Parish
Organization Name

Michael L. Wild — 3-20-15
Signature of authorized representative — Date

Michael L. Wild — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Joseph Congregation - Waunakee (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Joseph Congregation
Organization Name

Rev. James E. Kimla — 3-18-15
Signature of authorized representative — Date

Rev. James E. Kimla — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St Joseph's Home (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Joseph's Home
Organization Name

[signature] 3/23/15
Signature of authorized representative Date

Asi Schmid-Sandero Asst Administrator
Print name of authorized representative Title

11314644.1

Saint Jude the Apostle Parish

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Jude the Apostle Congregation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Jude the Apostle Congregation
Organization Name

Rev Charles E. Conley — 3-18-15
Signature of authorized representative — Date

Rev. Charles E. Conley — Pastor
Print name of authorized representative — Title

1314644.1
734 Glenview Avenue ††† Wauwatosa, Wisconsin 53213 ††† (414) 258-8821 ††† Fax: (414) 258-7371

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Kilian Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Kilian Congregation
Organization Name

Kathy Glaszcz — 3/20/15
Signature of authorized representative — Date

KATHY GLASZCZ — Business Office
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Leonard Catholic Church and School, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Leonard Catholic Church and School
Organization Name

Rev. Daniel Janasik — 3-19-15
Signature of authorized representative — Date

Rev. Daniel Janasik — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, __St. Louis Congregation, Caledonia, Wisconsin, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Louis Catholic Church
Organization Name

Rev. Mark J.K. Danczyk 3-16-15
Signature of authorized representative Date

Rev. Mark J.K Danczyk Pastor ~ St. Louis
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Saint Luke Congregation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Saint Luke Congregation
Organization Name

Rev. Kenneth J. Augustine — 17 March 2015
Signature of authorized representative — Date

Rev. Kenneth J. Augustine — Vice President
Print name of authorized representative — Title

11304644.1

St. Margaret Mary
Parish Community
3870 N 92nd St, MILWAUKEE, WI 53222 — PHONE 414.461.8073

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Margaret Mary Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Margaret Mary Congregation
Organization Name

Signature of authorized representative — March 18, 15 — Date

Fr. MICHAEL F. LIGHTNER — ADMINISTRATOR
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St Mark's (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Mark Parish
Organization Name

Signature of authorized representative — 3-20-15 Date

Kas Meeker — Business Manager
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Martin de Porres Catholic Church (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Martin De Porres Catholic Church
Organization Name

Carma Lee Teasley 3-20-15
Signature of authorized representative Date

Carma Lee Teasley Adm Asst.
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. MARTIN of TOURS PARISH (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. MARTIN of TOURS PARISH
Organization Name

Yvon A. Ghealy — March 16, 2015
Signature of authorized representative — Date

Yvon A. Ghealy — Pastor
Print name of authorized representative — Title

ST. MARY'S VISITATION

Catholic Parish † Elm Grove, WI

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, **St. Mary's Visitation Parish**, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: **St. Mary's Visitation Parish**
Organization Name

Rev. Peter J Berger — 3/16/15

Signature of authorized representative — Date

Father Peter Berger — **Parish Administrator**

Print name of authorized representative — Title

1314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST MARY CATHOLIC FAITH COMMUNITY (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. MARY CATHOLIC FAITH COMMUNITY
Organization Name

Signature of authorized representative — Date: 02/17/2015

REV. GIDEON BUYA — ASSISTANT PASTOR
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Mary Congregation, Kenosha, WI, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

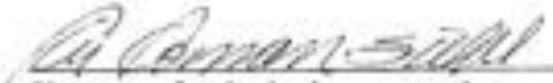
Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Mary Congregation
Organization Name



Signature of authorized representative — 3/20/15 Date

Roman Stikel — Pastor

Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Mary (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Mary Catholic Church
Organization Name

Signature of authorized representative 3-24-15
Date

Rev. Michael Pietersen Pastor
Print name of authorized representative Title

[1314644.]

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Mary's Church and School (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Mary's CHURCH and School
Organization Name

Rev. Thomas E Biersack 3-18-15
Signature of authorized representative Date

Thomas E. Biersack 3-18-15
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Mary's Parish - Marytown (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Mary's Parish
Organization Name

Rev. Joseph H. Courber — 3-27-2015
Signature of authorized representative — Date

Rev. Joseph H. Courber — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Mary Congregation-Menomonee Falls, WI, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Mary Congregation-Menomonee Falls, WI,

Signature of authorized representative — Date: 3-23-2015

Stephen Cosentino — Print name of authorized representative

Director of Administrative Services — Title

St. Mary Parish

N89 W16297 Cleveland Avenue Menomonee Falls, WI 53051 ph (262) 251-0220 f (262) 251-6948 info@stmaryparish.net

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. MARY CONGREGATION (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Mary Congregation
Organization Name

Signature of authorized representative — Date: 3/23/2015

PATRICK R WENDT — TEAM MODERATOR
Print name of authorized representative — Title

11314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Mary by the Lake (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Mary by the Lake
Organization Name

Rev Stephen J. Stradinger 3/16/2015
Signature of authorized representative Date

Reverend Stephen J. Stradinger Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Mary Catholic Church (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Mary Catholic Church
Organization Name

Signature of authorized representative — 3/17/2015 Date

Howard G. Haase — Pastor

Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, _____St Matthew- Campbellsport_____, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ____St Matthew- Campbellsport_____
Organization Name

Jane Riley Best _____03/16/2015_____
Signature of authorized representative Date

____Jane Riley Best, _____Director of Administrative Services
Print name of authorized representative Title

11314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Matthew Parish, Nevada, IA, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Matthew Parish
Organization Name

Rev Alois Van Beek 3-19-15
Signature of authorized representative Date

Rev. Alois Van Beek Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Matthew's Congregation and School (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Matthew Congregation's and School
Organization Name

3-17-15

Signature of authorized representative — Date

Fr. Patrick O'Loughlin
Print name of authorized representative

Pastor
Title

11314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St Matthias Parish - Milwaukee, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Matthias Parish Milwaukee
Organization Name

Michelle D Ruth — 3-17-2015
Signature of authorized representative — Date

Michelle D Ruth — Benefits Administrator
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Michael Congregation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: 1087/1088 - St. Michael
Organization Name

Signature of authorized representative — 3/23/15 Date

Rev. Dennis J. Lewis — Pastor

Print name of authorized representative — Title

11310664.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Monica Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Monica Parish
Organization Name

Rev Jerome G. Herda 3/17/15
Signature of authorized representative Date

Rev Jerome G. Herda Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Monica's Senior Living, Inc. (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Monica's Senior Living, Inc.
Organization Name

Loretta Baxter — 3/23/15
Signature of authorized representative — Date

Loretta Baxter — ~~3/23~~ Administrator
Print name of authorized representative — Title

11304044.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST PATRICK PARISH, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST PATRICK PARISH
Organization Name

Signature of authorized representative — Date: 3/18/2015

FR OROL REGALES — Print name of authorized representative

PASTOR — Title

11314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Our Lady of Guadalupe & St. Patrick's Parishes (an eligible non-profit organization) has a sincerely held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Our Lady of Guadalupe & St Patricks Parishes
Organization Name

Signature of authorized representative — 03/20/2015 Date

Fr. Jose L. Moreno, sj
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Patrick Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Patrick Congregation
Organization Name

[signature] 3/18/2015
Signature of authorized representative — Date

Rev Antony Thomas — Pastor
Print name of authorized representative — Title

11314644.1

414-769-3408

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Paul Catholic Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Paul Parish
Organization Name

Signature of authorized representative — 3/12/15 Date

Rev. Ralph C. Gross — Pastor
Print name of authorized representative — Title

11314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching,
St. Paul Parish, **(an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.**

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. PAUL PARISH
Organization Name

Romanus N. Nwaru 3/25/15
Signature of authorized representative **Date**

ROMANUS N NWARU ADMINISTRATOR
Print name of authorized representative **Title**

1320464.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Paul the Apostle Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Paul the Apostle Parish
Organization Name

Colleen Kechter 3-20-2015
Signature of authorized representative Date

Colleen Kechter Director of Admn. Services
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Peters Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Peters Parish
Organization Name

Renae L. Robran — 3-30-15
Signature of authorized representative — Date

Renae L. Robran — Admin. Assist.
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST Peter catholic church, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST Peter catholic church
Organization Name

Deacon Terry Maack 3-23-2015
Signature of authorized representative Date

Deacon Terry Maack Administrative Services.
Print name of authorized representative Title

31314844.3

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. PETER CONGREGATION (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. PETER CONGREGATION
Organization Name

Signature of authorized representative — March 17, 2015 (Date)

Rev. Richard J. Stoffel — Pastor

Print name of authorized representative — Title

1131464.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. PETER OF ALCANTARA CONGREGATIONAL, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Peter of Alcantara Congregation
Organization Name

Patrick R Wendt 3/25/15
Signature of authorized representative Date

PATRICK R. WENDT TEAM MODERATOR
Print name of authorized representative Title

11310648.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Peter Claver Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Peter Claver Catholic Church
Organization Name

Fr. Paul J. Fliss — 3/20/15
Signature of authorized representative — Date

Fr. Paul J. Fliss — Pastor
Print name of authorized representative — Title

11314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Pius X Congregation, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Pius X Congregation
Organization Name

Paul J Portland SDS — March 17 2015
Signature of authorized representative — Date

PAUL J PORTLAND SDS — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Rafael the Archangel Congregation and Parish School, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Rafael the Archangel Congregation and Parish School
Organization Name

Lisamarie Lukowski 3/17/15
Signature of authorized representative Date

Lisamarie Lukowski Director of Administrative Services
Print name of authorized representative Title

11314044.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Richard Parish, Racine Wisconsin (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Richard Parish
Organization Name

Rev. Ronald J. Gramza 3/17/15
Signature of authorized representative Date

Ronald J. Gramza – Pastor
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Rita Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Rita Parish
Organization Name

Signature of authorized representative — 3/16/15 Date

Rev. Richard A. Young, OSA — Pastor

Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Rita Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Rita Parish
Organization Name

Charles L Zabler — 3/17/15
Signature of authorized representative — Date

CHARLES G ZABLER — 3/17/15
Print name of authorized representative — Title

ST. ROBERT
OF NEWMINSTER PARISH

March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Robert of Newminster Parish as affiliated with the Archdiocese of Milwaukee (an eligible non-profit organization), has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Robert of Newminster Parish
Organization Name

Signature of authorized representative — Date: 3/23/15

James J.T. Pittelkow,
Printed Name

Director of Finance and Administration
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Robert Bellarmine, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Robert Bellarmine

Organization Name

[signature] 3/17/15

Signature of authorized representative Date

Rev. Robert Kacalo Pastor

Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Saint Roman Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Saint Roman Congregation
Organization Name

Brian T. Holbus — MAR 18 2015
Signature of authorized representative — Date

Brian T. Holbus — Pastor
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Stephen Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Stephen Congregation
Organization Name

Rev Dennis J Weiland 3-17-15
Signature of authorized representative Date

Rev Dennis J. Weiland 3-17-15
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Theresa Parish, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Theresa Parish
Organization Name

Rev. Michael G. Savio — March 18, 2015
Signature of authorized representative — Date

Rev. Michael G. Savio — Administrator
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, ST. THERESE CONGREGATION (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremack Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: ST. THERESE CONGREGATION 9525 W. Bluemound Rd. Milwaukee, WI 53226
Organization Name

Dr. Alexandra Guliano 03/20/2015
Signature of authorized representative Date

DR. ALEXANDRA GULIANO PARISH DIRECTOR
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Thomas Aquinas (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Thomas Aquinas
Organization Name

Nancy J Hutchings — 3-25-2015
Signature of authorized representative — Date

Nancy J Hutchings — 3-25-2015
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Thomas Aquinas Academy, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Thomas Aquinas Academy
Organization Name

Signature of authorized representative — March 26, 2015 — Date

Dan Heding — March 26, 2015

Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St Veronica Parish (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Veronica Parish
Organization Name

Very Rev Mark Payne 3-29, 2015
Signature of authorized representative Date

Very Rev. Mark Payne Pastor
Print name of authorized representative Title

1131644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Vincent de Paul of Fond du Lac, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Vincent de Paul Fond du Lac, WI
Organization Name

Robert Ramstack 3-24-15
Signature of authorized representative Date

Robert Ramstack President
Print name of authorized representative Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St Vincent de Paul (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St Vincent de Paul
Organization Name

Sharon Garza 3-27-2015
Signature of authorized representative Date

Sharon Garza 3-27-2015
Print name of authorized representative Title

1131464v.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Society of St Vincent de Paul of Plymouth, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Society of St Vincent de Paul of Plymouth Inc
Organization Name

Margaret Ausloos — 03-15-2015
Signature of authorized representative — Date

Margaret Ausloos — Executive Director
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Vincent de Paul, Sheboygan WI Council (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Society of St Vincent de Paul - Sheboygan Council
Organization Name

Lavinia Vollrath — 3/16/15
Signature of authorized representative — Date

Lavinia Vollrath — President
Print name of authorized representative — Title

11314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. Vincent Pallotti (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. Vincent Pallotti
Organization Name

[signature] 03/24/2015
Signature of authorized representative Date

Fr. Thomas Kuttiyanickal Administrator
Print name of authorized representative Title

11314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, St. William Catholic Church, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: St. William Catholic Church, Waukesha, WI
Organization Name

Rev. Curt Frederick — March 20, 2015
Signature of authorized representative — Date

Rev. Curt Frederick — Pastor
Print name of authorized representative — Title

13314644.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, SISTERS OF CHARITY OF ST JOAN ANTIDA INC. (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: SISTERS OF CHARITY OF ST. JOAN ANTIDA INC.
Organization Name

Sr. Anne Marie Baemmert 3-17-15
Signature of authorized representative Date

SR. ANNE MARIE BAEMMERT PRESIDENT
Print name of authorized representative Title

1131664.1

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, the Sisters of St. Elizabeth (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Sisters of St. Elizabeth
Organization Name

Sister Lauren Lapinski — March 16, 2015
Signature of authorized representative — Date

Sister Lauren Lapinski — Treasurer
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Sisters of the Divine Savior, (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Sisters of the Divine Savior
Organization Name

Sister Carol Thresher, SDS March 18, 2015
Signature of authorized representative Date

Sister Carol Thresher
Print name of authorized representative

Provincial Leader (President)
Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Sons of Zebedee, St. James and John (an eligible non-profit organization) has a sincerely held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Sons of Zebedee, St. James and John
Organization Name

Rev. Michael Peterson 3-24-15
Signature of authorized representative Date

Rev. Michael C. Peterson Pastor
Print name of authorized representative Title

[illegible]

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Three Holy Women Catholic Congregation (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Three Holy Women Catholic Congregation
Organization Name

Rev. [illegible] 3-17-15
Signature of authorized representative — Date

REV. MICHAEL E. MICHALSKI 3-17-15
Print name of authorized representative — Title

Date: March 23, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Wauwatosa Catholic School (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Wauwatosa Catholic School
Organization Name

Heidi M. Hernandez 3-20-15
Signature of authorized representative Date

Heidi M. Hernandez Principal
Print name of authorized representative Title

St. Raphael

Health, Dental and Vision Insurance

3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912
Phone: (414) 769-3300
Fax: (414) 769-3408

July 1, 2015

To the Secretary of Health and Human Services:

Enclosed is a letter from an employer who has just become a participant in the St. Raphael Health Plan.

In accordance with Catholic teaching, this eligible non-profit organization has a sincerely-held religious objection to providing coverage of all contraceptive services. We have notified Third Party Administrators that this employer should be treated similarly to other employers in the St. Raphael Health Plan, per their notifications to you on April 2, 2015.

Thank you.

John J Marek

John J. Marek, on behalf of St. Raphael Health Plan
Archdiocese of Milwaukee – Sponsoring Employer,
Plan Administrator and Agent for Participating Employers

Date: June 10, 2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Nat'l Ofc. of Post-Abortion Reconciliation & Healing Inc (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Nat'l office of Post Abortion Reconciliation & Healing Inc
Organization Name

Victoria M Thorn — 6/30/2015
Signature of authorized representative — Date

Victoria M. Thorn — Executive Director
Print name of authorized representative — Title

St. Raphael

Health, Dental and Vision Insurance

3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912

Phone: (414) 769-3300
Fax: (414) 769-3408

November 23, 2015

To the Secretary of Health and Human Services:

Enclosed is a letter from an employer who has just become a participant in the St. Raphael Health Plan.

In accordance with Catholic teaching, this eligible non-profit organization has a sincerely-held religious objection to providing coverage of all contraceptive services. We have notified Third Party Administrators that this employer should be treated similarly to other employers in the St. Raphael Health Plan, per their notifications to you on April 2, 2015.

Thank you.

John J Marek

John J. Marek, on behalf of St. Raphael Health Plan
Archdiocese of Milwaukee – Sponsoring Employer,
Plan Administrator and Agent for Participating Employers

Date: 11/23/2015

To the Secretary of Health and Human Services:

In accordance with Catholic teaching, Seton Catholic Schools (an eligible non-profit organization) has a sincerely-held religious objection to providing coverage of all contraceptive services.

Plan Name: St. Raphael Health Plan (A Church Plan)

Third Party Administrator: United Healthcare

Third Party Administrator Contact Information: United Healthcare – Claims
P.O. Box 30555
Salt Lake City, UT 84130-0555

Third Party Administrator: CVS/Caremark

Third Party Administrator Contact Information: CVS Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196

BY: Seton Catholic Schools
Organization Name



Signature of authorized representative — Date: 11/23/2015

DONALD DREES — PRESIDENT

Print name of authorized representative — Title

EBSA FORM 700– CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Society of the Precious Blood
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Amy Day, HR Manager
Mailing and email addresses and phone number for the individual listed above	2860 US Rt 127 Celina, OH 45822 hrmanager@cpps-preciousblood.org

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Amy Day
Signature of the individual listed above

1-22-15
Date

MODEL NOTICE

Date: 1-22-15

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [X] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: Society of the Precious Blood
Contact information: Amy Day, 414-425-4516 ext 327
Eligible organization is a: [X] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Healthcare	Tn Health Ohio	866-782-5244	[X] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
	Meritain Benefits	877-293-[illegible]	[ ] Issuer or [X] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Amy Day 1-22-15
Signature of authorized representative of eligible organization Date

Amy Day
Typed name of authorized representative of eligible organization

MICHAEL | JAMES
SALES TAX SOLUTIONS, LLC.

MODEL NOTICE

Date: May 22, 2015

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [] all or [x] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*
Any and all abortifacients

*Michael James Sales Tax Solutions also requires the Department of Health and Human Services exclude our service provider from making abortifacients available free of charge to employees on our plan. We request this due to religious beliefs and the US Supreme Court decision in BURWELL, SECRETARY OF HEALTH AND HUMAN SERVICES, ET AL., v. HOBBY LOBBY STORES, INC.

(1) Name of eligible organization: Michael James Sales Tax Solutions, LLC
Contact information: Michael Radvansky, 1100 Circle 75 Parkway, Suite 960 Atlanta, GA 30339 - 770-857-1010
Eligible organization is a: [ ] Non-profit entity; OR [x] Other eligible organization
a closely held for profit entity

(2) Service provider information

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan Type (if applicable)
Gold $35 $60 $2500 100% NP/PGA	Coventry Healthcare of GA	P.O. Box 7711 London, KY 40742	[X]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):

[x] Original information; OR [ ] Updated information. *If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:*
1/1/2015

Signature of authorized representative of eligible organization — 5-22-2015 Date

Michael C. Radvansky
Typed name of authorized representative of eligible organization

JONES DAY

500 GRANT ST., SUITE 4500 • PITTSBURGH, PA 15219
TELEPHONE: 1.412.391.3939 • FACSIMILE: 1.412.394.7959

DIRECT NUMBER: (412) 394-7900
EMAIL@JONESDAY.COM

June 30, 2015

Donald B. Verrilli, Jr.
Solicitor General
United States Department of Justice
950 Pennsylvania Avenue, N.W.
Washington, DC 20530-0001
(202) 514-2217

Mark B. Stern
Alisa B. Klein
Adam C. Jed
Patrick G. Nemeroff
Civil Division
U.S. Department of Justice
950 Pennsylvania Ave., NW, Rm. 7240
Washington, DC 20530
(202) 514-8280

Re: *Zubik v. Burwell*, No. 14A1065

Counsel:

Pursuant to the Supreme Court's order of June 29, 2015, we write to notify the Secretary of HHS, through you as her counsel, that our clients in the above-captioned case are nonprofit entities who hold themselves out as religious organizations, and that they oppose providing coverage for the contraceptive services required by 26 C.F.R. § 54.9815-2713(a)(1)(iv), 29 C.F.R. § 2590.715-2713(a)(1)(iv), and 45 C.F.R. § 147.130(a)(1)(iv).

Therefore, under the Court's order, the Government is enjoined from enforcing against the entities heretofore covered by the district court's injunction "the challenged provisions of the Patient Protection and Affordable Care Act and related regulations." *Zubik v. Burwell*, No. 14A1065 (U.S. June 29, 2015). This includes, but is not limited to, the following statutes and regulations: 42 U.S.C. § 300gg-13(a)(4) ("A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for . . . with respect to women, such additional preventive care . . . as provided for in comprehensive guidelines supported by the

Health Resources and Services Administration for purposes of this paragraph."); 26 C.F.R. §§ 54.9815-2713, 54.9815-2713A, 54.9815-2713AT; 29 C.F.R. §§ 2590.715-2713, 2590.715-2713A; 45 C.F.R. §§ 147.130, 147.131.

Please provide a copy of this letter to the Secretary of Health and Human Services, and feel free to contact me should you wish to discuss this matter further.

Very truly yours,

Paul M. Pohl

MOYERS MARTIN
EST. 1910

July 20, 2015

SUBMITTED BY ELECTRONIC MAIL, CERTIFIED MAIL RETURN RECEIPT REQUESTED AND FEDERAL EXPRESS

Secretary Thomas Perez
U.S. Department of Labor
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N- 5653
200 Constitution Avenue NW
Washington, DC 20210

and

James Mayhew
Director, Divisions of Regulations and Policy
Centers for Medicare & Medicaid Services,
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Room 739H
Washington, DC 20201

Re: Written Notice Pursuant to Interim Final Rule of Objections and Refusal to include Abortifacients within the Student Health Insurance Plan of Oral Roberts University

Dear Secretary Perez and Mr. Mayhew,

The undersigned serves as General Counsel for Oral Roberts University ("ORU"). This letter constitutes ORU's supplement to its written notice ("Notice") dated November 18, 2014 of "opting out" of any obligation imposed by the Patient Protection and Affordable Care Act mandate, including any resulting rules or regulations ("Mandate"), to include Abortifacients, as identified in the Notice, within its group health plan on the grounds that such action substantially burdens ORU's sincerely held religious beliefs. This supplement to the Notice applies to the Student Health Insurance sponsored by ORU and is in compliance with and in reliance on the August 27, 2014 Interim Final Rule entitled Coverage of Certain Preventive Services Under the Affordable Care Act ("Interim Final Rule"), including the description of the augmented accommodation set forth therein. 79 Fed. Reg. 51092.

The information required by the Interim Final Rule contained in the Notice is supplemented as follows:

1. The Plan Name is Student Health Insurance for Oral Roberts University;

2. The Plan Policy Number is 2015i5a97;

3. The Plain Form Number is NBH-280(2014OK);

4. The Plan's Insurer is:

National Guardian Life Insurance
P.O. Box 1191
Madison, WI 53701-1191

5. The Plan's Third Party Servicer is:

Wilcox & McGrath
5591 South Lewis Ave
Tulsa, OK 74105
918-949-6709

Sincerely,

Terry M. Kollmorgen, General Counsel
Oral Roberts University

Enclosure

MODEL NOTICE

Date: August 21, 2015

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [X] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Plan B, Ella, Mirena, and copper IUD's

(1) Name of eligible organization: Cummins-Allison Corp. and Cummins Illinois Inc.
Contact information: Michael Cybulski; 847-759-3185
Eligible organization is a: [ ] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Cummins-Allison Corp. Welfare Benefit Plan	Aetna	312-453-2656	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed. _____

Signature of authorized representative of eligible organization — Date: 8-21-15

MICHAEL A. CYBULSKI
Typed name of authorized representative of eligible organization



HARTFORD CT 061
03 JUL 2015 PM 5 L

Centers for Medicare & Medicaid Servs
Center for Consumer Information & Insurance
200 Independence Avenue, SW
Washington, DC 20201
Room 739H

20201

MODEL NOTICE

Date: 7/1/15

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [x] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

All contraceptive services

(1) Name of eligible organization: Carolyn's Place, Inc.
Contact information: _____
Eligible organization is a: [x] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Platinum Freedom	United Healthcare		[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
Direct	Oxford	888-201-4216	[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):
[x] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Virginia C. Baudinet 7-1-15
Signature of authorized representative of eligible organization Date

Virginia C. Baudinet
Typed name of authorized representative of eligible organization

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	Dakota Tube Inc.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Anna Steinbauer VP of Administration / Co-Owner
Mailing and email addresses and phone number for the individual listed above	221 Airport Dr Watertown SD 57201 anna.steinbauer@dakotatube.com

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Anna K Steinbauer

Signature of the individual listed above

7-24-15

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

(1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This letter is submitted under protest, as we don't believe we need an "accommodation" in order to operate freely under the provisions of the First Amendment to the Constitution and/or the Religious Freedom Restoration Act.

Date: September 23, 2015

To: Secretary of Health and Human Services
c/o Centers for Medicare and Medicaid Services
Center for Consumer Information and Insurance Oversight
Room 739H
200 Independence Ave. SW
Washington, DC 20201

The following eligible organization has a religious objection to providing coverage of a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. Namely,

We have a religious objection to and will not provide post-conceptive medications and devices, namely emergency contraceptives such as the "morning-after pill," the "week-after pill," and intrauterine devices.

(1) Name of eligible organization: Tyndale House Publishers, Inc.
Contact information: Mark D. Taylor, President
351 Executive Drive
Carol Stream, IL 60188
Phone: 630-668-8300
email: mt@tyndale.com

Eligible organization is a: [ ] Non-profit entity; OR [X] Other eligible organization

Tyndale House Publishers, Inc. is a closely-held for-profit corporation whose owners have a religious objection to the provision of abortifacient contraceptives through our health plan.

(2) Service Provider Information:
(a) Plan Name: Tyndale House Publishers, Inc. Health Plan
(b) Service Provider Name: Professional Benefit Administrators
(c) Contact Information: 900 Jorie Blvd #250, Oak Brook, IL 60523
800-435-5694
(d) Service Provider Category: [ ] Issuer or [X] TPA
(e) Plan Type: N/A

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.

Mark D. Taylor 9/23/2015
Signature of authorized representative of eligible organization Date

Mark D. Taylor
Typed name of authorized representative of eligible organization

10/26/2015

Via U.S. Mail and Electronic Mail
United States Department of Health and Human Services
Attn: Sylvia Burwell, Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201
Room 739H
marketreform@cms.hhs.gov

ELECTROLOCK
17930 GREAT LAKES PARKWAY
HIRAM, OH 44234 U.S.A.
www.electrolock.com
TEL: 440.834.7500
FAX: 440.834.7525

Re: Religious Objection to all contraceptive services pursuant to 26 CFR 54.2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131

Dear Secretary Burwell,

This letter serves as our formal religious objection to providing all contraceptive services in our employee health plan. This objection covers the following organizations: Electrolock, Inc., Dunstone Co., Inc. and Stone River Mgmt. Co. LLC. All three organizations provide employee health insurance benefits to their eligible employees through Electrolock, Inc. Employee Health & Welfare Benefit Plan. All three organizations are eligible, for-profit companies that are closely held, as described by 26 CRF 54, 29 CRF 2510, 2590, 45 CFR 147, and 80 Fed. Reg. 41317 (July 14, 2014). The contact information for the eligible organizations is as follows:

Name of eligible organization 1: Electrolock, Inc

Contact information: 17930 Great Lakes Pkwy., Hiram OH 44234 Phone: (440) 834-7500, Email: joe3@electrolock.com

Name of eligible organization 2: Dunstone Co, Inc

Contact information: 17930 Great Lakes Pkwy., Hiram OH 44234 Phone: (440) 834-7500, Email: joe3@electrolock.com

Name of eligible organization 3: Stone River Mgmt. Co. LLC

Contact information: 17930 Great Lakes Pkwy., Hiram OH 44234 Phone: (440) 834-7500, Email: joe3@electrolock.com

The Eligible Organization is a: Other eligible organization.

(2) Below please find the information you require pertaining to the eligible organizations' plan.

Service Provider Information:

(a) Plan Name	(b) Service Provider's Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan Type (if applicable)
Electrolock, Inc. Employee Health & Welfare Benefit Plan	Business Administrators & Consultants, Inc.	Richard Sheldon 614-863-8780 rsheldon@bactpa.com	Third Party Administrator "TPA"	

The information submitted is original information, required by you for the first time in response to 80 Fed. Reg. 41317 (July 14, 2015) that goes/went into effect on September 14, 2015. If you require additional information or if you find this notice to be unsatisfactory for any reason, please contact my legal counsel as soon as possible at the Thomas More Law Center, Attn: Erin Mersino, 24 Frank Lloyd Wright Drive, Suite 393, Ann Arbor, Michigan, 48106, Telephone: 734-827-2001. I have also attached the permanent injunction obtained by the eligible organization(s) for your reference as Exhibit 1.

Sincerely,

Joseph A. Williams, III
CEO Electrolock, Inc.
Member Stone River Mgmt. Co. LLC
Vice President Dunstone Co. Inc.

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JOSEPH A. WILLIAMS, III, et al., Plaintiffs, v. SYLVIA M. BURWELL, et al., Defendants.	Case No. 1:13-cv-01699 (CRC)

ORDER

In light of the Supreme Court's decision in *Burwell v. Hobby Lobby Stores, Inc.*, 134 S. Ct. 2751 (2014), and upon the parties' Joint Motion for Entry of Injunction and Judgment [ECF No. 10], it is hereby

ORDERED that defendants, their employees, agents, and successors in office are permanently enjoined

(a) from enforcing

(1) the "June 30, 2014 Contraceptive Coverage Requirement," defined here to include those provisions of federal law in existence on June 30, 2014, when the Supreme Court decided *Hobby Lobby*, that require plaintiffs Electrolock Inc., Stone River Management Co., and Dunstone Co. to provide their employees with health coverage for contraceptive methods, sterilization procedures, and related patient education and counseling to which plaintiffs object on religious grounds, *e.g.*, 26 C.F.R. § 54.9815-2713(a)(1)(iv); 29 C.F.R. § 2590.715-2713(a)(1)(iv); 45 C.F.R. § 147.130(a)(1)(iv); and

(2) any penalties, fines, or assessments for noncompliance with the June 30, 2014 Contraceptive Coverage Requirement, including those found in 26 U.S.C. § 4980D and 29 U.S.C. §§ 1132 and 1185d; and

(b) from taking any other actions based on noncompliance with the June 30, 2014 Contraceptive Coverage Requirement

against plaintiffs Electrolock Inc., Stone River Management Co., and Dunstone Co., their employee health plan(s), the group health coverage provided in connection with such plan(s), and/or these plaintiffs' health insurance issuers and/or third-party administrators with respect to these plaintiffs' health plan(s); and it is further

ORDERED that judgment is entered in favor of plaintiffs and against defendants on plaintiffs' claim under the Religious Freedom Restoration Act, 42 U.S.C. §§ 2000bb *et seq.*; and it is further

ORDERED that all other claims against Defendants are DISMISSED; and it is further

ORDERED that pursuant to Local Civ. R. 54.2, the Parties will meet and confer to reach agreement on attorneys' fees and costs. The Parties will file a joint status report, including a recommendation for further proceedings, by no later than January 7, 2014. If there is no resolution of the attorneys' fees and costs matter, Plaintiffs may file a motion for attorneys' fees and costs within thirty days of January 7, 2014, pursuant to Fed.R.Civ.P. 54; and it is further

ORDERED that this Injunction and Judgment does not apply with respect to any changes in statute or regulation that are enacted or promulgated after this date, and nothing herein prevents plaintiffs from filing a new civil action to challenge any such future changes.

SO ORDERED.

CHRISTOPHER R. COOPER
United States District Judge

Date: November 5, 2014

 NOV 19 2015

MAU WORKFORCE SOLUTIONS
consider it done

November 10, 2015

Sylvia Mathews Burwell
Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
ATTN: Notice of Religious Objection to Contraceptive Services
200 Independence Avenue, SW Room 739H
Washington, DC 20201

RE: Notice of Religious Objection to Contraceptive Services

Dear Ms. Burwell,

The following eligible organization has a religious objection to providing coverage of [ ] all or [x] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815.

If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage.

The eligible organization objects to the provision of emergency contraception including, without limitation: Ella, Plan B, Plan B One Step, Next Choice, Next Choice One Dose, My Way, and Take Action.

1. Name of eligible organization: Management, Analysis & Utilization, Inc.
Contact information: 501 Greene Street, Augusta, GA 30901, 706-823-2349
Eligible organization is a: [ ] Non-profit entity; OR [x] Other eligible organization

2. Service provider information:

(a) Plan Name	(b) Service Provider Name	(c) Service Provider Contact information	(d) Service Provider Category	(e) Plan type
Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan	Cigna	Lisa Williams CIGNA HealthCare, Atlanta Select Sales Office Two Securities Centre, Suite 200 3500 Piedmont RD N.E. Atlanta, GA 30305 (860) 902 -4577	[x]Issuer or [ ]TPA	N/A (employer group health plan)
	Blue Cross Blue Shield of South Carolina	Jim Shew 1000 Executive Center Drive Greenville, SC 29615 (864) 567-6214	[x]Issuer or [ ]TPA	N/A (employer group health plan)
	Essential Staff Care	P.J. Green 250 Commonwealth Drive, Suite 107 Greenville, SC 29615 (864) 527-7939	[ ]Issuer or [x]TPA	N/A (employer group health plan)

3. Information being submitted is (check one):
[x] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____.

Adam H. Hatcher November 10 2015
Signature of authorized representative of eligible organization Date

Adam Hatcher
Typed name of authorized representative of eligible organization

cc: Jim Shew, P.J. Green, Lisa Williams

CONESTOGA™
WOOD SPECIALTIES

November 23, 2015

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Room 739H
Washington, DC 20201

Re: Religious Objection to Providing Certain forms of Contraception

To the Secretary of Health and Human Services:

As you are well aware, Conestoga Wood Specialties, Corp., Conestoga Wood Transportation, Inc., and its owners, the Hahn family, have long objected to providing certain forms of contraception as part of their employer sponsored healthcare plan. *See Burwell v. Hobby Lobby Stores, Inc.*, 134 S.Ct. 2751 (2014) (which consolidated our appeal with that of Hobby Lobby and provided us injunctive relief from the relevant mandate). As our history in this subject demonstrates, we are an eligible, closely-held, for-profit corporation with a sincerely held religious belief. As such, we do not provide any of the hormonal drugs or IUDs but do provide barrier contraception and sterilization.

I can be reached at the address and phone number listed on this letterhead. Additionally, you can reach our Third Party Administrator for Conestoga Wood Specialties Employee Benefit Plan through Highmark Blue Shield, Attention: Jason Campbell, Lead Client Manager, 1800 Center Street 1A L4, Camp Hill, PA 17089-0089 (717) 302-2461.

Sincerely,

Anthony Hahn
President and Chief Executive Officer

AH/mms

MODEL NOTICE

Date: 12-22-15

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [X] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: ST JOSEPH'S ABBEY (AKA: CISTERCIAN ABBEY OF SPENCER)
Contact information: SEE BELOW
Eligible organization is a: [X] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
ST JOSEPHS ABBEY	TUFTS ASSOC HEALTH PLANS	800-208-9545	[X] Insurer or [ ] TPA	[X] Church plan [ ] Student plan
			[ ] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Fr. Vincent Rogers 12-22-15
Signature of authorized representative of eligible organization — Date

FR. VINCENT ROGERS
Typed name of authorized representative of eligible organization

167 N. SPENCER RD
SPENCER MA 01562
508.885.8700 x550
Vincent@spencerabbey.org

PROVIDER: TUFTS ASSOCIATED HEALTH PLANS INC. (800.208.9545)

EBSA FORM 700-- CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Dakota Tube Inc.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Anna Steinbauer VP of Administration/Co-Owner
Mailing and email addresses and phone number for the individual listed above	221 Airport Dr Watertown SD 67201 anna.steinbauer@dakotatube.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Anna L Steinbauer
Signature of the individual listed above

10/29/15
Date

The organization or its plan using this form must provide a copy of this certification to the plan's health insurance issuer (for insured health plans) or a third party administrator (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a third party administrator for the plan that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that the eligible organization:

(1) Will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) The obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the eligible organization has a religious objection to providing coverage for all or a subset of contraceptive services, pursuant to 26 CFR 54.9815-2713A(b)(1)(iii)(B) and (c)(1)(iii), 29 CFR 2590.715-2713A(b)(1)(iii)(B) and (c)(1)(iii), and 45 CFR 147.131(c)(1)(ii). A model notice is available at: http://www.cms.gov/cciio/resources/Regulations-and-Guidance/index.html#Prevention.

This form or a notice to the Secretary is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1210-0150. An organization that seeks to be recognized as an eligible organization that qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing may complete this self-certification form, or provide notice to the Secretary of Health and Human Services, in order to obtain or retain the benefit of the exemption from covering certain contraceptive services. The self-certification form or notice to the Secretary of Health and Human Services must be maintained in a manner consistent with the record retention requirements under section 107 of the Employee Retirement Income Security Act of 1974, which generally requires records to be retained for six years. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, gather the necessary data, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0150.

Community Healthcare System®

Community Foundation
of Northwest Indiana, Inc.

Community Hospital
St. Catherine Hospital
St. Mary Medical Center

December 31, 2015

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201
Room 739H

To the Secretary of health and Human Services:

The following eligible organizations have a religious objection to providing coverage of all contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. This is original information being submitted on behalf of these entities.

St. Mary Medical Center Non-profit entity
St. Catherine Hospital Non-profit entity

The identified self-funded health and prescription plan(s) under religious objection is a high deductible plan (Plan F) for the above entities. Service provider for Plan F is a third party administrator:

Prairie States Enterprises
P.O. Box 23
Sheboygan, WI 53082-0023
1-800-615-7020
prairieontheweb.com

Any questions can be directed to:
Anthony Ferracane
Vice President
Community Foundation of Northwest Indiana, Inc.
907 Ridge Road
Munster, IN 46321
219-836-6705

Sincerely,

Anthony Ferracane

Date: 2.22.16

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [X] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

_____.

(1) Name of eligible organization: Miller Contracting Services Inc.
Contact information: Sara Kathryn Miller 618.994.4616 miller@millercontracting.us
Eligible organization is a: [ ] Non-profit entity; OR [X] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
"Miller Contracting Services Inc.	"MedBen Benefits		[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
Employee Health Benefit Plan"	Administrators, Inc."	800.423.3151	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____.

Sara Kathryn Miller 2.22.16
Signature of authorized representative of eligible organization Date

Sara Kathryn Miller
Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: February 11, 2016

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of ☑ all or ☐ a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: Earth Sun Moon Trading Company, Inc.
Contact information: Nick Cirelli - Director of Human Resources 724-458-1687, ext 324
Eligible organization is a: ☐ Non-profit entity; OR ☑ Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Earth Sun Moon Trading Health Plan	UPMC Health Plan	Mary Heniosz	☑ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
		600 Grant Street	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
		Pittsburgh, Pa. 15219	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan
	heniosme@upmc.edu	412-454-5204	☐ Issuer or ☐ TPA	☐ Church plan ☐ Student plan

(3) Information being submitted is (check one):
☑ Original information; OR ☐ Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

Signature of authorized representative of eligible organization — February 11, 2016 — Date

Nathan A. Depew
Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: March 7, 2016

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [X] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: Luurtsema Sales
Contact information: Dean Luurtsema, 6672 Center Industrial Drive,Jenison, MI 49428 (616-669-9301)
Eligible organization is a: [ ] Non-profit entity; OR [X] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
HMO HSA 80-3	Priority Health	1231 E. Beltline NE Grand Rapids, MI 49525 616-942-0954	[X] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

Dean Luurtsema — March 7, 2016
Signature of authorized representative of eligible organization — Date

Dean Luurtsema
Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: March 23, 2016

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [x] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:* Abortion causing drugs, devices and sterilizations; patient education and counseling for all women with reproductive capacity.

(1) Name of eligible organization: Stephen W. Briscoe, Continuum Health Partnerships, Inc., Continuum Health Management, LLC, Mountain States Health Properties, LLC
Contact information: Steve Briscoe, P.O. Box 336250, Greeley, CO. 80633, steve.briscoe@continuumhealth.com
Eligible organization is a: [ ] Non-profit entity; OR [x] Other eligible organization

2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Continuum Health Management, LLC OAP Base Plan	CHLIC	Cigna Corporate Headquarters, 900 Cottage Grove Road, Bloomfield, CT 06002	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan
Continuum Health Management, LLC OAP Mid Plan	CHLIC	Cigna Corporate Headquarters, 900 Cottage Grove Road, Bloomfield, CT 06002	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan
Continuum Health Management, LLC OAP Choice Plan	CHLIC	Cigna Corporate Headquarters, 900 Cottage Grove Road, Bloomfield, CT 06002	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):
[x] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Stephen W. Briscoe, Continuum Health Partnerships, Inc., Continuum Health Management, LLC and Mountain States Health Properties, LLC (Continuum Health) are signing this Model Notice under protest. The Notice is signed under the threat of government imposed substantial fines, but the owner of Continuum Health and the company itself believe the federal government is not justified in requiring it. The form initiates Continuum Health's participation in the provision of abortion causing drugs, devices, sterilization and patient education and counseling for all women with reproductive capacity in a manner that violates the sincerely held religious beliefs of its owner and the company. Neither Continuum Health nor its owner intended to waive the right to challenge this requirement in court, should they choose to do so.



MARCH 23, 2016

Signature of authorized representative of eligible organization — Date

Stephen W. Briscoe

Typed name of authorized representative of eligible organization

NOTICE OF RELIGIOUS OBJECTION

Date: 3/22/16

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [X] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: Fresh Unlimited In.
Contact information: 937-498-4664
Eligible organization is a: [ ] Non-profit entity; OR [X] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Fresh Unlimited Inc	Anthem	1-866-848-1056	[X]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

**

Signature of authorized representative of eligible organization — Date: 3/22/16

Devon Beer
Typed name of authorized representative of eligible organization

****This form is being signed and submitted by Fresh Unlimited, Inc., d/b/a Freshway Foods and Freshway Logistics, Inc., who, along with their owners, have a religious objection to providing and paying for coverage of all contraceptive services required by the HHS mandate (1) under protest because the government is violating the Religious Freedom Restoration Act (RFRA) through the HHS mandate and accommodation and (2) pending the outcome of the decision by the Supreme Court of the United States in the following consolidated cases, which involve the HHS mandate and accommodation at issue here: Case Nos. 14-1418, 14-1453, 14-1505, 15-35, 15-105, 15-119, and 15-191.**

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(b)(5)

Page 507 redacted for the following reason:
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(b)(5)

CVS address for letters - per e-mail received on 6-9-15

e-mail	contractnotice@cvscaremark.com
Address	CVS Health 2211 Sanders Road NBT-10 Northbrook, IL 60062

United Healthcare address for letters - per e-mail on 9-8-15

ebsa700certform@uhc.com

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EBSA FORM 700-- CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Dakota Tube Inc.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Anna Steinbauer VP of Administration/Co-Owner
Mailing and email addresses and phone number for the individual listed above	221 Airport Dr Watertown SD 67201 anna.steinbauer@dakotatube.com

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Anna L Steinbauer
Signature of the individual listed above

10/29/15
Date

The organization or its plan using this form must provide a copy of this certification to the plan's health insurance issuer (for insured health plans) or a third party administrator (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a third party administrator for the plan that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that the eligible organization:

(1) Will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) The obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the eligible organization has a religious objection to providing coverage for all or a subset of contraceptive services, pursuant to 26 CFR 54.9815-2713A(b)(1)(iii)(B) and (c)(1)(iii), 29 CFR 2590.715-2713A(b)(1)(iii)(B) and (c)(1)(iii), and 45 CFR 147.131(c)(1)(ii). A model notice is available at: http://www.cms.gov/cciio/resources/Regulations-and-Guidance/index.html#Prevention.

This form or a notice to the Secretary is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1210-0150. An organization that seeks to be recognized as an eligible organization that qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing may complete this self-certification form, or provide notice to the Secretary of Health and Human Services, in order to obtain or retain the benefit of the exemption from covering certain contraceptive services. The self-certification form or notice to the Secretary of Health and Human Services must be maintained in a manner consistent with the record retention requirements under section 107 of the Employee Retirement Income Security Act of 1974, which generally requires records to be retained for six years. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, gather the necessary data, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0150.

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	CUMMINS-ALLISON CORP.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	JEFFREY G. KNOLL EXECUTIVE VICE PRESIDENT CORPORATE COUNSEL
Mailing and email addresses and phone number for the individual listed above	852 FEEHANVILLE DRIVE MT. PROSPECT, IL 60056 KNOLLJ@CUMMINSALLISON.COM 847-299-9550

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

9/2/2015

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

(1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	CUMMINS ILLINOIS, INC.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	ROBERT D. JORDAN SECRETARY
Mailing and email addresses and phone number for the individual listed above	852 FEEHANVILLE DR. MT. PROSPECT, IL 60056 JORDANRD@CUMMINSILLINOIS.COM 847-299-9550

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Robert D Jordan

Signature of the individual listed above

9-8-2015

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

(1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

JONES DAY

500 GRANT ST., SUITE 4500 • PITTSBURGH, PA 15219

TELEPHONE: +1.412.391.3939 • FACSIMILE: +1.412.394.7959

DIRECT NUMBER: (412) 394-7900
EMAIL@JONESDAY.COM

June 30, 2015

Donald B. Verrilli, Jr.
Solicitor General
United States Department of Justice
950 Pennsylvania Avenue, N.W.
Washington, DC 20530-0001
(202) 514-2217

Mark B. Stern
Alisa B. Klein
Adam C. Jed
Patrick G. Nemeroff
Civil Division
U.S. Department of Justice
950 Pennsylvania Ave., NW, Rm. 7240
Washington, DC 20530
(202) 514-8280

Re: *Zubik v. Burwell*, No. 14A1065

Counsel:

Pursuant to the Supreme Court's order of June 29, 2015, we write to notify the Secretary of HHS, through you as her counsel, that our clients in the above-captioned case are nonprofit entities who hold themselves out as religious organizations, and that they oppose providing coverage for the contraceptive services required by 26 C.F.R. § 54.9815-2713(a)(1)(iv), 29 C.F.R. § 2590.715-2713(a)(1)(iv), and 45 C.F.R. § 147.130(a)(1)(iv).

Therefore, under the Court's order, the Government is enjoined from enforcing against the entities heretofore covered by the district court's injunction "the challenged provisions of the Patient Protection and Affordable Care Act and related regulations." *Zubik v. Burwell*, No. 14A1065 (U.S. June 29, 2015). This includes, but is not limited to, the following statutes and regulations: 42 U.S.C. § 300gg-13(a)(4) ("A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for . . . with respect to women, such additional preventive care . . . as provided for in comprehensive guidelines supported by the

Health Resources and Services Administration for purposes of this paragraph."); 26 C.F.R. §§ 54.9815-2713, 54.9815-2713A, 54.9815-2713AT; 29 C.F.R. §§ 2590.715-2713, 2590.715-2713A; 45 C.F.R. §§ 147.130, 147.131.

Please provide a copy of this letter to the Secretary of Health and Human Services, and feel free to contact me should you wish to discuss this matter further.

Very truly yours,

Paul M. Pohl

BlueCross BlueShield of Illinois

Notice of Availability of Separate Payments for Contraceptive Services

Your employer or institution of higher education has certified that your health plan qualifies for an accommodation with respect to the federal requirement to cover all Food and Drug Administration-approved contraceptive methods for women, as prescribed by a health care provider, without cost sharing. This means that your employer or institution of higher education will not contract, arrange, pay or refer for contraceptive coverage. Instead, Blue Cross and Blue Shield of Illinois (BCBSIL) will provide or arrange separate payments for contraceptive services that you use, without cost sharing and at no other cost, for so long as you are enrolled in your health plan. Your employer or institution of higher education will not administer or fund these payments. If you have any questions about this notice, contact BCBSIL customer service at the number listed on your member ID card.

Certain contraceptive services are provided to you by BCBSIL without cost sharing when using an in-network provider*. To obtain contraceptive services, present your current BCBSIL member ID card. Mail-order pharmacy services may also be used to obtain contraceptive services.

The contraceptive services include, but aren't limited to:

- Emergency contraceptives and IUDs (unless otherwise provided under your group health coverage)

Mail Order Pharmacy Program-- When you receive covered drugs dispensed through the Mail-Order Program, you must complete and submit the mail service prescription drug claim form to the address on the claim form. Additional information may be obtained from your employer, from the carrier, the BCBSIL website at: www.bcbsil.com/member/rx_drugs.html, or by calling the customer service helpline listed on the back of your member ID card.

ERISA -- Statement of ERISA Rights, if applicable:
As a participant in this plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits:

a. Examine all documents governing the plan at no charge to the participant.
b. Obtain copies of documents governing the operation of the plan. There may be a reasonable charge for the copies.
c. Receive a summary of the plan's annual financial report.

Continue Group Health Plan Coverage:
Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event.

Enforce Your Rights:
If your claim for a welfare benefit is denied or ignored, you have a right to know why, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.



Assistance With Your Questions:
If you have any questions about the plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U. S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U. S. Department of Labor, 200 Constitution Avenue, N. W., Washington, D. C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Claims and Appeals -- If you receive a notice of "**Adverse Benefit Determination**" it means the claim has been denied, reduced or terminated, or that there was a failure to provide or make payment (in whole or in part)**.** You may seek and obtain a full and fair review of any determination of a claim determination made by BCBSXX in accordance with the benefits and procedures detailed in your Plan.

If you believe BCBSIL incorrectly denied all or part of your benefits, you may have your claim reviewed. BCBSIL will review its decision within 180 days after you receive notice of an Adverse Benefit Determination. You may call the number on the back of your identification card to request a claim review. BCBSIL will need to know the reasons why you do not agree with the Adverse Benefit Determination.

Contraceptive Services – Retail Pharmacy or Mail-Order Information
The following contraceptives are available to you at a participating pharmacy with no cost-share. Only the contraceptives listed below are eligible for separate payment. This list is reviewed periodically and is subject to change.

Emergency Contraceptives:**
Levonorgestrel
Ella

*To locate a provider in your network, you can access Provider Finder at www.bcbsil.com or call the customer service number on the back of your member ID card. To be eligible for this separate payment, a network provider should be utilized for all contraceptive services. Payment is not available for services received from an out-of-network provider.

**A prescription is required for emergency contraceptives to be paid without cost sharing at a participating pharmacy.

If you have questions about contraceptive services and payments, including your appeal rights, please call the customer service number listed on your member ID card.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

October 14, 2015

UnitedHealthcare – Oxford
ebsa700certform@uhc.com

Re: Platinum Freedom Direct Plan, Carolyn's Place, Inc.

Dear UnitedHealthcare,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Carolyn's Place, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Carolyn's Place, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Platinum Freedom Direct: "all contraceptive benefits".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Acting Director
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

November 23, 2015

Lisa Williams
CIGNA HealthCare, Atlanta Select Sales Office
Two Securities Centre, Suite 200
3500 Piedmont RD N.E.
Atlanta, GA 30305

Re: Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan

Dear Ms. Williams,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Management, Analysis and Utilization, Inc. that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its group health insurance coverage. Management, Analysis and Utilization, Inc. has notified HHS of its religious objection to the coverage of the following contraceptive services for its group health plan(s) Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan: "the provision of emergency contraception including, without limitation: Ella, Plan B, Plan B One Step, Next Choice, Next Choice One Dose, My Way, and Take Action".

As the issuer of the eligible organization's health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Division of Market Regulation
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

June 2, 2015

Amy Klawitter
Director Account Management
UnitedHealthcare of WI, Employer & Individual
10701 W Research Drive
Milwaukee, WI 53226
E-mail: Amy_Klawitter@uhc.com

Re: St. Raphael Health Plan

Dear Ms. Klawitter,

This is to inform you that the Department of Health and Human Services has received notice from all employers participating in the St. Raphael Health Plan, a church plan, that they are either an exempt religious employer as defined in 45 CFR 147.131(a)[1] or an eligible organization as defined in 45 CFR 147.131(b) and that your organization is a third party administrator in a contractual relationship with the exempt or eligible organizations or their plan to provide administrative services to the plan.

The organizations participating in the St. Raphael Health Plan have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, St. Raphael Health Plan: all contraceptive benefits.

Church plans are exempt from ERISA pursuant to ERISA section 4(b)(2). As such, a third party administrator of a self-insured church plan cannot become the plan administrator by operation of 29 CFR 2510.3-16, although such a third party administrator may voluntarily provide or arrange separate payments for contraceptive services and seek reimbursement for associated expenses under the process set forth in 45 CFR 156.50. If your organization chooses to do so, you may:

(1) Provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries; or

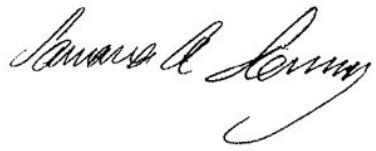
[1] The employers who are exempt have indicated to CMS that they wish to avail themselves of the accommodation.

(2) Arrange for an issuer or other entity to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries.

The costs of providing or arranging such payments may be reimbursed through an adjustment to the Federally-facilitated Exchange (FFE) user fee for a participating issuer pursuant to 45 CFR 156.50(d).

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Samara Lorenz
Director, Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H



VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

June 2, 2015

Michael Hoffmann
Director, Consumer Programs, CVS/Caremark
CVS Health
9501 E. Shea Blvd.
Scottsdale, AZ 85260
E-mail: Michael.Hoffmann@CVSCaremark.com

Re: St. Raphael Health Plan

Dear Mr. Hoffmann,

This is to inform you that the Department of Health and Human Services has received notice from all employers participating in the St. Raphael Health Plan, a church plan, that they are either an exempt religious employer as defined in 45 CFR 147.131(a)[1] or an eligible organization as defined in 45 CFR 147.131(b) and that your organization is a third party administrator in a contractual relationship with the exempt or eligible organizations or their plan to provide administrative services to the plan.

The organizations participating in the St. Raphael Health Plan have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, St. Raphael Health Plan: all contraceptive benefits.

Church plans are exempt from ERISA pursuant to ERISA section 4(b)(2). As such, a third party administrator of a self-insured church plan cannot become the plan administrator by operation of 29 CFR 2510.3-16, although such a third party administrator may voluntarily provide or arrange separate payments for contraceptive services and seek reimbursement for associated expenses under the process set forth in 45 CFR 156.50. If your organization chooses to do so, you may:

(1) Provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries; or

[1] The employers who are exempt have indicated to CMS that they wish to avail themselves of the accommodation.

(2) Arrange for an issuer or other entity to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the group health plan, or plan participants or beneficiaries.

The costs of providing or arranging such payments may be reimbursed through an adjustment to the Federally-facilitated Exchange (FFE) user fee for a participating issuer pursuant to 45 CFR 156.50(d).

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,



Samara Lorenz
Director, Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Michael C. Radvansky
Michael James Sales Tax Solutions, LLC
1100 Circle 75 Parkway, Suite 960
Atlanta, GA 30339
E-mail: metheredge@mjsalestax.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Radvansky,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at: http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following

information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

J Ackerman

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Adam Hatcher
General Counsel
Management Analysis and Utilization, Inc.
501 Greene Street
Augusta, Georgia 30901
E-mail: adam.hatcher@maa.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Hatcher,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

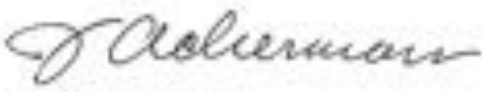
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http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf.

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Sincerely,



Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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200 Independence Avenue SW
Washington, DC 20201
Room 739H

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August 19, 2015

Michael Muraski
President, Kent Manufacturing Company
2200 Oak Industrial Drive, NE
Grand Rapids, MI 49505
E-mail: mikem@kent-mfg.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Muraski,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
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Washington, DC 20201
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August 19, 2015

Stephen T. Best
J.E. Dunn Construction Group, Inc.
1001 Locust Street
Kansas City, MO 64106
E-mail: steve.best@jedunn.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Best,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
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Room 739H

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Anna Steinbauer
VP of Administration
Dakota Tube Inc.
E-mail: anna.steinbauer@dakotatube.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Ms. Steinbauer,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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August 19, 2015

Michael A. Cybulski,
Director, Risk Management
Cummins-Allison Corp
852 Feehanville Drive
Mt. Prospect, IL 60056
E-mail: CybulskiM@cumminsallison.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Cybulski,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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August 19, 2015

J Keith Kelly
CEO, Contract Packaging, Inc.
14481 Lochridge Blvd.
Covington, GA 30014
E-mail:Keith@kellyreg.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Kelly,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

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August 19, 2015

Doug Graham,
President, Continuant Inc.
5050 20th St. E.
Fife, WA 98424
E-mail: dougg@continuant.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Graham,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

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Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following

information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Gregory Paul Conley
President
Carithers-Wallace-Courtenay, LLC
4343 Northeast Expressway
Atlanta, GA 30340
E-mail: paul.conley@c-w-c.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Conley,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Michael Worrell
Director, Human Resources
Bingaman and Son Lumber Inc.
PO Box 247
1195 Creek Mountain Rd
Kreamer, PA 17833
E-mail: mworrell@bingamanlumber.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Mr. Worrell,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at:
http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

J Ackerman

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

August 19, 2015

Anna Steinbauer
VP of Administration
Dakota Tube Inc.
E-mail: anna.steinbauer@dakotatube.com

Re: Notification regarding religious objections to providing contraceptive coverage

Dear Ms. Steinbauer,

The Department of Health and Human Services (HHS) has received notice from your for-profit organization of its religious objection to the coverage of contraceptive services for its group health plan(s).

The Departments of the Treasury, Labor, and HHS recently published final rules titled "Coverage of Certain Preventive Services Under the Affordable Care Act" (July 14, 2015, 80 FR 41318), which expand the set of entities that may avail themselves of an accommodation with respect to the coverage of contraceptive services to include a closely held for-profit entity whose highest governing body has adopted a resolution or similar action under its applicable rules of governance and consistent with state law establishing that it objects to covering some or all contraceptive services on account of the owners' sincerely held religious beliefs. The regulations define a closely held for-profit entity as one that is not publicly traded and has more than 50 percent of the value of its ownership interest owned directly or indirectly by five or fewer individuals, or has an ownership structure that is substantially similar thereto. For purposes of determining ownership interests, an individual is considered to own the ownership interests owned by or for his or her family (brothers, sisters, half-brothers, half-sisters, spouse, ancestors, and lineal descendants). These family members count as a single owner. These final regulations are effective September 14, 2015 and are applicable beginning on the first day of the first plan year that begins on or after September 14, 2015.

If an organization satisfies the definition of an eligible organization as defined in 45 CFR 147.131(b), it may use EBSA Form 700 to notify the issuer or third-party administrator of its group health plan of its religious objections to coverage of all or a subset of contraceptive services. The EBSA Form 700 is accessible at: http://www.dol.gov/ebsa/pdf/preventiveserviceseligibleorganizationcertificationform.pdf.

Alternately, an eligible organization may notify HHS in writing of its religious objection to coverage of all or a subset of contraceptive services. The notice must include the following information, as required in 45 CFR 147.131(c): the name of the eligible organization and the

basis on which it qualifies for an accommodation; its objection based on its sincerely held religious beliefs to coverage of some or all contraceptive services, including, if applicable, an identification of the subset of contraceptive services to which coverage the eligible organization objects; the plan name and type (*i.e.*, whether it is a student health insurance plan within the meaning of § 147.145(a) or a church plan within the meaning of ERISA section 3(33)); and the name and contact information for any of the plan's third party administrators and health insurance issuers. A model notice is available at http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Model-Notice-8-22-14.pdf.

If your organization is eligible and would like to avail itself of the accommodation, please provide notification, using one of the two mechanisms described above, that your organization meets the definition of a closely held for-profit entity as set forth in 45 CFR 147.131(b) and include all the required information. If you have any questions regarding whether your organization qualifies for the accommodation, you may send a letter describing its ownership structure to HHS at accommodation@cms.hhs.gov. The rules cited above specify the process that will occur after HHS receives such a letter. Other questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

Community Healthcare System®

Community Foundation
of Northwest Indiana, Inc.

Community Hospital
St. Catherine Hospital
St. Mary Medical Center

December 31, 2015

Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201
Room 739H

To the Secretary of health and Human Services:

The following eligible organizations have a religious objection to providing coverage of all contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. This is original information being submitted on behalf of these entities.

St. Mary Medical Center Non-profit entity
St. Catherine Hospital Non-profit entity

The identified self-funded health and prescription plan(s) under religious objection is a high deductible plan (Plan F) for the above entities. Service provider for Plan F is a third party administrator:

Prairie States Enterprises
P.O. Box 23
Sheboygan, WI 53082-0023
1-800-615-7020
prairieontheweb.com

Any questions can be directed to:
Anthony Ferracane
Vice President
Community Foundation of Northwest Indiana, Inc.
907 Ridge Road
Munster, IN 46321
219-836-6705

Sincerely,

Anthony Ferracane

*** RECEIVED ***
Dec 22, 2014 15:30:05
OSNUM: 122220141016
OFFICE OF THE SECRETARY
OFFICE OF DOCUMENTS AND
REGULATIONS MANAGEMENT
(ODRM)

CONVOY OF HOPE

2014 DEC 22 PM 3 21

December 15, 2014

Secretary Sylvia Mathews Burwell
Health and Human Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Dear Secretary Burwell,

Our board of directors have affirmed that the insurance coverage contraceptive drugs/devices that are abortifacient in nature mandated under the Affordable Care Act as implemented by HHS violates our corporation's sincerely held religious beliefs regarding the sanctity of human life. The board also objects to the narrowly tailored religious exemption allowed under the ACA rules that exempts only churches and not other religious organizations with religious objections to the mandate. However, in consideration of the vital necessity of continuing health insurance coverage for its employees, the board has reluctantly chosen the HHS accommodation by filing EBSA Form 700 Certification with our health insurance provider.

The board supports those organizations that are litigating this matter against the HHS and is hopeful that this will be resolved in favor of religious freedom and conscience.

Sincerely,

Hal Donaldson
President

CONVOY OF HOPE, Inc.

MAIL:
330 S. Patterson Ave.
Springfield, MO 65802
(417) 823-8998
(417) 823-8244 (FAX)

GOVERNMENT RELATIONS:
1455 Pennsylvania Ave. NW, Suite 400
Washington, DC 20004
(202) 280-2002
(202) 652-2309 (FAX)

ONLINE:
convoyofhope.org
blog.convoyofhope.org
FB /convoyofhope
TW @convoyofhope

DONATIONS:
P.O. Box 219368
Kansas City, MO 64121-9368

donate.convoyofhope.org

MODEL NOTICE

Date: November 19, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [X] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

- Plan B (levonorgestrel) and its generic equivalents
- ella (ulipristal acetate)
- ParaGard (copper IUD)
- Mirena and Skyla (levonorgestrel-releasing IUDs)

.

(1) Name of eligible organization: J.E. Dunn Construction Group, Inc.
Contact information: 1001 Locust Street
Kansas City, MO 64106
steve.best@jedunn.com
(678) 781-2512

Eligible organization is a: [ ] Non-profit entity; OR [***X***] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
JE Dunn Construction Group Welfare Benefits Plan	Blue Cross & Blue Shield of Kansas City	One Pershing Square 2301 Main PO Box 419071 Kansas City, MO 64141 steve.price@bcbssc.com	TPA	N/A
Same as above	MedTrak Services	7101 College Blvd., #1000 Overland Park, KS 66210 bmcguire@medtrakservices.com	TPA	N/A

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.

Stephen C Best — **11-19-2014**

Signature of authorized representative of eligible organization — Date

Stephen T. Best

Typed name of authorized representative of eligible organization

EBSA FORM 700– CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	ILLINOIS BAPTIST CHILDREN'S HOME AND FAMILY SERVICES
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	DOUG DEVORE EXECUTIVE DIRECTOR
Mailing and email addresses and phone number for the individual listed above	949 COUNTY ROAD 1300 N CARMI IL 62821 doug.devore@bchfs.com 618/382-4164

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Doug Devore
Signature of the individual listed above

1/21/15
Date

MICHAEL | JAMES
SALES TAX SOLUTIONS, LLC.

MODEL NOTICE

Date: May 22, 2015

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [] all or [x] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*
Any and all abortifacients

*Michael James Sales Tax Solutions also requires the Department of Health and Human Services exclude our service provider from making abortifacients available free of charge to employees on our plan. We request this due to religious beliefs and the US Supreme Court decision in BURWELL, SECRETARY OF HEALTH AND HUMAN SERVICES, ET AL., v. HOBBY LOBBY STORES, INC.

(1) Name of eligible organization: Michael James Sales Tax Solutions, LLC
Contact information: Michael Radvansky, 1100 Circle 75 Parkway, Suite 960 Atlanta, GA 30339 - 770-857-1010
Eligible organization is a: [ ] Non-profit entity; OR [x] Other eligible organization
a closely held for profit entity

(2) Service provider information

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan Type (if applicable)
Gold $35 $60 $2500 100% NP/PGA	Coventry Healthcare of GA	P.O. Box 7711 London, KY 40742	[X]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):

[x] Original information; OR [ ] Updated information. *If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:*
1/1/2015

Signature of authorized representative of eligible organization — 5-22-2015 Date

Michael C. Radvansky
Typed name of authorized representative of eligible organization

EBSA FORM 700

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	PEOPLE OF PRAISE MINNESOTA, INC.
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	JOEL KIBLER PRESIDENT
Mailing and email addresses and phone number for the individual listed above	JOELKIBLER@GMAIL.COM 601 RIVER RIDGE PARKWAY EAGAN, MN 55121 (651) 789-2888

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Joel Kibler

Signature of the individual listed above

DEC 11, 2014

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

(1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EBSA FORM 700

CERTIFICATION

(To be used for plan years beginning on or after January 1, 2014)

This form is to be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131.

Please fill out this form completely. This form must be completed by each eligible organization by the first day of the first plan year beginning on or after January 1, 2014, with respect to which the accommodation is to apply, and be made available for examination upon request. This form must be maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the organization	TRINITY SCHOOLS, INC. D/B/A TRINITY SCHOOL AT RIVER RIDGE
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	KERRY J. KOLLER PRESIDENT
Mailing and email addresses and phone number for the individual listed above	107 SO. GREENLAWN AVE. SOUTH BEND, IN 46617 KJKOLLER@TRINITYSCHOOLS.ORG (574) 234-5088 EXT 113

I certify that, on account of religious objections, the organization opposes providing coverage for some or all of any contraceptive services that would otherwise be required to be covered; the organization is organized and operates as a nonprofit entity; and the organization holds itself out as a religious organization.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (each within the meaning of section 52(a) or (b) of the Internal Revenue Code), may certify that it holds itself out as a religious organization.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

DEC 11, 2014

Date

The organization or its plan must provide a copy of this certification to the plan's health insurance issuer(s) (for insured health plans) or third party administrator(s) (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a plan's third party administrator that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that:

(1) The eligible organization will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) Obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

This certification is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

GREENVILLE
COLLEGE

December 1, 2014

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [X] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

Greenville College opposes abortifacient contraception and requests exemption of Plan B, Ella and certain abortifacient IUD's from its insurance coverage for employees effective on January 1, 2015.

(1) Name of eligible organization: **Greenville College**

Contact information: **315 E. College Avenue, Greenville, IL 62246**
Phone: 618-664-2800

Eligible organization is a: [X] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
$500 Deductible Plan - PPO	Blue Cross Blue Shield	www.bcbsil.com; 800-458-6024	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan
$1,500 Deductible Copay Plan - PPO	Blue Cross Blue Shield	www.bcbsil.com; 800-458-6024	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan
$3,000 HSA Plan - HSA	Blue Cross Blue Shield	www.bcbsil.com; 800-458-6024	[ ]Issuer or [X]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.

If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____.

Signature of authorized representative of eligible organization

12/1/2014
Date

Dr. Ivan Filby, President
Typed name of authorized representative of eligible organization

ELECTROLOCK

17930 GREAT LAKES PARKWAY

HIRAM, OH 44234 U.S.A.

www.electrolock.com

TEL: 440.834.7500

FAX: 440.834.7525

10/26/2015

Via U.S. Mail and Electronic Mail
United States Department of Health and Human Services
Attn: Sylvia Burwell, Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
200 Independence Avenue, SW
Washington, DC 20201
Room 739H
marketreform@cms.hhs.gov

Re: Religious Objection to all contraceptive services pursuant to 26 CFR 54.2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131

Dear Secretary Burwell,

This letter serves as our formal religious objection to providing all contraceptive services in our employee health plan. This objection covers the following organizations: Electrolock, Inc., Dunstone Co., Inc. and Stone River Mgmt. Co. LLC. All three organizations provide employee health insurance benefits to their eligible employees through Electrolock, Inc. Employee Health & Welfare Benefit Plan. All three organizations are eligible, for-profit companies that are closely held, as described by 26 CRF 54, 29 CRF 2510, 2590, 45 CFR 147, and 80 Fed. Reg. 41317 (July 14, 2014). The contact information for the eligible organizations is as follows:

Name of eligible organization 1: Electrolock, Inc

Contact information: 17930 Great Lakes Pkwy., Hiram OH 44234 Phone: (440) 834-7500, Email: joe3@electrolock.com

Name of eligible organization 2: Dunstone Co, Inc

Contact information: 17930 Great Lakes Pkwy., Hiram OH 44234 Phone: (440) 834-7500, Email: joe3@electrolock.com

Name of eligible organization 3: Stone River Mgmt. Co. LLC

Contact information: 17930 Great Lakes Pkwy., Hiram OH 44234 Phone: (440) 834-7500, Email: joe3@electrolock.com

The Eligible Organization is a: Other eligible organization.

(2) Below please find the information you require pertaining to the eligible organizations' plan.

Service Provider Information:

(a) Plan Name	(b) Service Provider's Name	(c) Service Provider Contact Information	(d) Service Provider Category	(e) Plan Type (if applicable)
Electrolock, Inc. Employee Health & Welfare Benefit Plan	Business Administrators & Consultants, Inc.	Richard Sheldon 614-863-8780 rsheldon@bactpa.com	Third Party Administrator "TPA"	

The information submitted is original information, required by you for the first time in response to 80 Fed. Reg. 41317 (July 14, 2015) that goes/went into effect on September 14, 2015. If you require additional information or if you find this notice to be unsatisfactory for any reason, please contact my legal counsel as soon as possible at the Thomas More Law Center, Attn: Erin Mersino, 24 Frank Lloyd Wright Drive, Suite 393, Ann Arbor, Michigan, 48106, Telephone: 734-827-2001. I have also attached the permanent injunction obtained by the eligible organization(s) for your reference as Exhibit 1.

Sincerely,

Joseph A. Williams, III
CEO Electrolock, Inc.
Member Stone River Mgmt. Co. LLC
Vice President Dunstone Co. Inc.

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

JOSEPH A. WILLIAMS, III, et al., Plaintiffs, v. SYLVIA M. BURWELL, et al., Defendants.	Case No. 1:13-cv-01699 (CRC)

ORDER

In light of the Supreme Court's decision in *Burwell v. Hobby Lobby Stores, Inc.*, 134 S. Ct. 2751 (2014), and upon the parties' Joint Motion for Entry of Injunction and Judgment [ECF No. 10], it is hereby

ORDERED that defendants, their employees, agents, and successors in office are permanently enjoined

(a) from enforcing

(1) the "June 30, 2014 Contraceptive Coverage Requirement," defined here to include those provisions of federal law in existence on June 30, 2014, when the Supreme Court decided *Hobby Lobby*, that require plaintiffs Electrolock Inc., Stone River Management Co., and Dunstone Co. to provide their employees with health coverage for contraceptive methods, sterilization procedures, and related patient education and counseling to which plaintiffs object on religious grounds, *e.g.*, 26 C.F.R. § 54.9815-2713(a)(1)(iv); 29 C.F.R. § 2590.715-2713(a)(1)(iv); 45 C.F.R. § 147.130(a)(1)(iv); and

(2) any penalties, fines, or assessments for noncompliance with the June 30, 2014 Contraceptive Coverage Requirement, including those found in 26 U.S.C. § 4980D and 29 U.S.C. §§ 1132 and 1185d; and

(b) from taking any other actions based on noncompliance with the June 30, 2014 Contraceptive Coverage Requirement

against plaintiffs Electrolock Inc., Stone River Management Co., and Dunstone Co., their employee health plan(s), the group health coverage provided in connection with such plan(s), and/or these plaintiffs' health insurance issuers and/or third-party administrators with respect to these plaintiffs' health plan(s); and it is further

ORDERED that judgment is entered in favor of plaintiffs and against defendants on plaintiffs' claim under the Religious Freedom Restoration Act, 42 U.S.C. §§ 2000bb *et seq.*; and it is further

ORDERED that all other claims against Defendants are DISMISSED; and it is further

ORDERED that pursuant to Local Civ. R. 54.2, the Parties will meet and confer to reach agreement on attorneys' fees and costs. The Parties will file a joint status report, including a recommendation for further proceedings, by no later than January 7, 2014. If there is no resolution of the attorneys' fees and costs matter, Plaintiffs may file a motion for attorneys' fees and costs within thirty days of January 7, 2014, pursuant to Fed.R.Civ.P. 54; and it is further

ORDERED that this Injunction and Judgment does not apply with respect to any changes in statute or regulation that are enacted or promulgated after this date, and nothing herein prevents plaintiffs from filing a new civil action to challenge any such future changes.

SO ORDERED.

CHRISTOPHER R. COOPER
United States District Judge

Date: November 5, 2014

NOV 16 2015

network health

1570 Midway Pl.
Menasha, WI 54952

October 28, 2015

The U.S. Department of Health & Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary of Health and Human Services:

Network Health Administrative Services LLC serves as the third party administrator (TPA) for Ascension Health.

Enclosed is the EBSA Form 700 Certification associated with the federal requirements to cover certain contraceptive services.

If you require additional information or have any questions, please contact me at (920) 720-1218.

Sincerely,

Lori Zettel

Lori Zettel
Network health

EBSA FORM 700– CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organizations listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Ascension Health Alliance d/b/a Ascension and all of its current and future subsidiaries that are "eligible organizations" as defined in the regulations
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Eric Feinstein Senior Vice President, Total Rewards
Mailing and email addresses and phone number for the individual listed above	11775 Borman Drive St. Louis, MO 63146 efeinstein@ascensionhealth.org

On behalf of Ascension Health Alliance d/b/a/ Ascension and all of its current and future Subsidiaries that are "eligible organizations" as defined in the regulations, I certify the organizations are eligible organizations (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that have a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Eric Feinstein
Signature of the individual listed above

9/21/2015
Date

An organization or its plan using this form must provide a copy of this certification to the plan's health insurance issuer (for insured health plans) or a third party administrator (for self-insured health plans) in order for the plan to be accommodated with respect to the contraceptive coverage requirement.

Notice to Third Party Administrators of Self-Insured Health Plans

In the case of a group health plan that provides benefits on a self-insured basis, the provision of this certification to a third party administrator for the plan that will process claims for contraceptive coverage required under 26 CFR 54.9815-2713(a)(1)(iv) or 29 CFR 2590.715-2713(a)(1)(iv) constitutes notice to the third party administrator that the eligible organization:

(1) Will not act as the plan administrator or claims administrator with respect to claims for contraceptive services, or contribute to the funding of contraceptive services; and

(2) The obligations of the third party administrator are set forth in 26 CFR 54.9815-2713A, 29 CFR 2510.3-16, and 29 CFR 2590.715-2713A.

As an alternative to using this form, an eligible organization may provide notice to the Secretary of Health and Human Services that the eligible organization has a religious objection to providing coverage for all or a subset of contraceptive services, pursuant to 26 CFR 54.9815-2713A(b)(1)(ii)(B) and (c)(1)(ii), 29 CFR 2590.715-2713A(b)(1)(ii)(B) and (c)(1)(ii), and 45 CFR 147.131(c)(1)(ii). A model notice is available at: http://www.cms.gov/cciio/resources/Regulations-and-Guidance/index.html#Prevention.

This form or a notice to the Secretary is an instrument under which the plan is operated.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1210-0150. An organization that seeks to be recognized as an eligible organization that qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing may complete this self-certification form, or provide notice to the Secretary of Health and Human Services, in order to obtain or retain the benefit of the exemption from covering certain contraceptive services. The self-certification form or notice to the Secretary of Health and Human Services must be maintained in a manner consistent with the record retention requirements under section 107 of the Employee Retirement Income Security Act of 1974, which generally requires records to be retained for six years. The time required to complete this information collection is estimated to average 50 minutes per response, including the time to review instructions, gather the necessary data, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0150.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

August 11, 2015

Alan Shulman
Vice President and Actuary
Commercial Travelers Mutual Insurance Company
70 Genesee Street
Utica, NY 13502
E-mail: ashulman@commercialtravelers.com

Re: Student Health Insurance for Oral Roberts University

Dear Mr. Shulman,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Oral Roberts University that it is an eligible organization as defined in 45 CFR 147.131(b) and that your organization is the issuer of its student health insurance coverage (Plan Policy Number 2015i5a97, Plain Form Number NBH-280(2014OK)). Oral Roberts University has notified HHS of its religious objection to the coverage of the following contraceptive services for its student health insurance plan: "EC Plan B One-step (the morning after pill); Ella Ulipristal Acetate (the week after pill); copper intrauterine devices; hormonal intrauterine devices; as well as any other drug, device, procedure, or mechanism which has the purpose or effect of preventing an already fertilized egg from developing further by inhibiting or terminating its attachment to the uterus."

As the issuer of health insurance coverage for the eligible organization's student health insurance plan, your organization is responsible for complying with Public Health Service Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for student enrollees and their covered dependents without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organization, the student health insurance plan, or student enrollees or their covered dependents. You may not require any documentation or other information from the eligible organization.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

October 2, 2015

Christina Salatrik,
Sales Manager
Blue Cross Blue Shield Michigan/Blue Care Network
600 E. Lafayette Blvd, Mail Code 519C
Detroit, MI 48226
E-mail: csalatrik@bcbsm.com

Re: W&P Management LLC Weingartz

Dear Ms. Salatrik,

This is to inform you that the Department of Health and Human Services (HHS) has received notice from Weingartz Supply Co., Inc. and W & P Management LLC that they are eligible organizations as defined in 45 CFR 147.131(b) and that your organization is the issuer of their group health insurance coverage. Weingartz Supply Co., Inc. and W & P Management LLC have notified HHS of their religious objection to the coverage of the following contraceptive services for their group health plan, W&P Management LLC Weingartz: all contraceptive benefits.

As the issuer of the eligible organizations' health insurance coverage your organization is responsible for complying with PHS Act section 2713(a)(4) and 45 CFR 147.131 with respect to coverage of such contraceptive services to which the eligible organization objects on religious grounds. As such, your organization is required to provide payments for such contraceptive services for plan participants and beneficiaries without imposing any cost-sharing requirements (such as a copayment, coinsurance, or a deductible), or imposing a premium, fee, or other charge, or any portion thereof, directly or indirectly, on the eligible organizations, the group health plan, or plan participants or beneficiaries. You may not require any documentation or other information from the eligible organizations.

Questions can be directed to marketreform@cms.hhs.gov.

Sincerely,

Jacob Ackerman
Acting Director, Market Rules Division
Oversight Group

Ph: 800-233-7009
Fx: 717-964-2307

December 29, 2014

Honorable Sylvia Burwell
Secretary, Health & Human Services
The U.S. Department of Health and Human Services
c/o Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
Room 739H
200 Independence Avenue, SW
Washington, DC 20201

Notification of Objection

Dear Ms. Burwell:

DAS Companies, Inc. is a closely-held corporation organized in Pennsylvania. The sole shareholder of the corporation is a (b)(6) and adheres to the tenets of his faith. As a closely-held family corporation with deep religious convictions and based on the United States Supreme Court's decision in Burwell v. Hobby Lobby Stores, Inc., 134 S. Ct. 2751 (U.S. 2014), DAS objects to providing coverage of all contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815.

DAS will continue to provide comprehensive health care plans for its employees. Based on its religious objections to the mandate to provide contraceptives, however, no form of contraceptives will be offered in the health care plans provided for its employees. The DAS health plan is the DAS Companies, Inc. PPO. It is administered by a Third Party Administrator: Highmark Blue Shield, 1800 Center Street, Camp Hill PA 17089.

Should you have any questions regarding this letter, please feel free to contact the undersigned.

Sincerely,

(b)(6)

Chief Financial Officer & Assistant Secretary

Corporate Office
724 Limit Road
Palmyra, PA 17078
www.dasinc.com

EBSA FORM 700– CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Society of the Precious Blood
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Amy Day, HR Manager
Mailing and email addresses and phone number for the individual listed above	2860 US Rt 127 Celina, OH 45822 hrmanager@cpps-preciousblood.org

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Amy Day
Signature of the individual listed above

1-22-15
Date

MODEL NOTICE

Date: 1-22-15

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [X] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: Society of the Precious Blood
Contact information: Amy Day, 414-935-4516 ext 327
Eligible organization is a: [X] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Healthcare	Tn Health Ohio Medicare Part D	866-782-5244 937-293-1545	[X] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Insurer or [X] TPA	[ ] Church plan [ ] Student plan
			[ ] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Insurer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Amy Day 1-22-15
Signature of authorized representative of eligible organization Date

Amy Day
Typed name of authorized representative of eligible organization

EBSA FORM 700– CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	OLIVET NAZARENE UNIV
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	David Pickering Director of Business and Human Resources
Mailing and email addresses and phone number for the individual listed above	1 UNIVERSITY AVE Bourbonnais, ILL 60914 dpickrng@olivet.edu 1-815-939-5239

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

January 29, 2015
Date

MODEL NOTICE

Date: January 29, 2015

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [ ] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

All Pharmaceutical Abortifacients-substance causing abortion

(1) Name of eligible organization: Olivet Nazarene University
Contact information: 1 University Ave, Bourbonnais, IL 60914
Eligible organization is a: [X] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Olivet Health Plan	BCBS OF ILL	Chicago, IL	[X] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed:

David Pickering

Signature of authorized representative of eligible organization — January 29, 2015 — Date

David Pickering, Dir of Business and Human Resources

Typed name of authorized representative of eligible organization

EBSA FORM 700– CERTIFICATION
(revised August 2014)

This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-2713A, 29 CFR 2590.715-2713A, and 45 CFR 147.131. Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.

Please fill out this form completely. This form should be made available for examination upon request and maintained on file for at least 6 years following the end of the last applicable plan year.

Name of the objecting organization	Society of the Precious Blood
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	Amy Day, HR Manager
Mailing and email addresses and phone number for the individual listed above	2860 US Rt 127 Celina, OH 45822 hrmanager@cpps-preciousblood.org

I certify the organization is an eligible organization (as described in 26 CFR 54.9815-2713A(a), 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)) that has a religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.

Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.131(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-2713A(a); 29 CFR 2590.715-2713A(a); 45 CFR 147.131(b)), and that is part of the same controlled group of corporations as, or under common control with, such employer and/or organization (within the meaning of section 52(a) or (b) of the Internal Revenue Code), is considered to meet the requirements of 26 CFR 54.9815-2713A(a)(3), 29 CFR 2590.715-2713A(a)(3), and 45 CFR 147.131(b)(3).

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Amy Day
Signature of the individual listed above

1-22-15
Date

MODEL NOTICE

Date: 1-22-15

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [X] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

(1) Name of eligible organization: Society of the Precious Blood
Contact information: Amy Day, 414-935-4516 ext 327
Eligible organization is a: [X] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Healthcare	Tn Health Ohio	866-782-5244	[X] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
	Meritain Benefits	937-293-1145	[ ] Issuer or [X] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan
			[ ] Issuer or [ ] TPA	[ ] Church plan [ ] Student plan

(3) Information being submitted is (check one):
[X] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Amy Day 1-22-15
Signature of authorized representative of eligible organization Date

Amy Day
Typed name of authorized representative of eligible organization

MODEL NOTICE

Date: 7/1/15

To the Secretary of Health and Human Services:

The following eligible organization has a religious objection to providing coverage of [x] all or [ ] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815. *If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage:*

All contraceptive services

(1) Name of eligible organization: Carolyn's Place, Inc.
Contact information: _____
Eligible organization is a: [x] Non-profit entity; OR [ ] Other eligible organization

(2) Service provider information:

(a) Plan name	(b) Service provider name	(c) Service provider contact information	(d) Service provider category	(e) Plan type (if applicable)
Platinum Freedom	United Healthcare		[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
Direct	Oxford	888-201-4216	[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan
			[ ]Issuer or [ ]TPA	[ ]Church plan [ ]Student plan

(3) Information being submitted is (check one):
[x] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____

Virginia C. Baudinet 7-1-15
Signature of authorized representative of eligible organization Date

Virginia C. Baudinet
Typed name of authorized representative of eligible organization

NOV 19 2015

MAU WORKFORCE SOLUTIONS
consider it done

November 10, 2015

Sylvia Mathews Burwell
Secretary of Health and Human Services
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
ATTN: Notice of Religious Objection to Contraceptive Services
200 Independence Avenue, SW Room 739H
Washington, DC 20201

RE: Notice of Religious Objection to Contraceptive Services

Dear Ms. Burwell,

The following eligible organization has a religious objection to providing coverage of [ ] all or [x] a subset of contraceptive services required to be covered under PHS Act section 2713, as added by the Affordable Care Act, and incorporated into ERISA section 715 and Code section 9815.

If the eligible organization objects to providing coverage of a subset of contraceptive services, insert a description of the services for which the eligible organization objects to providing coverage.

The eligible organization objects to the provision of emergency contraception including, without limitation: Ella, Plan B, Plan B One Step, Next Choice, Next Choice One Dose, My Way, and Take Action.

1. Name of eligible organization: Management, Analysis & Utilization, Inc.
Contact information: 501 Greene Street, Augusta, GA 30901, 706-823-2349
Eligible organization is a: [ ] Non-profit entity; OR [x] Other eligible organization

2. Service provider information:

(a) Plan Name	(b) Service Provider Name	(c) Service Provider Contact information	(d) Service Provider Category	(e) Plan type
Management, Analysis & Utilization, Inc. Health and Welfare Benefits Plan	Cigna	Lisa Williams CIGNA HealthCare, Atlanta Select Sales Office Two Securities Centre, Suite 200 3500 Piedmont RD N.E. Atlanta, GA 30305 (860) 902 -4577	[x]Issuer or [ ]TPA	N/A (employer group health plan)
	Blue Cross Blue Shield of South Carolina	Jim Shew 1000 Executive Center Drive Greenville, SC 29615 (864) 567-6214	[x]Issuer or [ ]TPA	N/A (employer group health plan)
	Essential Staff Care	P.J. Green 250 Commonwealth Drive, Suite 107 Greenville, SC 29615 (864) 527-7939	[ ]Issuer or [x]TPA	N/A (employer group health plan)

3. Information being submitted is (check one):
[x] Original information; OR [ ] Updated information.
If updated information is being provided, specify the date upon which the updated information was, or will be, effective and what has changed: _____.

Adam H. Hatcher November 10 2015
Signature of authorized representative of eligible organization Date

Adam Hatcher
Typed name of authorized representative of eligible organization

cc: Jim Shew, P.J. Green, Lisa Williams

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Room 739H

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

VIA CERTIFIED MAIL & EMAIL
RETURN RECEIPT REQUESTED

May 19, 2015

John J. Marek
St. Raphael Health Plan
3501 South Lake Drive
PO Box 070912
Milwaukee, WI 53207-0912

Dear Mr. Marek,

We received notifications from the employers participating in the St. Raphael Health Plan that they have religious objections to providing coverage of all contraceptive services.

Please note that group health plans established or maintained by religious employers, as defined in the regulations (and group health insurance coverage provided in connection with such plans), are exempt from the requirement to cover contraceptive services under section 2713 of the Public Health Service Act, as incorporated into the Employee Retirement Income Security Act and the Internal Revenue Code. Under final regulations published in July 2013, an organization that is organized and operates as a nonprofit entity and is referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code, as amended, is considered a religious employer for purposes of the religious employer exemption.

It appears that the following employers meet the definition of a religious employer and therefore are exempt from the requirement to provide coverage of contraceptive services:

1. Annunciation Parish
2. The Archdiocese of Milwaukee
3. Blessed John Paul II
4. Blessed Sacrament Congregation
5. Blessed Savior Congregation
6. Blessed Teresa of Calcutta Parish
7. Blessed Trinity Parish
8. Carmelite Sisters of the Divine Heart of Jesus
9. Congregation of St. John Cathedral
10. Christ Child Christian Formation
11. Christ King Parish

12. Discalced Carmelites of Holy Hill
13. Divine Mercy Parish
14. Divine Savior Parish
15. Good Shepherd Catholic Church
16. Congregation of the Great Spirit
17. Holy Angels Parish, West Bend, WI
18. Holy Cross Catholic Church
19. Holy Family Congregation, Inc.
20. Holy Family Congregation
21. Holy Name of Jesus Parish
22. Holy Trinity Congregation
23. Holy Trinity Cong. – Newburg, WI
24. Immaculate Conception – St. Mary Parish
25. Immaculate Conception (Ronald E. Kotecki, Pastor)
26. Immaculate Conception (Father Nathan Reesman, Pastor)
27. Immaculate Conception Parish
28. Immaculate Heart of Mary Congregation
29. Lumen Christi Congregation
30. Mother of Good Counsel Church
31. Nativity of the Lord Congregation
32. Old Saint Mary Parish
33. Our Lady of Divine Providence Parish
34. Our Lady of the Holy Rosary Catholic Church
35. Our Lady of Good Hope
36. Our Lady of the Lakes Catholic Congregation
37. Our Lady of Lourdes Congregation
38. Our Lady of Mt. Carmel Congregation
39. Our Lady Queen of Peace Parish
40. Pallottine Fathers and Brothers, Inc.
41. Presentation of the BVM
42. Queen of Apostles Congregation
43. Sacred Heart Parish
44. Sacred Heart Croatian Catholic Church
45. Sacred Heart Congregation
46. Sacred Heart of Jesus Parish
47. SS Peter and Paul Parish
48. St. Agnes Congregation
49. St. Aloysius Congregation
50. St. Alphonsus Congregation
51. St. Andrew Congregation
52. St. Anne Catholic Church
53. St. Anthony Parish
54. St. Anthony
55. St. Anthony Congregation
56. St. Augustine Congregation, Milwaukee, WI
57. St. Benedict Congregation

58. St. Bernadette
59. St. Bernard Congregation
60. St. Boniface Congregation
61. St. Bruno Parish
62. St. Catherine of Alexandria
63. St. Catherine of Siena
64. St. Charles Parish and School
65. St. Adalbert School and Parish
66. St. Alphonsus Parish and School
67. St. Charles Borromeo Parish
68. St. Claire Congregation
69. St. Clement Parish
70. Ss. Cyril & Methodius
71. St. Dominic Catholic Church
72. St. Dominic Parish
73. St. Elizabeth Congregation
74. St. Elizabeth Ann Seton Parish
75. St. Eugene Parish
76. St. Florian Congregation
77. St. Frances Cabrini Congregation
78. St. Francis Borgia Congregation
79. St. Francis de Sales Seminary
80. St. Francis de Sales Church
81. St. Francis of Assisi Church
82. St. Francis Xavier Catholic Church
83. St. Gabriel Congregation
84. St. Gregory Parish and School
85. St. Isidore the Farmer Parish
86. St. James Catholic Church
87. St. James Congregation
88. St. James Catholic Church
89. St. James Parish
90. St. Jerome Congregation
91. St. Joan of Arc/St. Catherine of Alexandria (Mapleton)
92. St. John Kanty
93. St. John Nepomuk Congregation
94. St. John Neumann Catholic Church
95. The Tri-Parishes of Dodge County - St. John the Baptist Catholic Church, Holy Family Catholic Church & St. Columbine Catholic Church
96. St. John the Baptist Congregation
97. St. John the Evangelist Catholic Church and School
98. St. John the Evangelist Parish
99. St. John Vianney Parish
100. The Basilica of St. Josaphat
101. St. Joseph Congregation, Grafton, Wisconsin
102. St. Joseph Congregation (Rev. Kevon McManamon, Vice President)

103. St. Joseph Congregation, Lyons, WI
104. St. Joseph Congregation (Rev Steve Varghese, Pastor)
105. St. Joseph Catholic Church
106. St. Joseph Parish (Michael L. Wild, Pastor)
107. St. Joseph Congregation – Wauwatosa)
108. St. Jude the Apostle Congregation
109. St. Kilean Congregation
110. St. Leonard Catholic Church and School
111. St. Louis Congregation, Caledonia, Wisconsin
112. Saint Luke Congregation
113. St. Margaret Mary Congregation
114. St. Mark Parish
115. St. Martin De Porres Catholic Church
116. St. Martin of Tours Parish
117. St. Mary's Visitation Parish
118. St. Mary Catholic Faith Community
119. St. Mary Congregation, Kenosha, WI
120. St. Mary Catholic Church
121. St. Mary's Church and School
122. St. Mary's Parish – Maytown
123. St. Mary Congregation – Menomonee Falls, WI
124. St. Mary Congregation (Patrick R. Wendt, Team Moderator)
125. St. Mary by the Lake
126. St. Mary Catholic Church
127. St. Matthew Parish (Rev. Alois Van Beek, Pastor)
128. St. Matthew's Congregation and School
129. St. Matthias Parish - Milwaukee
130. St. Michael Congregation
131. St. Monica Parish
132. St. Patrick Parish
133. Our Lady of Guadalupe & St. Patrick Parishes
134. St. Patrick Congregation
135. St. Paul Catholic Parish
136. St. Paul Parish
137. St. Paul the Apostle Parish
138. St. Peters Parish
139. St. Peter Catholic Church
140. St. Peter Congregation
141. St. Peter of Alcantara Congregation
142. St. Peter Claver Parish
143. St. Pius X Congregation
144. St. Raphael the Archangel Congregation and Parish School
145. St. Richard Parish, Racine, Wisconsin
146. St. Rita Parish (Rev. Richard A. Young, OSA - Pastor)
147. St. Rita Parish (Charles G. Zabler, Authorized Representative)
148. St. Robert of Newminster Parish

149. St. Robert Bellarmine
150. Saint Roman Congregation
151. St. Stephen Congregation
152. St. Theresa Parish
153. St. Therese Congregation
154. St. Veronica Parish
155. St. Vincent de Paul (Robert Ramstack, Pastor)
156. St. Vincent Pallotti
157. St. William Catholic Church
158. The Sisters of St. Elizabeth
159. Sisters of the Divine Savior
160. Sons of Zebedee Ss. James and John
161. Three Holy Women Catholic Congregation

Please let us know by June 15, 2015 if this is a correct listing of all exempt religious employers participating in the St. Raphael Health Plan. Also by June 15, 2015, please let us know whether any exempt religious employers instead prefer to avail themselves of the accommodation, whereby they do not have to contract, arrange, pay or refer for contraceptive coverage. Under the accommodation, separate payments for contraceptive services may be available for women in the health plan from third-parties, at no cost to the women or to the organizations.

If we do not receive a response from you by Monday, June 15, 2015, we will regard this as an acknowledgement by you that the 161 employers identified above all qualify as exempt religious employers that do not wish to avail themselves of the accommodation, and that the remainder of the notifying employers addressed in your letter are eligible nonprofit organizations that do wish to avail themselves of the accommodation. After June 15, 2015, HHS will work with the Department of Labor to notify the third party administrators identified in the notifications submitted by the employers availing themselves of the accommodation in accordance with the August 2014 final regulations. If you have any questions, you may contact us at marketreform@cms.hhs.gov.

Sincerely,

James Mayhew
Director, Division of Regulations and Policy
Oversight Group

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF DR. CARYN DUTTON

I, Caryn Dutton, M.D. M.S., declare:

1. I am an obstetrician-gynecologist based at the Brigham & Women's Hospital in Boston, Massachusetts (the "Brigham"). I have been a practicing physician for more than 21 years.

2. I earned my medical degree from the University of Connecticut School of Medicine. I earned my Masters in Science in Applied Biostatistics and Epidemiology from the University of Southern California. My bachelor's degree in Chemistry is from Amherst College.

3. I currently serve as the Medical Director of the Gynecology Practice at the Brigham (the "Brigham GYN Clinic"). I have held that role for almost 8 years. In that capacity, my responsibilities include leadership for the physician preceptors, supervision of resident clinic sessions, and both development and training relevant to clinical guidelines for the practice of inpatient and ambulatory Gynecology.

4. I am also an Instructor at the Harvard Medical School, a role I have held for almost eight years. I serve as the Associate Fellowship Director for the Fellowship in Family Planning at the Brigham/Harvard Medical School.

5. Prior to this work, I was an Assistant Professor in Obstetrics and Gynecology at University of Wisconsin School of Medicine and Public Health in Madison, Wisconsin. I also served as Associate Medical Director at Planned Parenthood of Wisconsin. I completed a fellowship in Family Planning Clinical Care and Research at Los Angeles County/University of Southern California Medical Center, and was a Rabkin Fellow in Medical Education at Beth Israel Deaconess Medical Center.

6. I have been certified by the American Board of Obstetrics and Gynecology since 2003.

7. During my career, I have provided care to a diverse population of women and families, both insured and uninsured, in a variety of settings including Planned Parenthood Clinics, academic health centers, regional hospitals, and publicly-funded urban medical centers.

8. The Brigham GYN Clinic currently provides over 5,500 patient visits annually, and includes a staff of nine faculty physicians and 44 resident physicians. Approximately one-third of these visits involve contraceptive counseling or prescription.

9. Some of Brigham GYN Clinic's patients are students or dependents who are covered on someone else's employer-sponsored health plan. Some of these insured patients receive coverage either from employers located in other states or through insured family members who reside and/or work in other states.

10. Some of the patients to whom the Brigham GYN Clinic provides medical services do not have health insurance, do not have coverage for the care they are seeking, or need confidential care and cannot utilize their health insurance for their visit.

11. As part of our practice at the Brigham GYN Clinic, we refer patients who cannot utilize their insurance or do not have coverage for the care they are seeking to facilities that can cover patient visits through federal and state funding, including the Massachusetts Department of Public Health's ("DPH") Sexual and Reproductive Health Program ("SRHP").

12. As part of our practice at the Brigham GYN Clinic, we assist patients who cannot utilize their insurance or do not have coverage for the care they are seeking in determining whether they are eligible for coverage under the state Medicaid program, MassHealth. If these patients are eligible for MassHealth, as either a primary or secondary insurer, we assist the patients in enrolling in MassHealth.

13. Our practice at the Brigham GYN Clinic includes caring for patients who have medical conditions that require them to take medications that could place a fetus at risk. For these patients, in particular, access to contraception and continuity of care are critical.

14. Our practice at the Brigham GYN Clinic includes caring for patients who have medical conditions that put the mother at risk if she were to have an unplanned or unintended pregnancy. For these patients, in particular, access to contraception and continuity of care are critical.

15. As a physician and clinical educator, I have long been concerned about the cost of reproductive health care, including contraception, and the impact that cost has on patient access to appropriate care as well as economic and professional opportunity for women.

16. Access to contraception is critical for women's health. Planning pregnancies can help women optimize their health prior to pregnancy and minimize pregnancy complications.

17. Pregnancy planning is particularly important for the growing population of young women with chronic conditions such as diabetes, hypertension and obesity. Data demonstrate that as the population of pregnant and reproductive-age women with chronic conditions grows, severe pregnancy-related morbidity is rising, and U.S. rates of maternal deaths remain among the highest in the industrialized world. Contraception is one critical tool in addressing this trend.

18. Unintended pregnancies also put babies at risk. Effective contraception is essential for the 11.7 million American women annually who need to take medications that would be harmful for a fetus.

19. In an unintended pregnancy, a mother is more likely to experience symptoms of postpartum depression. Unplanned pregnancies also create a higher risk of preterm birth and delivery of a low-birth weight infant.

20. Contraception is also crucial for women's well-being and contributions to society and the economy. Unintended pregnancy is a serious economic burden, while broad access to contraception has a profound impact on women's attainment of higher education, greater employment and earning power, a narrowing of the gender pay gap.

21. Historically, cost has been a significant barrier to access to effective contraceptive use in the United States. Some commonly used contraceptives, such as the oral contraceptive pill, are relatively inexpensive but must be purchased on a regular basis, and have a higher failure rate.

22. The most effective reversible contraceptive methods are long-acting reversible contraceptive (LARC) methods, such as intrauterine devices (IUDs) and the contraceptive implant. These methods require a one-time purchase and offer months or years of contraceptive coverage. A high upfront cost has been shown to prevent patients from choosing LARC methods.

23. Studies have shown that when contraceptive costs are covered, patients are better able to choose the best form of contraception for them, and that they often prefer LARCs over other contraceptive methods. As a result, rates of LARC utilization have increased and unintended pregnancies have declined.

24. The Patient Protection and Affordable Care Act (ACA) had had some promising effects on increasing contraceptive access by requiring insurance coverage without copays or deductibles.

25. I am familiar with the Final Rules issued by the Defendants in this case, regarding expansion of the exemptions to the contraceptive mandate under the ACA.

26. It is my understanding that approximately 60% of Massachusetts' insured are covered through an employer-sponsored health plan, either directly or as a dependent. Many of these individuals have their coverage through self-funded plans, and therefore are not protected by Massachusetts state laws mandating contraceptive coverage.

27. If the Final Rules are permitted to go into effect, I anticipate that some women in Massachusetts will lose coverage for contraceptive services as a result of their employer's exercise of one of the exemptions.

28. When any of those women visit the Brigham GYN Clinic for contraceptive services, we will help them find alternative means to cover the cost of their care, including by: (i) determining if they are eligible for MassHealth coverage (as a secondary payer) so they can continue their care with us; or (ii) determining if they may qualify for coverage through DPH's SRHP funding and can see a provider at a facility that receives such funding.

29. The women and families impacted by the Final Rules will come from a wide range of social and economic backgrounds.

30. The Final Rules will also impact health outcomes for women, including for those women who are eligible for alternative forms of coverage, such as MassHealth and DPH's SRHP. Even minor obstacles to contraceptive care, including additional doctor's visits, finding a new provider, and cost can deter utilization of contraception, which can in turn increase the risk of unintended pregnancies.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

EXECUTED ON December 17, 2018 in Boston, Massachusetts.



Dr. Caryn Dutton

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF MEAGAN GALLAGHER

I, Meagan Gallagher, declare and state as follows:

1. I am the President & CEO for Planned Parenthood Northern New England (PPNNE). Before starting my current position, I was the Senior Vice President of Business Operations at PPNNE, and prior to that I served at the Planned Parenthood League of Massachusetts as Chief Financial Officer, Chief Operating Officer, and Senior Vice President of Strategic Initiatives and Growth. I began my career at PricewaterhouseCoopers in Boston, Massachusetts. I received my B.S. in Mathematics at Tufts University in 1997.

2. This declaration is based on my personal knowledge, my review of PPNNE's business records, information in the public domain, and the knowledge I have acquired in the course of my eighteen years of service and duties at Planned Parenthood. If called and sworn as a witness, I could and would testify competently to the information in this declaration.

3. PPNNE is a tax exempt 501(c)(3) organization and the largest reproductive health care and sexuality education provider and advocate in northern New England and specifically in Vermont. The mission of PPNNE is to provide, promote, and protect access to reproductive health care and sexuality education so that all people can make voluntary choices about their reproductive and sexual health. PPNNE operates 21 health centers across Vermont, New Hampshire, and Maine and serves more than 43,000 patients each year.

4. As discussed more fully below, the two final rules that the U.S. Health and Human Services Department, in conjunction with the U.S. Department of Labor and U.S. Department of Treasury, issued on November 15, 2018 (Final Rules) would have devastating consequences for the women in Vermont who rely on Planned Parenthood for a variety of reproductive health and family planning care. The Final Rules would also have a devastating impact on the State of Vermont, which reimburses PPNNE for those patients' care through a combination of state and federal funding.

5. PPNNE operates 12 health centers throughout Vermont, and provides services to approximately 19,000 patients annually at those health centers. The care for 46% of patients at those health centers is reimbursed through a combination of Vermont's Medicaid program and the

Vermont Access Plan. Ten of the 12 Vermont health centers are Title X funded, and 60% of patients at those health centers receive Title X services. In the last fiscal year, 62% of PPNNE's Vermont patients were at or below 200% of the federal poverty line.

6. PPNNE's 12 health centers in Vermont are geographically disbursed throughout the State. Planned Parenthood provides primarily reproductive health care services as a "one stop shop." This means that a patient is able to get an office visit, most relevant lab tests and any needed drugs or supplies at one location without having to travel to a pharmacy or lab testing facility. This service is particularly important for the low-income patients we serve who usually do not have the time, money or resources to take additional time off of work or school or the ability to arrange for childcare. It also increases the likelihood that patients will get their tests completed and take the drugs they are prescribed.

7. PPNNE offers education and counseling on reproductive health for both men and women; the provision of birth control, including emergency contraception; testing and treatment of HIV, gonorrhea, chlamydia and the HPV virus; pregnancy testing and services; breast and cervical cancer screenings; and safe and legal abortion. In addition, all PPNNE health centers in Vermont offer PEP and PReP for HIV prevention; trans-health services for transgender patients; primary care; prenatal screenings and referrals; and referrals for female and male sterilizations (Essure and vasectomies).

8. In 2017, PPNNE served Vermont with:

a. Contraception to 9,600 patients

b. Nearly 4,800 pregnancy tests

c. Nearly 2,500 cervical cancer screenings

d. Over 3,500 breast exams

e. Over 37,000 tests for sexually transmitted infections

f. Sexual health education programs reaching more than 2,100 youth.

9. Planned Parenthood primarily serves low income patients in Vermont who have limited access to health care services.

a. Approximately eighty-seven percent (87%) of our patients are women, almost all

of those are in the prime reproductive age range of 18 to 39;

b. Sixty-two percent (62%) are below 200% of the federal poverty level (FPL). Of those, 49% are below 150% of the federal poverty level;

c. The demographics of our patients roughly mirror the demographics of Vermont: 90% are white, 2% Black; 3% Hispanic, 2% Asian/Pacific Islander, and 3% other or unknown:

d. We also serve a number of special-needs populations, including people with physical, mental or other social challenges; migrant workers; refugees and other immigrants; homeless people; patients with limited English skills; and lesbian, gay, bisexual, transgender people. We have implemented a variety of programs to extend access to these populations and to assure delivery of care that is culturally sensitive and appropriate.

10. PPNNE operates its health centers in many rural, medically underserved areas. For example, ten out of twelve PPNNE health centers in Vermont receive funding through the federal Title X program, which aims to provide high quality family planning and related services, education, and counseling to Vermonters who would not otherwise have access, with a special focus on low-income and rural populations. Our ten Title X health centers are located in medically underserved areas, or serve patients who live in medically underserved areas. PPNNE operates a statewide network of health centers, which are the only Title X-funded health centers in Vermont.

11. Planned Parenthood health centers are staffed with experienced practitioners at multiple levels. We employ physicians, advanced practice clinicians (physicians' assistants, nurse practitioners, certified nurse midwives, registered nurses, licensed midwives) and medical assistants. Each operates within their particular, authorized scope of practice so that health care services are delivered as efficiently and cost-effectively as possible.

12. Patients come to Planned Parenthood for the accurate, nonjudgmental, compassionate and confidential care and information they need and deserve. Providers are trained to be culturally competent.

13. PPNNE receives funding for family planning services through the federal Title X program, Medicaid, and the Vermont Access Plan.

14. The Vermont Access Plan is funded through a state contract supported by a Section 1114 Medicaid waiver. It supports the cost of a wide range of reproductive health services for patients who are Vermont residents, not currently pregnant, and with incomes less than 200% of the Federal Poverty Level. Last year, the Vermont Access Plan served 3,200 patients, or 17% of the patients at PPNNE health centers in Vermont.

15. The State of Vermont also funds PPNNE's services focused on STDs through separate grants. Vermont also funds PPNNE's programs focused on outreach, education and infrastructure through a different contract supported by a Section 1114 Medicaid waiver.

16. I have reviewed and am familiar with the new contraceptive coverage Final Rules, 2018-24512 and 2018-24514. Under them, any employer that claims a religious or moral objection to providing contraceptive coverage would be exempt. In addition, the Final Rules remove the mandatory accommodation that women who were no longer able to obtain birth control through their employer could take advantage of to ensure continued contraceptive coverage. These expanded exemptions, together, would effectively make contraceptive coverage optional.

17. Although Vermont's Reproductive Health Equity in Health Insurance Coverage Act, 8 V.S.A. § 4099c, requires private health insurers and Vermont Medicaid to provide "no cost" contraceptive coverage, self-insured plans are governed by the Employee Retirement Income Security Act (ERISA), not state law.

18. After considering this change in the law and based on my experience at Planned Parenthood, I believe that of the Vermont women who lose coverage under the Final Rules, many who are income-eligible—those whose incomes are at or under 200% and are not covered under Medicaid—will enroll in the Vermont Access Plan and seek services from Planned Parenthood. This may be particularly true of younger patients who currently receive insurance through their parents. Forty percent of our patients in Vermont are younger than 25. If their parents' insurance no longer covers contraceptive care, there is a high likelihood they will come to Planned

Parenthood and qualify for the Vermont Access Plan.

19. The State will have added costs to reimburse Planned Parenthood for every new Vermont Access Plan patient who previously received contraceptive coverage through her, or her family member's, employer.

20. I also believe that Vermont will see an increase in unintended pregnancies as a result of the Final Rules. Those women who do not qualify for the Vermont Access Plan may not get contraception at all, or may opt against the most effective forms of birth control, which are more expensive. As a result, they will be at a higher risk of unintended pregnancy.

21. Finally, I anticipate that PPNNE will have to increase charitable contributions to our assistance funds to help insured patients with high co-pays or deductibles, and those who have lost coverage for contraception, afford birth control.

I declare under penalty of perjury that the foregoing is correct and that this declaration is executed December 19, 2018 in Colchester, Vermont.

Meagan Gallagher
President & CEO
Planned Parenthood of Northern New England

XAVIER BECERRA, State Bar No. 118517
Attorney General of California
KATHLEEN BOERGERS, State Bar No. 213530
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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF ALFRED J. GOBEILLE, SECRETARY, VERMONT AGENCY OF HUMAN SERVICES

I, ALFRED J. GOBEILLE, declare:

1. I am the Secretary of the Vermont Agency of Human Services (AHS). I have served in this position since January 2017. I declare under penalty of perjury that the foregoing is true and correct, and of either my own personal knowledge or, with respect to those matters for which I do not have personal knowledge, I have reviewed information gathered from AHS records and other publicly available information.

2. AHS was created by the Vermont Legislature in 1969 to serve as the umbrella organization for all human services activities within state government. AHS is led by the Secretary, who is appointed by the Governor. The Secretary's Office is responsible for leading the agency and its departments: the Department for Children and Families; the Department of Corrections, the Department of Disabilities, Aging and Independent Living; the Department of Health (VDH); the Department of Mental Health; and the Department of Vermont Health Access (DVHA). Within the Agency, one of the Divisions operated under VDH is the Division of Maternal and Child Health, which encompasses Preventive Reproductive Health, Children with Special Health Needs, Maternal Infant and Child Nutrition (including WIC), the Child Development clinic, the Early Childhood system (including nurse home visiting), and the Help Me Grow system for optimal child development. Separate from public health programs, DVHA is the state department responsible for the management of Medicaid, the State Children's Health Insurance Program, and other publicly funded health insurance programs in Vermont. Most of Vermont's Medicaid program is funded by approximately 54% federal funding and 46% state funding. However, the "enhanced match" programs, like the Children's Health Insurance Program, are 90% federal funds and 10% state funds. Because DVHA manages Vermont's Medicaid programs, it is the largest insurer in Vermont in terms of dollars spent and the second largest insurer in terms of covered lives. DVHA is also responsible for administering Vermont Health Connect, which is the State's health insurance marketplace.

3. Vermont has a law that provides contraceptive coverage which matches the federal guarantee provided by the Affordable Care Act (Public Health Service Act 2713(c)), specifically requiring coverage for the full range of contraceptive methods, counseling and services used by

women; eliminating out-of-pocket costs for at least some methods of contraception; and limiting other health plan restrictions. 8 V.S.A. § 4099c. Some of Vermont's provisions go beyond the federal guarantee by ensuring that women may receive an extended supply of a method at one time (usually a one-year supply, rather than a typical one- or three-month supply), and by requiring coverage of male sterilization without out-of-pocket costs. The Vermont law does not affect women and covered dependents who have coverage through an employer that uses a self-insured plan, because these plans are exempt from State insurance laws by the federal Employee Retirement Security Act (ERISA). And, the Vermont law does not cover the uninsured.

4. The Agency of Human Services has a long-standing commitment to providing access to affordable reproductive health services and reducing the number of unintended pregnancies. Nationwide, nearly half (45%)[1] of all pregnancies are reported as being unintended with the estimated public cost of these births in 2010 reaching $21 billion.[2] Nationally, for every public dollar spent on contraceptive care and family planning an estimated $7.09 in public dollars was saved.[3] There is no reason to think the savings are not comparable in Vermont. The U.S. Department of Health and Human Services identified family planning and the prevention of unintended pregnancies as one of its primary initiatives in Healthy People 2020.[4] Similarly, the Centers for Disease Control and Prevention (CDC) also included the prevention of unintended pregnancies in its 6|18 Initiative, a program developed to improve health and control health care costs.[5] Vermont has taken steps to work in conjunction with both federal partners to implement the objectives of these programs.

5. In addition to contraception coverage available to Vermont Medicaid recipients and coverage provided through Title X funding, the State of Vermont provides coverage for

[1] Lawrence B. Finer, Ph.D., and Mia R. Zolna, M.P.H. Declines in Unintended Pregnancy in the United States, 2008–2011, N Engl J Med 2016; 374:843-852 March 3, 2016 DOI: 10.1056/NEJMsa1506575. Available at http://www.nejm.org/doi/full/10.1056/NEJMsa1506575

[2] Sonfield A and Kost K (2015). Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy and Infant Care: Estimates for 2010, the Guttmacher Institute. Available at https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy

[3] Sonfield A, Hasstedt K and Gold RB, *Moving Forward: Family Planning in the Era of Health Reform*, New York: Guttmacher Institute, 2014.

[4] *See* https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning

[5] *See* https://www.cdc.gov/sixeighteen/docs/6-18-evidence-summary-pregnancy.pdf

contraceptive services through several different state and federally funded programs. Some of the VDH's programs with state funding sources include, but are not limited to:

- The Medicaid Family Planning Initiative, also known as the Vermont Access Plan, which provides contraceptive and family planning services to individuals at or below 200% of the Federal Poverty Level (FPL). Up to $2,000,000 is allocated annually, with 46.21% coming from state funds.
- The Global Commitment Grant which provides outreach to individuals seeking reproductive health services.
    - Approximately $300,000 annually is allocated for this program, 46.21% of which come from state funds.

6. Vermont estimates that a total of 116,123 Vermonters are self-insured through plans that are exempt from Vermont's contraceptive coverage requirements. Of that population, the number of women within reproductive age (between 15 and 45 years old) is estimated at 25,973. However, these are likely to be under-estimates, as self-insured plan reporting to the All Payer Claims Database is voluntary and therefore incomplete. According to the 2014 Vermont Household Insurance Survey, approximately 17% of Vermonters who hold private insurance plans (through an employer group plan, a direct purchase plan, or another type of private employer plan) were below the 200% FPL. If the population of individuals insured through plans exempt under ERISA were to mirror the same demographics as the populations of total private insurance holders, it would be expected that approximately 4,400 women could be both at risk of losing their contraceptive care coverage and immediately eligible for one of the publicly-funded programs listed above. As a result of these rules, women will either (a) utilize and seek coverage through State programs, resulting in increased enrollment, or (b) they will forgo coverage and experience an unintended pregnancy, which substantially increases the cost of care. In both scenarios, the State will suffer increased costs. Some women and their dependents may become eligible for Medicaid as a result of an unintended pregnancy, which further adds to the State's costs. Women with incomes that disqualify them from publicly-funded programs will bear the full cost of contraceptive services and products. Unintended pregnancies also create well-

documented, long-term social and economic impacts for women and children, and therefore for the State of Vermont, beyond the costs associated with birth.

7. Forgoing contraceptive services results in a higher unintended pregnancy rate. In 2010, the most recent year for which data is immediately available, 50.2% of all births were publicly funded in Vermont.[6] For all *unplanned* births in Vermont, 73.5% were publicly funded, resulting in total public costs of $31.4 million.[7] Of that figure, $21.8 million came from federal sources and $9.6 million came from state sources.[8] And those are only the public costs for unplanned pregnancies resulting in births. In 2014, 44% of unwanted pregnancies ended in abortions in Vermont.[9] The cost to the State of Vermont for publicly-funded abortions in 2010 was $402 per abortion.[10] No federal funding is available to offset the cost of abortions.

8. Based on my knowledge and experience as the Secretary of the Vermont Agency of Human Services, I believe that the final rules on religious and moral exemptions to the coverage of contraceptives ("Final Rules") will result in women losing access to contraceptives and an increase in unintended pregnancies, abortions, and increased social and economic costs. Through the programs outlined above, the Final Rules will result in increased costs to the State of Vermont.

Executed on December 19, 2018, in Waterbury, Vermont.

Alfred J. Gobeille
Secretary
Vermont Agency of Human Services

[6] Sonfield A and Kost K, Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010, New York: Gutmacher Institute, 2015. Available at https://www.guttmacher.org/sites/default/files/report_pdf/public-costs-of-up-2010.pdf

[7] *Id.*

[8] *Id.*

[9] Kost K, Maddow-Zimet I and Kochhar S, Pregnancy Desires and Pregnancies at the State Level: Estimates for 2014, New York: Guttmacher Institute, 2018. Available at https://www.guttmacher.org/reports/ pregnancy-desires-and-pregnancies-state-level-estimates-2014

[10] Sonfield A and Gold RB, Public Funding for Family Planning, Sterilization and Abortion Services, FY 1980-2010, New York: Guttmacher Institute, 2012. Available at https://www.guttmacher.org/sites/default/files/report_pdf/public-funding-fp-2010.pdf

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

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DECLARATION OF DANIEL GROSSMAN

I, Daniel Grossman, MD, FACOG, declare:

1. I am a Professor in the Department of Obstetrics, Gynecology and Reproductive Sciences at the University of California, San Francisco (UCSF) and an obstetrician-gynecologist with over 20 years of clinical experience. I currently provide clinical services, including abortion services, at Zuckerberg San Francisco General Hospital. I am also a Fellow of the American College of Obstetricians and Gynecologists (ACOG), where I previously served as Vice Chair of the Committee on Practice Bulletins for Gynecology. I am currently Vice Chair of the ACOG Committee on Health Care for Underserved Women. I am also a Fellow of the Society of Family Planning and a member of the American Public Health Association (APHA). Additionally, I serve as Director of Advancing New Standards in Reproductive Health (ANSIRH) at UCSF. ANSIRH conducts innovative, rigorous, multidisciplinary research on complex issues related to people's sexual and reproductive lives. I am also a Senior Advisor at Ibis Reproductive Health, a nonprofit research organization. My research has been supported by grants from federal agencies and private foundations. I have published over 140 articles in peer-reviewed journals, and I am a member of the Editorial Board of the journal Contraception.

2. I earned a B.S. in Molecular Biophysics and Biochemistry from Yale University and an M.D. from Stanford University School of Medicine. I completed a residency in Obstetrics, Gynecology, and Reproductive Sciences at UCSF.

3. The UCSF Bixby Center advances reproductive health policy and practice worldwide through research, training and advocacy. Our work informs evidence-based reproductive and sexual health policies, treatment and care guidelines to save women's lives around the world. We work to ensure that women have the power to plan their families through access to safe and effective birth control, abortion services, sex education, and childbirth and HIV/AIDS care—regardless of their age, ethnicity, income, or where they live.

4. ANSIRH is a collaborative research group at the Bixby Center that conducts innovative, rigorous, multidisciplinary research on complex issues related to people's sexual and reproductive lives. Our work is informed by an understanding of the role that structural inequities, including gender, race/ethnicity, socioeconomic background, and geographic location, play in

shaping health. We believe in the importance of research in advancing evidence-based policy, practice, and public discourse to improve reproductive wellbeing. We are dedicated to ensuring that reproductive health care and policy are grounded in evidence.

5. Almost half of all pregnancies in the United States are unintended; the vast majority of unintended pregnancies are attributed to nonuse or inconsistent use of contraceptives. Oral contraceptives and prescription-based hormonal contraceptives, including the patch and ring, are 91% effective with typical use and 99% effective with perfect use. The prescription requirement may be a barrier for some women to obtaining and consistently using these methods. In 2011, I led a nationally representative survey of 2,046 adult U.S. women who were at risk of unintended pregnancy to explore their experiences accessing prescription-based hormonal contraception.[1] The survey was conducted in English and Spanish and included questions about participants' background, contraceptive use, and experiences obtaining and filling prescriptions for hormonal contraceptives.

6. Of the survey participants, 1,385 women (68 percent) had ever tried to obtain a prescription for hormonal birth control, and 400 of these women (29 percent) had experienced difficulties. The most common barrier was cost barriers or lack of insurance coverage (182 women; 14 percent). Higher proportions of women under age 35 (32%), women with less than a high school education (48%), Hispanic women (48%), Spanish speakers (68%), unmarried cohabiting women (40%), women whose incomes were less than or equal to 200% of the federal poverty level (37%), and uninsured women (55%) had difficulties obtaining or refilling prescriptions. This survey provides a baseline of access difficulties before the Affordable Care Act's contraceptive coverage guarantee went into effect.

7. Interpregnancy intervals of less than 18 months and high rates of unintended pregnancy are associated with adverse birth outcomes. Immediate postpartum placement of IUDs and implants has been shown to reduce rapid repeat pregnancy and yield high contraceptive use

[1] K. Grindlay and D. Grossman. 2016. "Prescription Birth Control Among U.S. Women at Risk of Unintended Pregnancy, *Journal of Women's Health* 25: 249-54. Available at https://www.ncbi.nlm.nih.gov/pubmed/26666711.

rates. A survey I was involved with sought to determine how women's contraceptive choices varied from their preferences in the postpartum period.[2] In 2011, the Texas legislature cut state funding for family planning. Four hundred women in El Paso and 403 in Austin were interviewed at three, six, and nine months postpartum to determine whether they preferred a more effective method of contraception than they were currently using.

8. The survey's results showed that, although only 13 percent of women were using long-acting reversible contraception (LARC), 25 percent showed an explicit preference for this method, and 34 percent showed a latent preference Additionally, although only 17 percent of women were using male or female sterilization to prevent pregnancy, 19 percent had an explicit preference and 44 percent had a latent preference for sterilization. At six months postpartum, only 25 percent of 246 women who wanted more children and desired LARC were actually using a LARC method. At the same time period, only 41 percent of 283 women who did not want more children and desired a permanent method of contraception had actually obtained a permanent method for themselves or their partner. The survey also showed that women from advantaged groups (income over $75,000) were far more likely to actually use a LARC method when they preferred LARC. The inability of low-income and uninsured women and couples to obtain or use LARC in this time period in Texas is consistent with reports from family planning leaders regarding the impact of the 2011 funding cuts.

9. The results of these two surveys from 2011 show the difficulties posed to women in accessing and using their desired contraceptive options prior to the Affordable Care Act's contraceptive equity provisions. Other research has clearly demonstrated that women's out-of-pocket expenditures have declined significantly and their access to contraceptives has increased dramatically since these provisions went into place. For instance, women now save an average of 20% annually in out-of-pocket expenses, including $248 savings for IUDs and $255 for the contraceptive pill.[3] There has been a 2.3 percentage-point increase in women choosing

[2] J.E. Potter *et al.* 2017. "Contraception After Delivery Among Publicly Insured Women in Texas: Use Compared with Preference," *Obstetrics & Gynecology* 130: 393-402. Available at https://www.ncbi.nlm.nih.gov/pubmed/28697112.

[3] N.V. Becker, *et al.* 2015. "Women Saw Large Decrease In Out-Of-Pocket Spending For

prescription contraceptives, driven by increased selection of longer-term methods, as well as a 52 percentage-point increase in the number of women who have no out-of-pocket costs for the contraceptive pill.[4] Finally, there has been a 45 percentage-point drop in the number of women who would have out-of-pocket costs for a hormonal IUD.[5] If employers are permitted to exercise religious or moral objections and employer-sponsored health insurance ceases to cover the full range of FDA-approved birth control options, affected women will face cost barriers to accessing prescription contraception and some will no longer be able to access LARC methods if they desire them. This, in turn, will likely lead to an increase in unintended pregnancy, including closely spaced pregnancy, reversing the positive trends in recent years.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 6, 2018, in San Francisco, California.

Daniel Grossman, MD, FACOG
Professor, Department of Obstetrics,
Gynecology & Reproductive Services
University of California, San Francisco

Contraceptives After ACA Mandate Removed Cost Sharing," *Health Affairs* 34. Available at http://content.healthaffairs.org/content/34/7/1204.abstract#aff-2.

[4] C.S. Carlin, *et al.* 2016. "Affordable Care Act's Mandate Eliminating Contraceptive Cost Sharing Influenced Choices Of Women With Employer Coverage," *Health Affairs* 35. Available at http://content.healthaffairs.org/content/35/9/1608.abstract. A. Sonfield, *et al.* 2015. "Impact of the federal contraceptive coverage guarantee on out-of-pocket payments for contraceptives: 2014 update," *Contraception* 91: 44-48. Available at http://www.contraceptionjournal.org/article/S0010-7824(14)00687-8/abstract.

[5] J.M. Bearak, *et al.* 2016. "Changes in out-of-pocket costs for hormonal IUDs after implementation of the Affordable Care Act: an analysis of insurance benefit inquiries," Contraception: 93:139-44. Available at https://www.ncbi.nlm.nih.gov/pubmed/26386444.

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

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4:17-cv-05783-HSG

DECLARATION OF LISA M. HOLLIER, MD, MPH, FACOG, IN SUPPORT OF STATE OF CALIFORNIA'S MOTION FOR PRELIMINARY INJUNCTION

I, Lisa M. Hollier, MD, MPH, FACOG, declare:

1. I am the President of the American College of Obstetricians and Gynecologists (ACOG) and am currently also serving as the Interim Executive Vice President and Chief Executive Officer of ACOG. I have served in my current position since November 1, 2018. As Interim Executive Vice President and Chief Executive Officer, I oversee the day-to-day operations of ACOG, including the development and publication of ACOG Committee Opinions.

2. ACOG is the specialty's premier professional membership organization dedicated to the improvement of women's health. With more than 58,000 members, the College is a 501(c)(6) organization and its activities include producing practice guidelines and other educational material.

3. ACOG periodically releases Committee Opinions. Committee Opinions represent an ACOG committee's assessment of emerging issues in obstetric and gynecologic practice and are reviewed regularly for accuracy.

4. Per ACOG Committee Opinion 615, "Access to Contraception," released in January 2015 and reaffirmed 2017, a true and correct copy of which is attached as Exhibit A, ACOG "supports access to comprehensive contraceptive care and contraceptive methods as an integral component of women's health care." ACOG recommends and supports "[f]ull implementation of the Affordable Care Act (ACA) requirement that new and revised private health insurance plans cover all U.S. Food and Drug Administration (FDA)-approved contraceptives without cost sharing, including nonequivalent options from within one method category" and "[e]asily accessibly alternative contraceptive coverage for women who receive health insurance through employers and plans exempted from the contraceptive coverage requirement."

5. Per ACOG Committee Opinion 615, "Access to Contraception," released January 2015 and reaffirmed 2017, a true and correct copy of which is attached as Exhibit A, ACOG states that "[t]he benefits of contraception . . . are widely recognized and include improved health and well-being, reduced global maternal mortality, health benefits of pregnancy spacing for maternal and child health, female engagement in the work force, and economic self-sufficiency for women" and that "[u]niversal coverage of contraceptives is cost effective and reduces

unintended pregnancy and abortion rates. Additionally, noncontraceptive benefits may include decreased bleeding and pain with menstrual periods and reduced risk of gynecologic disorders, including a decreased risk of endometrial and ovarian cancer."

6. Per ACOG Committee Opinion 615, "Access to Contraception," released January 2015 and reaffirmed 2017, a true and correct copy of which is attached as Exhibit A, ACOG supports "women's right to decide whether to have children, to determine the number and spacing of their children, and to have the information, education, and access to health services to make these choices" and declares that "[t]he cost of unintended pregnancy is high: women must either carry an unplanned pregnancy to term and keep the baby or make a decision for adoption, or choose to undergo abortion . . . . Facilitating affordable access to contraceptives would not only improve health but also would reduce health care costs, as each dollar spent on publicly funded contraceptive services saves the U.S. health care system nearly $6. The most effective way to reduce abortion rates is to prevent unintended pregnancy by improving access to consistent, effective, and affordable contraception."

7. Per ACOG Committee Opinion 615, "Access to Contraception," released January 2015 and reaffirmed 2017, a true and correct copy of which is attached as Exhibit A, ACOG states that "[w]omen covered through exempted employers, as well as women such as unauthorized immigrants who remain uninsured in spite of the ACA, will not benefit from coverage introduced by the ACA. For these women, cost barriers will persist and the most effective methods, such as IUDs and the contraceptive implant, likely will remain out of reach."

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 5, 2018, in Washington, DC.

Lisa M. Hollier, MD, MPH, FACOG
Interim Executive Vice President and
Chief Executive Officer
American College of Obstetricians
and Gynecologists

EXHIBIT A

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 615 • January 2015
Reaffirmed 2017

Committee on Health Care for Underserved Women

This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Access to Contraception

ABSTRACT: Nearly all U.S. women who have ever had sexual intercourse have used some form of contraception at some point during their reproductive lives. However, multiple barriers prevent women from obtaining contraceptives or using them effectively and consistently. All women should have unhindered and affordable access to all U.S. Food and Drug Administration-approved contraceptives. This Committee Opinion reviews barriers to contraceptive access and offers strategies to improve access.

Recommendations

The American College of Obstetricians and Gynecologists (the College) supports access to comprehensive contraceptive care and contraceptive methods as an integral component of women's health care and is committed to encouraging and upholding policies and actions that ensure the availability of affordable and accessible contraceptive care and contraceptive methods. In order to accomplish this goal, the College recommends and supports the following:

- Full implementation of the Affordable Care Act (ACA) requirement that new and revised private health insurance plans cover all U.S. Food and Drug Administration (FDA)-approved contraceptives without cost sharing, including nonequivalent options from within one method category (eg, levonorgestrel as well as copper intrauterine devices [IUDs])
- Easily accessible alternative contraceptive coverage for women who receive health insurance through employers and plans exempted from the contraceptive coverage requirement
- Medicaid expansion in all states, an action critical to the ability of low-income women to obtain improved access to contraceptives
- Adequate funding for the federal Title X family planning program and Medicaid family planning services to ensure contraceptive availability for low-income women, including the use of public funds for contraceptive provision at the time of abortion
- Sufficient compensation for contraceptive services by public and private payers to ensure access, including appropriate payment for clinician services and acquisition-cost reimbursement for supplies
- Age-appropriate, medically accurate, comprehensive sexuality education that includes information on abstinence as well as the full range of FDA-approved contraceptives
- Confidential, comprehensive contraceptive care and access to contraceptive methods for adolescents without mandated parental notification or consent, including confidentiality in billing and insurance claims processing procedures
- The right of women to receive prescribed contraceptives or an immediate informed referral from all pharmacies
- Prompt referral to an appropriate health care provider by clinicians, religiously affiliated hospitals, and others who do not provide contraceptive services
- Evaluation of effects on contraceptive access in a community before hospital mergers and affiliations are considered or approved
- Efforts to increase access to emergency contraception, including removal of the age restriction for all levonorgestrel emergency contraception products, to create true over-the-counter access
- Over-the-counter access to oral contraceptives with accompanying full insurance coverage or cost supports

- Payment and practice policies that support provision of 3–13 month supplies of combined hormonal methods to improve contraceptive continuation
- Provision of medically accurate public and health care provider education regarding contraception
- Improved access to postpartum sterilization, including revision of federal consent requirements for women covered by Medicaid, the Indian Health Service, the U.S. military, or other government health insurance
- Institutional and payment policies that support immediate postpartum and postabortion provision of contraception, including reimbursement for long-acting reversible contraception (LARC) devices separate from the global fee for delivery, and coverage for contraceptive care and contraceptive methods provided on the same day as an abortion procedure
- Inclusion of all contraceptive methods, including LARC, on all payer and hospital formularies
- Funding for research to identify effective strategies to reduce health inequities in unintended pregnancy and access to contraception

Background

The benefits of contraception, named as one of the 10 great public health achievements of the 20th century by the Centers for Disease Control and Prevention, are widely recognized and include improved health and well-being, reduced global maternal mortality, health benefits of pregnancy spacing for maternal and child health, female engagement in the work force, and economic self-sufficiency for women (1). Ninety-nine percent of U.S. women who have been sexually active report having used some form of contraception, and 87.5% report use of a highly effective reversible method (2). Universal coverage of contraceptives is cost effective and reduces unintended pregnancy and abortion rates (3). Additionally, noncontraceptive benefits may include decreased bleeding and pain with menstrual periods and reduced risk of gynecologic disorders, including a decreased risk of endometrial and ovarian cancer.

Unintended Pregnancy in the United States and the Case for Contraceptive Access

The College supports women's right to decide whether to have children, to determine the number and spacing of their children, and to have the information, education, and access to health services to make those choices (4). Women must have access to reproductive health care, including the full range of contraceptive choices, to fulfill these rights.

Unintended pregnancy and abortion rates are higher in the United States than in most other developed countries, and low-income women have disproportionately high rates (5). Currently, 49% of pregnancies are unintended (5). Reducing this high rate is a national priority reflected in the Healthy People 2020 goal to decrease the rate of unintended pregnancies from 49% to 44% (6). The human cost of unintended pregnancy is high: women must either carry an unplanned pregnancy to term and keep the baby or make a decision for adoption, or choose to undergo abortion. Women and their families may struggle with this challenge for medical, ethical, social, legal, and financial reasons. Additionally, U.S. births from unintended pregnancies resulted in approximately $12.5 billion in government expenditures in 2008 (7). Facilitating affordable access to contraceptives would not only improve health but also would reduce health care costs, as each dollar spent on publicly funded contraceptive services saves the U.S. health care system nearly $6 (8). The most effective way to reduce abortion rates is to prevent unintended pregnancy by improving access to consistent, effective, and affordable contraception.

Knowledge Deficits

Lack of knowledge, misperceptions, and exaggerated concerns about the safety of contraceptive methods are major barriers to contraceptive use. There has been a focus on abstinence-only sexuality education for young people in the United States despite research demonstrating its ineffectiveness in increasing age of sexual debut and decreasing number of partners and other risky behavior (9, 10). In contrast, data suggest the effectiveness of comprehensive sexuality education in achieving these outcomes (10). The emphasis on abstinence-only education may have in part led to widespread misperceptions of contraceptive effectiveness, mechanisms of action, and safety that can have an effect on contraceptive use and method selection (11). For example, many individuals have unfounded concerns that oral contraceptives are linked to major health problems or that IUDs carry a high risk of infection (12, 13). Many individuals also incorrectly believe certain types of contraception to be abortifacients (14). None of the FDA-approved contraceptive methods are abortifacients because they do not interfere with a pregnancy and are not effective after a fertilized egg has implanted successfully in the uterus (15).

Health care providers also may have knowledge deficits that can hamper their ability to offer appropriate contraceptive methods to their patients. For example, many clinicians are uncertain about the risks and benefits of IUDs and lack knowledge about correct patient selection and contraindications (16–18). Improving health care provider and patient knowledge about contraceptive methods would improve access and allow for safer use.

Restrictive Legal and Legislative Climate

Unfavorable legal rulings and restrictive legislative measures can impede access to contraceptives for minors and adults and interfere with the patient–physician relationship by impeding contraceptive counseling, coverage, and provision. With the U.S. Supreme Court's *Burwell v Hobby Lobby* ruling that a closely held corporation can exclude contraceptive coverage from workers' insurance

benefits based on the company owner's religious beliefs, additional employers may now refuse to comply with federal birth control coverage requirements. Some corporations also may use the legal process to challenge laws in states that ensure equitable contraceptive coverage.

Additionally, state lawmakers may be emboldened to further restrict access to contraception. For example, in 2012, Arizona revisited its decade-old law that ensures equitable insurance coverage for birth control and authorized a much broader class of employers to exclude this coverage from employee health insurance plans. In 2013, bills designed to weaken existing contraceptive equity laws or to allow employers—secular and religious—to deny contraceptive coverage to their workers were introduced in more than a dozen states.

Measures that define life as beginning at fertilization and, thereby, conferring the legal status of "personhood" on fertilized eggs also pose a significant risk to contraceptive access. Supporters of "personhood" measures argue erroneously that most methods of contraception act as abortifacients because they may prevent a fertilized egg from implanting; if these "personhood" measures were to be implemented, contraception opponents may assert that hormonal contraceptive methods and IUDs are illegal.

Currently, 20 states restrict some minors' ability to consent to contraceptive services (19). Although the Title X family planning program and Medicaid require that minors receive confidential health services, state and federal legislation requiring parental notification, parental consent, or both for minors who receive contraceptive care has been increasingly proposed (20). Even though policies should encourage and facilitate communication between a minor and her parent or guardian when appropriate, legal barriers and deference to parental involvement should not stand in the way of needed contraceptive care for adolescents who request confidential services.

Cost and Insurance Coverage

More than one half of the 37 million U.S. women who needed contraceptive services in 2010 were in need of publicly funded services, either because they had an income below 250% of the federal poverty level or because they were younger than 20 years (8). One in four women in the United States who obtain contraceptive services seek these services at publicly funded family planning clinics (21). The number of women in need of publicly funded contraceptive services increased by 17%, or nearly three million women, from 2000 to 2010 (8). Expanding access to publicly funded family planning services produces cost savings by reducing unintended pregnancy. In 2010, federal and state governments saved an estimated $7.6 billion because of contraceptive services provided at publicly funded centers (8). As the ACA goes into effect, obstetrician–gynecologists can be strong advocates for continued expansion of affordable contraceptive access, which has been shown to be cost neutral at worst and cost saving at best (22, 23).

High out-of-pocket costs, deductibles, and copayments for contraception also limit contraceptive access even for those with private health insurance. Most private health plans cover prescription contraception, but cost sharing and formularies vary (24). In 2000, the federal Equal Employment Opportunity Commission concluded that a company's failure to cover contraception is sex discrimination under Title VII of the Civil Rights Act as amended by the 1978 Pregnancy Discrimination Act (25). However, even when contraception is covered, women pay approximately 60% of the cost out of pocket compared with the typical out-of-pocket cost of only 33% for noncontraceptive drugs (26).

Under the ACA, all FDA-approved contraceptive methods, sterilization procedures, and patient contraceptive education and counseling are covered for women without cost sharing by all new and revised health plans and issuers as of the first full plan year beginning on or after August 1, 2012. This requirement also applies to those enrolled in Medicaid expansion programs. However, many employers are now exempt from these requirements because of regulatory and court decisions. Women covered through exempted employers, as well as women such as unauthorized immigrants who remain uninsured in spite of the ACA, will not benefit from coverage introduced by the ACA. For these women, cost barriers will persist and the most effective methods, such as IUDs and the contraceptive implant, likely will remain out of reach.

Other insurance barriers include limits on the number of contraceptive products dispensed. Data show that provision of a year's supply of contraceptives is cost effective and improves adherence and continuation rates (27). Insurance plan restrictions prevent 73% of women from receiving more than a single month's supply of contraception at a time, yet most women are unable to obtain contraceptive refills on a timely basis (26, 28, 29).

Some insurers, clinic systems, or pharmacy and therapeutics committees also require women to "fail" certain contraceptive methods before a more expensive method, such as an IUD or implant, will be covered. All FDA-approved contraceptive methods should be available to all insured women without cost sharing and without the need to "fail" certain methods first. In the absence of contraindications, patient choice and efficacy should be the principal factors in choosing one method of contraception over another.

Another strategy for improving access to contraception is to allow over-the-counter access to oral contraceptive pills (30). However, over-the-counter provision may improve access only if over-the-counter products also are covered by insurance or other cost supports in order to make them financially accessible to low-income women.

Objection to Contraception

Efforts to frame access as an issue of conscience or reli-

gious belief rather than as essential health care have grave consequences for women and can create major obstacles to obtaining insurance coverage, receiving prescriptions from health care providers, obtaining medications from pharmacists, and receiving care at hospitals. Ten of the 25 largest health systems in the country are Catholic-sponsored facilities (31). Mergers between religious (predominantly Catholic) health care facilities and other hospitals are common and often result in decreased access to reproductive health services, including contraception (31). Advocacy by clinicians and community leaders has been effective in preserving access in some communities (32, 33).

Pharmacist refusals to fill contraceptive prescriptions or provide emergency contraception, as well as pharmacies that refuse to stock contraceptives, are considerable barriers. Although some women have access to an alternative pharmacy, women in areas where pharmacies and pharmacists are limited, such as rural areas, may find insurmountable obstacles to obtaining prescribed contraception. In eight states, laws specifically prohibit pharmacy or pharmacist refusal; seven states allow refusal but prohibit pharmacist obstruction of patients' receipt of medications; and six states specifically allow pharmacists to refuse to dispense legally prescribed medications without protections for patients, such as a referral requirement (34). The American Pharmacists Association supports the establishment of systems to ensure patient access to contraception when individual pharmacists refuse provision (35). The College supports unhindered access to contraception for all women and opposes health care provider and institutional refusals that create obstacles to contraceptive access.

Unnecessary Medical Practices

Common medical practices prevent easy initiation of contraception. There is no medical or safety benefit to requiring routine pelvic examination or cervical cytology before initiating hormonal contraception. The prospect of such an examination may deter a woman, especially an adolescent, from having a clinical visit that could facilitate her use of a more effective contraceptive method than those available over the counter (36).

Another common practice is requiring one medical appointment to discuss initiation of a LARC method and a second for placement of the device or requiring two visits to perform and obtain results from sexually transmitted infection testing. Clinicians are encouraged to initiate and place LARC in a single visit as long as pregnancy may be reasonably excluded. Sexually transmitted infection testing can occur on the same day as LARC placement, and women do not require cervical preparation for insertion (37, 38). Insurer payment policies should support same-day provision by providing appropriate payment and reimbursement for multiple services performed during a single visit. Similarly, health care providers should encourage patients initiating combined hormonal contraceptives to start on the day of the medical visit (38).

Institutional and Payment Barriers

Appropriate compensation for contraceptive services enables health care providers to provide the full range of contraceptive options, which improves quality of care and optimizes health outcomes. Public and private payers can contribute to efforts to improve contraceptive access by working with health care providers to ensure appropriate payment for clinician services and to provide reimbursement for contraceptive devices at acquisition cost levels.

Twenty-seven percent of reproductive-aged women choose to undergo permanent sterilization once they have completed childbearing (39). Institutional and payment barriers often prevent women from receiving this desired procedure. Many sterilization procedures are planned immediately postpartum, which is an advantageous time because the woman is not pregnant, is within a medical facility, and often has insurance coverage. However, many women do not obtain their planned postpartum sterilization because of limited operating room availability, lack of motivation or coordination on the part of the health care team (obstetricians, nurses, and anesthesiologists), perceived increased risk because of the postpartum state, or misplaced or incomplete sterilization consent forms. In one study, almost 50% of women who did not receive a requested postpartum sterilization were pregnant again within 1 year (40). Federal regulations require a specific sterilization consent form to be signed 30 days before sterilization for women enrolled in Medicaid or covered by other government insurance (41). This requirement eliminates immediate postpartum sterilization as an option if the paperwork is not completed in advance and available at the time of delivery. This regulation, created to protect women from coerced sterilization, also can pose a barrier to a desired sterilization. Women with commercial or private insurance who desire sterilization are not mandated to follow the same consent rules. Revision of the federal consent mandate in order to create fair and equitable access to sterilization services for women enrolled in Medicaid or covered by other government insurance would improve access. These revisions can be balanced by educating patients and obtaining informed consent to address concerns of coercion (41).

Highly effective LARC methods are underutilized, and promoting affordable access to LARC methods for current low-use populations, including adolescents and nulliparous women, may help reduce unintended pregnancy (37). In addition to the high up-front costs associated with these methods, another common barrier is inadequate reimbursement for LARC devices in certain settings. Providing effective contraception postpartum and postabortion can be ideal because the patient is often highly motivated to avoid pregnancy, is within the health care system, and is not pregnant. Appropriate reimburse-

ment for LARC methods immediately postpartum or postabortion can be difficult to obtain.

Health Care Inequities

Rates of adverse reproductive health outcomes are higher among low-income and minority women. Unintended pregnancy rates are highest among those least able to afford contraception and have increased substantially over the past decade (5). The unintended pregnancy rate for poor women is more than five times the rate for women in the highest income bracket (5). Low-income minority women have higher rates of nonuse of contraceptives and are more likely to use less effective reversible methods such as condoms (42). Additionally, low-income women face health system barriers to contraceptive access because they are more likely to be uninsured, a major risk factor for nonuse of prescription contraceptives (42). Publicly funded programs that support family planning services, including Title X and Medicaid, are increasingly underfunded and cannot bridge the gap in access for vulnerable women. To address these barriers, the ACA has encouraged states to expand Medicaid eligibility for family planning services to greater numbers of low-income women. Also, in states that choose to expand Medicaid under the ACA, fewer poor women will lose Medicaid eligibility postpartum.

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF LISA IKEMOTO

I, Lisa Ikemoto, declare:

1. I am a Professor at UC Davis School of Law, and specialize in health care law and reproductive health and rights. I earned a J.D. at UC Davis School of Law (1987), and an LL.M. from Columbia Law School (1989). I am now a Martin Luther King, Jr. Professor at UC Davis School of Law, with faculty affiliate status in the Health Systems Bioethics Program, the Masters in Public Health Program, and the Feminist Research Institute. I have taught and researched health care law, bioethics, and reproductive rights since 1989. My work focuses on women's reproductive health and rights, including the effects of religious doctrine on women's health; health care disparities; and reproductive technology use.

2. I serve and have served as board member or advisor for a number of women's rights and health organizations, including the California Women's Law Center, National Asian Pacific American Women's Forum, and Forward Together. I currently serve as a member of the Guttmacher Institute Board of Directors (2014 - present) and as an Advisory Committee member for If/When/How (2011 - present).

3. Since 2010, I have closely followed the promulgation of the rules addressing contraceptive coverage under the ACA. I have read and am familiar with the final rules on religious and moral exemptions to contraception coverage (Final Rules), published in the *Federal Register* on November 15, 2018.

4. Upon reviewing the Final Rules and the interim final rules which preceded them, I gathered data to determine their impacts on California women. Specifically, I reviewed and assessed the impact of the Final Rules on employees and their dependents receiving coverage from self-insured plans in California.

The Final Rules authorize private employers to use the broadly expanded religious and moral exemptions for any or all of the FDA approved methods of contraception, including sterilization procedures and patient education and counseling for women with reproductive capacity. The California Women's Contraception Equity Act recognizes that access to these services are part of comprehensive health care for women and will preserve access to these essential services for women in insured plans. Cal. Health & Saf. Code § 1367.25. Because the

state benefit mandate does not apply to self-funded plans, the Final Rules place women participants and dependents in self-funded employer health benefit plans at risk of losing coverage for contraceptive, sterilization, and education and counseling services.

The scope of the risk is significant. Nationally, the majority – 61% of health plans are self-insured. KAISER FAMILY FOUND., *2016 Employer Health Benefits Survey* at 8 (Sept. 14, 2016), http://files.kff.org/attachment/Report-Employer-Health-Benefits-2016-Annual-Survey. In California, between 3.7 million and 6.6 million employees and dependents were enrolled in self-insured plans. CAL. HEALTH BENEFITS REV. PROGRAM, ESTIMATES OF SOURCES OF HEALTH INSURANCE IN CALIFORNIA FOR 2018 at 4 (2017), http://chbrp.com/Estimates%20of%20Sources%202018%20Final%2003142017.pdf; CALIFORNIA HEALTH CARE FOUND., *The Private Insurance Market in California* (2015), http://www.chcf.org/publications/2015/02/data-viz-health-plans. The majority of women have health benefits through employment-based plans. Laurie Sobel, Adara Beamesderfer, & Alina Salganicoff, *Issue Brief: Private Insurance Coverage of Contraception*, p. 2, KAISER FAMILY FOUND.:WOMEN'S HEALTH POL'Y 2 (Dec. 7, 2016), http://files.kff.org/attachment/issue-brief-private-insurance-coverage-of-contraception. That suggests that a substantial proportion, if not a majority, of the millions of Californians enrolled in self-insured plans are women. In addition, self-funded plans are more commonly used by large employers. The percentage of workers covered by self-funded plans increases with the size of the employer. For example, in 2016, 50% of employees of firms with 200-999 workers were enrolled in self-funded plans, while 94% of employees of firms with 5,000 or more workers were enrolled in self-funded plans. KAISER FAMILY FOUND., 2016 *Health Benefits Survey*, *supra*. If only a few large employers with self-funded plans use the religious and moral exemptions, the number of employees affected may still be in thousands, if not 10,000s. It is that group of Californians who are at risk of losing access to comprehensive health care if employers are able to use the Final Rules' exemptions. Working class women will be most vulnerable because they are least likely to have the disposable income necessary to pay out of pocket.

While many choose jobs with health benefits over those that do not, employees do not expect employers' religious beliefs to affect the scope of health benefits. Nor do most employees choose jobs based on employers' religious beliefs. Civil rights laws, including Title VII, which prohibits an employer from discriminating against employees who have different religious beliefs than the employer's, have established a norm that employer religious beliefs are not supposed to affect the workplace. The Final Rules will allow employers to impose their beliefs on employees through the exemptions.

5. I also reviewed research, including quantitative and qualitative data, and analysis, on barriers to contraceptive access, the effects of disruption and other barriers to contraceptive use. The research shows that the Final Rules will create barriers to access that harm women.

Loss of coverage will create an access barrier to the contraceptive methods most women use. The pill, female sterilization, the condom, and the IUD, a form of long acting reversible contraception (LARC), are the four most commonly used methods of contraception. *Id*. at 1; Megan L. Kavanaugh & Jenna Jerman, *Contraceptive Method Use in the United States: Trends and Characteristics Between 2008, 2012 and 2014*, CONTRACEPTION at 7 (2017). The pill, sterilization, the IUD and implantable rods are also among the most effective forms of birth control. U.S. FOOD & DRUG ADMIN., BIRTH CONTROL GUIDE, (last visited Oct. 19, 2017), https://www.fda.gov/downloads/ForConsumers/ByAudience/ForWomen/FreePublications/UCM517406.pdf. A recent study shows that while the proportion of women who used a contraceptive method did not significantly change between 2008 and 2014, the types of contraceptive methods that women used during that period changed significantly. Notably, women's use of LARCs more than doubled by 2014, while female and male sterilization use declined the most, compared to other methods. Kavanaugh & Jerman, *Contraceptive Method Use in the United States*, *supra*, at 6. These results are consistent with those in a study conducted before implementation of the ACA's contraceptive coverage requirement. A 2007 study showed that "women who were uninsured were 30% less likely than women with some form of health insurance to use prescription contraceptives." Kelly R. Culwell & Joe Feinglass, *The Association of Health Insurance with Use of Prescription Contraceptives*, 39 PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH 226,

227 (2007). These studies show that insurance coverage enables women to choose methods that are more effective.

The Final Rules will create barriers to access to the most common and preferred methods of contraception. The Final Rules authorize employers to claim an exemption for some or all of the contraception methods and surgical procedures. As *Burwell v. Hobby Lobby* showed, some employers object to methods they believe interfere with conception, including IUDs. Catholic doctrine prohibits use of all eighteen FDA-approved contraceptive methods. If employers are able to use the Final Rules, the methods most women use will be excluded from coverage.

A self-funded employer's decision to exempt contraceptive services will impact all women who have been obtaining contraception through the plan. Exemptions disrupt the seamless provision of care that is necessary for effective family planning. As noted, cost is a substantial barrier to contraceptive use, as well as to effective contraceptive use. A recent Guttmacher Policy Review points to a well-powered study based on claims data that found, "women were less likely to stop using the pill once costs were removed in the wake of the federal contraceptive coverage guarantee." Adam Sonfield, *What is at Stake with the Federal Contraceptive Coverage Guarantee?*, 20 GUTTMACHER POLICY REVIEW 8, 10 (2017), citing Lydia E. Pace, Stacie B. Dusetzina & Nancy L. Keating, *Early Impact of the Affordable Care Act on Oral Contraceptive Cost Sharing, Discontinuation, and Nonadherence*, 35 HEALTH AFFAIRS 1616 (2016). Loss of coverage adds barriers to access to education and counseling about family planning, and to contraceptives in a number of ways. The American College of Obstetricians and Gynecologists has identified knowledge deficits, exclusions in contraceptive equity laws, high out of pocket costs, deductibles, and co-payments for contraception (especially for LARCs), insurance limits on refills that prevent timely use of contraception, and medical practices that require women to go through additional steps as barriers to contraceptive access. COMM. ON HEALTH CARE FOR UNDERSERVED WOMEN, COMMITTEE OPINION: ACCESS TO CONTRACEPTION, AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS (2015), https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Access-to-Contraception (reaff'd 2017). Women who lose contraceptive coverage will face many of these

barriers. Loss of coverage will impose the need to obtain funding, change providers, decide whether to switch to a less expensive contraceptive method, switch from a pharmacy to a family planning clinic, etc. Disruption of services, even if temporary, constitutes a barrier to access.

6. I reviewed legal and health research to determine the effects of contraceptive access on women's ability to participate in and contribute to society. The research shows that contraceptive access has empowered women and alleviated the burden of family planning placed on women.

Access to contraception is part of comprehensive health care. In fact, the American Public Health Association (APHA) "supports the universal right to contraception access in the United States and internationally." In 2015, the APHA adopted a policy that "urges all governments, health providers, and health funding systems to ensure the right to contraception without exceptions, through services including comprehensive evidence-based counseling, language translation, and referrals as needed." AM. PUB. HEALTH ASSOC., *Universal Access to Contraception* (Nov. 3, 2015), https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/12/17/09/14/universal-access-to-contraception (Policy Number 20153).

Failure to cover some or all prescription contraceptives discriminates on the basis of gender. The Final Rules authorize employers to claim exemption from coverage of eighteen FDA approved contraceptives. All eighteen are contraceptive methods that only women use. In 2000, the U.S. Equal Employment Opportunity Commission determined that an employer providing coverage for prescription drugs except prescription contraceptives violated Title VII of the Civil Rights Act of 1964. The resulting order stated not only that the employer must cover the expenses of prescription contraceptives to the same extent it covered other prescription drugs, devices, and preventive care, but also that the employer must cover the full range of prescription contraceptives. U.S. EQUAL EMP'T OPPORTUNITY COMM'N, DECISION ON COVERAGE OF CONTRACEPTION (Dec. 14, 2000), https://www.eeoc.gov/policy/docs/decision-contraception.html. Twenty-eight states have addressed the concerns about gender equality and access to comprehensive health care with state benefit mandates, including the California Women's

Contraception Equity Act. GUTTMACHER INST., STATE LAWS AND POLICIES: INSURANCE COVERAGE OF CONTRACEPTIVES (as of October 1, 2017), https://www.guttmacher.org/state-policy/explore/insurance-coverage-contraceptives.

Access to contraceptives and other family planning services is key to women's participation in society and to gender equality. In 2013, the Guttmacher Institute published a major report that carefully reviewed and synthesized research documenting the ways and extent to which women's contraceptive access and use has enabled greater participation in postsecondary education and employment, increased earning power, and economic stability. Studies focusing on young women in the 1960s and 1970s showed the effects of the advent of the pill. Several studies showed that access to effective contraception was a "significant factor behind greater numbers of women investing in higher education." A study on young women's college enrollment in the 1970s revealed a 12% increase in the likelihood of college enrollment among young women with access to the pill, compared to those without, and a 35% lower dropout rate among women with access to the pill, compared to those without. Adam Sonfield et al., THE SOCIAL AND ECONOMIC BENEFITS OF WOMEN'S ABILITY TO DETERMINE WHETHER AND WHEN TO HAVE CHILDREN, GUTTMACHER INST. 7 (March 2013), https://www.guttmacher.org/sites/default/files/report_pdf/social-economic-benefits.pdf. Studies on workforce participation have produced strong evidence that access to the pill "was a driving force behind the societal shift to significantly more young women participating in the paid labor force, including professional occupations." *Id*. at 12. More recent studies show that contraceptive access has "significantly contributed to increasing women's earning power and to decreasing the gender gap in pay," which persists. *Id*. at 17.

Access to contraceptives alleviates the burden placed on women for family planning. Women bear burden of preventing pregnancy and controlling the timing of bearing children. Social norms that allocate the responsibility for implementing family planning decisions make the unequal allocation of responsibility seem natural. Katrina Kimport, *More Than a Physical Burden: Women's Mental and Emotional Work in Preventing Pregnancy*, J. SEX RESEARCH 1 (2017). Contraceptive access alleviates the burden of implementing pregnancy prevention or

timing. For the women affected by the Final Rules, that burden will increase. A recent study has found that family planning counseling can address the ways in which the burdens of family planning disproportionately affect women. *Id*. at 8. The elimination of coverage for counseling services will prevent the equalization of the responsibilities for family planning.

7. Based on over twenty-years of research on women's health and rights, my review of the Final Rules, and a review of data and other research conducted for this Declaration, I conclude that the Final Rules will have significant impact on women in California by imposing barriers to contraceptive access for women enrolled in self-insured plans sponsored by employers the Final Rules authorize to exclude contraceptive and family planning services coverage; by exposing women to risks and attendant effects of unintended pregnancy; and by increasing risks to participation in higher education, career attainment, and economic stability. The Final Rules authorize employers to impose reproductive control over women enrolled in self-funded plans.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 3, 2018, in Davis, California.



Lisa Ikemoto
Martin Luther King, Jr. Professor
UC Davis School of Law

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF DAVE JONES, INSURANCE COMMISSIONER OF CALIFORNIA

I, Dave Jones, declare:

1. I am over the age of eighteen. I have first-hand knowledge of the matters declared to herein, and am competent to testify as to those facts, except as to the matters declared to on the basis of information and belief and, as to the latter matters, have a reasonable basis to believe them to be true.

2. I am the elected Insurance Commissioner of the State of California. I was first elected in November of 2010, and was re-elected in November of 2014. As Insurance Commissioner, I oversee the California Department of Insurance ("CDI"). Insurers collect $289 billion a year in premiums in California, making it the nation's largest insurance market. California is the also largest health insurance market in the country. CDI has regulatory jurisdiction over health insurers and health insurance coverage in California.

3. Based on my knowledge and experience as the state's insurance regulator, I believe that the final rules on religious and moral exemptions to the coverage of contraceptives ("Final Rules") will result in women losing access to contraceptives and an increase in unintended pregnancies, abortions, and increased social and economic costs.

4. CDI licenses companies that provide Administrative Services Only ("ASO") plans to self-insured employers. Based on information submitted to and available to CDI, there are approximately 5.7 million covered lives in employer self-funded health plans in California.

5. Californians have a constitutionally guaranteed right to privacy. The Final Rules threaten the ability of women to exercise their right to privacy.

6. The California State Legislature, in which I served for six years, found and declared that every individual possesses a fundamental right of privacy with respect to personal reproductive decisions and that California has a long history of expanding timely access to birth control to prevent unintended pregnancy.

7. CDI receives consumer calls, requests for information and complaints about health insurance coverage issues, and provides consumer protection services and information to health insurance policyholders and consumers with self-insured group coverage.

8. As Insurance Commissioner, my responsibilities include implementing and enforcing the Patient Protection and Affordable Care Act ("ACA") and related state laws in California's health insurance market, which I have done since I was sworn into office.

9. As Insurance Commissioner, I have directed CDI staff to ensure compliance with 42 U.S.C. 300gg-13(a)(4), incorporated into state law at section 10112.2 of the Insurance Code, which requires self-insured employer plans and group and individual health insurance policies to cover women's preventive health care services, including contraceptive coverage, with no cost-sharing.

10. As Insurance Commissioner, I have directed CDI staff to enforce state laws, including California Insurance Code section 10123.196(b), which states in part that "[a] group or individual policy of disability insurance, except for a specialized insurance policy, that is issued, amended, renewed, or delivered on or after January 1, 2016, shall provide coverage for all of the following services and contraceptive methods for women: ... all FDA-approved, contraceptive drugs, devices, and other products for women ... , [v]oluntary sterilization procedures ... , [p]atient education and counseling on contraception ... , [f]ollowup services related to the drugs, devices, products, and procedures covered under this subdivision, including, but not limited to, management of side effects, counseling for continued adherence, and device insertion and removal." State law requires all non-grandfathered health insurance policies to provide this coverage with no cost-sharing, while grandfathered policies must provide the same coverage but can impose cost sharing. Cal. Ins. Code § 10123.196(b)(2)(A).

11. Subdivision (e) of section 10123.196 includes a narrow religious employer exemption that applies only to nonprofit churches, their integrated auxiliaries, conventions or associations of churches; and the exclusively religious activities of any religious order. The constitutionality of the state contraceptive mandate as applied to religious employers that do not satisfy the exemption was upheld by the California Supreme Court in *Catholic Charities of Sacramento, Inc. v. Superior Court* (2004) 32 Cal.4th 527.

12. California Insurance Code section 10123.196 ensures that the vast majority of Californians covered by fully-insured, non-grandfathered group or individual health insurance

policies will continue to have access to the full range of contraceptive products and services without cost-sharing, regardless of any changes to federal law. State law enacted prior to the passage of the ACA also required individual and group health insurance policies that covered prescription drugs to cover a variety of contraceptive methods. However, section 10123.196 does not protect the approximately 5.7 million Californians who are covered by a self-insured employer's health plan.

13. In addition to female employees of self-insured employers being at risk of losing access to contraceptives under the IFRs, the female dependents of employees also stand to lose access to contraceptives.

14. Of the sexually active women of reproductive age in the United States, 99% of these women report having used at least one method of contraception.[1]

15. After the requirement in the ACA for self-insured employer plans and non-grandfathered health insurance to cover preventive health care services without cost-sharing went into effect, CDI staff and I heard from women who said that prior to contraceptives being available without co-pays or deductibles, there were months when they had been unable to afford to fill their prescriptions for contraceptives. If the Final Rules are not declared invalid, some women covered by self-insured employer plans will quickly lose access to contraceptives, which will result in unintended pregnancies.[2]

16. As Senate Bill 999[3] was being considered by the Legislature in 2016, women came forward to tell their personal stories about how skipping just a few pills because they were not able to fill their prescriptions on time resulted in unintended pregnancies and abortions.

17. The near-universal use of contraception among U.S. women includes women who identify as religious. Among all Catholic women who have had sex, 98% have used some form of

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[1] Kimberly Daniels, et al., *Contraceptive Methods Women Have Ever Used: United States, 1982-2010*, National Health Statistics Reports No. 62, 1 (Feb. 14, 2013), http://www.cdc.gov/nchs/data.nhsr/nhsr062.pdf.

[2] Joerg Dreweke, *New Clarity for the U.S. Abortion Debate: A Steep Drop in Unintended Pregnancy Is Driving Recent Abortion Declines*, Guttmacher Policy Review Vol.19 (2016), https://www.guttmacher.org/sites/default/files/article_files/gpr1901916.pdf.

[3] Senate Bill 999 added subdivision (f) to Insurance Code section 10123.196 in 2016.

modern contraception at some point in their lives. Among women of all denominations, more than two-thirds of sexually active women use highly effective methods of contraception such as sterilization, hormonal birth control pills, or an intra-uterine device ("IUD").[4]

18. Unplanned or unintended pregnancy can lead to many adverse medical outcomes for both the woman and the baby.[5,6,7]

19. Some women who lose access to insurance coverage for contraceptives due to the Final Rules will seek contraceptive services from a Family PACT[8] provider. However, these services are not without cost to the woman, and they are limited only to low-income women, with incomes at or below 200% of the Federal Poverty Level ("FPL"). Women with incomes above 200% of FPL will bear the full cost of contraceptive services and products.

20. The average monthly cash price of hormonal birth control pills is between $15 and $80. IUDs carry upfront costs of $500 to $1,000 for the device itself, which does not include the cost of the office visit, insertion, follow-up visits, or removal. IUDs are effective for up to five years. Other long-acting methods such as contraceptive implants cost between $400 and $800, and must be re-inserted every three years.[9]

21. A claims study published in 2015 estimated that due to the ACA's preventive services contraceptive mandate, average out-of-pocket savings per contraceptive user was $248 for insertion of an IUD (a 68% reduction) and $255 annually for the oral contraceptive pill (a 38% reduction). Declines in out-of-pocket spending for other methods of contraception are also

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[4] Rachel K. Jones & Joerg Dreweke, Guttmacher Institute, *Countering Conventional Wisdom: New Evidence on Religion and Contraceptive Use* (2011), https://www.guttmacher.org/sites/default/files/report_pdf/religion-and-contraceptive-use.pdf.

[5] Institute of Medicine, *Clinical Preventive Services for Women: Closing the Gaps* ("IOM Report") (2011).

[6] Claudia Goldin & Lawrence F. Katz, *The Power of the Pill: Oral Contraceptives and Women's Career and Marriage Decisions*, 110 J. of Pol. Econ. (2002), http://nrs.harvard.edu/urn-3:HUL.InstRepos:2624453.

[7] Heinrich H. Hock, *The Pill and the College Attainment of American Women and Men*, (Fla. State Univ., Working Paper 2007).

[8] Family PACT is a state program that provides comprehensive family planning services to low-income women and men. See http://www.familypact.org/Home/home-page.

[9] Laurie Sobel, et al., Kaiser Family Foundation, Coverage of Contraceptive Services: A Review of Health Insurance Plans in Five States (April 16, 2015), http://files.kff.org/attachment/report-coverage-of-contraceptive-services-a-review-of-health-insurance-plans-in-five-states.

significant: 93% for emergency contraceptives, 84% for barrier methods, 72% for the implant, and 68% for the injection.[10]

22. An estimated 6.88 million privately insured women used oral contraceptives in 2013, which based on the 2015 claims study translated into approximately $1.4 billion in savings on out-of-pocket expenses for oral contraceptives alone. By June 2013, a majority of women on private health plans were paying nothing out-of-pocket for their contraception due to the ACA's preventive services contraceptive mandate.[11] These statistics demonstrate that women with private insurance, including those covered by self-funded employer plans, have benefited from decreased out-of-pocket costs for contraceptives due to the ACA's contraceptive mandate.

23. Starting in December of 2016 or January of 2017, CDI received calls from women who were concerned that changes at the federal level could impact their access to contraceptive coverage. Women asked questions about whether it would be advisable to fill their prescriptions for contraceptives for a 12-month supply at one time. Women also asked whether to switch methods of birth control from the method they had previously chosen with their physicians in order to have a longer lasting form of contraception in case federal action threatened their access to birth control coverage.

24. Since the announcement of the interim final rules that preceded the Final Rules, the Department has received calls asking which health insurance policies will be impacted and when women will lose their coverage for contraception.

25. Many people whose health coverage is through employers that self-insure do not realize that their coverage is self-funded and consequently that it is not subject to many of the protections in state law, including the contraceptive mandate.

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[10] Becker et al. *Women Saw Large Decrease In Out-Of-Pocket Spending For Contraceptives After ACA Mandate Removed Cost Sharing*, Health Affairs 2015 Jul; 34(7):1204-11. Summary available online at https://www.ahcmedia.com/articles/136218-affordable-care-actmakes-impact-on-costs-of-many-forms-of-birth-control.

[11] Rebecka Rosenquist, University of Pennsylvania Leonard Davis Institute of Health Economics, *The ACA and Contraceptive Coverage*, July 7, 2015. Available online at https://ldi.upenn.edu/aca-and-contraceptive-coverage.

26. Women's access to contraceptives and the potential of unintended pregnancy can impact most every aspect of a woman's life including her education, employment, and economic security. The Final Rules permit self-insured employers in California to drop coverage for contraceptives without cost-sharing, which will negatively affect women's health, well-being, economic security, and productivity.

I declare under penalty of perjury that the foregoing is true and if called as a witness, I would competently testify thereto.

Executed on December 7, 2018 in Sacramento, California.

Dave Jones
Insurance Commissioner of California

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA, Plaintiffs, **v.** **ALEX M. AZAR, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,** Defendants, and, **THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,** Defendant-Intervenors.	4:17-cv-005783-HSG **DECLARATION OF KEVIN KISH IN SUPPORT OF THE STATES' MOTION FOR PRELIMINARY INJUNCTION**

I, Kevin Kish declare:

1. I am the Director of the California Department of Fair Employment and Housing (DFEH). I was appointed in December 2014 by Governor Jerry Brown to lead DFEH.

2. DFEH is the state agency charged by the California Legislature with enforcing California's civil rights laws. The mission of DFEH is to protect the people of California from unlawful discrimination in employment, housing, and public accommodations and from hate violence and human trafficking. Cal. Gov't Code § 12930.

3. DFEH is responsible for enforcing state laws that make it illegal to discriminate against an employee because of certain protected categories, including sex and gender (e.g. pregnancy, childbirth, breastfeeding, or related medical conditions). Among other laws, DFEH enforces the California Fair Employment and Housing Act (FEHA) (Cal. Gov't Code § 12900 et seq.) and the Unruh Civil Rights Act (Cal. Civil Code § 51).

4. FEHA applies to public and private employers, labor organizations, and employment agencies. Under FEHA, it is illegal for employers of five or more employees to discriminate against employees because of a protected category (including sex and gender), or to retaliate against them because they have asserted their rights under the law.

5. The Unruh Civil Rights Act prohibits discrimination by business establishments.

6. To carry out its responsibilities, DFEH facilitates a complaint process, whereby an individual who feels that he or she was the victim of discrimination, may file a complaint with DFEH, which is called an intake form. The submission of the intake form initiates an intake interview with a department representative to determine whether a formal complaint will be accepted for investigation. The DFEH investigator contacts the individual complainant and the investigator seeks specific facts and any records about the incident(s) and copies of any documents supporting the complaint. DFEH then evaluates the facts and decides whether the case alleges facts within DFEH's jurisdiction. DFEH does not have discretion to decline to investigate cases within its jurisdiction. If a case is within its jurisdiction, DFEH will prepare a

complaint form for the individual's signature and when the individual returns the complaint, it is delivered to the person or entity that the person believes discriminated against him/her.

7. After a complaint is signed and issued, the respondent is required to answer the complaint. DFEH reviews the answer with the complainant.

8. DFEH offers free dispute resolution services to encourage parties to resolve the complaint, when appropriate. A voluntary resolution can be negotiated at any time during the complaint process. When parties cannot resolve a complaint, DFEH continues an investigation to determine if a violation of California law occurred. If it did not, the case is closed. If DFEH finds there were probable violations of the law, the case moves into DFEH's Legal Division. At that time, the parties are required to go to mediation. At mediation, the parties have the opportunity to reach an agreement to resolve the dispute and close the case. If mediation fails, DFEH may file a lawsuit in court.

9. If an individual prefers not to use the DFEH investigation process, he or she may instead file his or her own lawsuit. In the context of employment discrimination, a complainant must first obtain a Right-to-Sue notice from DFEH before filing a lawsuit in court.

10. DFEH does not take sides when a complaint is first filed. Rather, DFEH investigates the facts and encourages the parties to resolve the dispute in appropriate cases. DFEH considers taking legal action if evidence supports a finding of discrimination and the dispute is not resolved.

11. I have reviewed and am familiar with the two final exemption rules that the U.S. Health and Human Services Department, in conjunction with the U.S. Department of Labor and U.S. Department of Treasury, issued on November 15, 2018 (exemption rules). Under the exemption rules, I understand that any employer could claim a religious or moral objection to providing contraceptive coverage and leave their employees without no-cost contraceptive coverage. I understand that this expanded exemption would effectively make contraceptive coverage optional.

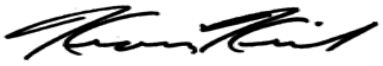
12. When an employer excludes healthcare coverage that only affects women employees but demands that women employees continue to pay the same as their male colleagues, the employer is creating a gender-based classification in the workplace.

13. If an employee were to file a complaint asserting that her employer excluded essential healthcare benefits from the healthcare plan for women, but not for men, that complaint would fall under DFEH's jurisdiction as a gender-based workplace classification and DFEH would have a legal obligation to investigate the claim.

14. After considering the rules, I believe that they will impact the analysis that DFEH must engage in to carry-out its required responsibilities under the law, including analysis of the scope and application of California's own religion-based exemptions from anti-discrimination principles of general applicability. See, e.g., Cal. Gov't Code § 12926.2.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 17, 2018, in Los Angeles, California.



KEVIN KISH
DIRECTOR, DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA; ET AL.,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF KATHRYN KOST

I, Kathryn Kost, declare:

1. I am the Acting Vice President for Domestic Research at the Guttmacher Institute. I have worked for the Guttmacher Institute in a full-time or consulting capacity for nearly 30 years since joining the Institute as a Senior Research Associate in 1989. I received my BA in sociology from Reed College and my PhD in sociology from Princeton University, where I specialized in demography at the Office of Population Research.

2. The Guttmacher Institute is a private, independent, nonprofit, nonpartisan corporation that advances sexual and reproductive health and rights through an interrelated program of research, policy analysis, and public education. The Institute's overarching goal is to ensure quality sexual and reproductive health for all people worldwide by conducting research according to the highest standards of methodological rigor and promoting evidence-based policies. It produces a wide range of resources on topics pertaining to sexual and reproductive health and publishes two peer-reviewed journals. The information and analysis it generates on reproductive health and rights issues are widely used and cited by researchers, policymakers, the media and advocates across the ideological spectrum.

3. Over the course of more than 30 years, I have designed, executed, and analyzed numerous quantitative and qualitative research studies in the field of reproductive health care, including those on contraceptive use and failure, unintended pregnancy, maternal and child health, and the impact on public health and fisc associated with particular reproductive health care policies or trends. My peer-reviewed research has been published in dozens of articles, including first-authored work in *Demography*, *Perspectives on Sexual and Reproductive Health*, *Contraception*, *Studies in Family Planning* and other public health, medical and demographic journals. My education, training, responsibilities and publications are set forth in greater detail in my curriculum vitae, a true and correct copy of which is attached as Exhibit A. I submit this declaration as an expert on reproductive health care, family planning, and unintended pregnancy, and the impact on individuals, families, and the public health from access to contraception and related care, or interference with that care, in the United States.

4. I understand that this lawsuit involves a challenge to the federal government's Final Rules ("Final Rules") regarding the Affordable Care Act's ("ACA") contraceptive coverage mandate. In my expert opinion, the Final Rules would compromise women's ability to obtain contraceptive methods, services and counseling and, in particular, to consistently use the best methods for them, thus putting them at heightened risk of unintended pregnancy.

Contraception Is Widely Used and the Majority of Women Rely on Numerous Contraceptive Methods for Decades of Their Lives

5. More than 99% of women aged 15–44 who have ever had sexual intercourse have used at least one contraceptive method; this is true across a variety of religious affiliations.[1] Some 61% of all women of reproductive age are currently using a contraceptive method.[2] Among women at risk of an unintended pregnancy (i.e., women aged 15–44 who have had sexual intercourse in the past three months, are not pregnant or trying to conceive, and are not sterile for noncontraceptive reasons), 90% are currently using a contraceptive method.[3]

6. A typical woman in the United States wishing to have two children will, on average, spend three decades—roughly 90% of her reproductive life—avoiding unintended pregnancy.[4]

7. Women and couples rely on a wide range of contraceptive methods: In 2014, 25% of female contraceptive users relied on oral contraceptives and 15% on condoms as their most effective method. That means that six in 10 contraceptive users relied on other methods: female or male sterilization; hormonal or copper intrauterine devices (IUDs); other hormonal methods including the injectable, the ring, the patch and the implant; and behavioral methods, such as withdrawal and fertility awareness methods.[5]

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[1] Daniels K, Mosher WD and Jones J, Contraceptive methods women have ever used: United States, 1982–2010, *National Health Statistics Reports*, 2013, No. 62, https://www.cdc.gov/nchs/products/nhsr.htm.

[2] Kavanaugh ML and Jerman J, Contraceptive method use in the United States: trends and characteristics between 2008, 2012 and 2014, *Contraception*, 2017, https://www.guttmacher.org/article/2017/10/contraceptive-method-use-united-states-trends-and-characteristics-between-2008-2012.

[3] Kavanaugh ML and Jerman J, Contraceptive method use in the United States: trends and characteristics between 2008, 2012 and 2014, *Contraception*, 2017, https://www.guttmacher.org/article/2017/10/contraceptive-method-use-united-states-trends-and-characteristics-between-2008-2012.

[4] Sonfield A, Hasstedt K and Gold RB, *Moving Forward: Family Planning in the Era of Health Reform*, New York: Guttmacher Institute, 2014, https://www.guttmacher.org/report/moving-forward-family-planning-era-health-reform.

[5] Kavanaugh ML and Jerman J, Contraceptive method use in the United States: trends and characteristics between 2008, 2012 and 2014, *Contraception*, 2017, https://www.guttmacher.org/article/2017/10/contraceptive-method-use-

8. Most women rely on multiple methods over the course of their reproductive lives, with 86% having used three or more methods by their early 40s.[6] Sometimes, women and couples may try out different methods to find one that they can use consistently or that minimizes side effects. Other times, they may switch from method to method—such as from condoms to oral contraceptives to sterilization—as their relationships, life circumstances and family goals evolve.

9. Many people use two or more methods at once: 17% of female contraceptive users did so the last time they had sex.[7] For example, they may use condoms to prevent STIs and an IUD for the most reliable prevention of pregnancy. Or they may use multiple methods simultaneously—for instance, condoms, withdrawal and oral contraceptives—to provide extra pregnancy protection.

Women Need Access to the Full Range of Contraceptive Options to Most Effectively Avoid Unintended Pregnancies

10. Using any method of contraception greatly reduces a woman's risk of unintended pregnancy. Sexually active couples using no method of contraception have a roughly 85% chance of experiencing a pregnancy in a one-year period, while the risk for those using a contraceptive method ranges from 0.05% to 28%.[8,9]

11. All new contraceptive drugs and devices (just like other drugs and devices) must receive approval from the U.S. Food and Drug Administration (FDA) and must be shown to be safe and effective through rigorous scientific testing. Thus, the federal government itself provides the oversight to ensure that contraception is safe and effective in preventing pregnancy.

12. The government's effort to imply that there is doubt about whether contraception reduces the risk of unintended pregnancy is simply unfounded, as the data above illustrate. Though the

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[6] Daniels K, Mosher WD and Jones J, Contraceptive methods women have ever used: United States, 1982–2010, *National Health Statistics Reports*, 2013, No. 62, https://www.cdc.gov/nchs/products/nhsr.htm.

[7] Kavanaugh ML and Jerman J, Concurrent multiple methods of contraception in the United States, poster presented at the North American Forum on Family Planning, Atlanta, Oct. 14–16, 2017.

[8] Sundaram A et al., Contraceptive failure in the United States: estimates from the 2006-2010 National Survey of Family Growth, *Perspectives on Sexual and Reproductive Health*, 2017, 49(1):7–16, https://www.guttmacher.org/journals/psrh/2017/02/contraceptive-failure-united-states-estimates-2006-2010-national-survey-family.

[9] Trussell J, Aiken A, "Contraceptive Efficacy" pp. 829–928. In Hatcher RA et al., eds., *Contraceptive Technology,* 21st ed., New York: Ayer Company Publishers, 2018.

Final Rules cite "conflicting evidence" for the effects of a contraceptive coverage requirement,[10] in the previous interim final rules, the government made positive arguments that contraceptive access did not reduce the risk of unintended pregnancy. This argument is flawed. For example, in the interim final rules the government argued, "In the longer term—from 1972 through 2002—while the percentage of sexually experienced women who had ever used some form of contraception rose to 98 percent, unintended pregnancy rates in the Unites States rose from 35.4 percent to 49 percent."[11]

13. However, the government's assertion in the interim final rules that unintended pregnancy rates rose between 1972 and 2002 was incorrect and based on faulty calculations and an inappropriate comparison. First, the numbers cited (35.4% and 49%) are the *percentage* of all pregnancies that were unintended, not the unintended pregnancy *rate*, which is the appropriate indicator for assessing trends in unintended pregnancy because it is not affected by changes in the incidence of *intended* pregnancy. Second, the 1972 figure includes only *births* (not all pregnancies), and then only those births that were to married women.[12] Births to unmarried women and all abortions are excluded; the proportion of both of these that were unintended were significantly higher, so excluding them results in an artificially low percentage. The 2002 figure, on the other hand, includes all pregnancies to all women. An appropriate comparison of rates based on pregnancies and on all women in the population shows a clear decline in the rate: In 1971, there were an estimated 2.041 million unintended pregnancies (including births and abortions, but excluding miscarriages),[13] and 43.6 million women of reproductive age (15–44),[14] for an unintended pregnancy rate (excluding miscarriages) of 47 per 1,000 women. By contrast, in

[10] Department of the Treasury, Department of Labor and Department of Health and Human Services, Religious exemptions and accommodations for coverage of certain preventive services under the Affordable Care Act, *Federal Register*, 83(221):57536–57590, https://www.gpo.gov/fdsys/pkg/FR-2018-11-15/pdf/2018-24512.pdf

[11] Department of the Treasury, Department of Labor and Department of Health and Human Services, Religious exemptions and accommodations for coverage of certain preventive services under the Affordable Care Act, *Federal Register*, 82(197):47838–47862, https://www.gpo.gov/fdsys/pkg/FR-2017-10-13/pdf/2017-21852.pdf.

[12] Weller RH and Heuser RL, Wanted and unwanted childbearing in the United States: 1968, 1969, and 1972 National Natality Surveys, *Vital and Health Statistics*, 1978, No. 32.

[13] Tietze C, Unintended pregnancies in the United States, 1970–1972, *Family Planning Perspectives,* 1979, 11(3):186–188.

[14] National Center for Health Statistics, Centers for Disease Control and Prevention, Population by age groups, race, and sex for 1960–1997, no date, https://www.cdc.gov/nchs/data/statab/pop6097.pdf.

2011, the unintended pregnancy rate *including* miscarriages was 45 per 1,000.[15] Even when including miscarriages in the later rate, it is lower than the earlier rate; because miscarriages typically represent about 14% of all pregnancies,[16] excluding them from the 2011 figure for comparability would result in a rate of about 38 per 1,000, substantially lower than the 1971 rate.

14. Although using any method of contraception is more effective in preventing pregnancy than not using a method at all, having access to a *limited* set of methods is far different than being able to choose from among the full range of methods to find the *best* methods for a given point in a woman's life.

15. One important consideration for most women in a choosing a contraceptive method is how well a method works for an individual woman to prevent pregnancy.[17] IUDs and implants, for example, are effective for years after they are inserted by a health care provider, and do not require women using them to think about contraception on a day-to-day basis.[18] By contrast, birth control pills must be taken every day, at approximately the same time. Nearly half of abortion patients who were users of birth control pills reported that they had forgotten to take their pills, and another quarter reported a lack of ready access to their pills (16% were away from their pills and 10% ran out).[19] Methods of contraception designed to be used during intercourse, such as condoms or spermicide, must be available, accessible, remembered, and used properly each time intercourse occurs.

16. Beyond effectiveness, there are many other features that people say are important to them when choosing a contraceptive method.[20] These include concerns about and past experience with

[15] Finer LB and Zolna MR, Declines in unintended pregnancy in the United States, 2008–2011, *New England Journal of Medicine*, 2016, 374(9):843–852.
[16] Finer LB and Henshaw SK, Disparities in rates of unintended pregnancy in the United States, 1994 and 2001, *Perspectives on Sexual and Reproductive Health*, 2006, 38(2):90–96, https://www.guttmacher.org/journals/psrh/2006/disparities-rates-unintended-pregnancy-united-states-1994-and-2001.
[17] Lessard LN et al., Contraceptive features preferred by women at high risk of unintended pregnancy, *Perspectives on Sexual and Reproductive Health*, 2012, 44(2):194–200.
[18] Winner B et al., Effectiveness of long-acting reversible contraception, *New England Journal of Medicine*, 366(21):1998–2007.
[19] Jones RK, Darroch JE and Henshaw SK, Contraceptive use among U.S. women having abortions in 2000–2001, *Perspectives on Sexual and Reproductive Health*, 2002, 34(6): 294–303, https://www.guttmacher.org/journals/psrh/2002/11/contraceptive-use-among-us-women-having-abortions-2000-2001.
[20] Lessard LN et al., Contraceptive features preferred by women at high risk of unintended pregnancy, *Perspectives*

side effects, drug interactions or hormones; affordability and accessibility; how frequently they expect to have sex; their perceived risk of HIV and other STIs; the ability to use the method confidentially or without needing to involve their partner; and potential effects on sexual enjoyment and spontaneity. For example, methods such as male condoms, fertility awareness and withdrawal require the active and effective participation of male partners. By contrast, methods such as IUDs, implants, and oral contraceptives can be more reliably used by the woman alone in advance of intercourse.[21]

17. Being able to select the methods that best fulfill a woman's needs and priorities is an important way to ensure that she will be satisfied with her chosen methods. Women who are satisfied with their current contraceptive methods are more likely to use them consistently and correctly. For example, one study found that 30% of neutral or dissatisfied users had a temporal gap in use, compared with 12% of completely satisfied users.[22] Similarly, 35% of satisfied oral contraceptive users had skipped at least one pill in the past three months, compared with 48% of dissatisfied users.[23]

18. Consistent contraceptive in turn use helps women and couples prevent unwanted pregnancies and plan and space those they do want. The two-thirds of U.S. women (68%) at risk of unintended pregnancy who use contraceptives consistently and correctly throughout a year account for only 5% of all unintended pregnancies. In contrast, the 18% of women at risk who use contraceptives but do so inconsistently account for 41% of unintended pregnancies, and the 14% of women at risk who do not use contraceptives at all or have a gap in use of one month or longer account for 54% of unintended pregnancies.[24]

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on Sexual and Reproductive Health, 2012, 44(2):194–200.

[21] Bailey MJ, More power to the pill: the impact of contraceptive freedom on women's life cycle labor supply, *Quarterly Journal of Economics*, 2006, 121(1): 289–320, https://academic.oup.com/qje/article-abstract/121/1/289/1849021?redirectedFrom=fulltext.

[22] Guttmacher Institute, Improving contraceptive use in the United States, *In Brief*, New York: Guttmacher Institute, 2008, https://www.guttmacher.org/report/improving-contraceptive-use-united-states.

[23] Guttmacher Institute, Improving contraceptive use in the United States, *In Brief*, New York: Guttmacher Institute, 2008, https://www.guttmacher.org/report/improving-contraceptive-use-united-states.

[24] Sonfield A, Hasstedt K and Gold RB, *Moving Forward: Family Planning in the Era of Health Reform*, New York: Guttmacher Institute, 2014, https://www.guttmacher.org/report/moving-forward-family-planning-era-health-reform.

19. In summary, the ability to choose from among the full range of contraceptive methods encourages consistent and effective contraceptive use, thereby helping women to avoid unintended pregnancies and to time and space wanted pregnancies.

Access to Contraception Does Not Increase Adolescent Sexual Activity

20. Adolescent pregnancy has declined dramatically over the past several decades: In 2013, the U.S. pregnancy rate among 15–19-year-olds was at its lowest point in at least 80 years and had dropped to about one-third of a recent peak rate in 1990.[25] The adolescent birthrate has continued to fall sharply from 2013–2016, suggesting that the underlying pregnancy rates have likely declined even further.[26] Over these decades, adolescents' sexual activity has not increased—in fact, it has declined—while their contraceptive use has increased.

21. National data limited to adolescents attending high school document long-term increases from 1991–2015 in the share of students using contraception, and decreases over the same time period in the share of students who are sexually active.[27] Several studies have validated that contraceptive access reduces adolescent pregnancy without increasing sexual activity: The vast majority (86%) of the decline in adolescent pregnancy between 1995 and 2002 was the result of improvements in contraceptive use; only 14% could be attributed to a decrease in sexual activity.[28] Further, when examining these same two factors, all of the decline in the more recent 2007–2012 period was attributable to better contraceptive use: More adolescents were using

[25] Kost K, Maddow-Zimet I and Arpaia A, Pregnancies, *Births and Abortions Among Adolescents and Young Women in the United States, 2013: National and State Trends by Age, Race and Ethnicity*, New York: Guttmacher Institute, 2017, https://www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013.

[26] Martin JA, Hamilton BE and Osterman MJK, Births in the United States, 2016, *NCHS Data Brief*, 2017, No. 287, https://www.cdc.gov/nchs/products/databriefs.htm.

[27] National Center for HIV/AIDS, Viral Hepatitis, TD, and TB Prevention, Centers for Disease Control and Prevention (CDC), *Trends in the Prevalence of Sexual Behaviors and HIV Testing National YRBS: 1991–2015,* Atlanta: CDC, no date, https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/2015_us_sexual_trend_yrbs.pdf.

[28] Santelli JS et al., Explaining recent declines in adolescent pregnancy in the United States: the contribution of abstinence and improved contraceptive use, *American Journal of Public Health*, 2007, 97(1): 150–156, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1716232/.

contraception, they were using more effective methods, and they were using them more consistently, while adolescent sexual activity did not change.[29]

22. Recent trends in adolescent contraceptive use buttress this point: During 2011–2015, 81% of adolescent girls used contraception the first time they had sex, up from 75% in 2002; the share of adolescent girls who were sexually active stayed stable.[30,31] Similarly, use of emergency contraception among sexually active female adolescents increased from 8% in 2002 to 22% in 2011–2013; there was no significant change in sexual activity during this time.[32] And in a 2010 review of seven randomized trials of emergency contraception, there was no increase in sexual activity (e.g., reported number of sexual partners or number of episodes of unprotected intercourse) in adolescents given advanced access to emergency contraception.[33]

23. Along the same lines, studies of the availability of contraception in high schools provide evidence that it does not lead to more sexual activity. Rather, while several studies of school-based health care centers that provide contraceptive methods have shown contraceptives' availability increases students' use of contraception,[34,35] other studies have not found any

[29] Lindberg L, Santelli J and Desai S, Understanding the decline in adolescent fertility in the United States, 2007–2012, *Journal of Adolescent Health*, 2016, 59(5): 577–583, http://www.jahonline.org/article/S1054-139X(16)30172-0/fulltext.

[30] Martinez G, Copen CE and Abma JC, Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2006–2010 National Survey of Family Growth, *Vital Health Statistics*, 2011, Series 23, No. 31, https://www.cdc.gov/nchs/products/series/series23.htm.

[31] Abma JC and Martinez G, Sexual activity and contraceptive use among teenagers in the United States, 2011–2015, *National Health Statistics Reports*, 2017, No. 104, https://www.cdc.gov/nchs/products/nhsr.htm.

[32] Martinez GM and Abma JC, Sexual activity, contraceptive use, and childbearing of teenagers aged 15–19 in the United States, *NCHS Data Brief*, 2015, No. 209, https://www.cdc.gov/nchs/products/databriefs.htm.

[33] Meyer JL, Gold MA and Haggerty CL, Advance provision of emergency contraception among adolescent and young adult women: a systematic review of literature, *Journal of Pediatric and Adolescent Gynecology,* 2011, 24(1):2–9, http://www.jpagonline.org/article/S1083-3188(10)00203-2/fulltext.

[34] Minguez M et al., Reproductive health impact of a school health center, *Journal of Adolescent Health*, 2015, 56(3): 338–344, https://www.ncbi.nlm.nih.gov/pubmed/25703321.

[35] Knopf FA et al., School-based health centers to advance health equity: a Community Guide systematic review, *American Journal of Preventive Medicine*, 2016, 51(1): 114-126, http://www.ajpmonline.org/article/S0749-3797(16)00035-0/fulltext.

associated increases in sexual activity.[36] And a recent review of studies of school-based condom availability programs found condom use increased the odds of students using condoms, while none increased sexual activity.[37]

Eliminating the Cost of Contraception Leads to Improved Contraceptive Use and Reduces Women's Risk of Unintended Pregnancy

24. Extensive empirical evidence demonstrates what common sense would predict: eliminating costs leads to more effective and continuous use of contraception. That is because cost can be a substantial barrier to contraceptive choice. The contraceptive methods that can be purchased over the counter at a neighborhood drugstore for a comparatively low cost—male condoms and spermicide—are far less effective than methods that require a prescription and a visit to a health care provider,[38] which have higher up-front costs.[39]

25. The most effective methods of contraception are long-acting reversible contraceptives (LARC), such as implants and IUDs. Even with discounts for volume, the cost of these devices exceeds $500, exclusive of costs relating to the insertion procedure,[40] and the total cost of initiating one of these methods generally exceeds $1,000.[41] To put that cost in perspective, beginning to use one of these devices costs nearly a month's salary for a woman working full time at the federal minimum wage of $7.25 an hour.[42] These costs are dissuasive for many women not covered by the contraceptive coverage guarantee; one pre-ACA study concluded that women who faced high out-of-pocket IUD costs were significantly less likely to obtain an IUD than women with access to the device at low or no out-of-pocket cost. And only 25% of women

[36] Kirby D, *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy, 2007, https://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007_full_0.pdf.
[37] Wang T et al., The effects of school-based condom availability programs (CAPs) on condom acquisition, use and sexual behavior: a systematic review, *AIDS and Behavior*, 2017, https://www.ncbi.nlm.nih.gov/pubmed/28625012.
[38] Trussell J, Aiken A, "Contraceptive Efficacy" pp. 829–928. In Hatcher RA et al., eds., *Contraceptive Technology,* 21st ed., New York: Ayer Company Publishers, 2018.
[39] Trussell J et al., Cost effectiveness of contraceptives in the United States, *Contraception*, 2009, 79(1):5–14.
[40] Armstrong E et al., *Intrauterine Devices and Implants: A Guide to Reimbursement*, 2015, https://www.nationalfamilyplanning.org/file/documents----reports/LARC_Report_2014_R5_forWeb.pdf.
[41] Eisenberg D et al., Cost as a barrier to long-acting reversible contraceptive (LARC) use in adolescents, *Journal of Adolescent Health*, 2013, 52(4):S59–S63, http://www.jahonline.org/article/S1054-139X(13)00054-2/fulltext.
[42] 29 U.S.C. § 206(a)(1)(C). At 40 hours a week, that amounts to $290 a week, before any taxes or deductions.

who requested an IUD had one placed after learning the associated costs.[43] Even oral contraceptives, which are twice as effective as condoms in practice, require a prescription and have monthly costs. And although some stores offer certain pill formulations at steep discounts, access to those cost savings can require a woman to change to a different formulation than the one prescribed by her clinician and increases her risk of adverse health effects.

26. The government acknowledges that without coverage, many methods would cost women $50 per month, or upwards of $600 per year, and in doing so, implies that such costs are a minimal burden. This is not true. For example, a national study found that about one-third of uninsured people and lower-income people in the United States would be unable to pay for an unexpected $500 medical bill, and roughly another third would have to borrow money or put it on a credit card and pay it back over time, with interest.[44]

27. Without insurance coverage to defray or eliminate the cost, the large up-front costs of the more-effective contraceptive methods put them out of reach for many women who want them, driving them to less expensive and less effective methods. In a study conducted prior to the contraceptive coverage guarantee, almost one-third of women reported that they would change their contraceptive method if cost were not an issue.[45] This figure was particularly high among women relying on male condoms and other less effective methods such as withdrawal. A study conducted after the enactment of the ACA had similar findings: among women in the study who still lacked health insurance in 2015, 44% agreed that having insurance would help them to afford and use birth control and 44% agreed that it would allow them to choose a better method for them; 48% also agreed that it would be easier to use contraception consistently if they had coverage.[46] Among insured women who still had a copayment using a prescription method (e.g.,

[43] Gariepy AM et al., The impact of out-of-pocket expense on IUD utilization among women with private insurance, *Contraception*, 2011, 84(6):e39–e42, https://escholarship.org/uc/item/1dz6d3cx.

[44] DiJulio B et al., Data note: Americans' challenges with health care costs, 2017, https://www.kff.org/health-costs/poll-finding/data-note-americans-challenges-with-health-care-costs/?utm_campaign=KFF-2017-March-Polling-Beyond-The-ACA.

[45] Frost JJ and Darroch JE, Factors associated with contraceptive choice and inconsistent method use, United States, 2004, *Perspectives on Sexual and Reproductive Health,* 2008, 40(2):94–104, https://www.guttmacher.org/journals/psrh/2008/factors-associated-contraceptive-choice-and-inconsistent-method-use-united.

[46] Bearak JM and Jones RK, Did contraceptive use patterns change after the Affordable Care Act? A descriptive

those in grandfathered plans), 40% agreed that if the copayment were eliminated, they would be better able to afford and use birth control, 32% agreed this would help them choose a better method, and 30% agreed this would help them to use their methods of contraception more consistently. Other studies have found that uninsured women are less likely to use the most expensive (but most effective) contraceptive methods, such as IUDs, implants, and oral contraceptives,[47] and are more likely than insured women to report using no contraceptive method at all.[48,49]

28. Reducing financial barriers is critical to increasing access to effective contraception. Before the ACA provision went into effect, 28 states required private insurers that cover prescription drugs to provide coverage of most or all FDA-approved contraceptive drugs and devices.[50] These programs gave women access at lower prices than if contraception were not covered, but (at the time) all states still allowed insurers to require cost-sharing. Experience from these states demonstrates that having insurance coverage matters.[51] Privately insured women living in states that required private insurers to cover prescription contraceptives were 64% more likely to use some contraceptive method during each month a sexual encounter was reported than

analysis, *Women's Health Issues*, 2017, 27(3):316–321, http://www.whijournal.com/article/S1049-3867(17)30029-4/fulltext.

[47] Culwell KR and Feinglass J, The association of health insurance with use of prescription contraceptives, *Perspectives on Sexual and Reproductive Health,* 2007, 39(4):226–230.

[48] Culwell KR and Feinglass J, The association of health insurance with use of prescription contraceptives, *Perspectives on Sexual and Reproductive Health,* 2007, 39(4):226–230.

[49] Culwell KR and Feinglass J, Changes in prescription contraceptive use, 1995–2002: the effect of insurance coverage, *Obstetrics & Gynecology*, 2007, 110(6):1371–1378, https://www.ncbi.nlm.nih.gov/pubmed/18055734.

[50] Guttmacher Institute, Insurance coverage of contraceptives*, State Policies in Brief (as of July 2012)*, 2012.

[51] The government argued in the interim final rules that the state mandates have not been effective, asserting that "Additional data indicates that, in 28 States where contraceptive coverage mandates have been imposed statewide, those mandates have not necessarily lowered rates of unintended pregnancy (or abortion) overall." The study the government relied on for this assertion was published in a law review rather than in a peer-reviewed scientific journal. [See New MJ, Analyzing the impact of state level contraception mandates on public health outcomes, *Ave Maria Law Review,* 2015, 13(2):345–369.] One basic flaw in this article is that, at the time, none of the state contraceptive coverage mandates eliminated out-of-pocket costs entirely, which is the major advance from the federal guarantee and the issue in this case. In addition, over the course of the period the article evaluated, contraceptive coverage quickly became the norm in the insurance industry—even in states without mandates—thus minimizing potential differences between states with laws and states without them. [Sonfield et al. U.S. insurance coverage of contraceptives and impact of contraceptive coverage mandates, 2002, *Perspectives on Sexual and Reproductive Health,* 2004, 36(2):72–79, https://www.guttmacher.org/sites/default/files/pdfs/pubs/journals/ 3607204.pdf.]

women living in states with no such requirement, even after accounting for differences including education and income.[52]

29. Although these state policies reduced women's up-front costs, other actions to eliminate out-of-pocket costs entirely—which is what the federal contraceptive coverage guarantee does—have even greater potential to increase women's ability to use methods effectively. For example, when Kaiser Permanente Northern California eliminated patient cost-sharing requirements for IUDs, implants, and injectables in 2002, the use of these devices increased substantially, with IUD use more than doubling.[53] Another example comes from a study of more than 9,000 St. Louis-region women who were offered the reversible contraceptive method of their choice (i.e., any method other than sterilization) at no cost for two to three years, and were "read a brief script informing them of the effectiveness and safety of" IUDs and implants.[54] Three-quarters of those women chose long-acting methods (i.e., IUDs or implants), a level far higher than in the general population. Likewise, a Colorado study found that use of long-acting reversible contraceptive methods quadrupled when offered with no out-of-pocket costs along with other efforts to improve access.[55]

30. Government-funded programs to help low-income people afford family planning services provide further evidence that reducing or eliminating cost barriers to women's contraceptive choices has a dramatic impact on women's ability to choose and use the most effective forms of contraception. Each year, among the women who obtain contraceptive services from publicly funded reproductive health providers, 57% select hormone-based contraceptive methods, 18% use implants or IUDs, and 7% receive a tubal ligation.[56] It is estimated that without publicly

[52] Magnusson BM et al., Contraceptive insurance mandates and consistent contraceptive use among privately insured women, *Medical Care*, 2012, 50(7):562–568.
[53] Postlethwaite D et al., A comparison of contraceptive procurement pre- and post-benefit change, *Contraception*, 2007, 76(5): 360–365
[54] Peipert JF et al., *Preventing unintended pregnancies by providing no-cost contraception*, *Contraception*, 2012, 120(6):1291–1297.
[55] Ricketts S, Klinger G and Schwalberg G, Game change in Colorado: widespread use of long-acting reversible contraceptives and rapid decline in births among young, low-income women, *Perspectives on Sexual and Reproductive Health,* 2014, 46(3):125–132.
[56] Frost JJ and Finer LB, Unintended pregnancies prevented by publicly funded family planning services: Summary of results and estimation formula, memo to interested parties, New York: Guttmacher Institute, June 23, 2017, https://www.guttmacher.org/sites/default/files/pdfs/pubs/Guttmacher-Memo-on-Estimation-of-Unintended-

supported access to these methods at low or no cost, nearly half (47%) of those women would switch to male condoms or other nonprescription methods, and 28% would use no contraception at all.[57]

The ACA's Contraceptive Coverage Guarantee Has Had a Positive Impact

31. By ensuring coverage for a full range of contraceptive methods, services and counseling at no cost, the ACA's contraceptive coverage mandate has had its intended effect of removing cost barriers to obtaining contraception. Between fall 2012 and spring 2014 (during which time the coverage guarantee went into wide effect), the proportion of privately insured women who paid nothing out of pocket for the pill increased from 15% to 67%, with similar changes for injectable contraceptives, the vaginal ring and the IUD.[58] Similarly, another study found that since implementation of the ACA, the share of women of reproductive age (regardless of whether they were using contraception) who had out-of-pocket costs for oral contraceptives decreased from 21% in 2012 to just 4% in 2014.[59] These trends have translated into considerable savings for U.S. women: one study estimated that pill and IUD users saved an average of about $250 in copayments in 2013 alone because of the guarantee.[60]

32. Before the ACA, contraceptives accounted for between 30–44% of out-of-pocket health care spending for women.[61] Individual women themselves say that the ACA's contraceptive coverage guarantee is working for them. In a 2015 nationally representative survey of women aged 18–39, two-thirds of those who had health insurance and were using a hormonal contraceptive method reported having no copays; among those women, 80% agreed that paying

Pregnancies-Prevented-June-2017.pdf.

[57] Frost JJ and Finer LB, Unintended pregnancies prevented by publicly funded family planning services: Summary of results and estimation formula, memo to interested parties, New York: Guttmacher Institute, June 23, 2017, https://www.guttmacher.org/sites/default/files/pdfs/pubs/Guttmacher-Memo-on-Estimation-of-Unintended-Pregnancies-Prevented-June-2017.pdf.

[58] Sonfield A et al. Impact of the federal contraceptive coverage guarantee on out-of-pocket payments for contraceptives: 2014 update, *Contraceptive*, 2015, 91(1):44–48.

[59] Sobel L, Salganicoff A and Rosenzweig C, *The Future of Contraceptive Coverage*, Kaiser Family Foundation (KFF) Issue Brief, Menlo Park, CA: KFF, 2017, https://www.kff.org/womens-health-policy/issue-brief/the-future-of-contraceptive-coverage/.

[60] Becker NV and Polsky D, Women saw large decrease in out-of-pocket spending for contraceptives after ACA mandate removed cost sharing, *Health Affairs*, 2015, 34(7):1204–1211.

[61] Becker NV and Polsky D, Women saw large decrease in out-of-pocket spending for contraceptives after ACA mandate removed cost sharing, *Health Affairs*, 2015, 34(7):1204–1211.

nothing out of pocket helped them to afford and use their birth control, 71% agreed this helped them use their birth control consistently, and 60% agreed that having no copayment helped them choose a better method for them.[62]

33. Demonstrating the population-level impact of the ACA's coverage provision (e.g., a change in unintended pregnancy rates) is complicated, because the provision affects only a subset of U.S. women, and because there are so many additional variables that affect women's pregnancy intentions, contraceptive use and ultimately the unintended pregnancy rate in the population. The evidence on whether the ACA's provision has affected contraceptive use at the population level is not definitive, but some studies suggest the guarantee has had an impact on contraceptive use, among those benefiting from the provision.

34. A study using claims data from 30,000 privately insured women in the Midwest found that the ACA's reduction in cost sharing was tied to a significant increase in the use of prescription methods from 2008 through 2014 (before and after the ACA provision went into effect), particularly long-acting methods.[63] Another study of health insurance claims from 635,000 privately insured women nationwide showed that rates of discontinuation and inconsistent use of contraception declined from 2010 to 2013 (again, before and after the ACA provision went into effect) among women using generic oral contraceptive pills after the contraceptive guarantee's implementation (among women using brand-name oral contraceptives, only the discontinuation rate declined).[64]

35. Two other studies, looking at the broader U.S. population, found no change in overall use of contraception or an overall switch from less-effective to more-effective methods among

[62] Bearak JM and Jones RK, Did contraceptive use patterns change after the Affordable Care Act? A descriptive analysis, *Women's Health Issues*, 2017, 27(3):316–321, http://www.whijournal.com/article/S1049-3867(17)30029-4/fulltext.

[63] Carlin CS, Fertig AR and Down BE, Affordable Care Act's mandate eliminating contraceptive cost sharing influenced choices of women with employer coverage, *Health Affairs,* 2016, 35(9):1608–1615.

[64] Pace LE, Dusetzina SB and Keating NL, Early impact of the Affordable Care Act on oral contraceptive cost sharing, discontinuation, and nonadherence, *Health Affairs,* 2016, 35(9):1616–1624.

women at risk of unintended pregnancy before and after the guarantee's implementation.[65,66] However, both studies identified some positive trends among key groups. One of them found that between 2008 and 2014, among women aged 20–24 (the age group at highest risk for unintended pregnancy), LARC use more than doubled, from 7% to 19%, without a proportional decline in sterilization.[67] The other study showed that between 2012 and 2015, use of prescription contraceptive methods, and birth control pills in particular, increased among sexually inactive women, suggesting that more women were able to start a method before becoming sexually active or use a method such as the pill for noncontraceptive reasons after implementation of the contraceptive coverage guarantee.[68]

36. There is also considerable empirical data from controlled experiments to confirm that the concept of removing cost as a barrier to women's contraceptive use is a major factor in reducing their risk for unintended pregnancy, and the abortions and unplanned births that would otherwise follow. For example, a study of more than 9,000 St. Louis-region women who were offered the reversible contraceptive method of their choice at no cost found that the number of abortions performed at St. Louis Reproductive Health Services declined by 21%.[69] Study participants' abortion rate was significantly lower than the rate in the surrounding St. Louis region, and less than half the national average.[70] Similarly, when access to both contraception and abortion increased in Iowa, the abortion rates actually declined.[71] Starting in 2006, the state expanded

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[65] Bearak JM and Jones RK, Did contraceptive use patterns change after the Affordable Care Act? A descriptive analysis, *Women's Health Issues*, 2017, 27(3):316–321, http://www.whijournal.com/article/S1049-3867(17)30029-4/fulltext.

[66] Kavanaugh ML and Jerman J, Contraceptive method use in the United States: trends and characteristics between 2008, 2012 and 2014, *Contraception*, 2017, https://www.guttmacher.org/article/2017/10/contraceptive-method-use-united-states-trends-and-characteristics-between-2008-2012.

[67] Kavanaugh ML and Jerman J, Contraceptive method use in the United States: trends and characteristics between 2008, 2012 and 2014, *Contraception*, 2017, https://www.guttmacher.org/article/2017/10/contraceptive-method-use-united-states-trends-and-characteristics-between-2008-2012.

[68] Bearak JM and Jones RK, Did contraceptive use patterns change after the Affordable Care Act? A descriptive analysis, *Women's Health Issues*, 2017, 27(3):316–321, http://www.whijournal.com/article/S1049-3867(17)30029-4/fulltext.

[69] Peipert JF et al., *Preventing unintended pregnancies by providing no-cost contraception*, *Contraception*, 2012, 120(6):1291–1297.

[70] Peipert JF et al., *Preventing unintended pregnancies by providing no-cost contraception*, *Contraception*, 2012, 120(6):1291–1297.

[71] Biggs MA, Did increasing use of highly effective contraception contribute to declining abortions in Iowa? *Contraception,* 2015, 91(2):167–173.

access to low- or no-cost family planning services through a Medicaid expansion and a privately funded initiative serving low-income women. Despite a simultaneous increase in access to abortion—the number of clinics offering abortions in the state actually doubled during the study period—the abortion rate dropped by over 20%.

Expanding Exemptions Would Harm Women

37. The Final Rules would make it more difficult, once again, for those receiving insurance coverage through companies or schools that use the exemption (i.e., employees, students and dependents) to access the methods of contraception that are most acceptable and effective for them. That, in turn, would increase those women's risk of unintended pregnancy and interfere with their ability to plan and space wanted pregnancies. These barriers could therefore have considerable negative health, social and economic impacts for those women and their families.

38. Allowing employers or schools to exclude all contraceptive methods, services and counseling from insurance plans—or to cover some contraceptive methods, services and information but not others—would prevent women from selecting and obtaining the methods of contraception that will work best for them. For example, Hobby Lobby objected to providing four specific contraceptive methods, including copper and hormonal IUDs, which are among the most effective forms of pregnancy prevention and also have among the highest up-front costs.

39. Allowing employers to restrict access to the full range of contraceptive methods and to approve coverage only for those they deem acceptable would place inappropriate constraints on women who depend on insurance to obtain the methods best suited to their needs. Moreover, in the absence of coverage, the financial cost of obtaining a method, and the fact that some methods have higher costs than others, would incentivize women to select methods that are inexpensive, rather than methods that are best suited to their needs and that they are therefore most likely to use consistently and effectively (see 10–19, above).

40. Excluding coverage for some or all contraceptive methods, services and counseling could deny women the ability to obtain contraceptive counseling and services from their desired

provider at the same time they receive other primary and preventive care.[72,73] A woman going to her gynecologist for an annual examination, for example, may have to go to a different provider to be prescribed (or even discuss) contraception. This disjointed approach increases the time, effort and expense involved in getting needed contraception and interferes with her ability to obtain care from the provider of her choice.

41. Isolating contraceptive coverage in this way also would interfere with the ability of health care providers to treat women holistically. A woman's choice of contraception can be affected by her other medical conditions (e.g., diabetes, HIV, depression/mental health), and certain medications can significantly reduce the effectiveness of some methods of contraception, so a woman's chosen provider should be able to manage all health conditions and needs at the same time.[74,75]

42. To the extent that expanding the exemptions would burden women's contraceptive use in these ways, it would be harmful to women's health. Contraception allows women to avoid unintended pregnancies and to time and space wanted pregnancies, which has been demonstrated to improve women's health and that of their families. Specifically, pregnancies that occur too early in a woman's life or that are spaced too closely are associated with negative maternal health outcomes and/or adverse birth outcomes, including preterm birth, low birth weight, stillbirth, and early neonatal death.[76,77,78,79] Contraceptive use can also prevent preexisting health conditions

[72] Leeman L, Medical barriers to effective contraception, *Obstetrics and Gynecology Clinics of North America,* 2007, 34(1):19–29.
[73] World Health Organization, Selected Practice Recommendations for Contraceptive Use, Third Ed., 2016, WHO: Geneva, Switzerland, http://apps.who.int/iris/bitstream/10665/252267/1/9789241565400-eng.pdf.
[74] Centers for Disease Control and Prevention, *US Medical Eligibility Criteria for Contraceptive Use, 2016,* https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html.
[75] Centers for Disease Control and Prevention, U.S. medical eligibility criteria for contraceptive use, 2010, *Morbidity and Mortality Weekly Report,* May 28, 2010, Vol. 59, https://www.cdc.gov/mmwr/pdf/rr/rr59e0528.pdf.
[76] Kavanaugh ML and Anderson RM, *Contraception and Beyond: The Health Benefits of Services Provided at Family Planning Centers,* New York: Guttmacher Institute, 2013, http://www.guttmacher.org/report/contraception-and-beyond-health-benefits-services-provided-family-planning-centers.
[77] Wendt A et al., Impact of increasing inter-pregnancy interval on maternal and infant health, Paediatric and Perinatal Epidemiology, 2012, 26(Suppl. 1):239–258.
[78] Conde-Agudelo A, Rosas-Bermúdez A and Kafury-Goeta AC, Birth spacing and risk of adverse perinatal outcomes: a meta-analysis, Journal of the American Medical Association, 2006, 295(15):1809–1823.
[79] Gipson JD, Koenig MA and Hindin MJ, The effects of unintended pregnancy on infant, child, and parental health:

from worsening and new health problems from occurring, because pregnancy can exacerbate existing health conditions such as diabetes, hypertension and heart disease.[80] Unintended pregnancy also affects women's mental health; notably, it is a risk factor for depression in adults.[81,82] For these reasons, the Centers for Disease Control and Prevention (CDC) included the development of and improved access to methods of family planning among the 10 great public health achievements of the 20th century.[83]

43. In the Final Rules, the government implies that there is debate about whether contraception may have negative health consequences that outweigh its benefits. In the previous interim final rules, the government implied that putative negative health consequences of contraception may outweigh its benefits. On the contrary, the government itself provides the oversight to ensure that the health benefits of contraception outweigh any potential negative consequences. Notably, the FDA's approval processes require that drugs and devices, including contraceptives, be proven safe and effective through rigorous controlled trials. In addition, the CDC publishes extensive recommendations to help clinicians and patients identify potential contraindications and decide which specific contraceptive methods are most appropriate for each patient's needs and health circumstances.[84,85] Medical experts, such as the American College of Obstetricians and Gynecologists, concur that contraception is safe and has clear health benefits that outweigh any potential risks.[86]

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a review of the literature, *Studies in Family Planning,* 2008, 39(1):18–38.

[80] Lawrence HC, Testimony of American Congress of Obstetricians and Gynecologists, submitted to the Committee on Preventive Services for Women, Institute of Medicine, 2011, http://www.nationalacademies.org/hmd/~/media/8BA65BAF76894E9EB8C768C01C84380E.ashx.

[81] Herd P et al., The implications of unintended pregnancies for mental health in later life, *American Journal of Public Health,* 2016, 106(3):421–429.

[82] U.S. Preventive Services Task Force, Screening for depression in adults: recommendation statement, *American Family Physician,* 2016, 94(4):340A–340D, http://www.aafp.org/afp/2016/0815/od1.html.

[83] Centers for Disease Control and Prevention, Achievements in public health, 1900–1999: family planning, *Morbidity and Mortality Weekly Report,* 1999, 48(47): 1073–1080.

[84] Centers for Disease Control and Prevention, *US Medical Eligibility Criteria for Contraceptive Use, 2016,* https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html.

[85] Centers for Disease Control and Prevention, U.S. medical eligibility criteria for contraceptive use, 2010, *Morbidity and Mortality Weekly Report,* May 28, 2010, Vol. 59, https://www.cdc.gov/mmwr/pdf/rr/rr59e0528.pdf.

[86] Brief of *Amici Curiae,* American College of Obstetricians and Gynecologists, Physicians for Reproductive Health, American Academy of Family Physicians, American Nurses Association, et al., *Zubik v. Burwell,* 2016, http://www.scotusblog.com/wp-content/uploads/2016/02/Docfoc.com-Amicus-Brief-Zubik-v.-Burwell.pdf.

44. Expanding the exemptions to the contraceptive coverage requirement would also have negative social and economic consequences for women, families and society. By enabling them to reliably time and space wanted pregnancies, women's ability to obtain and effectively use contraception promotes their continued educational and professional advancement, contributing to the enhanced economic stability of women and their families.[87] Economic analyses have found positive associations between women's ability to obtain and use oral contraceptives and their education, labor force participation, average earnings and a narrowing of the gender-based wage gap.[88] Moreover, the primary reasons women give for why they use and value contraception are social and economic: In a 2011 study, a majority of women reported that access to contraception had enabled them to take better care of themselves or their families (63%), support themselves financially (56%), stay in school or complete their education (51%), or get or keep a job or pursue a career (50%).[89]

45. The government contends that expanding the exemption would not impose any real harm, suggesting that the women most at risk for unintended pregnancy are not likely to be covered by employer-based group health plans or by student insurance sponsored by a college or university. That argument is misleading. Low-income women, women of color and women aged 18–24 are at disproportionately high risk for unintended pregnancy,[90] and millions of these women rely on private insurance coverage—particularly following implementation of the ACA. In fact, from 2013 to 2017, the proportion of women overall and of women below the poverty level who were uninsured dropped by more than one-third nationwide, declines driven by substantial increases in both Medicaid and private insurance coverage.[91] In addition, the ACA specifically expanded

[87] Sonfield A et al., *The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children,* New York: Guttmacher Institute, 2013, https://www.guttmacher.org/report/social-and-economic-benefits-womens-ability-determine-whether-and-when-have-children.

[88] Sonfield A et al., *The Social and Economic Benefits of Women's Ability to Determine Whether and When to Have Children,* New York: Guttmacher Institute, 2013, https://www.guttmacher.org/report/social-and-economic-benefits-womens-ability-determine-whether-and-when-have-children.

[89] Frost JJ and Lindberg LD, Reasons for using contraception: perspectives of U.S. women seeking care at specialized family planning clinics, 2012, *Contraception,* http://www.guttmacher.org/pubs/journals/j.contraception.2012.08.012.pdf.

[90] Finer LB and Zolna MR, Declines in unintended pregnancy in the United States, 2008–2011, *New England Journal of Medicine*, 2016, 374(9):843–852.

[91] Guttmacher Institute, Gains in insurance coverage for reproductive-age women at a crossroads, *News in Context,*

coverage for people aged 26 and younger, allowing them to remain covered as dependents on their parents' plans, regardless of whether the young woman is working herself or attending college or university.

Medicaid, Title X and State Coverage Requirements Cannot Substitute for the Federal Contraceptive Coverage Guarantee

46. State and federal programs and laws—such as the Title X national family planning program, Medicaid, and state contraceptive coverage requirements—cannot replicate or replace the gains in access made by the contraceptive coverage guarantee. In the interim final rules, the government claimed that "[i]ndividuals who are unable to obtain contraception coverage through their employer-sponsored health plans because of the exemptions created in these interim final rules…have other avenues for obtaining contraception…."[92]

47. Many women who have the benefit of the ACA's contraceptive coverage mandate are not eligible for free or subsidized care under Title X. Title X provides no-cost family planning services to people living at or below 100% of the federal poverty level ($12,060 for a single person in 2017),[93] and provides services on a sliding fee scale between 100% and 250% of poverty; women above 250% of poverty must pay the full cost of care. By contrast, the federal contraceptive coverage guarantee eliminates out-of-pocket costs for contraception regardless of income.

48. Funding for Title X has not increased sufficiently for the program even to keep up with the increasing number of women in need of publicly funded care;[94] therefore, Title X cannot sustain additional beneficiaries as a result of the Final Rules. From 2010 to 2014, even as the

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Dec. 4, 2018, https://www.guttmacher.org/article/2018/12/gains-insurance-coverage-reproductive-age-women-crossroads.

[92] Department of the Treasury, Department of Labor and Department of Health and Human Services, Religious exemptions and accommodations for coverage of certain preventive services under the Affordable Care Act, *Federal Register*, 82(197):47838–47862, https://www.gpo.gov/fdsys/pkg/FR-2017-10-13/pdf/2017-21852.pdf.

[93] Office of the Assistant Secretary for Planning and Evaluation, U.S. federal poverty guidelines used to determine financial eligibility for certain federal programs, 2017, https://aspe.hhs.gov/poverty-guidelines.

[94] Women in need of publicly funded contraceptive services are defined as those women who a) are younger than 20 or are poor or low-income (i.e., have a family income less than 250% of the federal poverty level) and b) are sexually active and able to become pregnant but do not want to become pregnant. See Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

number of women in need of publicly funded contraceptive care grew by 5%, representing an additional one million women in need,[95] Congress cut funding for Title X by 10%.[96] With its current resources, Title X is able to serve only one-fifth of the nationwide need for publicly funded contraceptive care.[97] Still, the government has proposed diverting already insufficient Title X funding to help cover the cost of care for any women affected by the Final Rules,[98] an action that would inevitably hurt patients who rely on publicly funded services.

49. Similarly, many women who would lose private insurance coverage of contraception under the federal government's expanded exemption would not be eligible for Medicaid. Eligibility for Medicaid varies widely from state to state, particularly in states that have not expanded Medicaid eligibility under the ACA. In almost all of those states, nondisabled, nonelderly childless adults do not qualify for Medicaid at any income level, and eligibility for parents is as low as 18% of the federal poverty level in Alabama and Texas.[99] Several of these states have expanded eligibility specifically for family planning services to people otherwise ineligible for full-benefit Medicaid; those income eligibility levels also vary considerably.[100,101] Again, by contrast, the federal contraceptive coverage guarantee applies regardless of income. And because the U.S. Supreme Court has ruled that states cannot be compelled by the federal government to expand Medicaid eligibility, the federal government cannot rely on Medicaid to fill in gaps in coverage that would result from expanding the exemption.

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[95] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

[96] Department of Health and Human Services, Office of Population Affairs, Funding history, 2017, https://www.hhs.gov/opa/title-x-family-planning/about-title-x-grants/funding-history/index.html.

[97] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

[98] Department of Health and Human Services, Compliance with statutory program integrity requirements, *Federal Register*, 83(106):25502–25533, https://www.gpo.gov/fdsys/pkg/FR-2018-06-01/pdf/2018-11673.pdf.

[99] Kaiser Family Foundation, Medicaid income eligibility limits for adults as a percent of the federal poverty level, 2018, State Health Facts, https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level.

[100] Guttmacher Institute, Medicaid family planning eligibility expansions, *State Laws and Policies (as of December 2018),* 2018, https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions.

[101] Kaiser Family Foundation, Status of state action on the Medicaid expansion decision, 2018, State Health Facts, https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/.

50. The federal government's assertion that Title X and Medicaid can replace or replicate the ACA's contraceptive coverage guarantee is additionally problematic given that the government itself is at the same time moving to undermine Title X and Medicaid. For example, the government's recent budget proposals have sought to exclude Planned Parenthood Federation of America and its affiliates from Title X, Medicaid and other federal programs,[102] and have called for massive cuts to Medicaid.[103] The Department of Health and Human Services has proposed sweeping changes to Title X regulations that would undermine quality of care and access to providers,[104] and it has encouraged states to revamp their Medicaid programs in ways that would restrict program eligibility (e.g., by imposing work requirements) and thereby interfere with coverage and care.[105] The administration has strongly backed similar congressional proposals for cutting and limiting access to Title X and Medicaid.

51. In addition, proposed changes to Title X would make it even more unsuitable as a substitute for contraceptive coverage under the ACA. The recent proposed rule for Title X removes the requirement that the contraceptive methods offered by a Title X provider be "medically approved."[106] At the same time, the proposed rule seemingly opens the door to allow Title X funding to go to antiabortion counseling centers (also called "crisis pregnancy centers"), which do not offer the broad range of FDA-approved methods of contraception and may offer only abstinence-until-marriage counseling and fertility awareness–based methods. These proposed changes, if implemented, would shift the Title X program away from its mission of offering access to a broad range of family planning methods.[107]

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[102] Hasstedt K, Beyond the rhetoric: the real-world impact of attacks on Planned Parenthood and Title X, *Guttmacher Policy Review,* 2017, 20:86–91, https://www.guttmacher.org/gpr/2017/08/beyond-rhetoric-real-world-impact-attacks-planned-parenthood-and-title-x.

[103] Luhby T, Not even the White House knows how much it's cutting Medicaid, *CNN,* May 24, 2017, http://money.cnn.com/2017/05/24/news/economy/medicaid-budget-trump/index.html.

[104] Department of Health and Human Services, Compliance with statutory program integrity requirements, *Federal Register*, 83(106):25502–25533, https://www.gpo.gov/fdsys/pkg/FR-2018-06-01/pdf/2018-11673.pdf.

[105] Sonfield A, Efforts to transform the nature of Medicaid could undermine access to reproductive health care, *Guttmacher Policy Review,* 2017, 20:97–102, https://www.guttmacher.org/gpr/2017/10/efforts-transform-nature-medicaid-could-undermine-access-reproductive-health-care.

[106] Department of Health and Human Services, Compliance with statutory program integrity requirements, *Federal Register*, 83(106):25502–25533, https://www.gpo.gov/fdsys/pkg/FR-2018-06-01/pdf/2018-11673.pdf.

[107] Hasstedt K, A Domestic gag rule and more: the administration's proposed changes to Title X, *Health Affairs* Blog, June 18, 2018, https://www.guttmacher.org/article/2018/06/domestic-gag-rule-and-more-administrations-proposed-

52. Policymakers in many states have also restricted publicly funded family planning programs and providers, further undermining the ability of these programs to serve those affected by the expanded exemption.[108]

53. Neither can state-specific contraceptive coverage laws replicate or replace the increase in access to contraception provided by the ACA's contraceptive coverage guarantee. Twenty-one have no such laws at all.[109] Of the 29 states and the District of Columbia that do have contraceptive coverage requirements, only 10 currently bar copayments and deductibles for contraception (and another four states have new requirements not yet in effect). Additionally, the federal requirement limits the use of formularies and other administrative restrictions on women's use of contraceptive services and supplies, by making it clear that health plans may seek to influence a patient's choice only within a specific contraceptive method category (e.g., to favor one hormonal IUD over another) and not across methods (e.g., to favor the pill over the ring).[110] Few of the state laws include similar protections. Similarly, most of the state requirements do not specifically require coverage of all the distinct methods that the federal requirement encompasses. For example, only eight states currently require coverage of female sterilization, and few state laws make explicit distinctions between methods that some insurance plans have attempted to treat as interchangeable (such as hormonal versus copper IUDs, or the contraceptive patch versus the contraceptive ring).[111] Finally, state laws cannot regulate self-insured employers at all, and those employers account for 60% of all workers with employer-sponsored health coverage.[112]

changes-title-x.

[108] Gold RB and Hasstedt K, Publicly funded family planning under unprecedented attack, *American Journal of Public Health,* 2017, 107(12):1895–1897, http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2017.304124.

[109] Guttmacher Institute, Insurance coverage of contraceptives, *State Laws and Policies (as of December 2018),* 2018, http://www.guttmacher.org/state-policy/explore/insurance-coverage-contraceptives.

[110] Department of Labor, FAQs about Affordable Care Act implementation (part XXVI), May 11, 2015, https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-xxvi.pdf.

[111] Guttmacher Institute, Insurance coverage of contraceptives, *State Laws and Policies (as of December 2018),* 2018, http://www.guttmacher.org/state-policy/explore/insurance-coverage-contraceptives.

[112] Claxton G et al., *Employer Health Benefits: 2017 Annual Survey,* Menlo Park, CA: Kaiser Family Foundation; and Chicago: Health Research & Educational Trust, 2017, https://www.kff.org/report-section/ehbs-2017-section-10-plan-funding/.

State-Specific Impacts

54. The Final Rules would have public health and fiscal consequences in states across the country. If unable to access contraceptive coverage through their employer or university, some lower-income women who meet the strict income requirements of public programs would rely on publicly funded services to access this beneficial service. Many women who lose or lack contraceptive coverage because their employer or university objects, however, would not meet the strict income and eligibility requirements of public programs, and if as a result they are not using their preferred or the most effective methods for them, or if cost forces them to forgo contraceptive use periodically or altogether, they would be at increased risk of unintended pregnancy. The costs of the resulting unintended pregnancies often then fall to the states because the federal government cannot or will not withstand these costs. Examples of this impact are included below for the plaintiff states. Data for all 50 states and the District of Columbia are included in a table as Exhibit B.

California

55. In California, some women impacted by the Final Rules would not qualify for Medicaid, the state's Medicaid family planning expansion (Family PACT) or Title X because they would not meet the income eligibility requirements for coverage or subsidized care under these programs.

56. For example, in California, childless adults and parents are only eligible for full-benefit Medicaid if they have incomes at or below 138% of the federal poverty level,[113] and individuals are eligible for coverage of family planning services specifically under Family PACT up to 200% of poverty.[114] This means that affected women who lose coverage as a result of the rules may not be eligible.

[113] Kaiser Family Foundation, Medicaid income eligibility limits for adults as a percent of the federal poverty level, 2018, State Health Facts, https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level.

[114] Guttmacher Institute, Medicaid family planning eligibility expansions, *State Laws and Policies (as of December 2018),* 2018, https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions.

57. As a result, some women would be at increased risk of unintended pregnancy, either because they are not able to afford the methods that work best for them, or because cost would force them to forgo contraception use entirely.

58. Other women would be eligible for and rely on publicly funded family planning services through programs such as Medicaid, Family PACT and Title X. Those women could be denied the ability to obtain contraceptive counseling and services from their desired provider at the same time they receive other primary and preventive care, increasing the time, effort and expense involved in getting needed contraception. In addition, isolating contraceptive coverage in this way would interfere with the ability of health care providers to manage all of a woman's health conditions and needs at the same time.

59. The increase in the number of women relying on publicly funded services would increase the strain on the state's family planning programs and providers, making it more difficult for them to meet the existing need for publicly funded care. In 2014, 2.6 million women were in need of publicly funded family planning in California, and the state's family planning network was able to only meet 50% of this need.[115]

60. Another indicator of the existing unmet need for contraception in California is that substantial numbers of state residents experience unintended pregnancy each year. In 2010, 393,000 unintended pregnancies occurred among California residents, a rate of 50 per 1,000 women aged 15–44.[116]

[115] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

[116] Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002,* New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002.

61. Of those unintended pregnancies that ended in birth, 64% were paid for by Medicaid and other public insurance programs.[117] Unintended pregnancies cost the state approximately $689 million and the federal government approximately $1.06 billion in 2010. The Final Rules are likely to increase the number of unintended pregnancies experienced by state residents, and thus to increase state and federal expenditures.

62. In conclusion, adding to the number of women at risk of unintended pregnancy by expanding the exemption is not in the public health or economic interest of California or its residents.

Connecticut

63. In Connecticut, some women impacted by the Final Rules would not qualify for Medicaid or Title X because they would not meet the income eligibility requirements for coverage or subsidized care under these programs.

64. For example, in Connecticut, childless adults and parents are eligible for full-benefit Medicaid only if they have incomes at or below 138% of the federal poverty level,[118] and individuals are eligible for coverage of family planning services specifically up to 263% of poverty.[119] This means that affected women who lose coverage as a result of the rules may not be eligible.

[117] Sonfield A and Kost K, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy.

[118] Kaiser Family Foundation, Medicaid income eligibility limits for adults as a percent of the federal poverty level, 2018, State Health Facts, https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level.

[119] Guttmacher Institute, Medicaid family planning eligibility expansions, *State Laws and Policies (as of December 2018),* 2018, https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions.

65. As a result, some women would be at increased risk of unintended pregnancy, either because they are not able to afford the methods that work best for them, or because cost would force them to forgo contraception use entirely.

66. Other women would be eligible for and rely on publicly funded family planning services through programs such as Medicaid and Title X. Those women could be denied the ability to obtain contraceptive counseling and services from their desired provider at the same time they receive other primary and preventive care, increasing the time, effort and expense involved in getting needed contraception. In addition, isolating contraceptive coverage in this way would interfere with the ability of health care providers to manage all of a woman's health conditions and needs at the same time.

67. The increase in the number of women relying on publicly funded services would increase the strain on the state's family planning programs and providers, making it more difficult for them to meet the existing need for publicly funded care. In 2014, 183,000 women were in need of publicly funded family planning in Connecticut, and the state's family planning network was able to only meet 38% of this need.[120]

68. Another indicator of the existing unmet need for contraception in Connecticut is that substantial numbers of state residents experience unintended pregnancy each year. In 2010, 32,000 unintended pregnancies occurred among Connecticut residents, a rate of 46 per 1,000 women aged 15–44.[121]

[120] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

[121] Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002,* New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002.

69. Of those unintended pregnancies that ended in birth, 61% were paid for by Medicaid and other public insurance programs.[122] Unintended pregnancies cost the state approximately $80 million and the federal government approximately $128 million in 2010. The Final Rules are likely to increase the number of unintended pregnancies experienced by state residents, and thus to increase state and federal expenditures.

70. In conclusion, adding to the number of women at risk of unintended pregnancy by expanding the exemption is not in the public health or economic interest of Connecticut or its residents.

Delaware

71. In Delaware, some women impacted by the Final Rules would not qualify for Medicaid or Title X because they would not meet the income eligibility requirements for coverage or subsidized care under these programs.

72. For example, in Delaware, childless adults and parents are eligible for full-benefit Medicaid only if they have incomes at or below 138% of the federal poverty level.[123] (Delaware has not expanded Medicaid eligibility specifically for family planning services.) This means that affected women who lose coverage as a result of the rules may not be eligible.

73. As a result, some women would be at increased risk of unintended pregnancy, either because they are not able to afford the methods that work best for them, or because cost would force them to forgo contraception use entirely.

[122] Sonfield A and Kost K, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy.

[123] Kaiser Family Foundation, Medicaid income eligibility limits for adults as a percent of the federal poverty level, 2018, State Health Facts, https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level.

74. Other women would be eligible for and rely on publicly funded family planning services through programs such as Medicaid and Title X. Those women could be denied the ability to obtain contraceptive counseling and services from their desired provider at the same time they receive other primary and preventive care, increasing the time, effort and expense involved in getting needed contraception. In addition, isolating contraceptive coverage in this way would interfere with the ability of health care providers to manage all of a woman's health conditions and needs at the same time.

75. The increase in the number of women relying on publicly funded services would increase the strain on the state's family planning programs and providers, making it more difficult for them to meet the existing need for publicly funded care. In 2014, 50,000 women were in need of publicly funded family planning in Delaware, and the state's family planning network was able to only meet 30% of this need.[124]

76. Another indicator of the existing unmet need for contraception in Delaware is that substantial numbers of state residents experience unintended pregnancy each year. In 2010, 11,000 unintended pregnancies occurred among Delaware residents, a rate of 62 per 1,000 women aged 15–44.[125]

77. Of those unintended pregnancies that ended in birth, 71% were paid for by Medicaid and other public insurance programs.[126] Unintended pregnancies cost the state approximately $36 million and the federal government approximately $58 million in 2010. The Final Rules are likely

[124] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

[125] Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002,* New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002.

[126] Sonfield A and Kost K, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy.

to increase the number of unintended pregnancies experienced by state residents, and thus to increase state and federal expenditures.

78. In conclusion, adding to the number of women at risk of unintended pregnancy by expanding the exemption is not in the public health or economic interest of Delaware or its residents.

District of Columbia

79. In the District of Columbia, some women impacted by the Final Rules would not qualify for Medicaid or Title X because they would not meet the income eligibility requirements for coverage or subsidized care under these programs.

80. For example, in the District of Columbia, childless adults and parents are eligible for full-benefit Medicaid only if they have incomes at or below 215% or 221%, respectively, of the federal poverty level.[127] (The District of Columbia has not expanded Medicaid eligibility specifically for family planning services.) This means that affected women who lose coverage as a result of the rules may not be eligible.

81. As a result, some women would be at increased risk of unintended pregnancy, either because they are not able to afford the methods that work best for them, or because cost would force them to forgo contraception use entirely.

82. Other women would be eligible for and rely on publicly funded family planning services through programs such as Medicaid and Title X. Those women could be denied the ability to obtain contraceptive counseling and services from their desired provider at the same time they receive other primary and preventive care, increasing the time, effort and expense involved in getting needed contraception. In addition, isolating contraceptive coverage in this way would

[127] Kaiser Family Foundation, Medicaid income eligibility limits for adults as a percent of the federal poverty level, 2018, State Health Facts, https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level.

interfere with the ability of health care providers to manage all of a woman's health conditions and needs at the same time.

83. The increase in the number of women relying on publicly funded services would increase the strain on the district's family planning programs and providers, making it more difficult for them to meet the existing need for publicly funded care. In 2014, 45,000 women were in need of publicly funded family planning in the District of Columbia, and the district's family planning network was able to only meet 84% of this need.[128]

84. Another indicator of the existing unmet need for contraception in the District of Columbia is that substantial numbers of residents experience unintended pregnancy each year. In 2010, 10,000 unintended pregnancies occurred among District of Columbia residents, a rate of 58 per 1,000 women aged 15–44.[129]

85. Of those unintended pregnancies that ended in birth, 85% were paid for by Medicaid and other public insurance programs.[130] Unintended pregnancies cost the district approximately $13 million and the federal government approximately $51 million in 2010. The Final Rules are likely to increase the number of unintended pregnancies experienced by district residents, and thus to increase state and federal expenditures.

86. In conclusion, adding to the number of women at risk of unintended pregnancy by expanding the exemption is not in the public health or economic interest of the District of Columbia or its residents.

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[128] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

[129] Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002,* New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002.

[130] Sonfield A and Kost K, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy.

Hawaii

87. In Hawaii, some women impacted by the Final Rules would not qualify for Medicaid or Title X because they would not meet the income eligibility requirements for coverage or subsidized care under these programs.

88. For example, in Hawaii, childless adults and parents are eligible for full-benefit Medicaid only if they have incomes at or below 138% of the federal poverty level.[131] (Hawaii has not expanded Medicaid eligibility specifically for family planning services.) This means that affected women who lose coverage as a result of the rules may not be eligible.

89. As a result, some women would be at increased risk of unintended pregnancy, either because they are not able to afford the methods that work best for them, or because cost would force them to forgo contraception use entirely.

90. Other women would be eligible for and rely on publicly funded family planning services through programs such as Medicaid and Title X. Those women could be denied the ability to obtain contraceptive counseling and services from their desired provider at the same time they receive other primary and preventive care, increasing the time, effort and expense involved in getting needed contraception. In addition, isolating contraceptive coverage in this way would interfere with the ability of health care providers to manage all of a woman's health conditions and needs at the same time.

91. The increase in the number of women relying on publicly funded services would increase the strain on the state's family planning programs and providers, making it more difficult for them to meet the existing need for publicly funded care. In 2014, 73,000 women were in need of

[131] Kaiser Family Foundation, Medicaid income eligibility limits for adults as a percent of the federal poverty level, 2018, State Health Facts, https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level.

publicly funded family planning in Hawaii, and the state's family planning network was able to only meet 25% of this need.[132]

92. Another indicator of the existing unmet need for contraception in Hawaii is that substantial numbers of state residents experience unintended pregnancy each year. In 2010, 16,000 unintended pregnancies occurred among Hawaii residents, a rate of 61 per 1,000 women aged 15–44.[133]

93. Of those unintended pregnancies that ended in birth, 50% were paid for by Medicaid and other public insurance programs.[134] Unintended pregnancies cost the state approximately $38 million and the federal government approximately $77 million in 2010. The Final Rules are likely to increase the number of unintended pregnancies experienced by state residents, and thus to increase state and federal expenditures.

94. In conclusion, adding to the number of women at risk of unintended pregnancy by expanding the exemption is not in the public health or economic interest of Hawaii or its residents.

Illinois

95. In Illinois, some women impacted by the Final Rules would not qualify for Medicaid or Title X because they would not meet the income eligibility requirements for coverage or subsidized care under these programs.

[132] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

[133] Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002,* New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002.

[134] Sonfield A and Kost K, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy.

96. For example, in Illinois, childless adults and parents are eligible for full-benefit Medicaid only if they have incomes at or below 138% of the federal poverty level.[135] (Illinois has not expanded Medicaid eligibility specifically for family planning services.) This means that affected women who lose coverage as a result of the rules may not be eligible.

97. As a result, some women would be at increased risk of unintended pregnancy, either because they are not able to afford the methods that work best for them, or because cost would force them to forgo contraception use entirely.

98. Other women would be eligible for and rely on publicly funded family planning services through programs such as Medicaid and Title X. Those women could be denied the ability to obtain contraceptive counseling and services from their desired provider at the same time they receive other primary and preventive care, increasing the time, effort and expense involved in getting needed contraception. In addition, isolating contraceptive coverage in this way would interfere with the ability of health care providers to manage all of a woman's health conditions and needs at the same time.

99. The increase in the number of women relying on publicly funded services would increase the strain on the state's family planning programs and providers, making it more difficult for them to meet the existing need for publicly funded care. In 2014, 773,000 women were in need of publicly funded family planning in Illinois, and the state's family planning network was able to only meet 20% of this need.[136]

[135] Kaiser Family Foundation, Medicaid income eligibility limits for adults as a percent of the federal poverty level, 2018, State Health Facts, https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level.

[136] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

100. Another indicator of the existing unmet need for contraception in Illinois is that substantial numbers of state residents experience unintended pregnancy each year. In 2010, 128,000 unintended pregnancies occurred among Illinois residents, a rate of 49 per 1,000 women aged 15–44.[137]

101. Of those unintended pregnancies that ended in birth, 78% were paid for by Medicaid and other public insurance programs.[138] Unintended pregnancies cost the state approximately $352 million and the federal government approximately $572 million in 2010. The Final Rules are likely to increase the number of unintended pregnancies experienced by state residents, and thus to increase state and federal expenditures.

102. In conclusion, adding to the number of women at risk of unintended pregnancy by expanding the exemption is not in the public health or economic interest of Illinois or its residents.

Maryland

103. In Maryland, some women impacted by the Final Rules would not qualify for Medicaid or Title X because they would not meet the income eligibility requirements for coverage or subsidized care under these programs.

104. For example, in Maryland, childless adults and parents are eligible for full-benefit Medicaid only if they have incomes at or below 138% of the federal poverty level,[139] and

[137] Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002,* New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002.

[138] Sonfield A and Kost K, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy.

[139] Kaiser Family Foundation, Medicaid income eligibility limits for adults as a percent of the federal poverty level, 2018, State Health Facts, https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level.

individuals are eligible for coverage of family planning services specifically up to 200% of poverty.[140] This means that affected women who lose coverage as a result of the rules may not be eligible.

105. As a result, some women would be at increased risk of unintended pregnancy, either because they are not able to afford the methods that work best for them, or because cost would force them to forgo contraception use entirely.

106. Other women would be eligible for and rely on publicly funded family planning services through programs such as Medicaid and Title X. Those women could be denied the ability to obtain contraceptive counseling and services from their desired provider at the same time they receive other primary and preventive care, increasing the time, effort and expense involved in getting needed contraception. In addition, isolating contraceptive coverage in this way would interfere with the ability of health care providers to manage all of a woman's health conditions and needs at the same time.

107. The increase in the number of women relying on publicly funded services would increase the strain on the state's family planning programs and providers, making it more difficult for them to meet the existing need for publicly funded care. In 2014, 298,000 women were in need of publicly funded family planning in Maryland, and the state's family planning network was able to only meet 25% of this need.[141]

108. Another indicator of the existing unmet need for contraception in Maryland is that substantial numbers of state residents experience unintended pregnancy each year. In 2010,

[140] Guttmacher Institute, Medicaid family planning eligibility expansions, *State Laws and Policies (as of December 2018),* 2018, https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions.
[141] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

71,000 unintended pregnancies occurred among Maryland residents, a rate of 60 per 1,000 women aged 15–44.[142]

109. Of those unintended pregnancies that ended in birth, 58% were paid for by Medicaid and other public insurance programs.[143] Unintended pregnancies cost the state approximately $181 million and the federal government approximately $285 million in 2010. The Final Rules are likely to increase the number of unintended pregnancies experienced by state residents, and thus to increase state and federal expenditures.

110. In conclusion, adding to the number of women at risk of unintended pregnancy by expanding the exemption is not in the public health or economic interest of Maryland or its residents.

Minnesota

111. In Minnesota, some women impacted by the Final Rules would not qualify for Medicaid or Title X because they would not meet the income eligibility requirements for coverage or subsidized care under these programs.

112. For example, in Minnesota, childless adults and parents are eligible for full-benefit Medicaid only if they have incomes at or below 138% of the federal poverty level,[144] and individuals are eligible for coverage of family planning services specifically up to 200% of

[142] Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002,* New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002.

[143] Sonfield A and Kost K, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy.

[144] Kaiser Family Foundation, Medicaid income eligibility limits for adults as a percent of the federal poverty level, 2018, State Health Facts, https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level.

poverty.[145] This means that affected women who lose coverage as a result of the rules may not be eligible.

113. As a result, some women would be at increased risk of unintended pregnancy, either because they are not able to afford the methods that work best for them, or because cost would force them to forgo contraception use entirely.

114. Other women would be eligible for and rely on publicly funded family planning services through programs such as Medicaid and Title X. Those women could be denied the ability to obtain contraceptive counseling and services from their desired provider at the same time they receive other primary and preventive care, increasing the time, effort and expense involved in getting needed contraception. In addition, isolating contraceptive coverage in this way would interfere with the ability of health care providers to manage all of a woman's health conditions and needs at the same time.

115. The increase in the number of women relying on publicly funded services would increase the strain on the state's family planning programs and providers, making it more difficult for them to meet the existing need for publicly funded care. In 2014, 295,000 women were in need of publicly funded family planning in Minnesota, and the state's family planning network was able to only meet 29% of this need.[146]

116. Another indicator of the existing unmet need for contraception in Minnesota is that substantial numbers of state residents experience unintended pregnancy each year. In 2010,

[145] Guttmacher Institute, Medicaid family planning eligibility expansions, *State Laws and Policies (as of December 2018),* 2018, https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions.
[146] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

38,000 unintended pregnancies occurred among Minnesota residents, a rate of 36 per 1,000 women aged 15–44.[147]

117. Of those unintended pregnancies that ended in birth, 67% were paid for by Medicaid and other public insurance programs.[148] Unintended pregnancies cost the state approximately $129 million and the federal government approximately $204 million in 2010. The Final Rules are likely to increase the number of unintended pregnancies experienced by state residents, and thus to increase state and federal expenditures.

118. In conclusion, adding to the number of women at risk of unintended pregnancy by expanding the exemption is not in the public health or economic interest of Minnesota or its residents.

New York

119. In New York, some women impacted by the Final Rules would not qualify for Medicaid or Title X because they would not meet the income eligibility requirements for coverage or subsidized care under these programs.

120. For example, in New York, childless adults and parents are eligible for full-benefit Medicaid only if they have incomes at or below 138% of the federal poverty level,[149] and individuals are eligible for coverage of family planning services specifically up to 223% of

[147] Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002,* New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002.

[148] Sonfield A and Kost K, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy.

[149] Kaiser Family Foundation, Medicaid income eligibility limits for adults as a percent of the federal poverty level, 2018, State Health Facts, https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level.

poverty.[150] This means that affected women who lose coverage as a result of the rules may not be eligible.

121. As a result, some women would be at increased risk of unintended pregnancy, either because they are not able to afford the methods that work best for them, or because cost would force them to forgo contraception use entirely.

122. Other women would be eligible for and rely on publicly funded family planning services through programs such as Medicaid and Title X. Those women could be denied the ability to obtain contraceptive counseling and services from their desired provider at the same time they receive other primary and preventive care, increasing the time, effort and expense involved in getting needed contraception. In addition, isolating contraceptive coverage in this way would interfere with the ability of health care providers to manage all of a woman's health conditions and needs at the same time.

123. The increase in the number of women relying on publicly funded services would increase the strain on the state's family planning programs and providers, making it more difficult for them to meet the existing need for publicly funded care. In 2014, 1.2 million women were in need of publicly funded family planning in New York, and the state's family planning network was able to only meet 32% of this need.[151]

124. Another indicator of the existing unmet need for contraception in New York is that substantial numbers of state residents experience unintended pregnancy each year. In 2010,

[150] Guttmacher Institute, Medicaid family planning eligibility expansions, *State Laws and Policies (as of December 2018),* 2018, https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions.
[151] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

246,000 unintended pregnancies occurred among New York residents, a rate of 61 per 1,000 women aged 15–44.[152]

125. Of those unintended pregnancies that ended in birth, 70% were paid for by Medicaid and other public insurance programs.[153] Unintended pregnancies cost the state approximately $601 million and the federal government approximately $938 million in 2010. The Final Rules are likely to increase the number of unintended pregnancies experienced by state residents, and thus to increase state and federal expenditures.

126. In conclusion, adding to the number of women at risk of unintended pregnancy by expanding the exemption is not in the public health or economic interest of New York or its residents.

North Carolina

127. In North Carolina, some women impacted by the Final Rules would not qualify for Medicaid or Title X because they would not meet the income eligibility requirements for coverage or subsidized care under these programs.

128. For example, in North Carolina, parents are eligible for full-benefit Medicaid only if they have incomes at or below 43% of the federal poverty level, and childless adults are ineligible for full-benefit Medicaid at any income.[154] Individuals are eligible for coverage of family

[152] Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002,* New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002.

[153] Sonfield A and Kost K, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy.

[154] Kaiser Family Foundation, Medicaid income eligibility limits for adults as a percent of the federal poverty level, 2018, State Health Facts, https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level.

planning services specifically up to 200% of poverty.[155] This means that affected women who lose coverage as a result of the rules may not be eligible.

129. As a result, some women would be at increased risk of unintended pregnancy, either because they are not able to afford the methods that work best for them, or because cost would force them to forgo contraception use entirely.

130. Other women would be eligible for and rely on publicly funded family planning services through programs such as Medicaid and Title X. Those women could be denied the ability to obtain contraceptive counseling and services from their desired provider at the same time they receive other primary and preventive care, increasing the time, effort and expense involved in getting needed contraception. In addition, isolating contraceptive coverage in this way would interfere with the ability of health care providers to manage all of a woman's health conditions and needs at the same time.

131. The increase in the number of women relying on publicly funded services would increase the strain on the state's family planning programs and providers, making it more difficult for them to meet the existing need for publicly funded care. In 2014, 668,000 women were in need of publicly funded family planning in North Carolina, and the state's family planning network was able to only meet 20% of this need.[156]

132. Another indicator of the existing unmet need for contraception in North Carolina is that substantial numbers of state residents experience unintended pregnancy each year. In 2010,

[155] Guttmacher Institute, Medicaid family planning eligibility expansions, *State Laws and Policies (as of December 2018),* 2018, https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions.
[156] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

95,000 unintended pregnancies occurred among North Carolina residents, a rate of 49 per 1,000 women aged 15–44.[157]

133. Of those unintended pregnancies that ended in birth, 75% were paid for by Medicaid and other public insurance programs.[158] Unintended pregnancies cost the state approximately $215 million and the federal government approximately $644 million in 2010. The Final Rules are likely to increase the number of unintended pregnancies experienced by state residents, and thus to increase state and federal expenditures.

134. In conclusion, adding to the number of women at risk of unintended pregnancy by expanding the exemption is not in the public health or economic interest of North Carolina or its residents.

Rhode Island

135. In Rhode Island, some women impacted by the Final Rules would not qualify for Medicaid or Title X because they would not meet the income eligibility requirements for coverage or subsidized care under these programs.

136. For example, in Rhode Island, childless adults and parents are eligible for full-benefit Medicaid only if they have incomes at or below 138% of the federal poverty level.[159] (Rhode Island has not expanded Medicaid eligibility specifically for family planning services.) This means that affected women who lose coverage as a result of the rules may not be eligible.

[157] Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002,* New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002.

[158] Sonfield A and Kost K, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy.

[159] Kaiser Family Foundation, Medicaid income eligibility limits for adults as a percent of the federal poverty level, 2018, State Health Facts, https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level.

137. As a result, some women would be at increased risk of unintended pregnancy, either because they are not able to afford the methods that work best for them, or because cost would force them to forgo contraception use entirely.

138. Other women would be eligible for and rely on publicly funded family planning services through programs such as Medicaid and Title X. Those women could be denied the ability to obtain contraceptive counseling and services from their desired provider at the same time they receive other primary and preventive care, increasing the time, effort and expense involved in getting needed contraception. In addition, isolating contraceptive coverage in this way would interfere with the ability of health care providers to manage all of a woman's health conditions and needs at the same time.

139. The increase in the number of women relying on publicly funded services would increase the strain on the state's family planning programs and providers, making it more difficult for them to meet the existing need for publicly funded care. In 2014, 71,000 women were in need of publicly funded family planning in Rhode Island, and the state's family planning network was able to only meet 35% of this need.[160]

140. Another indicator of the existing unmet need for contraception in Rhode Island is that substantial numbers of state residents experience unintended pregnancy each year. In 2010, 9,000 unintended pregnancies occurred among Rhode Island residents, a rate of 43 per 1,000 women aged 15–44.[161]

[160] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

[161] Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002,* New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002.

141. Of those unintended pregnancies that ended in birth, 70% were paid for by Medicaid and other public insurance programs.[162] Unintended pregnancies cost the state approximately $28 million and the federal government approximately $49 million in 2010. The Final Rules are likely to increase the number of unintended pregnancies experienced by state residents, and thus to increase state and federal expenditures.

142. In conclusion, adding to the number of women at risk of unintended pregnancy by expanding the exemption is not in the public health or economic interest of Rhode Island or its residents.

Vermont

143. In Vermont, some women impacted by the Final Rules would not qualify for Medicaid or Title X because they would not meet the income eligibility requirements for coverage or subsidized care under these programs.

144. For example, in Vermont, childless adults and parents are eligible for full-benefit Medicaid only if they have incomes at or below 138% of the federal poverty level.[163] (Vermont has not expanded Medicaid eligibility specifically for family planning services.) This means that affected women who lose coverage as a result of the rules may not be eligible.

145. As a result, some women would be at increased risk of unintended pregnancy, either because they are not able to afford the methods that work best for them, or because cost would force them to forgo contraception use entirely.

[162] Sonfield A and Kost K, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy.

[163] Kaiser Family Foundation, Medicaid income eligibility limits for adults as a percent of the federal poverty level, 2018, State Health Facts, https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level.

146. Other women would be eligible for and rely on publicly funded family planning services through programs such as Medicaid and Title X. Those women could be denied the ability to obtain contraceptive counseling and services from their desired provider at the same time they receive other primary and preventive care, increasing the time, effort and expense involved in getting needed contraception. In addition, isolating contraceptive coverage in this way would interfere with the ability of health care providers to manage all of a woman's health conditions and needs at the same time.

147. The increase in the number of women relying on publicly funded services would increase the strain on the state's family planning programs and providers, making it more difficult for them to meet the existing need for publicly funded care. In 2014, 36,000 women were in need of publicly funded family planning in Vermont, and the state's family planning network was able to only meet 59% of this need.[164]

148. Another indicator of the existing unmet need for contraception in Vermont is that substantial numbers of state residents experience unintended pregnancy each year. In 2010, 4,000 unintended pregnancies occurred among Vermont residents, a rate of 36 per 1,000 women aged 15–44.[165]

149. Of those unintended pregnancies that ended in birth, 74% were paid for by Medicaid and other public insurance programs.[166] Unintended pregnancies cost the state approximately $10 million and the federal government approximately $22 million in 2010. The Final Rules are likely

[164] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

[165] Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002,* New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002.

[166] Sonfield A and Kost K, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy.

to increase the number of unintended pregnancies experienced by state residents, and thus to increase state and federal expenditures.

150. In conclusion, adding to the number of women at risk of unintended pregnancy by expanding the exemption is not in the public health or economic interest of Vermont or its residents.

Virginia

151. In Virginia, some women impacted by the Final Rules would not qualify for Medicaid or Title X because they would not meet the income eligibility requirements for coverage or subsidized care under these programs. Virginia women may be particularly likely to be impacted by the Final Rules because the state does not have its own policy requiring some level of contraceptive coverage among private insurance plans.

152. For example, in Virginia, childless adults and parents are eligible for full-benefit Medicaid only if they have incomes at or below 138% of the federal poverty level (starting in January 2019),[167] and individuals are only eligible for coverage of family planning services specifically up to 205% of poverty.[168] This means that affected women who lose coverage as a result of the rules may not be eligible.

153. As a result, some women would be at increased risk of unintended pregnancy, either because they are not able to afford the methods that work best for them, or because cost would force them to forgo contraception use entirely.

154. Other women would be eligible for and rely on publicly funded family planning services through programs such as Medicaid and Title X. Those women could be denied the ability to

[167] Kaiser Family Foundation, Medicaid income eligibility limits for adults as a percent of the federal poverty level, 2018, State Health Facts, https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level.

[168] Guttmacher Institute, Medicaid family planning eligibility expansions, *State Laws and Policies (as of December 2018),* 2018, https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions.

obtain contraceptive counseling and services from their desired provider at the same time they receive other primary and preventive care, increasing the time, effort and expense involved in getting needed contraception. In addition, isolating contraceptive coverage in this way would interfere with the ability of health care providers to manage all of a woman's health conditions and needs at the same time.

155. The increase in the number of women relying on publicly funded services would increase the strain on the state's family planning programs and providers, making it more difficult for them to meet the existing need for publicly funded care. In 2014, 448,000 women were in need of publicly funded family planning in Virginia, and the state's family planning network was able to only meet 17% of this need.[169]

156. Another indicator of the existing unmet need for contraception in Virginia is that substantial numbers of state residents experience unintended pregnancy each year. In 2010, 84,000 unintended pregnancies occurred among Virginia residents, a rate of 51 per 1,000 women aged 15–44.[170]

157. Of those unintended pregnancies that ended in birth, 45% were paid for by Medicaid and other public insurance programs.[171] Unintended pregnancies cost the state approximately $195 million and the federal government approximately $312 million in 2010. The Final Rules are likely to increase the number of unintended pregnancies experienced by state residents, and thus to increase state and federal expenditures.

[169] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

[170] Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002,* New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002.

[171] Sonfield A and Kost K, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy.

158. In conclusion, adding to the number of women at risk of unintended pregnancy by expanding the exemption is not in the public health or economic interest of Virginia or its residents.

Washington State

159. In Washington State, some women impacted by the Final Rules would not qualify for Medicaid or Title X because they would not meet the income eligibility requirements for coverage or subsidized care under these programs.

160. For example, in Washington, childless adults and parents are eligible for full-benefit Medicaid only if they have incomes at or below 138% of the federal poverty level,[172] and individuals are eligible for coverage of family planning services specifically up to 260% of poverty.[173] This means that affected women who lose coverage as a result of the rules may not be eligible.

161. As a result, some women would be at increased risk of unintended pregnancy, either because they are not able to afford the methods that work best for them, or because cost would force them to forgo contraception use entirely.

162. Other women would be eligible for and rely on publicly funded family planning services through programs such as Medicaid and Title X. Those women could be denied the ability to obtain contraceptive counseling and services from their desired provider at the same time they receive other primary and preventive care, increasing the time, effort and expense involved in getting needed contraception. In addition, isolating contraceptive coverage in this way would

[172] Kaiser Family Foundation, Medicaid income eligibility limits for adults as a percent of the federal poverty level, 2018, State Health Facts, https://www.kff.org/health-reform/state-indicator/medicaid-income-eligibility-limits-for-adults-as-a-percent-of-the-federal-poverty-level.

[173] Guttmacher Institute, Medicaid family planning eligibility expansions, *State Laws and Policies (as of December 2018),* 2018, https://www.guttmacher.org/state-policy/explore/medicaid-family-planning-eligibility-expansions.

interfere with the ability of health care providers to manage all of a woman's health conditions and needs at the same time.

163. The increase in the number of women relying on publicly funded services would increase the strain on the state's family planning programs and providers, making it more difficult for them to meet the existing need for publicly funded care. In 2014, 429,000 women were in need of publicly funded family planning in Washington, and the state's family planning network was able to only meet 26% of this need.[174]

164. Another indicator of the existing unmet need for contraception in Washington is that substantial numbers of state residents experience unintended pregnancy each year. In 2010, 61,000 unintended pregnancies occurred among Washington residents, a rate of 45 per 1,000 women aged 15–44.[175]

165. Of those unintended pregnancies that ended in birth, 63% were paid for by Medicaid and other public insurance programs.[176] Unintended pregnancies cost the state approximately $177 million and the federal government approximately $291 million in 2010. The Final Rules are likely to increase the number of unintended pregnancies experienced by state residents, and thus to increase state and federal expenditures.

166. In conclusion, adding to the number of women at risk of unintended pregnancy by expanding the exemption is not in the public health or economic interest of Washington or its residents.

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[174] Frost JJ, Frohwirth L and Zolna MR, *Contraceptive Needs and Services, 2014 Update,* New York: Guttmacher Institute, 2016, https://www.guttmacher.org/sites/default/files/report_pdf/contraceptive-needs-and-services-2014_1.pdf.

[175] Kost K, *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends Since 2002,* New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/unintended-pregnancy-rates-state-level-estimates-2010-and-trends-2002.

[176] Sonfield A and Kost K, *Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010*, New York: Guttmacher Institute, 2015, https://www.guttmacher.org/report/public-costs-unintended-pregnancies-and-role-public-insurance-programs-paying-pregnancy.

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Ample evidence demonstrates that the Final Rules would interfere with women's ability to identify and consistently use the contraceptive methods that would work best for them, thus putting them at heightened risk of unintended pregnancy and the health, social and economic harms that would result.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on the 18th day of December, 2018, in New York, New York.



Kathryn Kost
Acting Vice President for Domestic Research
The Guttmacher Institute

EXHIBIT A

Kathryn Kost

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EDUCATION

Princeton University, Princeton, New Jersey
Ph.D., Sociology, 1990; Area of Specialization: Demography

Reed College, Portland, Oregon
Bachelor of Arts, Sociology, 1982

PROFESSIONAL EXPERIENCE

The Guttmacher Institute, New York, New York
Acting Vice President of Domestic Research 2018 - present
Director of Domestic Research 2016-2018
Principal Research Scientist 2015-2016
Senior Research Associate, 1989-1998, 2009-2014
Consultant, 2004-2009

Gynuity Health Projects, New York, New York
Consultant, 2009

Princeton University, Princeton, New Jersey
Teaching Assistant, Introductory Statistics (graduate-level), Woodrow Wilson School, 1986-1987

East-West Population Institute, Population Research Division, University of Hawaii, Honolulu, HI
Research Intern, 1987

Princeton University, Princeton, New Jersey
Teaching Assistant, Introductory Statistics (graduate-level), Woodrow Wilson School, 1986

National Academy of Sciences, Institute of Medicine, Washington, D.C.
Research Intern, Committee on Contraceptive Development, 1986

Princeton University, Princeton, New Jersey
NICHD Trainee, Office of Population Research, 1985-1989

American Health Foundation, New York, New York
Head of Data Management, Division of Child Health, 1983-1985

AREAS OF SPECIALIZATION

Sexual and Reproductive Health; Unintended Pregnancy and Childbearing; Pregnancy Surveillance and Statistics; Contraceptive Effectiveness.

PEER-REVIEWED PUBLICATIONS

Sundaram A, Vaughan B, Kost K, Bankole A, Finer LB, Singh S. (2017). Contraceptive failure in the United States: Estimates from the 2006-2010 National Survey of Family Growth. *Perspectives on Sexual and Reproductive Health, 49(1)*:7-16.

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Walter HJ, Hofman A, Barrett LT, Connelly PA, and Kost K, Coronary Heart Disease Prevention in Childhood: One-Year Results of a Randomized Intervention Study, *American Journal of Preventive Medicine*, 1986, 2(4):239-245.

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Kost K and Henshaw S, U.S. Teenage Pregnancies, Births and Abortions, 2008: National Trends by Age, Race and Ethnicity, New York: Guttmacher Institute, 2012.

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Curtin SC, Abma JC, Kost K. Pregnancy rates for U.S. women continue to drop: an update. NCHS Health E-stat, November 2015. Available at: http:/ / www.cdc.gov/ nchs/ data/ hestat/ pregnancy/ rates_1990_2010.

HONORS, AWARDS AND FELLOWSHIPS

East-West Center, University of Hawaii, Summer Fellowship (1987)

PROFESSIONAL ASSOCIATIONS

Population Association of America
American Sociological Association
PRAMS Steering Committee, New York City Department of Health & Mental Hygiene
Editorial Board, International Journal of Population Research
Full Fellow, Society of Family Planning
Member, Social Science and Population Studies Review Panel, National Institutes of Health (2012-2015)

EXHIBIT B

Exhibit B: State-Specific Data on Impact

	Medicaid eligibility, as % of federal poverty level (as of January 2018)			Women needing publicly supported contraceptive services and supplies, 2014		Unintended pregnancies, 2010		% of unplanned births paid for by public insurance programs, 2010	Public costs for unintended pregnancies, 2010	
	Childless adults	Parents	Family planning specific	Number	% of need met by publicly supported providers	Number	Rate per 1,000 women 15–44		State (in millions)	Federal (in millions)
Alabama	—	18%	146%	332,750	31%	46,000	48	61.6%	$72.6	$250.5
Alaska	138%	139%	—	41,200	63%	8,000	54	64.3%	42.9	70.8
Arizona	138%	138%	—	465,450	15%	61,000	49	64.6%	161.5	509.4
Arkansas	138%	138%	—	204,850	29%	29,000	50	72.3%	61.9	266.8
California	138%	138%	200%	2,643,580	50%	393,000	50	64.3%	689.3	1,062.1
Colorado	138%	138%	—	326,490	38%	43,000	42	63.8%	91.1	146.1
Connecticut	138%	138%	263%	183,070	38%	32,000	46	60.8%	80.1	128.4
Delaware	138%	138%	—	50,100	30%	11,000	62	71.3%	36.0	58.2
District of Columbia	215%	221%	—	44,910	84%	10,000	58	84.6%	13.3	50.9
Florida	—	33%	—	1,216,520	17%	207,000	58	70.6%	427.1	892.8
Georgia	—	36%	200%	695,120	16%	119,000	57	80.5%	229.7	687.7
Hawaii	138%	138%	—	73,090	25%	16,000	61	49.9%	37.8	76.7
Idaho	—	26%	—	113,020	21%	12,000	38	60.4%	18.5	70.2
Illinois	138%	138%	—	772,510	20%	128,000	49	78.3%	352.2	571.5
Indiana	139%	139%	146%	446,230	19%	55,000	43	64.6%	91.4	284.6
Iowa	138%	138%	—	190,270	29%	23,000	39	61.5%	48.3	127.6
Kansas	—	38%	—	188,100	17%	24,000	43	47.2%	50.4	115.7
Kentucky	138%	138%	—	284,530	24%	34,000	40	66.8%	75.0	302.8
Louisiana	138%	138%	138%	321,480	15%	53,000	57	78.7%	120.6	530.4
Maine	—	105%	214%	78,880	33%	9,000	37	74.7%	14.6	43.6
Maryland	138%	138%	200%	298,190	25%	71,000	60	58.2%	180.9	285.4
Massachusetts	138%	138%	—	373,060	25%	54,000	40	56.4%	138.3	219.6
Michigan	138%	138%	—	635,660	16%	93,000	49	71.9%	177.0	485.1
Minnesota	138%	138%	200%	294,680	29%	38,000	36	66.7%	128.7	203.9
Mississippi	—	27%	199%	213,930	28%	35,000	57	81.9%	40.4	226.7
Missouri	—	22%	—	391,510	18%	54,000	46	72.2%	132.6	385.9
Montana	138%	138%	216%	66,380	41%	7,000	42	47.8%	9.1	31.7
Nebraska	—	63%	—	118,170	20%	14,000	41	63.1%	41.7	91.9
Nevada	138%	138%	—	194,430	10%	29,000	54	60.0%	37.1	65.8
New Hampshire	138%	138%	201%	65,530	29%	8,000	32	52.7%	10.3	16.5
New Jersey	138%	138%	—	455,260	22%	97,000	56	52.4%	186.1	291.0
New Mexico	138%	138%	255%	151,950	28%	22,000	56	77.1%	47.9	191.2
New York	138%	138%	223%	1,227,170	32%	246,000	61	70.2%	601.1	937.7
North Carolina	—	43%	200%	667,910	20%	95,000	49	74.8%	214.7	643.5
North Dakota	138%	138%	—	44,180	26%	5,000	41	36.8%	7.7	17.9
Ohio	138%	138%	—	730,110	14%	109,000	49	68.7%	218.8	605.8
Oklahoma	—	45%	138%	256,880	31%	36,000	49	80.7%	77.0	254.0
Oregon	138%	138%	250%	270,990	39%	31,000	41	69.9%	47.2	122.7
Pennsylvania	138%	138%	220%	745,550	29%	115,000	47	53.5%	248.2	478.6
Rhode Island	138%	138%	—	71,320	35%	9,000	43	70.1%	27.5	48.7
South Carolina	—	67%	199%	323,140	31%	42,000	46	78.6%	84.0	327.3
South Dakota	—	50%	—	52,610	27%	7,000	46	46.2%	14.4	35.0
Tennessee	—	98%	—	434,440	26%	62,000	49	73.7%	130.7	400.0
Texas	—	18%	—	1,795,160	10%	298,000	56	73.7%	842.6	2,056.8
Utah	—	60%	—	207,350	22%	24,000	40	53.3%	30.4	127.6
Vermont	138%	138%	—	35,810	59%	4,000	36	73.5%	9.6	21.8
Virginia	—	38%	205%	447,970	17%	84,000	51	45.4%	194.6	312.0
Washington	138%	138%	260%	429,300	26%	61,000	45	63.1%	177.1	290.7
West Virginia	138%	138%	—	110,910	47%	15,000	43	76.0%	24.9	120.5
Wisconsin	100%	100%	306%	353,620	22%	42,000	38	62.0%	92.1	221.4
Wyoming	—	55%	—	34,630	30%	4,000	42	67.4%	21.3	34.1

Sources: References 113–117.

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IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA; THE STATE OF WASHINGTON,

Plaintiffs,

v.

ALEX M. AZAR, II, in his Official Capacity as Secretary of the U.S. Department of Health & Human Services; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, in his Official Capacity as Secretary of the U.S. Department of Labor; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, in his Official Capacity as Secretary of the U.S. Department of the Treasury; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

NO. 4:17-cv-05783-HSG

DECLARATION OF MYRON BRADFORD "MIKE" KREIDLER

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

I, Myron Bradford "Mike" Kreidler, declare as follows:

1. I am over the age of eighteen years old, have personal knowledge of all facts and matters herein, and am competent to testify to the matters below.

2. I am the elected Insurance Commissioner for the State of Washington. I was first elected to this position in 2000. I was reelected to my fifth four-year term in 2016.

3. As Insurance Commissioner, I am charged with the regulation of the insurance market in Washington State through the enforcement of the Insurance Code, Title 48, Revised Code of Washington, and enforcement of applicable federal statutes that affect insurance. Wash. Rev. Code § 48.02.060.

4. Based on my knowledge and experience as the State's Insurance Commissioner, I believe that the Final Rules issued on November 15, 2018 will result in women in Washington losing access to contraceptives and an increase in unintended pregnancies, abortions, and increased social and economic costs.

5. The Office of the Insurance Commissioner (OIC) regulates individual, small group and large group fully insured health plans in Washington.

6. Since 1991, our state has recognized that each individual possesses a fundamental right to privacy in personal reproductive decisions, including the right to refuse or accept

contraceptives. See Wash Rev. Code § 9.02.100. In 2001, my office clarified by rule that plans providing comprehensive prescription coverage are also required to cover contraceptives.

7. In addition to enforcing Washington State's Insurance Code, my responsibilities as Insurance Commissioner also include implementing and enforcing the federal Patient Protection and Affordable Care Act (ACA) and related state laws and regulations in Washington's health insurance market.

8. I have directed my staff to ensure that health plans filed with my office comply with 42 U.S.C. 300 gg-13(a)(4), which requires all health plans (individual, small group, large group, and even self-insured health plans) to cover women's preventive health care services, including contraceptive coverage, with no cost-sharing. These federal requirements were recently codified into state law in Wash Rev. Code § 48.43.072.

9. I have directed my staff to enforce state laws and rules addressing contraceptive coverage. Washington Administrative Code 284-43-5642, provides that a health benefit plan must cover certain essential health benefits, such as "[p]rovider contraceptive services and supplies including, but not limited to, vasectomy, tubal ligation and insertion or extraction of FDA-approved contraceptive devices" and "[a]ll FDA-approved contraceptive methods, and prescription-based sterilization procedures for women with reproductive capacity." Wash. Admin. Code §§ 284-43-5642(1)(a)(vii), (6)(a)(iii).

10. My staff also administers Washington Revised Code § 48.43.065, the Washington State Conscience Clause, which allows individual health care providers, religiously-sponsored health carriers, health care facilities, and employers that object to providing a particular service for reasons of conscience or religion from being forced to do so. The exemption applies to any health

care service, not just contraception. However, the Conscience Clause prohibits allowing one person's personal objection to be the basis for denial of timely access to critical services. Wash. Rev. Code §§ 48.43.065(1), (2)(b). To that end, health carriers are required to let enrollees know, in writing, which services the carrier or employer refuses to cover, and provide written information describing how the enrollee may directly access those services. Wash. Rev. Code § 48.43.065(2)(b)(i)(ii). In allowing individuals who are providing services to object, but still requiring access to the individuals seeking those services, the Conscience Clause strikes an appropriate balance between the individual objecting to a service, and the right of health plan enrollees to receive contraceptive coverage.

11. To ensure this process works appropriately, my office has also issued rules implementing our Conscience Clause which require carriers who choose to sell plans to employers objecting to a critical service, such as contraceptive coverage, to demonstrate how enrollees will have access to critical services at the time the carrier submits their plan to my staff for review. Wash. Admin. Code § 284-43-5020.

12. Washington's contraceptive parity rules and Conscience Clause requirements may ensure that contraceptive coverage remains in place for many women in Washington, even if the Final Rules are not overturned. However, there are many women in Washington who remain at risk of suffering some harm from the rule, even though state law will still require access to contraceptive coverage.

13. For example, our contraceptive parity rules cannot be enforced against employer self-funded plans, which are governed by the Employee Retirement Income Security Act of 1974. If the Final Rules are not invalidated, women in Washington State who are enrolled in self-insured

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employer health plans will be at great risk of losing insurance coverage for preventive contraceptive care.

14. Many people whose health coverage is through employers that self-insure do not realize that their coverage is self-funded and consequently that it is not subject to many of the protections in state law, including the Washington State contraceptive mandate.

15. Some women who lose access to insurance coverage for contraceptives due to the Final Rules may seek contraceptive services from state programs that offer contraceptive service. However, these services are not without a cost to the state, and are often limited, based on income. Women with incomes above those program thresholds will have to bear the increased cost of contraceptive services, or forgo using contraception all together.

16. My office has heard from numerous advocacy groups that imposing any cost-sharing requirements on contraceptives, even very low copays, can prevent many women from having meaningful access to contraceptive coverage.

17. Since the announcement of the Interim Final Rules, the OIC has already received calls asking which health insurance policies will be impacted and when women will lose their contraceptive coverage.

18. Women's access to contraceptives and the potential of unintended pregnancy can impact nearly every aspect of a woman's life including her education, employment and economic security. The Final Rules permit self-insured employers in Washington State to reject contraceptive coverage for their employees for any reason, without any mechanism to balance the needs of those employees and their dependents to receive meaningful access to federally mandated care. This will negatively affect women's health, well-being, economic security, and productivity. More

importantly, it flies in the face of the fundamental right that women in Washington State have to make their own choices concerning their reproductive health.

I declare under penalty of perjury under the laws of the State of Washington and the United States of America that the foregoing is true and correct.

DATED this 18th day of December, 2018, at December, Washington.

M. B. Kreidler

MYRON BRADFORD "MIKE" KREIDLER
Insurance Commissioner

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF RUTH LYTLE-BARNABY

I, Ruth Lytle-Barnaby, MSW, declare and state as follows:

1. I am the President and CEO for Planned Parenthood of Delaware (PPDE) and the President and CEO for Planned Parenthood Advocacy Fund of Delaware (PPAFD). I represent the three health centers and mobile care we provide in Delaware. I have been the President and CEO of PPDE and PPAFD since 2012. Before that I spent almost twenty-five years working healthcare in management and executive roles.

2. This declaration is based on my personal knowledge, my review of PPDE's and PPAFD's business records, and the knowledge I have acquired in the course of my five years of service and duties at Planned Parenthood. If called and sworn as a witness, I could and would testify competently to the information in this declaration.

3. The mission of PPDE and PPAFD is to actively promote reproductive health and responsible sexual behavior through the provision of comprehensive high quality education, counseling and medical services. Delaware operates three health centers, provides care at mobile sites and will serve more than 8,000 unique patients each year.

4. As discussed more fully below, the two final rules that the U.S. Health and Human Services Department, in conjunction with the U.S. Department of Labor and U.S. Department of Treasury, issued on November 15, 2018 (Final Rules) would have devastating consequences for the women in Delaware who rely on Planned Parenthood for a variety of reproductive health and family planning care. The Final Rules would also have a devastating impact on the State of Delaware, which reimburses Planned Parenthood affiliates for those patients' care through a combination of state and federal funding. Planned Parenthood provides more than 12,000 patient visits annually, more than 30% of the Delaware women of reproductive age who are in need of publicly funded family planning services. 6,085 (51%) of those visits receive care through programs reimbursed by the State.

I. EMPLOYMENT AND EDUCATION BACKGROUND

5. I received my Bachelors in Social Work (BSW) from East Carolina University in 1982. I then earned my Masters in Social Work (MSW) from the Washington University in St. Louis in

1984. In 1998, I completed a fellowship with The Health Forum on Creating Healthier Communities.

6. My career includes working as a psychotherapist for children and adolescents, creating community partnerships to address senior issues, healthy kids, obesity prevention, prenatal, family education and motor vehicle safety. I have also run a Foundation and Research Department before coming to Planned Parenthood. Much of my work has utilized the social determinants of health.

7. PPDE is the Planned Parenthood affiliate for the State of Delaware. It provides services to approximately 8,000 unique patients annually through three clinics and mobile care located at Wesley College and Delaware State University. The care for 28% of our patients is reimbursed through the State's Medicaid program and 16% is reimbursed by Title X.

II. ORGANIZATION AND AFFILIATION

8. PPAFD is a 501(c)(4) organization that leads the state-wide public policy and advocacy work on behalf of Planned Parenthood of Delaware (PPDE).

9. PPDE is a Delaware non-profit 501(c)(3) organization that works to provide reproductive health care services in settings that preserve and protect the essential privacy and rights of each individual.

10. PPDE has its own Board of Directors, budget, management and staff. It is responsible for delivering health care services in a distinct geographic region. This affiliate provides sexual education and reproductive health care across Delaware through three health centers. In fiscal year 2017, these affiliates served more than 8,000 unique patients; 73% were at or below 200% of the federal poverty line. PPDE affiliates provided contraception to nearly 5,600 patients, conducted 3,000 pregnancy tests, and provided over 20,000 tests and treatments of sexually transmitted infections. PPDE also provided sexual health education programs to 3,344 youth in Delaware in 2016.

III. PLANNED PARENTHOOD'S ROLE IN PROMOTING PUBLIC HEALTH IN DELAWARE

11. Planned Parenthood operates three health centers in Delaware. These health centers are located in Wilmington, Newark and Dover, Delaware. Mobile care is also provided in Kent County, at Wesley College and Delaware State University.

12. Planned Parenthood provides reproductive health care services as a "one stop shop". This means that a patient is able to get an office visit, most relevant lab tests and any needed drugs or supplies at one location without having to travel to a pharmacy or lab testing facility. This service is particularly important for the low income patients we serve who usually do not have the time, money or resources to take additional time off from work or school or the ability to arrange for childcare. It also increases the likelihood that patients will get their tests completed and take the drugs they are prescribed.

13. PPDE offers education and counseling on reproductive health for both men and women; the provision of birth control, including emergency contraception; testing of HIV, gonorrhea, chlamydia and the HPV virus; STI treatment; pregnancy testing and services; breast and cervical cancer screenings; colposcopy, LEEP, and safe and legal abortion. In addition, all sites offer PEP and PreP for HIV prevention. Two centers recently started offering prenatal care. This is an overview of the primary services we offer in Delaware: STI tests (58%); contraception (19%); pregnancy tests (9%); abortion (6%); breast exams (3%); Pap tests (2%); HIV tests (2%); emergency contraception (1%).

14. 10/1/16 – 9/30/17, Planned Parenthood saw over 8,000 unique patients in almost 12,000 appointments. In fiscal year 2017 we served Delaware with:

a. Contraception to nearly 5,600 patients
b. More than 300 emergency contraception tests
c. 3,000 pregnancy tests
d. Almost 700 cervical cancer screenings
e. More than 1,000 breast cancer exams
f. Over 20,000 tests and treatments for sexually transmitted infections

g. Sexual health education programs reaching 3,344 youth.

15. Planned Parenthood primarily serves low income patients in Delaware who have limited access to health care services.

a. Approximately 86% of our patients are women, almost all of those are in the prime reproductive age range of 18 to 39;

b. 73% are below 200% of the federal poverty level ($24,120 for one person). Of those, 62% are below 138% of the federal poverty level ($16,643 for one person);

c. The demographics of our patients roughly mirror the demographics of Delaware: 44% are white, 10% are Hispanic, 37% are Black; 3% are multi-racial and 6% other or unknown.

d. Some of our patients are immigrants, and are undocumented. Many speak languages other than English. All health centers have telephone access to translators in 250 languages.

e. We also serve a number of special-needs populations, including people with physical, mental or other social challenges; migrant workers; homeless people; people who experience trauma or domestic violence; people with physical disabilities; patients with limited English skills; and lesbian, gay, bisexual, and transgender people. We have implemented a variety of programs to extend access to these populations and to assure delivery of care that is culturally sensitive and appropriate.

16. Planned Parenthood operates its health centers in medically underserved areas as designated by HRSA. For example, Planned Parenthood operates a health center in Dover (Kent County), with a 12.9% poverty rate.

17. Planned Parenthood clinics are staffed with experienced practitioners at multiple levels. We employ physicians, advanced practice clinicians (physicians' assistants, nurse practitioners, certified nurse midwives, registered nurses) and medical assistants. Each operates

within their particular, authorized scope of practice so that health care services are delivered as efficiently and cost-effectively as possible.

18. Patients come to Planned Parenthood for the accurate, nonjudgmental, compassionate and confidential care and information they need and deserve. Providers are trained to be culturally competent, which is essential in a State with such a diverse patient base.

19. Planned Parenthood of Delaware also engages in advocacy and public education activities. In 2016, our sexual health education programs reached more than 3,300 youth.

IV. MEDICAID/TITLE X

20. Planned Parenthood of Delaware is engaged in a unique public/private venture with Upstream USA to decrease the number of unplanned pregnancies by increasing overall access to all forms of contraception for all Delawareans.

21. Approximately 24% of Planned Parenthood's patients receive their health care through DMMA. Twenty-two percent (22%) are enrolled in the Managed Care Program, described in greater detail below. Two percent (2%) receive their care through fee-for-service. Delaware reimburses Planned Parenthood for the care it provides patients through these programs. Pursuant to Delaware's State Medicaid Plan, the federal government is responsible for covering a portion of the care, and the State of Delaware covers the remainder. For the majority of the care Planned Parenthood of Delaware provides through Medicaid, the federal government contributes .90 cents, while the state contributes .10 cents, for every dollar spent. Except in very rare circumstances, the State of Delaware does not cover the cost of abortions.

22. Planned Parenthood of Delaware participates in the Title X program. Title X provides comprehensive reproductive health care (minus abortion services) for persons without insurance based upon a sliding scale. This program is administered through the Delaware Department of Health and Social Services. Sixty-four percent (64%) of PPDE's patients participate in this program.

23. Family planning, and the consistent use of contraception, is the most cost effective way to reduce unintended pregnancies.[1] For every 1000 unintended pregnancies, 42% will result in live births, 13% in miscarriages, and 45% in abortion[2]. Thus, reducing unintended pregnancies reduces expenses due to fewer delivery, miscarriage or abortion costs.

24. In Delaware, 71% of unplanned births are paid for by the State.

25. Ninety-nine percent (99%) of sexually active American women 15-44 have used a contraceptive method other than natural family planning. Delaware statistics: In 2014, publically funded family planning helped avert 3,600 unintended pregnancies which would have resulted in 1,700 unplanned births and 1,300 abortions. In 2010, 57% of all pregnancies in Delaware were unintended. In 2014, 50,100 women aged 13-44 were in need of publically funded family planning services. In 2014, family planning centers served 14,900 clients. This met 30% of the need. In 2010, public expenditures for family planning client services in Delaware totaled $7.2 million; this includes $5.6 million through Medicaid and $908,000 through Title X. In 2010, Delaware contributed $693,000.[3]

V. NEW FINAL RULES

26. I have reviewed and am familiar with the new contraceptive coverage Final Rules. Under them, any employer that claims a religious or moral objection to providing contraceptive coverage would be exempt. In addition, the Final Rules remove the mandatory accommodation that women who were no longer able to obtain birth control through their employer could take advantage of to ensure continued contraceptive coverage. These expanded exemptions, together, would effectively make contraceptive coverage optional.

[1] Bixby Center for Global Reproductive Health, UCSF, *Cost-Benefit Analysis of the California Family PACT Program for Calendar Year 2007*, at 6-7, 20 (April 2010).

[2] CHBRP Contraceptive Report, at 30, *citing* Kost K., *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends since 2002* (New York 2015).

[3] Guttmacher Institute

27. If their parent's insurance no longer covers contraceptive care, there is a high likelihood young people insured by their parents will come to Planned Parenthood and qualify for Title X. This will increase costs for the State and federal governments.

28. I also believe that Delaware will see an increase in unintended pregnancies as a result of the Final Rules. Those women who do not qualify for Title X may not get contraception. Research suggests that the rate of unintended pregnancy in Delaware among those who are not using contraception is 57%.[4] Because 71% of births in Delaware are paid for by the State, the State will have increased costs shouldering the costs of delivery. Finally, women who do not qualify for Title X may opt against the most effective forms of birth control, which are more expensive. As a result, they will be at a higher risk of unintended pregnancy.

29. Finally, I anticipate that Planned Parenthood of Delaware will have to increase charitable contributions to our assistance funds to help insured patients with high co-pays or deductibles, or who have lost coverage for contraception, afford birth control.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 5, 2018 in New Castle County, DE.

Ruth Lytle-Barnaby
President and CEO
Planned Parenthood of Delaware and Planned Parenthood Advocacy Fund of Delaware

[4] Guttmacher Institute

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF CONNECTICUT; THE STATE OF DELAWARE; THE STATE OF HAWAII; THE STATE OF ILLINOIS; THE STATE OF MARYLAND; THE STATE OF MINNESOTA, BY AND THROUGH ITS DEPARTMENT OF HUMAN SERVICES; THE STATE OF NEW YORK; THE STATE OF NORTH CAROLINA; THE STATE OF VERMONT; THE COMMONWEALTH OF VIRGINIA; THE STATE OF WASHINGTON; THE DISTRICT OF COLUMBIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants.

4:17-cv-05783-HSG

DECLARATION OF HEATHER P. MAISEN, MSW, MPH, FAMILY PLANNING PROGRAM MANAGER FOR PUBLIC HEALTH - SEATTLE & KING COUNTY, IN SUPPORT OF PLAINTIFF STATES' MOTION FOR PRELIMINARY INJUNCTION

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

I, Heather Maisen, MSW, MPH, declare:

1. I am currently the Family Planning Program Manager for Public Health – Seattle & King County (PHSKC). I have been employed by PHSKC in the Family Planning Program for thirteen (13) years.

2. I earned a Master of Social Work and a Master of Public Health from the University of Washington, and I have spent my career working in the field of family planning across various agencies, including non-profit, university and local government.

3. King County is the most populous county in Washington State, and the 13th-most populous county in the United States. Of the two million plus residents in King County, WA, almost a quarter are women of reproductive age (13-44 years old). King County has one of the lowest teen birth rates (9.7 per 1,000) compared to peer counties across the country.

4. Washington State's Medicaid program, Apple Health, has expanded Medicaid and a state-sponsored Medicaid program for women who are pregnant and low-income. The Apple Health for Pregnant Women program covers all pregnancy-related costs, including termination and birth related costs.

5. PHSKC is one of the largest metropolitan health departments in the United States. The health department provides critical health care to some of the most vulnerable populations in the county.

6. Clinics operated by PHSKC serve more than 10,000 women of reproductive age, and provide contraceptive services across various programs in 20 different clinical locations throughout King County. PHSKC's primary contraception provision is through the Family Planning Program.

7. The Family Planning Program at PHSKC works specifically to decrease teen pregnancy, unintended pregnancy, and sexually transmitted infections (STIs) in King County. Family planning services provided by PHSKC prevented an estimated 1,350 unintended pregnancies and 460 abortions, and saved over $9.1 million in health care costs in 2016 alone.

8. The Family Planning Program offers comprehensive family planning services at no or low cost to low-income people. These services include all FDA-approved forms of contraception, emergency contraception, pregnancy testing and counseling, preconception counseling, sterilization, certain infertility services, STD testing and treatment, cancer screening, HIV screening, and individualized reproductive health education and counseling. The Family Planning Program is funded, in part, from insurance reimbursement and federal Title X and state family planning grants provided by Washington State's Department of Health. However, these revenue sources do not cover the full cost of services.

9. The final rules issued by the federal government would harm King County because women would be at risk of losing Affordable Care Act required contraceptive coverage. There are over 400,000 women of reproductive age in King County, 100,000 of whom are in need of publicly funded contraception.

10. Currently, 10% of King County's population is enrolled in Medicaid, whereas 65% have employer-based health insurance. Under the final rule, if women lose their contraceptive coverage benefits, they are uninsured for these services.

11. As a result of these rules, women will either (a) utilize and seek coverage through our Public Health family planning clinics at a cost to our program without additional revenue to offset these costs, or (b) they will forgo coverage and experience an unintended pregnancy. In both scenarios, the County will bear the burden of increased costs and its residents will be harmed.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 18, 2018, in Seattle, Washington.

Heather Maisen, MSW, MPH
Family Planning Program Manager for
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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF CONNECTICUT; THE STATE OF DELAWARE; THE DISTRICT OF COLUMBIA; THE STATE OF HAWAII; THE STATE OF ILLINOIS; THE STATE OF MARYLAND; THE STATE OF MINNESOTA, BY AND THROUGH ITS DEPARTMENT OF HUMAN SERVICES; THE STATE OF NEW YORK; THE STATE OF NORTH CAROLINA; THE STATE OF RHODE ISLAND; THE STATE OF VERMONT; THE COMMONWEALTH OF VIRGINIA; THE STATE OF WASHINGTON,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF NATHAN MORACCO

I, Nathan Moracco, declare:

1. I am the Assistant Commissioner for the Health Care Administration at the Minnesota Department of Human Services. The Health Care Administration is responsible for administering the Minnesota Family Planning Program and Minnesota's Medicaid program, both described below.

2. The Minnesota Department of Human Services administers the Medical Assistance program ("MA"), which is Minnesota's Medicaid program for people with low income. In fiscal year 2017, MA provided coverage to a monthly average of 1.1 million Minnesotans. MA covers comprehensive family planning services. The cost of family planning services is paid for with State and Federal funds with the federal government generally covering 90 percent and the State of Minnesota covering 10 percent, respectively.

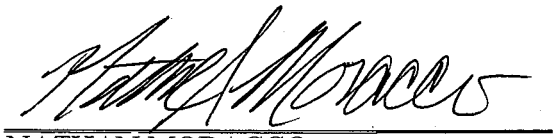
3. The Minnesota Department of Human Services also administers the Minnesota Family Planning Program ("MFPP"). This program provides access to family planning services for low-income Minnesotans who are not enrolled in MA subject to certain eligibility requirements. The family planning services covered by MFPP include, for example, family planning office visits, education, various birth control methods, and transportation to and from a provider of family planning services. In 2017, the program served a total of more than 20,000 people, with a monthly average enrollment of approximately 11,000. Total spending for the program was about $8.6 million. The cost of MFPP services is paid for with State and Federal funds with the federal government generally covering 90 percent and the State of Minnesota covering 10 percent, respectively.

4. I understand that the U.S. Health and Human Services Department, in conjunction with the U.S. Department of Labor and U.S. Department of Treasury recently issued two final rules that would allow certain employers to cease providing contraceptive coverage to their employees based on a religious or moral objection. Minnesota women who lose contraceptive coverage as a result of these rules may seek coverage through MA or MFPP. If additional individuals enroll in MA or MFPP due to these final rules, it will increase the administrative and financial burden on the Department of Human Services.

5. Women who lose coverage may also choose to forgo seeking contraception and related services if they do not have the means to pay for it, thereby risking unintended pregnancy and other poor health outcomes related to reproductive care. Because Minnesota and its Department of Human Services pay for child delivery for women on MA, the state and the Department of Human Services may bear a financial risk when women lose contraceptive coverage. Minnesota and its Department of Human Services are also obligated to pay for newborn care, which can be expensive if there are complications, for children born to certain low income women or families.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 19, 2018, in Saint Paul, Minnesota.



NATHAN MORACCO
Assistant Commissioner
Minnesota Department of Human Services

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF TRINIDAD NAVARRO, INSURANCE COMMISSIONER OF DELAWARE

I, Trinidad Navarro, declare and say as follows:

1. I am the elected Insurance Commissioner for the State of Delaware. I have served in this capacity since January 3, 2017. The facts stated herein are of my own personal knowledge or are based on information and belief. If called, I could and would competently testify to them.

2. As the elected Insurance Commissioner for the State of Delaware, I oversee the Delaware Department of Insurance (the "DDOI"). The DDOI has regulatory authority and jurisdiction over health insurers and health insurance coverage in Delaware. The DDOI does not, however, have jurisdiction over health plans issued by self-insured employers, which are governed by the Employee Retirement Income Security Act ("ERISA") and regulated by the U.S. Department of Labor, Employee Benefits Security Administration.

3. Nearly one-third of all Delawareans, over 300,000 individuals, however, are covered under self-insured plans.

4. I am familiar with the new Final Rules that affect contraceptive coverage (the "Final Rules"), which are the basis for the Second Amended Complaint. As drafted, the Final Rules would allow any employer or insurer that asserts a religious or moral objection to providing contraceptive coverage to claim a coverage exemption. The Final Rules further remove the mandatory accommodation for continued coverage for women who cannot obtain birth control through their employer. These expanded exemptions together effectively make contraceptive coverage optional.

5. Delawareans have a constitutionally guaranteed right to privacy. The Final Rules threaten the ability of women to exercise their right to privacy.

6. As Delaware Insurance Commissioner, I am responsible for enforcing state insurance laws, which have incorporated the Patient Protection and Affordable Care Act's ("ACA") mandate that all health insurance coverage include coverage for essential health benefits, including contraceptive coverage with no cost-sharing. 18 *Del. C.* §§ 3571M and 3610.

7. Since the implementation of the ACA mandates, over 171,575 Delaware women have benefited from preventative services coverage with no cost-sharing, including FDA-approved contraceptives, in non-grandfathered plans.[1]

8. In addition to the ACA mandates requiring access to contraceptive coverage with no cost sharing, the Delaware General Assembly, consistent with the ACA's coverage mandate, passed in 2018 legislation requiring all individual, group and blanket health insurance policies delivered or issued for delivery in the State to provide coverage for all FDA approved prescription contraceptive drugs and devices and other outpatient services related to the use of such drugs and services. *See* 18 *Del. C.* §§ 3342A and 3559 (the "2018 Delaware Contraceptive Equity Act"). This legislation also applies to the State employee health plan and public assistance plans. *See* 29 *Del. C.* § 5203A; 31 *Del. C.* § 526.

9. While non-grandfathered plans and individual insurance policies are required to provide contraceptive coverage at no cost to the insureds, grandfathered plans and policies, including those for which the 2018 Delaware Contraceptive Equity Act apply, may impose cost sharing in certain circumstances, "as long as at least 1 drug, device, or other product for that [contraceptive] method is available without cost-sharing." *See* 18 *Del. C.* §§ 3342A(b)(1)b. and 3559(b)(1)b.

10. For group plans, 18 *Del. C.* § 3559(f) includes a religious employer exemption as follows: "[a] religious employer may request and an entity subject to this section shall grant an exclusion from coverage under the policy, plan, or contract for the coverage required under this section for the insertion and removal and medically necessary examination associated with the use of FDA-approved drugs or devices if the required coverage conflicts with the religious organization's bona fide religious beliefs and practices. A religious employer that obtains an exclusion under this subsection shall provide its employees reasonable and timely notice of the exclusion."

[1] https://aspe.hhs.gov/system/files/pdf/139221/The%20Affordable%20Care%20Act%20is%20Improving%20Access%20to%20Preventive%20Services%20for%20Millions%20of%20Americans.pdf

11. The 2018 Delaware Contraceptive Equity Act will provide some protection to Delawareans in maintaining their contraceptive coverage in the event of changes to federal law. However, because the State does not have regulatory authority over self-insured plans, other than its own State employee health plan, the Act does not protect the Delawareans covered under these self-insured plans. Many people whose health coverage is through employers that self-insure may not realize that because their coverage is self-funded, the coverage is not subject to state law protections, including the contraceptive mandate.

12. Those at risk of losing access to contraceptives under the Final Rules include not only female employees of self-insured employers, but also the female dependents of employees covered by such plans.

13. In 2010, Delaware had the highest unintended pregnancy rate in the country, at a rate of 62 of such pregnancies per 1,000 women aged 15-44.[2] If the Final Rules are not declared invalid, some women covered by self-insured employer plans may quickly lose access to contraceptives and women covered by other employer plans may lose free access to contraceptives, which could result in an increase in unintended pregnancies.

14. Some women who lose access to coverage for contraceptives due to the Final Rules will likely seek contraceptive services from the family planning programs offered by the Delaware Division of Public Health. However, in some instances these services come at a cost to the women seeking these services and eligibility is limited to low-income Delawareans with incomes less than 250% of the federal poverty level. Women with incomes above 250% of the federal poverty level who do not seek services from the Division of Public Health will be faced with the burden of bearing the full cost of contraceptive services and products if the Final Rules are not stricken.

[2] https://www.guttmacher.org/fact-sheet/state-facts-publicly-funded-family-planning-services-delaware

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 5th, 2018 in Kent County, Delaware.

Trinidad Navarro
Delaware Insurance Commissioner

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA, Plaintiffs, **v.** **ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,** Defendants, and, **THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,** Defendant-Intervenors.	4:17-cv-05783-HSG **DECLARATION OF KAREN NELSON IN SUPPORT OF STATES' MOTION FOR PRELIMINARY INJUNCTION**

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I, Karen Nelson, declare:

1. I am the President and CEO of Planned Parenthood of Maryland, Inc. (PPM). I have been President and CEO of PPM since March 2016. I have worked for Planned Parenthood organizations since 1994, including serving as President and CEO from 2008-2016 for Planned Parenthood of Central and Western New York and its predecessor organization, Planned Parenthood of Western New York.

2. This declaration is based on my professional knowledge, my review of PPM's records, and the knowledge that I have acquired in the 24 years of service with affiliates of Planned Parenthood. If called and sworn as a witness, I could and would testify competently to the information contained in this declaration.

3. There are two Planned Parenthood affiliates that operate health centers in Maryland: PPM and Planned Parenthood of Metropolitan Washington, DC, Inc. (PPMW). PPM and PPMW are separately incorporated entities. PPMW is responsible for services in Montgomery and Prince George's counties, and PPM has responsibility for the rest of the state. Planned Parenthood's mission in Maryland includes providing a wide range of high quality, affordable reproductive health care services; education to empower individuals to make informed reproductive choices; and advocacy to protect the right to make those choices.

4. Collectively, PPM and PPMW currently operate nine health centers and serve more than 33,000 family planning patients each year in Maryland. A map of the locations of Planned Parenthood health centers in Maryland is attached as Exhibit A.

5. The two Final Rules, as published on November 15, 2018 by the U.S Health and Human Services Department, in conjunction with the U.S. Department of Labor and the U.S Department of Treasury, would have a devastating impact on some women in Maryland who rely on PPM and PPMW for health care services, including contraceptive services. The Final Rules would also have a severe impact on the State of Maryland which would have to increase funding for public health programs to ensure women have access to contraceptive services to fill the void filled by employers who refuse to provide insurance coverage that was formerly required by law.

Planned Parenthood's Role in Supporting Patients and Promoting Public Health in Maryland

6. Planned Parenthood provides services to 32% of women who need publicly funded contraceptive services in Maryland.[1] In 2017, Planned Parenthood of Maryland provided family planning services to 27,527 patients in Maryland at its health centers in Annapolis, Baltimore, Easton, Frederick, Owings Mills, Towson, and Waldorf. In 2017, Planned Parenthood of Metropolitan Washington, DC provided family planning services to 5,480 patients in Maryland at its health centers in Gaithersburg, Suitland, and Silver Spring (the Silver Spring location closed in 2017).

7. Both PPM and PPMW provide services to individuals who are uninsured, participate in a Medicaid program, or are covered by private insurance.

8. When patients do not have insurance coverage or have insurance without contraceptive coverage, patients pay a portion of the cost of their care as determined by a sliding fee scale based on income. Planned Parenthood covers the remainder of the cost of care using its own funding as well as grants from the Title X program.

9. In Fiscal Year 2017, PPM received $1,704,159 in Title X funds, and in Fiscal Year 2017, PPMW received $130,483 in Title X funds. Since the amount of funding is a fixed grant, it cannot increase within the grant year because of increases in patient volume.

10. PPM and PPMW provide reproductive health care services including wellness exams, contraception counseling, breast health exams, cancer screenings, birth control, HPV vaccinations, sexually transmitted infection testing and treatment, pregnancy testing and option counseling, emergency contraception, sterilization, and abortion services.

11. Of the 33,007 patients to whom PPM and PPMW provided services in 2017, 30,138 were female. The payor mix for this group was:

[1] Response to Inquiry Concerning the Availability of Publicly Funded Contraceptive Care to U.S. Women, Guttmacher Institute, May 2017.4

a. 10,197 Medicaid patients (including Medicaid, MCHP, and Medicaid Family Planning Program), representing 33% of PPM and 18% of PPMW's patients at Maryland health centers;

b. 8,562 Title X patients, representing 22% of PPM and 46% of PPMW's patients at Maryland health centers;

c. 3,939 patients who receive services, including abortion, not covered under Title X or who fall into a miscellaneous eligibility category, representing 12% of PPM and 14% of PPMW's patients at Maryland health centers; and

d. 10,309 commercially insured patients, representing 33% of PPM and 22% of PPMW's patients at Maryland health centers.

Risk to Planned Parenthood's Insured Patients

12. As noted above, over 10,000 of Planned Parenthood's patients at Maryland health centers have commercial insurance. Planned Parenthood patients who are covered by insurance plans which the employer self-funds are at risk for losing contraception coverage under the Final Rules because their employers could claim a religious or moral exemption and would not have to seek accommodation if they discontinue coverage. Since 1998, Maryland has mandated that most state-regulated plans cover contraception.[2] In 2016, the Maryland Contraceptive Equity Act broadened coverage requirements for State-regulated plans with contraception coverage.[3] In 2018, Maryland again improved coverage by requiring coverage of 12-months dispensing of contraception.[4] However, self-funded insurance plans are not required to comply with State law, as these plans are exempt from State insurance laws by the federal Employee Retirement Security Act (ERISA).

[2] House Bill 457 – Health Benefit Plans – Coverage for Prescriptive Contraceptives Drugs or Devices, 1998, http://mgaleg.maryland.gov/webmga/frmMain.aspx?tab=subject3&ys=1998rs/billfile/hb0457.htm

[3] House Bill 1005/Senate Bill 848 – Health Insurance – Contraceptive Equity Act, 2016, http://mgaleg.maryland.gov/webmga/frmMain.aspx?id=hb1005&stab=01&pid=billpage&tab=subject3&ys=2016rs

[4] House Bill 1283 - Health Insurance - Prescription Contraceptives - Coverage for Single Dispensing, 2018, http://mgaleg.maryland.gov/2018RS/bills/hb/hb1283T.pdf

13. Since the Final Rules permit an individual to refuse insurance coverage of contraception, even more of Planned Parenthood's insured patients are at risk. Some patients are not the policy holders of their insurance plans, but rather they are covered under the plans of a parent, spouse, or partner. Women could lose contraceptive coverage because of the religious or moral objections of the policy holder. Women facing domestic violence within their families are also at risk for loss of contraception coverage. If the policy holder is the abuser, that person may discontinue contraceptive coverage. Planned Parenthood has seen many domestic violence victims whose partners or family members try to block access to birth control as part of controlling, abusive behavior.

Increase in Women Seeking Family Planning Services at Planned Parenthood

14. With the Final Rules, women in insurance plans which the employer self-funds will be at risk of losing contraceptive coverage. Since approximately 1.49 million Marylanders are covered through self-funded insurance plans, a substantial number of women are at risk for losing contraception coverage.[5] Employers are not required to provide any accommodation if they discontinue contraceptive coverage.

15. Based on my experience and since Planned Parenthood is a trusted provider of reproductive health services, I believe that many women who lose contraceptive coverage will turn to Planned Parenthood sites across the State. Women know that Planned Parenthood's mission is "Care. No matter what." The only systemic options for covering the cost of these services are the Title X Program, the Medicaid Family Planning Program, and Medicaid/MCHP.

Impact to the Title X Program

16. Title X is a federal family planning grant program that in Maryland is administered by the Maryland Department of Health. Planned Parenthood receives a total of $1,834,641 (PPM and PPMW Fiscal Years 2017). Other Title X providers include local health departments and

[5] Maryland Insurance Administration, *2017 Maryland Covered Lives Report* (December 2017), https://insurance.maryland.gov/Consumer/Appeals%20and%20Grievances%20Reports/2017-Report-on-the-Number-of-Insured-and-Self-Insured-Lives-MSAR7797.pdf

community health centers. All Title X providers are non-profit organizations or local health departments. The total Maryland budget for Title X is $9.9 million, with $6 million in State funds and $3.9 million in federal funds.[6] Under legislation enacted by the Maryland General Assembly in 2017, the State of Maryland may have to bear significantly greater financial responsibility for the Title X program using State general funds.[7] If the U.S. Department of Health and Human Services finalizes rules published on June 1, 2018 for the Title X program, the State must backfill federal funds for existing Title X providers who lose federal funding because of a prohibition on the provision or referrals for abortion services.

17. The Title X program has been successful in reducing unintended pregnancies in Maryland. In 2014, Title X providers in Maryland were responsible for assisting women in avoiding 14,000 unintended pregnancies.[8]

18. Women with incomes up to 250% of the federal poverty level are eligible for the Title X program whether they are uninsured or have commercial insurance. Under the proposed rule from the U.S. Department of Health and Human Services published on June 1, 2018, commercially insured women over 250% of the federal poverty level would also be eligible for contraceptive services if their employer-sponsored plan does not cover the contraceptive services sought by the woman because of a sincerely held religious or moral objection to providing such coverage.[9] For women with insurance, Title X covers family planning services not covered by the individual's insurance policy. All Title X participants, with the exception of those with the lowest income levels, must contribute to the cost of their care according to a sliding fee schedule approved by the Maryland Department of Health.

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[6] Fiscal Note for House Bill 1083 – Family Planning Services - Continuity of Care, Department of Legislative Services, February 2017, http://mgaleg.maryland.gov/2017RS/fnotes/bil_0003/hb1083.pdf

[7] House Bill 1083 – Family Planning Services – Continuity of Care, 2017, http://mgaleg.maryland.gov/2017RS/chapters_noln/Ch_28_hb1083T.pdf

[8] *State Facts on Publicly Funded Family Planning Services: Maryland*, Guttmacher Institute, September 2016, https://www.guttmacher.org/fact-sheet/state-facts-publicly-funded-family-planning-services-maryland

[9] 83 Fed. Reg. at 25530.

19. With the Final Rules, I believe that there will be an influx of insured patients who will turn to Title X for support when they lose contraception coverage. Planned Parenthood is the largest provider of publicly funded family planning services. In 2015, Planned Parenthood provided contraceptive services to nearly one-third of the women seeking services at publicly funded clinics.[10] I believe that Planned Parenthood will see a large portion of the women seeking services when they lose contraceptive insurance coverage.

20. Title X is funded through a fixed amount in the State budget. I believe that it will be difficult for the current budget levels to accommodate the increase in women seeking support after losing contraception coverage in their insurance plans. The State would have to increase State funding of Title X to ensure that patients across Maryland can be accommodated by the program. Planned Parenthood, as is likely the case with other Title X providers, is not in the position to absorb an influx of new patients into Title X without State financial support.

21. Even if the State were to increase Title X funding, there is still a financial burden on the patient. Prior to the Final Rules, insurance plans have been required to provide contraceptive counseling and most contraceptive options without copayment. If women lose contraception coverage and turn to Title X, under the current regulatory scheme, they will have to pay a portion of their costs, based on a sliding fee scale, with the exception of individuals with the lowest-income levels. With cost sharing requirements under a sliding fee scale, contraception may be unaffordable, particularly for more expensive methods such as IUDs.

Impact of Increase of Women Turning to the Medicaid Family Planning Program

22. The Medicaid Family Planning Program is a limited benefits program that covers family planning services. The program is administered by the Maryland Medical Assistance Program. The funding for the Medicaid Family Planning Program is based on volume of services covered, rather than a fixed budget. In fiscal 2016, the State spent $3.2 million on the program,

[10] Frost et al, "Publicly Funded Contraceptive Services at U.S. Clinics, 2015" Guttmacher Institute, April 2017, https://www.guttmacher.org/sites/default/files/report_downloads/publicly_funded_contraceptive_services_2015_tables_1-7.pdf

with 10% of funding from general funds and 90% from federal funds.[11] The average monthly enrollment was 12,852.[12] Higher enrollment would lead to an increase in State expenditures.

23. The program provides coverage to uninsured individuals or wrap-around coverage for commercially insured patients. Participants may have incomes up to 250% of the federal poverty level. There are no cost-sharing requirements for participants.

24. Planned Parenthood provides services to women that are covered under the Medicaid Family Planning Program. Because Medicaid claims systems do not distinguish between Medicaid fee-for-service and Medicaid Family Planning, I cannot attest to the number of Planned Parenthood patients covered by this program.

25. Due to the Final Rules, I believe that insured patients will seek wrap-around coverage from the Medicaid Family Planning Program. This will result in an increase in State funds needed to support this program.

Impact of Increase of Women and their Families Turning to the Medicaid/MCHP Programs

26. The Maryland Medicaid Program and Medicaid Children's Health Program (MCHP) cover a full range of services, including family planning, to low income women and their families. For Medicaid, participants may have incomes of up to 138% of the federal poverty level. MCHP covers individuals up to age 19 with incomes up to 300% of the federal poverty level. Most Medicaid and MCHP participants receive their coverage through the managed care program called HealthChoice. In calendar year 2015, HealthChoice spent $33.7 million on family planning services with 10% from State funds and 90% in federal funds.[13]

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[11] Department of Legislative Services, Fiscal Note for House Bill 1083 – Family Planning Services, Continuity of Care, February 2017, http://mgaleg.maryland.gov/2017RS/fnotes/bil_0003/hb1083.pdf

[12] Department of Legislative Services, *Operating Budget Analysis of the Medical Care Programs Administration*, February 2017, http://mgaleg.maryland.gov/pubs/budgetfiscal/2018fy-budget-docs-operating-M00Q01-DHMH-Medical-Care-Programs-Administration.pdf

[13] Department of Legislative Services, Fiscal Note for House Bill 1083 – Family Planning Services, Continuity of Care, February 2017, http://mgaleg.maryland.gov/2017RS/fnotes/bil_0003/hb1083.pdf

27. Planned Parenthood provides services to a significant number of Medicaid and MCHP participants - over 10,000 in 2017 alone.

28. As a result of the Final Rules, I believe that some eligible women will forgo employer coverage and enroll in Medicaid or enroll in Medicaid for wrap-around coverage. Women with children may switch their children from their employer's family plans to MCHP or enroll their children for wrap-around coverage. As a result, the cost of coverage will shift from the employer to the State and federal government. Maryland will pay 10% of the cost of family planning services and up to 50% for the cost of other services, depending on the eligibility category of the participant.

Impact on Women without Contraception Coverage

29. "Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size, and contributes to improved health outcomes for infants, children, women, and families," according to Healthy People 2020.[14]

30. If women who lose contraceptive coverage do not qualify for or are unable to obtain coverage under one of the programs I have outlined above, they face a higher risk for unintended pregnancy and associated poor health outcomes. The rate of unintended pregnancy among women who are not using contraception is 45%.[15] Contraception services are basic, preventive health care for women, improve the lives of families, and should be part of insurance coverage.

31. Women at Planned Parenthood frequently tell us that birth control is essential in allowing them to complete their educations, follow their career paths, and make their own choices about if or when to have children.

[14] Healthy People 2020, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning

[15] CHBRP Birth Control Report, at 22, citing Fitner, LB, Zolna MR, Declines in Unintended Pregnancy in the United States, 2008-2011, *New England Journal of Medicine* 374(9):843-552 (2016).

Creation of a Patchwork System of Coverage

32. Planned Parenthood is dedicated to serving all individuals regardless of income level or insurance status. Planned Parenthood, along with all other health care providers, need a consistent reimbursement system to ensure our patients' needs are met. Contraceptive services are basic preventive health care services, and I believe that they should be part of the continuum of services funded by any health insurer in either the commercial or public markets. If contraceptive coverage is not covered by an employer, only publicly funded programs, such as Title X and Medicaid programs, can provide a consistent reimbursement system for those services. Even then, the coverage system will be compromised, as not all women will meet eligibility requirements for those programs.

33. The proposed Final Rules allow employers, individuals, and insurers to separate contraceptive coverage from health care coverage. As a result, the Final Rules will create a confusing patchwork insurance system under which most services will be covered by private insurance. However, contraceptive coverage, regardless of whether the patient has employer-based insurance, may be provided by private insurance, a public program, or not at all. The result will be a confusing patchwork of coverage rules that will be difficult for both patients and providers to navigate.

Overall Impact on the State

34. I believe the Final Rules create financial risk to the State of Maryland. The State must bear the cost of increasing funding for public programs to ensure that all of its citizens have access to basic, preventive health services. If the State does not increase funding, women will be more at risk for unintended pregnancies, and the State will face the economic consequences of fewer women being able to finish their education and advance in the job market.

35. Finally, I also believe the Final Rules will impede efforts to improve the reproductive health of women in Maryland. Rather than using our resources to move forward to improve the health and lives of women in Maryland, we will need to divert resources to backfill contraceptive coverage dropped by employers.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

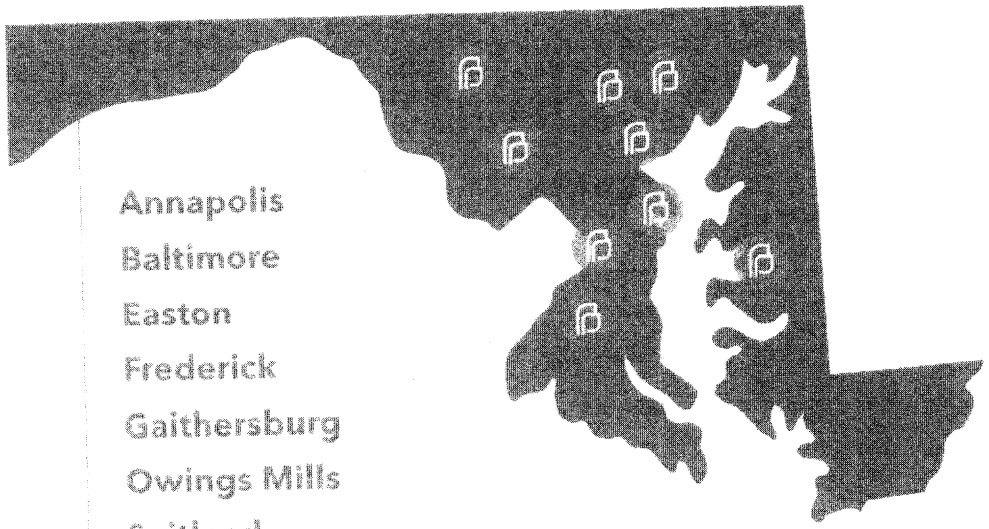
Executed on December 10, 2018, in Baltimore, Maryland.

Karen Nelson

Karen Nelson
President and CEO
Planned Parenthood of Maryland

Exhibit A:

Maryland Planned Parenthood Health Centers



Declaration of Karen J. Nelson, Planned Parenthood of Maryland, November 3, 2017

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Attorneys for Plaintiff the State of California

IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

No. 4:17-05783-HSG

DECLARATION OF PHUONG H. NGUYEN, M.D., MEDICAL DIRECTOR FOR PHYSICIAN SERVICES FOR SANTA CLARA VALLEY MEDICAL CENTER, IN SUPPORT OF PLAINTIFF STATE OF CALIFORNIA'S MOTION FOR PRELIMINARY INJUNCTION

I, Phuong H. Nguyen, M.D., declare:

1. I currently serve as Medical Director for Physician Services for the Santa Clara Valley Medical Center (SCVMC). I have been employed by SCVMC in various capacities for a total of nineteen (19) years, and I have practiced as an obstetrician/gynecologist in a clinical capacity throughout my employment with SCVMC.

2. I submit this Declaration in support of the State of California's Motion for Preliminary Injunction. I have personal knowledge of the facts stated herein and, if called as a witness, I could testify to them competently under oath.

3. Santa Clara County is located at the southern end of the San Francisco Bay and is home to 1.9 million residents who rely on the County to provide essential services such as health care, assistance for youth and the elderly, and a wide array of social services.

4. The County owns and operates SCVMC, a comprehensive public healthcare delivery system that provides critical healthcare services, including many no- and low-cost contraceptive and sexually transmitted disease (STD) services to county residents regardless of their ability to pay.

5. SCVMC is the only public safety-net healthcare provider in Santa Clara County, and the second largest such provider in California. SCVMC operates a 731 licensed bed hospital, eleven ambulatory care clinics, medical and dental mobile units, along with specialized centers that provide trauma, burn, rehabilitation, renal, acute inpatient psychiatric, and ambulatory care. It has approximately 6,500 employees, including more than 350 physicians who train more than 180 residents and fellows per year as a graduate medical education provider and teaching institution. SCVMC is a Level 1 Adult Trauma Center and Level 2 Pediatric Trauma Center. Its burn and rehabilitation centers have been nationally recognized, and its ambulatory specialty center and renal care center are state of the art.

6. SCVMC provides a full range of inpatient and outpatient health services, including emergency and urgent care, adult and pediatric primary care services, behavioral health services, comprehensive adult and pediatric specialty services, Level III neonatal intensive pediatric services, women's health services, comprehensive oncology services, and other critical health care services for any resident of the County, regardless of ability to pay.

7. SCVMC provides the vast majority of the health care services available to poor and underserved patients in the County. In fiscal year 2017-18, there were more than 800,000 outpatient visits to SCVMC's primary care, express care, specialty clinics, and emergency department, and over 120,000 days of inpatient stays in the hospital. Patients who are uninsured, reliant on Medi-Cal, or on Medicare were responsible for approximately 88% of outpatient visits and approximately 85% of inpatient days.

8. The County also provides health care and related services through its Public Health Department. The mission of the County Public Health Department is to promote and protect the health of the county's entire population. None of Santa Clara County's fifteen cities and towns have a health department. All fifteen cities and towns, and all the county's residents, rely on the Public Health Department to perform essential public health functions including preventing and controlling the spread of infectious diseases such as STDs.

9. The County provides contraceptive services to county residents regardless of their ability to pay through SCVMC and the Public Health Department. SCVMC's Ambulatory Care Clinics provide a full range of reversible contraceptive services, including family planning counseling, prescriptions for barrier contraception, birth control pills, intrauterine device and birth control implant insertions, emergency contraceptives, and abortion services. In addition, SCVMC provides female and male sterilization procedures to patients that desire them. Free condoms are distributed by the Public Health Department by its STD/HIV Prevention & Control program through the program's clinical sites as well as through outreach events to the community.

10. The County also provides safety-net services as a provider for California's Family Planning, Access, Care, and Treatment (PACT) Program. Through the Family PACT Program, a network of 2,200 providers—including the County—offer comprehensive family planning services at no cost to low-income people. These services include all FDA-approved forms of contraception, emergency contraception, pregnancy testing and counseling, preconception counseling, sterilization, certain infertility services, STD testing and treatment, cancer screening, HIV screening, and individualized reproductive health education and counseling. Funding for Family PACT services is provided by California and the federal government as part of California's Medicaid program, but the

reimbursements paid to Family PACT providers do not cover the full costs of providing these services.

11. Thousands of Santa Clara County residents are insured through self-funded employer health plans. Under the final rules, employers offering self-funded health plans can drop contraceptive coverage with minimal or even no notice to employees and beneficiaries, potentially leaving thousands of county residents without coverage for necessary contraceptive services.

12. This loss of coverage would likely strain the County's already thinly stretched family planning resources, require the County (at significant expense) to both expand its no- and low-cost contraceptive and STD services, and absorb many of the immediate and long-term costs of unintended pregnancies on county residents, their families, and communities.

13. The final rules will likely increase demand for the County's no- and low-cost contraception and STD services as employers take advantage of the expanded exemption to eliminate coverage for contraceptive care. For example, as more employers eliminate contraceptive coverage under the final rules, more low-income people will likely seek family planning services through Family PACT, and the costs to the County will increase. Similarly, the County will likely see increased use of SCVMC's Ability to Pay Determination (APD) Program, which reduces the liabilities of certain indigent patients for services received from SCVMC, in accordance with their ability to pay. Patients who lack employer-provided insurance coverage for contraceptives and who are not eligible for other insurance may apply for the APD program, and more are likely to do so under the final rules, at direct cost to the County.

14. The County's health system already operates at a significant deficit because of the volume of uncompensated costs it incurs in serving uninsured and under-insured patients. For example, during Fiscal Year 2017-18, SCVMC received approximately $131.8 million in subsidies from the County's General Fund so it could continue to provide critical healthcare services to uninsured and under-insured patients. The final rules are likely to increase uncompensated costs and widen the health system's operating deficit, further straining the County's General Fund.

15. In addition to causing direct financial strain on state and local governments, non-profit health care providers, and scores of individuals, the final rules will likely also exacerbate public

health concerns in the County. When people are less able to access contraceptive services, STD rates are likely to increase and the need for STD-related services rises. Thus, the rules are likely to increase the need for the County's free and low-cost services for STD prevention and treatment.

16. The County's Public Health Department provides a range of STD-related services, including sexual health counseling, STD prevention supplies, STD screening, STD treatment, and HIV pre-exposure and post-exposure prophylaxis. The fees the clinic collects do not cover the costs of providing STD-related services, and these costs are likely to increase due to these rules.

17. These services are critical to protecting public health. The County has experienced a rise in chlamydia, gonorrhea, and syphilis. Between 2010 and 2017, cases of chlamydia steadily increased over time from 271.3 cases per 100,000 people in 2010 to 392.7 cases in 2017, and gonorrhea rates increased by nearly fourfold from 33.1 cases per 100,000 people in 2010 to 126.4 cases in 2017, with a 26% rapid increase from 2016 to 2017. Rates of early syphilis diagnoses nearly tripled from 6.2 cases per 100,000 people in 2010 to 21.1 cases in 2017. There was a sharp 57% increase in the number of early syphilis cases between 2015 and 2016. The number of early syphilis cases in 2017 was 16% higher than the number in 2016. HIV/AIDS is another serious public health concern in the County. In 2015, there were 2,734 people living with HIV/AIDS in the County, and in 2017, that number had risen to 3,361 people living with HIV/AIDS in the County. The rules are likely to exacerbate these serious public health problems and increase the burden on the County to address and prevent the spread of these diseases.

18. The effects of congenital syphilis illustrate the potentially devastating impact of the loss of insurance coverage for contraceptive services due to the final rules. When a pregnant woman's syphilis infection is not caught during pregnancy, babies often contract congenital syphilis and suffer devastating clinical outcomes, including heart problems, blindness, deafness, bone deformities, and death. Prenatal care is an extremely effective defense against these devastating outcomes: 98 percent of cases of congenital syphilis can be prevented when a pregnant woman is treated. For this reason, state law requires health care providers to screen all pregnant patients for syphilis at their first prenatal encounter—ideally during the first trimester. Early detection leads to earlier treatment, which can reduce risks of morbidity to the pregnant patient and fetus, and thereby significantly

reduce costs to the infant's family and public healthcare providers like the County. Even late prenatal detection carries enormous public health and economic benefits: an additional screening for syphilis in the third trimester results in fewer maternal and neonatal adverse outcomes, as well as an estimated national cost-savings of $52 million per year. Healthcare for nonpregnant women of childbearing age—whether through Medicaid, CHIP, or otherwise—mitigates these risks, since the greater the incidence of early syphilis in these women and the greater the risk of unintended pregnancies, the greater the risk for the public health and individual health harms associated with congenital syphilis.

19. Decreased access to contraception under these rules is also likely to increase unintended pregnancies, triggering immediate and long-term costs to the County and communities nationwide. As the safety-net healthcare provider, the County funds many of the medical services associated with unintended pregnancies, which disproportionately affect young, low-income, minority women, without higher education who are likely to rely on County-funded services if their employer eliminates contraceptive coverage. The County is also burdened by the long-term costs of unplanned pregnancies, which can limit individuals' ability to succeed in education and the workplace and to contribute as taxpayers and citizens.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 11, 2018 in San José, California.

Phuong H. Nguyen, M.D.,
Medical Director, Physician Services
Santa Clara Valley Medical Center

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KATHLEEN BOERGERS, State Bar No. 213530
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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF JUDY MOHR PETERSON

I, Judy Mohr Peterson, declare:

1. I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

2. I serve as the Medicaid Director for the State of Hawaii. I have been in this role since July 2015. Prior to that, I served as the Medicaid Director for the Oregon Health Authority in the State of Oregon (2009-June 2015).

3. The State of Hawaii Medicaid program, Med-QUEST, provides coverage for family planning services, maternity and newborn care, pregnancy-related services, and contraceptives. Med-QUEST covers adults up to 133% of the federal poverty level, pregnant women up to 191% of the federal poverty level, and children up to 305% of the federal poverty level.

4. The State of Hawaii has a law that that mandates employer group accident and health or sickness plans to provide contraceptive services or supplies. Unlike the federal law (Public Health Service Act 2713), Hawaii law permits an insurer to collect copayments on contraceptive supplies so long as they are not unusual. Hawaii law provides that coverage shall include reimbursement to a health care provider or dispensing entity for prescription contraceptive supplies intended to last up to a twelve-month period for an insured and that coverage of contraceptive services shall extend to any dependent of the subscriber who is covered under the policy. The State of Hawaii law does not cover women and covered dependents who have coverage through an employer that uses a self-insured plan. Hawaii has 30.5 percent of its workforce in a self-insured plan.

5. Med-QUEST covers and pays for nearly a third of all births in the state.

6. As a result of these rules, women will either (a) utilize and seek coverage through Med-QUEST resulting in increased enrollment, or (b) they will forgo coverage and experience unintended pregnancies. In both scenarios, the State will suffer increased costs.

Executed on December 18, 2018, in HONOLULU, HAWAII.

JUDY MOHR PETERSON
Administrator, Med-QUEST Division
Department of Human Services
State of Hawaii

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Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF ROBERT POMALES

I, Robert Pomales, declare:

1. I am the Executive Director of University of Massachusetts Boston's ("UMass Boston") University Health Services ("UHS"").

2. I began working at UMass Boston in 2015 in my current role as an Executive Director. In my current position, I am responsible for managing the UMass Boston UHS and administration of all health and prevention services provided on campus to students of UMass Boston. I have personal knowledge of the services of and requirements governing the UMass Boston UHS.

3. UMass Boston UHS is committed to providing quality physical and mental health services to our students to promote and enhance the well-being of our campus community.

4. UMass Boston UHS services are designed to increase awareness of health related issues, assist students with making responsible decisions relative to health promotion and disease prevention, and provide quality health care to the UMass Boston students.

5. To support UM ass Boston's commitment to student health, among other things. UHS makes available to student clinic visits for contraceptive medication management.

6. Some UMass Boston students obtain health insurance under UMass Boston's student health insurance plan, some through their or someone else's employer-sponsored insurance. Others are insured through MassHealth, Massachusetts's Medicaid program, or other public insurance programs, and some students are uninsured.

7. UHS bills students' health insurance for the clinic visits related to contraceptive medication management.

8. In Fiscal Year 2017, UHS conducted 126 clinic visits for 92 unique patients for the purpose of contraceptive medication management. Eighteen of those patients had insurance other than through UMass Boston's student health insurance plan and accounted for 27 of the clinic visits, resulting in total charges of $2,025 by UHS to those outside insurance plans.

9. Approximately 14,000 UMass Boston students have health insurance coverage through their or someone else's employer-sponsored insurance. Some of these students receive

coverage from parents and/or employers that are located in states other than Massachusetts. In some instances, the insured resides in a second state and the employer is located in a third state.

10. An increase in the prevalence of employer-sponsored insurance that does not provide coverage for contraceptive coverage would result in an increase in the number of UHS clinic visits that would not be eligible for reimbursement by students' health insurance carrier.

11. An increase in the prevalence of services provided by UHS and not covered by students' health insurance would financially harm UMass Boston through absorbing the cost of providing such services without reimbursement and/or the administrative burden of seeking reimbursement directly from students.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 17, 2018, in Boston, Massachusetts.

Robert Pomales
Executive Director
University Health Services
University of Massachusetts Boston

XAVIER BECERRA, State Bar No. 118517
Attorney General of California
KATHLEEN BOERGERS, State Bar No. 213530
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and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

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DECLARATION OF JULIE RABINOVITZ

I, Julie Rabinovitz, declare:

1. I am President and CEO at Essential Access Health, where I have worked since 2011.

2. Essential Access Health is the administrator of California's Title X federal family planning program, the nation's largest and most diverse Title X system. Essential Access Health supports the delivery of core family planning and related preventive health services for over 1,000,000 low-income patients in 38 of California's 58 counties. Essential Access Health is committed to ensuring all individuals have access to affordable, high-quality family planning and sexual health services, including contraceptive services and supplies.

3. I am familiar with the two final rules on contraceptive access published in the *Federal Register* on November 15, 2018 (Final Rules).[1] The Final Rules discriminate against women by allowing virtually any employer to deprive women of basic contraceptive coverage, and would create barriers and inequities for women seeking essential and time-sensitive health care. The Final Rules will also result in more women seeking care from Title X-funded clinics across the state. This will divert critical resources away from the uninsured, low-income patients the program was designed to serve. All Title X sites are Family PACT providers.

Access to Contraception

4. Before the Affordable Care Act (ACA), one in seven women with private health insurance and nearly one-third of women covered by Medicaid either postponed or went without needed services in the prior year because they could not afford it.[2] Prior to the law's enactment, women spent between 30% and 44% of their total out-of-pocket health costs on birth control.[3] Out-of-pocket costs prevented many women, not just low-income women, from accessing preventive services, including contraception.[4] The gap between men and women who struggled

[1] "Religious Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act," 83 Fed. Reg. 57536 (Nov. 15, 2018) and "Moral Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act," 83 Fed. Reg. 57592 (Nov. 15, 2018).

[2] Kaiser Family Foundation. Women's Health Care Chartbook. 2011.

[3] *Id.*

[4] Su-Ying Liang et al., Women's Out-of-Pocket Expenditures and Dispensing Patterns for

to access needed care was in fact widest among adults with moderate incomes.[5] By contrast, eliminating cost barriers has helped increase access to contraception for women with employer-sponsored coverage.[6] Because of the birth control benefit, women saved more than $1.4 billion in out-of-pocket costs on birth control pills in 2013 alone.[7]

5. The goal of preventive health care is to help people control, track, and better manage their life-long health, and the health of their families. Similarly, the goal of prevention of unintended pregnancy is to help women time and space their pregnancies, or prevent pregnancy altogether, in accordance with their own desires and to improve maternal, child, and family health outcomes.[8] Contraception enables women to prevent unintended pregnancy and control the timing of a desired pregnancy. In addition, access to birth control is particularly critical for women with underlying chronic, physical and psychological conditions that can be exacerbated by pregnancy. Unintended pregnancy rates are higher in the United States than in most other developed countries, with approximately 45% of pregnancies unintended nationwide.[9] Nearly

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Oral Contraceptive Pills between 1996 and 2006, 83 CONTRACEPTION 491, 531 (2010); see also Inst. of Med. of the Nat'l Acads., Clinical Preventive Services for Women: Closing the Gaps 19 (2011), https://www.nap.edu/read/13181/chapter/1. Another study of 11,000 employees with employer-sponsored coverage found that cost-sharing reduced use of pap smears, preventive counseling, and mammography. Geetesh Solanki et al., The Direct and Indirect Effects of Cost-Sharing on the Use of Preventive Services, 34 HEALTH SERVS. RESEARCH 1331, 1342-43 (2000); 1342-43; see also David Machledt & Jane Perkins, Medicaid Premiums & Cost-Sharing 2-3 (2014), http://www.healthlaw.org/publications/search-publications/Medicaid-Premiums-CostSharing#.WgCFehNSzeQ.

[5] Sheila D. Rustgi et al., The Commonwealth Fund, Women at Risk: Why Many Women Are Forgoing Needed Health Care 4 (2009), http://www.commonwealthfund.org/~/media/Files/Publications/Issue%20Brief/2009/May/Women%20at%20Risk/PDF_1262_Rustgi_women_at_risk_issue_brief_Final.pdf. Finding that sixty-five percent of women with incomes between $20,000 and $39,999 experienced problems accessing health care services because of cost.

[6] Adam Sonfield et al., Impact of the Federal Contraceptive Coverage Guarantee on Out-of-Pocket Payments for Contraceptives: 2014 Update, 91 CONTRACEPTION 44, 45-47 (2014).

[7] Nora V. Becker and Daniel Polsky, Women Saw Large Decrease In Out-Of-Pocket Spending For Contraceptives After ACA Mandate Removed Cost Sharing, Health Affairs, 34, no.7 (2015):1204-1211. Available at http://content.healthaffairs.org/content/34/7/1204.full.pdf+html.

[8] Women's Preventive Services Initiative, Recommendations for Preventive Services for Women 83 (2016), available for download at https://www.womenspreventivehealth.org/final-report/.

[9] Finer LB and Zolna MR, Declines in unintended pregnancy in the United States, 2008–2011, New England Journal of Medicine, 2016, 374(9):843–852.

half (48%) of all pregnancies (393,000) in California are unintended. The U.S. has the highest rate of maternal mortality in the developed world, and contraception is considered a major factor in reducing rates of maternal mortality and morbidity.[10] Contraceptive efficacy in preventing unintended pregnancy is well established and supported by numerous research studies.[11]

6. Insurance coverage of contraception is critical to ensuring women can use it. Unintended pregnancy rates are highest among those least able to afford contraception, particularly those who face additional barriers to accessing health care services including economic instability and/or discrimination based on race, ethnicity, gender identity, or sexual orientation.

7. The Final Rules place obstacles to receiving seamless contraceptive care that is free of cost-sharing, placing the rules in conflict with Congressional intent to reduce barriers to contraception for women across the United States. The result will be a lack of continuity of care and unequal protections for women employed by companies that refuse to cover contraceptives.

Final Rules' Impact on Government-sponsored Programs

8. The Final Rules assert that existing government-sponsored programs, such as Medicaid and Title X, can serve as alternatives for individuals who will lose access to contraceptive coverage without cost sharing. We expect that more women will come to Title X clinics for care under these Final Rules. Medicaid and Title X were created to serve low-income populations who would otherwise lack a pathway to care without out-of-pocket expenses. These vital publicly-funded public health programs were not designed to absorb the needs of higher income, privately insured individuals.

9. Enacted in 1970, Title X is the nation's only dedicated source of federal funding for family planning services. While Title X-funded health centers provide care to all patients,

[10] Murray, J.L., Wang, H., Kassebaum, N., "Sharp Decline in Maternal and Child Deaths Globally, New Data Show." Institute for Health Metrics and Evaluation. University of Washington. 2016.

[11] Trussell J. Contraceptive failure in the United States. Contraception. 2011;83(5):397-404.

federal law requires them to give priority to "persons from low-income families." Low-income individuals receive services at low or no cost depending on their family income.

10. In 2016, 64% of Title X patients had incomes at or below the federal poverty level (FPL) that is currently $25,100 for a family of four. An additional 24% had incomes at or below 101% and 250% of the federal poverty level. In California, 86% of Title X patients served last year had incomes at or below 250% FPL. Despite gains made in expanding health care coverage, half of all Title X patients served by the program last year remained uninsured.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 10, 2018 in Berkeley, CA.

Julie Rabinovitz, MPH
President and CEO
Essential Access Health

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF KARYL T. RATTAY, M.D., M.S.

I, Karyl T. Rattay, M.D., M.S., Director of the Delaware Department of Health and Social Services, Division of Public Health, declare and say as follows:

1. I am the Director of the Delaware Division of Public Health (DPH) within the Department of Health and Social Services. I have served as Delaware's State Health Officer since May 2, 2009 and in similar positions for more than 15 years.

2. Under Title X of the Public Health Services Act, DPH offers a wide range of reproductive health services and supplies to both women and men comprised of physical examinations and reproductive health services including pap smears and clinical breast examinations; family planning counseling and education; birth control education, including screening and supplies; emergency contraception; pre-conceptional counseling; sterilization counseling, education and referral; testing for and treatment of sexually transmitted diseases; HIV education, counseling and testing; and pregnancy testing.

3. DPH bases its fees for services and supplies on income, but no one is denied services if he or she is unable to pay. DPH's Title X program accepts Medicaid and other insurance and uses a sliding scale for cash payments. Regardless of the ability to pay, federal regulations require that all be served based on need rather than income.

4. The current Title X family planning budget for Delaware for fiscal year 2018 is $810,000, which covers a 7-month budget period. It has been communicated from the Office of Population Affairs that in fiscal year 2019, the program will be flat-funded. Women in need of contraception and other services who lose coverage as a result of the final exemption rules and seek assistance at DPH will increase the responsibilities of the already overwhelmed Title X program. The current Delaware network of providers does not have the capacity or funding to provide services to those additional clients.

5. The Guttmacher Institute reports that, in 2011, 45% of all pregnancies in the United States were unintended, including three out of four pregnancies to women younger than 20. https://www.guttmacher.org/fact-sheet/state-facts-about-unintended-pregnancy-delaware. In 2010, the 57% rate of unintended pregnancies in Delaware was the highest in the nation at 62 per 1,000 women aged 15 to 44.

6. The financial impact of unintended pregnancy on Delaware resources is profound. According to the Guttmacher Institute:

- In 2010, 3,300 or 71.3% of unplanned births in Delaware were publicly funded, compared with 68% nationally.
- In Delaware in 2010, the federal and state governments spent $94.2 million on unintended pregnancies; of this, $58.2 million was paid by the federal government and $36.0 million was paid by the state.
- The total public costs for unintended pregnancies in 2010 was $526 per woman aged 15-44 in Delaware, compared with $201 per woman nationally.
- In 2010, public expenditures for family planning client services in Delaware totaled $7.2 million; this includes $5.6 million through Medicaid and $908,000 through Title X. Most states also use some of their own money (in addition to funds required to match federal grants) for family planning services. In 2010, Delaware contributed $693,000.

7. If the final exemption rules are enforced in Delaware, the impact on the health of Delaware would be profound. The Public Health Accreditation Board concluded that, "unintended births was higher in younger mothers, those with 12 years of schooling, with low income, among non-Hispanic Blacks or African Americans, higher in Kent and Sussex counties, and among those with Medicaid as insurer." It is universally accepted that poverty and maternal age are critical measures of maternal and child health. Reduction of insurance coverage via the final exemption rules will contribute to an increase in Delaware's nationally high unintended pregnancy rate as women forego needed contraception and other services. Increases in unintended pregnancies among at-risk populations without proper pre-natal care, due to lost insurance coverage, will increase the number of newborns in Delaware dealing with illness, physical challenges and cognitive impairment due to low birthweight and prematurity. The impact goes beyond contraception as these mothers and infants may face lifelong challenges with significant financial and societal costs.

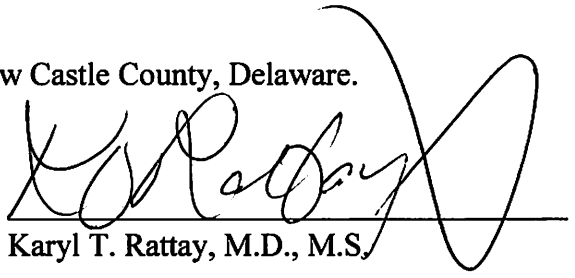
8. The cost to Delaware Medicaid for the costs of birth alone for unintended pregnancies is almost $30,000,000.00 annually. I predict that, if the final exemption rules are enforced in Delaware, more women who lose access to contraceptives through their employer-sponsored plans will seek access to those services and products through DPH's programs, which will result in increased costs to the State, increasing the burden on the Delaware Medicaid program. I expect that the Medicaid enrollment will expand as preventable, unintended pregnancies and resulting healthcare needs drive women and families into poverty. Not only will the costs of births from unintended pregnancies increase, so will the lifetime medical costs of both mother and child.

9. As unintended pregnancies increase poverty levels for mothers and children, there will be an impact on other types of social spending by Delaware. I expect that more families will qualify for TANF, SNAP, WIC and other social spending programs. The increase in enrollment in these programs will tax Delaware's already overburdened public assistance programs. In the lean economic times that Delaware is facing, programs such as Child Development Watch are already functioning well beyond capacity as increased pediatrician screenings are identifying higher numbers of substance exposed infants as well as babies and young children (0-3) with possible developmental delays. These services are vital to the health and development of Delaware's most vulnerable children, but further demands will lead to gaps and loss of services. Children will fall through the cracks due to lack of staff capacity and available state resources to serve these families.

10. I expect that educational costs for both mothers and children born of unintended pregnancies will rise. I predict that costs for early intervention services and IDEA-mandated services will steeply increase as more such children need such remedial services.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 6, 2018 in New Castle County, Delaware.



Karyl T. Rattay, M.D., M.S.

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DECLARATION OF REVEREND SUSAN RUSSELL

I, Reverend Susan Russell, declare:

1. I am an ordained Episcopal priest and Senior Associate at All Saints Church in Pasadena, California - a church that has been prayerfully pro-choice since 1992 and a denomination that has supported a woman's access to birth control since the 1930s.

2. The core values of my faith tradition include striving for justice and respecting dignity of every human being. Respecting human dignity requires supporting the choices women make about when and if to become pregnant. The ability to plan, prevent, and space pregnancies is linked to benefits to women, men, children and a just society, including more educational and economic opportunities, healthier babies, more stable families and reduced taxpayer burden.

3. I am a member of the Clergy Advocacy Board of Planned Parenthood. As a member of the Board since 2013 I have been honored to stand with people of faith whose support for reproductive health care is firmly rooted in their faith.

4. The Clergy Advocacy Board builds on the long history of faith leaders taking an active role in reproductive health care and has been working for more than two decades with Planned Parenthood at the national and state levels to further the goal of full reproductive rights and freedom for all women and men. Its members, who are dedicated clergy and faith leaders from different denominations and communities throughout the U.S., lead a national effort to increase public awareness of the theological and moral basis for advocating reproductive health.

5. The Clergy Advocacy Board is called to serve as pastors to people making medical decisions. Our experience teaches that a woman's health care is between her and her doctor. As religious leaders, embracing the truth in faith alongside the truth in medical science, we believe that our households and families should be allowed to benefit from advances in modem day health care, contraception included. Our various faith heritages bring us to teach that the Divine Presence enters and blesses all our relationships, separate and apart from our becoming parents. We affirm that God graces each of us with a conscience that includes the capacity to set the course of our lives and families. All this speaks to why, from the earliest days of the family planning movement in the United States, clergy from a wide spectrum of faiths have embraced family planning as a moral good.

6. For these reasons, the Clergy Advocacy Board condemns the Trump administration's attempts to use morality and religion to undermine access to contraception. Too many families today are facing financial challenges and crises. We believe that every individual should have the religious freedom and freedom of conscience to choose and consistently use the contraception that works best for them.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 6, 2018 in Pasadena CA

The Reverend Susan Russell
Clergy Advocacy Board of
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THE STATE OF CALIFORNIA; THE STATE OF CONNECTICUT; THE STATE OF DELAWARE; THE DISTRICT OF COLUMBIA; THE STATE OF HAWAII; THE STATE OF ILLINOIS; THE STATE OF MARYLAND; THE STATE OF MINNESOTA, BY AND THROUGH ITS DEPARTMENT OF HUMAN SERVICES; THE STATE OF NEW YORK; THE STATE OF NORTH CAROLINA; THE STATE OF RHODE ISLAND; THE STATE OF VERMONT; THE COMMONWEALTH OF VIRGINIA; THE STATE OF WASHINGTON,

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4:17-cv-05783-HSG

DECLARATION OF AMANDA SKINNER IN SUPPORT OF STATES' MOTION FOR PRELIMINARY INJUNCTION

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I, Amanda Skinner, declare:

1. I am President and CEO of Planned Parenthood of Southern New England. I have been in this role since May of 2017. Prior to joining PPSNE I worked as an executive in a large, national health care services organization, Optum, and spent 6 years as an executive at a large academic medical center that shares the same geographical region as PPSNE, Yale New Haven Health. I am a certified nurse-midwife and provided direct health care services to women in Connecticut for 10 years.

2. This document is based on my professional knowledge, my review of records here at PPSNE and my experience in the health care field. If called and sworn as a witness, I could and would testify competently to the information contained in this declaration.

3. Planned Parenthood of Southern New England is a two-state affiliate also including Rhode Island. We are the sole Planned Parenthood entity that is responsible for services throughout Connecticut. In addition to providing a range of quality health services, Planned Parenthood meets our mission in Connecticut and Rhode Island by offering a range of educational programs to communities we serve, informing individuals about their right to health care; and we also engage in advocacy to insure that laws are in place to protect those rights.

4. In Connecticut, PPSNE operates 17 reproductive health centers, located across the state, and including two (in Hartford and Stamford) which are designated as patient centered medical homes by the National Center for Quality Assurance (NCQA). We served nearly 75,000 patients last year (in both states), the vast majority in Connecticut.

5. The two final rules on exemptions to contraception coverage issued on November 15, 2018, by the US Department of Health and Human Services in conjunction with the US Department of Labor and US Department of Treasury (Final Rules), would have a devastating impact on some women in Connecticut who rely on Planned Parenthood of Southern New

England for health services, including contraceptive services. The Final Rules would also have a severe impact on the State of Connecticut which would have to increase funding for public health programs to ensure women have access to contraceptive services to fill the void when employers refuse to offer insurance coverage that was formerly required by law.

Planned Parenthood's Role in Supporting Patients and Providing Public Health in Connecticut

6. Planned Parenthood provides services to 24% of women who need publicly funded contraceptive services in Connecticut. In 2017, Planned Parenthood of Southern New England provided services to 60,249 patients in Connecticut at health centers in Bridgeport, Danbury, Danielson, Enfield, Hartford, Manchester, Meriden, New Britain, New Haven, New London, Norwich, Old Saybrook, Stamford, Torrington, Waterbury, West Hartford, and Willimantic.

7. PPSNE provides services to patients who are uninsured, participate in the Medicaid program, or are commercially insured.

8. When patients lack insurance coverage or coverage for contraceptive services in specific, patients pay a portion of the cost of their care as determined by a sliding fee scale based in income. PPSNE covers the remainder of the cost of care with our own funding as well as grants from the federal Title X program, and a family planning grant from our State Department of Public Health.

9. In Fiscal Year 2018 (April 1, 2017 through March 31, 2018) PPSNE received $3,111,486 in family funding from Title X and the State Department of Public Health. Since funding from these two grants are fixed amounts, since the State of Connecticut is experiencing budget constraints, and since PPSNE's Title X funding is threatened by the imposition of an impending "gag rule," these grants cannot and will not increase based on an increase in patient volume.

10. PPSNE provides health services including wellness examinations, contraceptive

counseling, clinical breast examinations, cancer screenings, birth control, HPV vaccinations, screening and treatment of sexually transmitted infections, PREP treatment for those at risk of HIV infection, pregnancy testing and options counseling, transgender health care, emergency contraception, and abortion services.

11. Of the 60,249 patients PPSNE treated in Connecticut last year, 86% were female. The payer mix for this group was:

a) 50% Medicaid patients.

b) 10% Title X patients (uninsured & at or below 100% federal poverty level)

c) 5% patients with funding from State DPH grant

d) 3% patients who received services including abortion, not covered by the Title X program, or who fall into a miscellaneous eligibility category.

e) 32% commercially insured patients.

Risk to Planned Parenthood's Insured Patient Population

12. As noted above, nearly 32% of PPSNE's female patients have commercial insurance coverage. PPSNE patients who are covered by commercial insurance plans which the employer self-funds are at risk for losing contraceptive coverage under the Final Rules because their employers could claim a religious or moral exemption and would not have to seek accommodation if they discontinue coverage. Since 1999, Connecticut has required that any commercial insurance plan that covers prescription drugs must cover contraception, with limited exceptions for entities and employers that are specifically deemed to be 'religiously affiliated.' In 2018, Connecticut codified the contraceptive benefit of the Affordable Care Act, and broadened it to allow access to a 12 month supply of contraceptives. Self-funded insurance plans are not required to comply with state law, as they are exempt from state insurance law under ERISA, the federal employee Retirement Security Act.

13. Since the Final Rules permit an individual to refuse insurance coverage for contraception, even more of PPSNE's covered patients are at risk, because in many cases our patient is not the holder of or subscriber to the insurance plan, but covered under the plan of a parent, spouse or partner. This means that women could lose coverage for contraceptive care due to the objections or beliefs of the policy owner. Those facing domestic violence are also at risk due to the moral or religious objections of their policy's owner and, if the policy owner is the abuser, that person may seek to cancel contraceptive coverage. PPSNE providers often see, in the course of offering care, women who are unable to access care or fearful of doing so, because of the abusive and controlling actions of their partner or spouse.

Increase in Women Seeking Family Planning and Contraceptive Care at Planned Parenthood

14. With the Final Rules, women in insurance plans which the employer self-funds will be at risk of losing contraceptive coverage. Since more than half of the insured population of Connecticut is covered by a self-insured plan, (Office of the Healthcare Advocate, State of Connecticut, https://www.ct.gov/oha/cwp/view) clearly a significant percentage of insured Connecticut women are at risk for losing contraceptive coverage. Employers are not required to provide any accommodation if they discontinue coverage.

15. Based on my own professional experience, and the fact that PPSNE is a highly trusted provider of reproductive health care, and because of our reach across the state at the 17 health centers we operate, I believe that many women impacted will very naturally turn to Planned Parenthood for family planning and contraceptive care. Currently, our only options for funding such care include the (soon to be lost to PPSNE) Title X program, the Medicaid program, which only provides care to those under significant income constraints and the State Medicaid "limited benefit" family planning program.

Impact on the Title X Program

16. Title X is the national family planning program, which, in Connecticut, has been administered for over 30 years by PPSNE as the direct grantee of the US Department of Health and Human Services, Office of Population Affairs. PPSNE receives a total of $2.2 million in Title X dollars.

17. Title X has a history of preventing unintended pregnancy, nationwide and in our state, and in 2012 is credited with helping women prevent 9,800 unintended pregnancies (National Family Planning & Reproductive Health Association, Title X in Connecticut, December 2016).

18. Women with incomes up to 250% of the federal poverty level are eligible for Title X services. Women who qualify for Title X services may be uninsured or covered by commercial insurance. For women with insurance, Title X covers services that their insurance plan may not. All Title X patients, with the exception of the lowest income levels, must contribute to the cost of their care on a sliding fee scale, based on their income.

19. With the Final Rules, I believe that there will be a greater number of Connecticut women who will turn to Title X for services when they lose coverage. Assuming another recent rule being promulgated by HHS goes into effect in coming months, Title X family planning providers will be prevented from providing full and unbiased counseling to pregnant patients, and from referring any such patient for abortion if that is her decision. When this rule is implemented, Planned Parenthood will no longer be permitted to serve as the Title X grantee, and will no longer receive these funds. Patients seeking Title X services will need to do so at other providers (likely at federally qualified health centers). Others, seeking the trusted care offered by Planned Parenthood, will come to our Connecticut centers and, because of the dictates of our mission, PPSNE will be obligated to provide free or low cost contraceptives and care to them. Neither

PPSNE nor a range of other public health providers will be in a position to readily accommodate an influx of patients who have commercial coverage that does not include family planning or birth control.

20. Regardless, the Final Rules will impose additional burden on insured women who lose their coverage, turn to a Planned Parenthood or community health center for services, and will, in most cases, be asked to pay for a portion of their care on the sliding scale. For the most effective contraceptive methods, such as long-acting reversible (LARCs), this cost may be unaffordable for many women.

Impact of the Increase in Women Turning to the Medicaid Limited Benefit Family Planning Program

21. Connecticut has a limited benefit family planning program that covers access to family planning services (only) for eligible women (and men) under 250% of FPL. This program is funded on a 90-10% basis (federal versus state contribution), and last year PPSNE (the primary provider of services under this program) provided services to 2600 women and men covered by the program, resulting in $540,000 in revenue. There is no cost-sharing for these services to participants. Increased enrollment in this program would of course increase the amount the State contributes to care for women who, by all accounts, should have commercial coverage for contraceptive services.

22. Due to the Final Rules, I believe that insured patients will seek services under the Medicaid limited benefit family planning program, and that this will result in increased need for State dollars to support this program.

Impact of Increase of Women and their Families Turning to the Medicaid (HUSKY) Program

23. The federal Medicaid program has, since its inception, covered family planning as a mandated service without cost sharing. In CT, individuals are eligible for Medicaid (HUSKY) if

their income is up to 250% of the federal poverty level. Last year, PPSNE provided family planning services to 25,787 HUSKY enrollees.

24. As a result of the Final Rules, I believe that some women will forego employer coverage and enroll in Medicaid for full or wrap-around coverage. As a result the cost of coverage will shift from the employer to the State and federal government, with the State of CT covering 10% of the cost of family planning services, and 50% of other health care costs incurred under Medicaid.

Impact on Women without Contraceptive Coverage

25. It is well understood that the advent of effective prescription contraception is among the greatest factors contributing to the advancement of the status of women during the 20th century. In Connecticut alone, the recent improved access to contraceptives (since the Affordable Care Act was adopted) has resulted in a dramatic decrease in the numbers of unintended pregnancies, teen births and abortions for women of all ages. Statewide, births to teens 15 to 19 decreased 46% between 2010 and 2015 and has dropped more than 52% for African American and Latinx youth. The state's abortion rate decreased 20 % between 2012 and 2017. (Based on data from the Connecticut Department of Public Health).

26. Women who lose contraceptive coverage, and who do not qualify for one of the programs cited above, are at much greater risk for unintended pregnancy, sexually transmitted infection (and its longer range impact including infertility) and overall at risk for poorer health outcomes. At Planned Parenthood (and, frankly, throughout the developed world) we assume that family planning and the access to effective, proven methods of birth control, is a right women enjoy, not a privilege. In Connecticut, the rate of unintended pregnancy for women not using a contraceptive method is 41% (The Guttmacher Institute, Unintended Pregnancy in the United States, September 2016).

27. The role contraceptive access can play in women's lives is significant, and coverage should be a fundamental part of any basic insurance plan. We also understand the key role that control of one's fertility may play in access to further educational and employment opportunities.

The result: An Unpredictable Patchwork of Coverage and Services

28. As I have stated previously, it is the mission of PPSNE to provide reproductive health services to the best of our ability, regardless of any patient's ability to pay. However, in order to continue to do so, PPSNE, like any other health provider, needs to be able to count on a predictable funding stream or payer source. If employers who refuse to cover contraceptive care drive their female employees or dependents to publicly-funded service providers, the burden of this rule will be on the States and, ultimately, the tax payers. Moreover, not all women who require services will be eligible for publicly funded programs.

29. The Final Rules allow employers, individuals and insurers to separate contraceptive coverage from other health coverage and, in doing so, create a confusing patchwork of coverage (or lack thereof) for most services, but not for the basic care most women expect and need. It goes without saying that stigma and concerns about confidentiality will impact the willingness for any individual woman to express her concerns about her birth control coverage to her employer, her Human Resources department, or, potentially, even to her own family members.

Overall Impact on the State of Connecticut

30. The Final Rules create a financial burden for the State of Connecticut, which will be required to supplant services covered for those otherwise commercially insured, with publicly funded care. If the State does not cover women, they will be at increased risk for unintended pregnancy and birth which, themselves, will present increased cost both to families themselves, to

the health care system generally, and ultimately to the State.

31. Connecticut is a state that has taken a lead in providing and covering the full range of reproductive health care for all individuals. However, Connecticut is also a state that is experiencing a challenging budget crisis. Diverting desperately needed state funds in order to backfill family planning programs for those who should be covered commercially, but whose employers have dropped coverage, is a poor use of our state dollars.

I declare under the penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 19, 2018 in New Haven, Connecticut.

Amanda Skinner, President & CEO
Planned Parenthood of Southern New England

State of Connecticut
County of New Haven

Subscribed and sworn to before me this 19th day of December, 2018.

Notary Public/
Commissioner of the Superior Court

SALLY HELLERMAN
NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 2021

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Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF LAUREN J. TOBIAS

I, Lauren Tobias declare:

1. I am currently the Director of the Division of Family Health in the New York State Department of Health (Department) and have been in this role since 2016. As Director of the Division of Family Health I support and supervise the New York State Title X program, Comprehensive Adolescent Pregnancy prevention program and other areas of work related to sexual and reproductive health. I analyze policy and work to improve programs that aim to reduce mistimed pregnancies to improve health and wellbeing of all New Yorkers and support the ability for all New Yorkers to choose when and if to get pregnant. Prior to this position I worked in leadership roles in other areas of the Department including the Office of Primary Care and Health Systems Management and the Office of Health Insurance Programs. I have also worked in the non-profit sector on areas related to women's health. These roles give me a strong foundation to understand public health programs, health care delivery systems and public insurance options. I have a Master's degree in Public Administration and Policy from Rockefeller College of the State University at Albany. I submit this declaration in support of the Complaint in the above-captioned lawsuit challenging the Defendants' Exemption Rules.

2. The State of New York ensures contraceptive coverage and access through public insurance options, contraceptive equity laws, and a publicly supported state and federal family planning program.

3. The State of New York's Family Planning Program ("FPP"), which includes NY's Title X program, serves 305,357 unduplicated clients annually which is an increase of over 1% from the year before. Of the clients served, 89.4% are females and 10.6% are males. Teens comprise 16.7% of the clients served and women age 20-29 comprise 48%. Clients whose income is below 100% of the federal poverty line compromise 65.9% of the clients in 2017. Clients at or under 200% of the federal poverty level rose from 80.8% to 84.9% in 2017. Over 76,799 clients use

private insurance to access their family planning services. In addition to offering and providing methods of birth control, family planning providers offer primary and preventive health services including, cervical cancer screening, clinical breast exams, sexually transmitted disease testing and treatment.

4. If the final exemption rules are enforced in New York, women who lose access to contraceptives through their employer-sponsored plans will either (a) seek coverage through State programs including the State's FPP, resulting in increased enrollment and therefore increased costs to the State; or (b) forgo coverage and experience an unintended pregnancy, which will increase the lifetime medical costs of both mother and child.

5. It is my understanding that the federal government suggests that women affected by the Final Rules should seek out services at Title X clinics. In New York State, Title X clinics are the same clinics that provide Family Planning Program services. Accordingly, the broad exemptions created by the Final Rules will result in more women receiving FPP services. As a result, this program will risk being overwhelmed by the increase in patients who previously received contraceptive coverage through their employer-sponsored insurance.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 19, 2018 in New York, New York.

Lauren J. Tobias
Director of Family Health
New York State Department of Health

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

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v.

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4:17-cv-05783-HSG

DECLARATION OF JENNA TOSH

I, Jenna Tosh, Ph.D., declare and state as follows:

1. I am the President & CEO for Planned Parenthood California Central Coast (PPCCC) and Chair of the Board of California Planned Parenthood Education Fund, the state-wide entity that represents the seven California Planned Parenthood affiliates. I have been the President & CEO of PPCCC since 2015 and recently began serving as the Chair of the Board of PPAC. Before joining PPCCC in February 2015, I was the President & CEO of Planned Parenthood of Greater Orlando, where I had previously served as Director of Education and Advocacy since approximately 2005.

2. This declaration is based on my personal knowledge, my review of PPAC's business records, and the knowledge I have acquired in the course of my twelve years of service and duties at Planned Parenthood. If called and sworn as a witness, I could and would testify competently to the information in this declaration.

3. The California Planned Parenthood Education Fund (CPPEF) and its sister organization, Planned Parenthood Affiliates of California (collectively, PPAC), represent California's seven separately incorporated Planned Parenthood affiliates. The mission of the Planned Parenthood organizations in California is to provide comprehensive reproductive health care services, to provide educational programs relating to reproductive and sexual health and to advocate for public policies to ensure access to health services, including safe, legal abortion. Collectively, the California affiliates operate 115 health centers and serve more than 862,000 patients each year. A true and correct copy of a map showing the location of the health centers throughout the State of California is attached as Exhibit A.

4. As discussed more fully below, the two final rules that the U.S. Health and Human Services Department, in conjunction with the U.S. Department of Labor and U.S. Department of Treasury, issued on November 15, 2018 (Final Rules) would have devastating consequences for the women in California who rely on Planned Parenthood for a variety of reproductive health and family planning care. The Final Rules would also have a devastating impact on the State of California, which reimburses Planned Parenthood affiliates for those patients' care through a combination of state and federal funding. Planned Parenthood serves more than 862,000 patients

annually, almost 30% of the California women of reproductive age who are in need of publicly funded family planning services. Eighty-two percent (82%) of those patients receive care through programs reimbursed by the State.

I. EMPLOYMENT AND EDUCATION BACKGROUND

5. I received my BA in Political Science from the University of Florida, magna cum laude, in 2004. I then earned my Masters in Political Science from the University of Central Florida in 2008. I did my thesis on "Sex Education Policy in Florida: Strategies for Change," which earned an award for Outstanding Political Science Master's Thesis. In 2015, I earned my Ph.D. in Public Affairs, on the Governance and Policy Research Track, from the University of Central Florida. My dissertation was titled: "State Adolescent Health Policies and their Impact on Teen Pregnancy Outcomes."

6. I began my career as a Family Case Manager for Kids Hope United then moved to Planned Parenthood of Greater Orlando, where I served as the Director of Education & Advocacy from 2006 to 2009. In 2012, I was appointed President & CEO of Planned Parenthood of Greater Orlando. I served in that capacity until becoming President & CEO of Planned Parenthood California Central Coast (PPCCC) in February 2015.

7. PPCCC is the Planned Parenthood affiliate for Santa Barbara, Ventura, and San Luis Obispo counties. It provides services to approximately 34,000 patients annually over three counties with five clinic locations. The care for 88% of our patients is reimbursed through the State's Medi-Cal program.

II. ORGANIZATION AND AFFILIATION

8. PPAC is a 501(c)(4) organization that leads the state-wide public policy and advocacy work on behalf of the seven separately incorporated Planned Parenthood affiliates in California. PPAC was the first state public affairs office of Planned Parenthood Federation of America (PPFA).

9. PPAC's mission is to create a personally and politically safe climate in which individuals have universal and unfettered access to sexual and reproductive health service and are free to follow their own beliefs, values and moral code when making decisions about these

services.

10. California Planned Parenthood Education Fund (CPPEF) is a California non-profit 501(c)(3) organization that works to provide reproductive and complementary health care services in settings that preserve and protect the essential privacy and rights of each individual.

11. CPPEF is a membership organization consisting of the seven California Planned Parenthood affiliates. Each affiliate is a separately incorporated non-profit organization with its own Board of Directors, budget, management and staff. Each affiliate is responsible for delivering health care services in a distinct geographic region. These affiliates provide sexual education and reproductive health care across California through 115 separate health centers. In fiscal year 2018, these affiliates served over 862,000 patients; 90% were at or below 200% of the federal poverty line. The California Planned Parenthood affiliates provided contraception to nearly 631,000 patients, conducted 470,000 pregnancy tests, provided 1.23 million tests and treatments of sexually transmitted infections; and conducted almost 130,000 cancer screenings. In 2016, they provided sexual health education programs to over 207,000 youth in California.

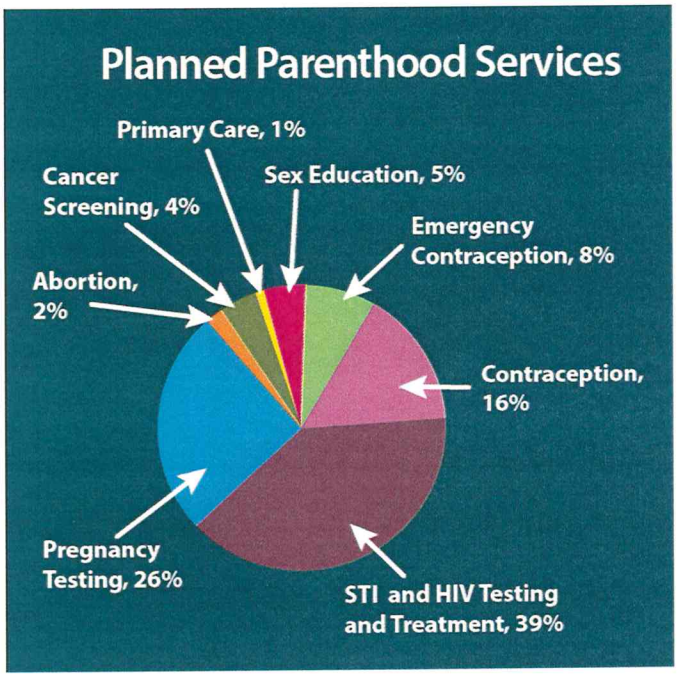
III. PLANNED PARENTHOOD'S ROLE IN PROMOTING PUBLIC HEALTH IN CALIFORNIA

12. Planned Parenthood operates 115 health centers in California. They span from the northwest corner of the State in Eureka to the southeast corner near the Mexican border in El Centro. Health centers can be found in the major metropolitan areas of Los Angeles (25 altogether), San Diego, San Jose, San Francisco, Oakland and Sacramento. My affiliate, PPCCC, operates five health centers along the Central Coast. Planned Parenthood Mar Monte operates twelve clinics through-out the Central Valley. A number of affiliates operate health centers in the more rural parts of the State, such as Antelope Valley, Victorville, Ukiah, and Redding.

13. Planned Parenthood provides primarily reproductive health care services as a "one stop shop." This means that a patient is able to get an office visit, most relevant lab tests and any needed drugs or supplies at one location without having to travel to a pharmacy or lab testing facility. This service is particularly important for the low income patients we serve who usually do not have the time, money or resources to take additional time off of work or school or the ability to arrange for childcare. It also increases the likelihood that patients will get their tests

completed and take the drugs they are prescribed.

14. All affiliates offer education and counseling on reproductive health for both men and women; the provision of birth control, including emergency contraception; testing and treatment of HIV, gonorrhea, chlamydia and the HPV virus; pregnancy testing and services; breast and cervical cancer screenings; and safe and legal abortion. In addition, three affiliates offer PEP and PReP for HIV prevention. Two offer trans-health services for transgender patients. Two offer primary care. Five do prenatal screenings and referrals. Two provide prenatal care. And five do female and male sterilizations (Essure and vasectomies). This is an overview of the primary services we offer in California:



15. In 2017, Planned Parenthood saw over 760,000 patients in 1.4 million appointments. In 2017, we served California with:

a. Contraception to nearly 585,000 patients

b. Nearly 257,000 emergency contraception tests

c. 447,000 pregnancy tests

d. Over 76,000 cervical cancer screenings

e. Almost 71,000 breast cancer exams

f. Over 1.6 million tests and treatments for sexually transmitted infections

g. Sexual health education programs reaching 207,000 youth.

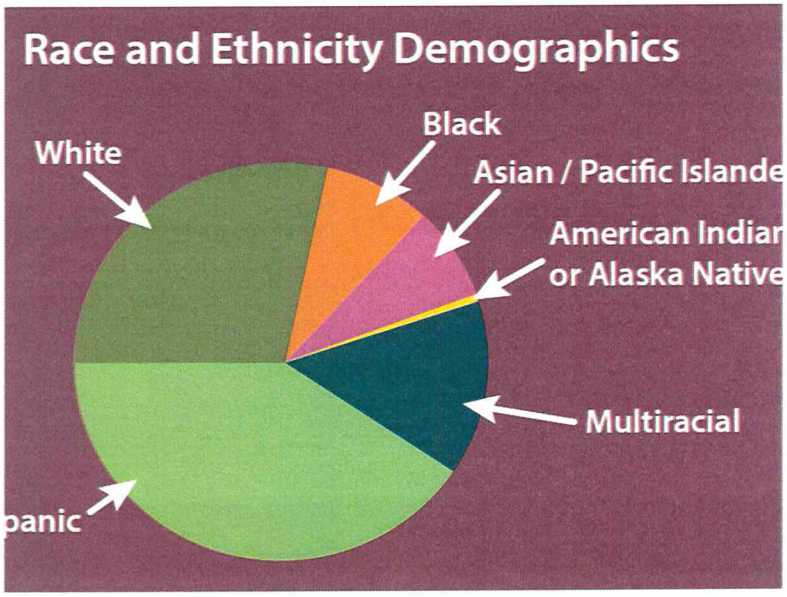
16. To give a sense of the volume that Planned Parenthood handles, the Los Angeles affiliate alone sees more than 1000 patients a day and fields more than 3000 calls at its call center.

17. Planned Parenthood primarily serves low income patients in California who have limited access to health care services.

a. Approximately seventy-nine percent (79%) of our patients are women, almost all of those are in the prime reproductive age range of 18 to 39;

b. Ninety percent (90%) are below 200% of the federal poverty level ($24,276 for one person). Of those, 31% are below 138% of the federal poverty level ($16,752 for one person);

c. The demographics of our patients roughly mirror the demographics of California: 24.4% are white, 40.5% are Hispanic, 8% Black; 7.2% Asian/Pacific Islander, and 20.5% other or unknown:



d. Many of our patients are immigrants, and some are undocumented. Many speak languages other than English. All health centers have telephone access to translators in 250 languages. As one example, Planned Parenthood of Orange San Bernardino Counties reported that they had provided services in 48 different

languages.

e. We also serve a number of special-needs populations, including people with physical, mental or other social challenges; migrant workers; homeless people; patients with limited English skills; and lesbian, gay, bisexual, transgender people. We have implemented a variety of programs to extend access to these populations and to assure delivery of care that is culturally sensitive and appropriate.

18. Planned Parenthood operates its health centers in many medically underserved areas.

a. For example, in 2016, Planned Parenthood Pacific Southwest opened a health center in El Centro in Imperial County near the Mexican Border. El Centro and Imperial County have high levels of poverty and limited employment opportunities. The unemployment rate is the second highest in the United States. Two significant issues in that region are the lack of health care providers and effective sexual education programs. According to a 2010 report by the Bixby Center for Global Reproductive Health, less than 35% of Imperial County women in need of publicly funded contraceptive services access them. Imperial County has the second highest teen birth rate in the State: 44.5 teen births per 1000 adolescents, compared to 7 in Marin.

b. As another example. Planned Parenthood Los Angeles operates a health center in Antelope Valley in eastern Los Angeles County, with a 27.3 % poverty rate.

19. Planned Parenthood clinics are staffed with experienced practitioners at multiple levels. We employ physicians, advanced practice clinicians (physicians' assistants, nurse practitioners, certified nurse midwives, registered nurses, licensed midwives) and medical assistants. Each operates within their particular, authorized scope of practice so that health care services are delivered as efficiently and cost-effectively as possible.

20. Patients come to Planned Parenthood for the accurate, nonjudgmental, compassionate and confidential care and information they need and deserve. Providers are trained to be culturally competent, which is essential in a State with such a diverse patient base.

21. Planned Parenthood affiliates in California also engage in advocacy and public education activities. In 2017, our sexual health education programs reached more than 207,000 youth.

IV. FAMILY PACT AND MEDICAID

22. In fiscal year 2018, approximately 81.9% of Planned Parenthood's patients receive their health care through Medi-Cal. 42.3% are enrolled in the Family PACT program, described in greater detail below. 5.8% receive their care through Medi-Cal fee-for-service. And 33.8% are enrolled in Medi-Cal managed care. California reimburses Planned Parenthood for the care it provides patients through these programs. Pursuant to California's State Medicaid Plan, the federal government is responsible for covering a portion of the Family PACT and Medi-Cal managed care programs for reproductive health care services. The State of California covers the remainder. For every dollar Planned Parenthood spends on family planning services in California, the federal government contributes 77.49 cents while the State spends 22.51 cents. Medi-Cal is reimbursed 50% by the federal government and 50% by the State of California with the exception of certain services, such as abortion, that are reimbursed 100% by the State.

23. In 1996, California created the Family Planning, Access, Care, and Treatment (Family PACT) program. Family PACT is a reproductive health program for clinical family planning services. It is now part of California's Medi-Cal program. The Family PACT Program is administered by the Department of Health Care Services (DHCS) Office of Family Planning (OFP). DHCS manages the State's Medicaid Program (Medi-Cal) and is responsible for provider enrollment, claims processing and responding to the public's questions regarding these issues. Family PACT delivers services at no cost to over 1.68 million people each year.[1]

24. Family PACT has been a model in delivering family planning services to low-income individuals. In the past twenty-five years, California's Family PACT program has been responsible for causing:

[1] Bixby Center for Global Reproductive Health, University of California San Francisco, *Family PACT Program Report Fiscal Year 2013-2014*, at 5 (Bixby Annual Report).

- the rates of unintended pregnancy and unplanned births to decline 82%[2]
- the teen birth rate to decline by 71%[3]
- the number of abortions to fall by 50%.

25. Decreases in the rate of unintended pregnancies and abortion over the long term result in a corresponding decrease in the risk of maternal mortality, adverse child health outcomes, behavioral problems in children, and negative psychological outcomes associated with unintended pregnancies for both mothers and children. Avoiding unintended pregnancies also helps women to delay childbearing and pursue additional education, spend additional time in their careers, and have increased earning power over the long term.[4]

26. Family planning, and the consistent use of contraception, is the most cost effective way to reduce unintended pregnancies.[5] For every 1000 unintended pregnancies, 42% will result in live births, 13% in miscarriages, and 45% in abortion.[6] Thus, reducing unintended pregnancies reduces expenses due to fewer delivery, miscarriage or abortion costs.

27. In California, 64% of unplanned births are paid for by the State.[7] The California Health Benefits Review Program recently estimated that the average cost of an unintended pregnancy is $15,364.[8] The average cost for an office visit for a miscarriage is $4,249, and the average cost of an abortion in the insured population is $2,357.[9]

28. There are additional public sector costs stemming from unintended pregnancy. Low income pregnant women can qualify for several public health and social programs which

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[2] Guttmacher Institute, *State Facts on Publicly Funded Family Planning Services: California* (Sept. 2016), https://www.guttmacher.org/fact-sheet/state-facts-publicly-funded-family-planning-services-california

[3] *Id.*

[4] California Health Benefits Review Program, *Analysis of California Senate Bill (SB) 999 Contraceptives: Annual Supply,* A Report to the 2015-2016 California State Legislature, at I (March 28, 2016, revised May 3, 2016)(hereinafter CHBRP Contraceptive Report).

[5] *Id.* at 15, 22; Bixby Center for Global Reproductive Health, UCSF, *Cost-Benefit Analysis of the California Family PACT Program for Calendar Year 2007,* at 6-7, 20 (April 2010).

[6] CHBRP Contraceptive Report, at 30, *citing* Kost K., *Unintended Pregnancy Rates at the State Level: Estimates for 2010 and Trends since 2002 (*New York 2015).

[7] Guttmacher Institute, *State Facts About Unintended Pregnancy: California* (Sept. 2016), https://www.guttmacher.org/fact-sheet/state-facts-unintended-pregnancy-california

[8] CHBRP Contraceptive Report, at 10, 30.

[9] *Id.* at 30.

provide free or low-cost services before and after delivery for themselves and their children. One study, done over a decade ago, found that each unintended pregnancy cost the public sector $6,557 in medical, welfare and other social service costs for a woman and child up to age two.[10] The savings were $14,111 from conception to age five.[11] The State's share of these costs is 33.1% and local government's share is 0.6% from conception to age two. For conception to age five, the State's share is 33.5% and local 0.3%.[12]

29. Family PACT clients are female and male residents of California with a family income at or below 200 percent of the federal poverty level, no other source of family planning coverage, and a medical necessity for family planning services. Family PACT serves 1.1 million income eligible men and women of childbearing age through a network of 2,200 public and private providers. Planned Parenthood provides more than 40% of the family planning visits that are reimbursed by Family PACT in California. In 31% of California's counties, Planned Parenthood health centers serve the majority of patients receiving publicly funded family planning.

30. Another critical component of the Family PACT program is the detection and treatment of sexually transmitted infections (STIs). Screening and treatment of STIs is the most cost effective strategy for reducing adverse reproductive health outcomes, such as pelvic inflammatory disease and infertility, and their associated costs. In FY 2013-2014, the last year statistics are available, 3.4 million STI tests were reimbursed under the Family PACT program.[13] Planned Parenthood performed 1.5 STI tests in California in 2016.

V. New Final Rules

31. I have reviewed and am familiar with the new contraceptive coverage Final Rules, 2018-24512 and 2018-24514. Under them, any employer that claims a religious or moral objection to providing contraceptive coverage would be exempt. In addition, the Final Rules

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[10] Bixby Center for Global Reproductive Health, UCSF, *Cost-Benefit Analysis of the California Family PACT Program for Calendar Year 2007,* at 20 (April 2010).
[11] *Id.*
[12] *Id.* at 21.
[13] *Id.* at 26.

remove the mandatory accommodation that women who were no longer able to obtain birth control through their employer could take advantage of to ensure continued contraceptive coverage. These expanded exemptions, together, would effectively make contraceptive coverage optional.

32. Although California's Contraceptive Coverage Equity Act, enacted in 2014, requires private health insurers and Medi-Cal to provide "no cost" contraceptive coverage, self-insured plans are governed by the Employee Retirement Income Security Act (ERISA), not state law. Over six million Californians have self-insured plans and could be affected by their employers' decisions to no longer fund contraceptive coverage.

33. California also sees a significant number of out-of-state patients. For example, Between January 1, 2018 through December 16, 2018, approximately 7% of patient visits to the El Centro Health Center at PPPSW were from outside of California. It is expected that the number of visits will only increase as access to reproductive healthcare in neighboring states could decline due to proposed federal policies.

34. After considering this change in the law and based on my experience in public health, I believe that of the California women who lose coverage under the Final Rules, many who are income-eligible—those whose incomes are at or under 200% and are not covered under Medi-Cal—will enroll in Family PACT and seek services from Planned Parenthood. This may be particularly true of younger patients who currently receive insurance through their parents. Over one-third of our patients in California (40.45%) are younger than 25. If their parents' insurance no longer covers contraceptive care, there is a high likelihood they will come to Planned Parenthood and qualify for Family PACT.

35. It is estimated that the average reimbursement per Family PACT client is $333.[14] Of this, the State is responsible, on average, for $74.96. Thus, the State will have added costs to reimburse Planned Parenthood for every new Family PACT patient who previously received contraceptive coverage through her employer.

[14] Bixby Annual Report, at 6.

36. I also believe that California will see an increase in unintended pregnancies as a result of the Final Rules. Those women who do not qualify for Family PACT may not get contraception. Research suggests that the rate of unintended pregnancy among those who are not using contraception is 45%.[15] Because 64% of births in California are paid for by the State, the State will have increased costs shouldering the costs of delivery. For those women with unintended pregnancies who choose abortion, roughly 45%, the State may also have increased costs as its Medi-Cal program covers 100% of the costs of abortion for those whose income is 138% or less of the federal poverty limit. Finally, women who do not qualify for Family PACT may opt against the most effective forms of birth control, which are more expensive. As a result, they will be at a higher risk of unintended pregnancy.

37. Finally, I anticipate that the California affiliates will have to increase charitable contributions to our assistance funds to help insured patients with high co-pays or deductibles, or who have lost coverage for contraception, afford birth control.

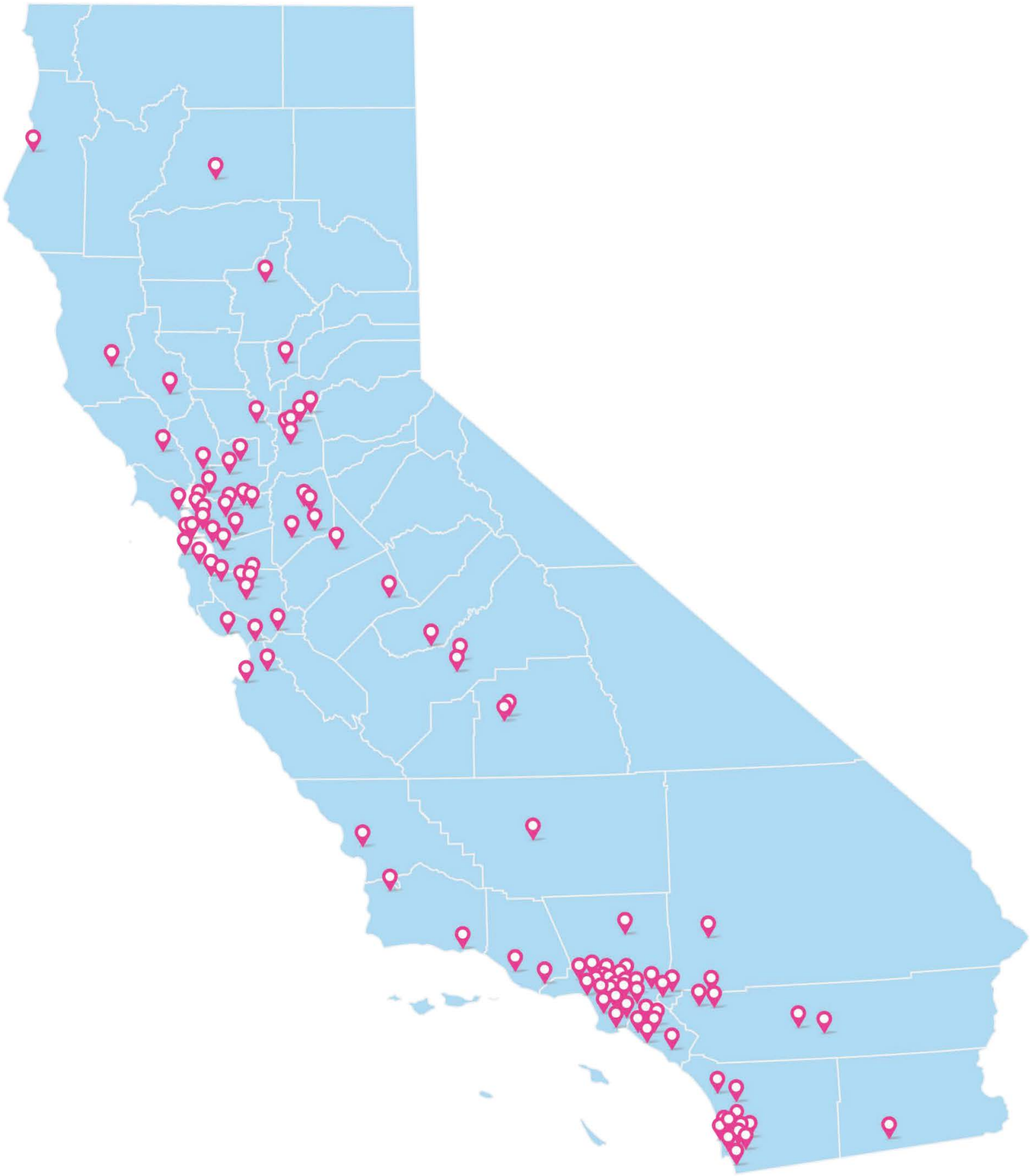
I declare under penalty of perjury that the foregoing is correct and that this declaration is executed December 18, 2018 in Santa Barbara, California.



Jenna Tosh
President & CEO
Planned Parenthood California Central Coast

[15] CHBRP Birth Control Report, at 22, *citing* Finer LB, Zolna MR, Declines in Unintended Pregnancy in the United States, 2008-2011. *New England Journal of Medicine* 374(9): 843-852 (2016).

Exhibit A



IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

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DECLARATION OF JENNIFER WELCH

I, JENNIFER WELCH, declare:

1. I am the President and CEO of Planned Parenthood of Illinois (PPIL). I have been President and CEO since May 2017. I have a thirty year career in public service in government and nonprofit leadership. In my professional opinion, the two Final Rules published by the Department of Health and Human Services, Treasury and Labor on November 15, 2018, entitled "Religious Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act," and "Moral Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act," will cause a strain on public funding for contraceptive care in the State of Illinois, including on the Illinois Medicaid and Title X programs.

2. I declare under penalty of perjury that the following is true and correct and of my own personal knowledge. This declaration is based on my professional knowledge, my knowledge of PPIL's operations, and my review of the Final Rule. If called and sworn as a witness, I could and would testify competently to the information contained in this declaration.

3. PPIL's mission is to provide and promote compassion, comprehensive reproductive health care, education, and rights. PPIL's work is dedicated to creating access for all to quality reproductive health care without judgment and with respect. PPIL operates 17 health centers throughout Illinois. It served more than 68,000 patients in 2017. In many Central Illinois communities, PPIL is the only provider of long-acting reversible contraceptives. For many of our patients, Planned Parenthood is the only health care provider they see all year – and we take that responsibility seriously. Our goal is to treat every person who comes through our doors with compassion, dignity, and respect while giving them the care they need — no matter their background, identity, or income.

Access to Contraceptive Coverage in Illinois

4. Illinois law requires all individual or group health insurance policies amended, delivered, issued, or renewed in Illinois to provide contraceptive coverage which matches the federal guarantee provided by the Affordable Care Act (Public Health Service Act 2713(c)). Illinois Insurance Code, 215 Ill. Comp. Stat. § 5/356z.4. The law specifically requires coverage

for all contraceptive drugs, devices, and other products approved by the United States Food and Drug Administration, including all over-the-counter contraceptive drugs, devices and products. *Id.* This coverage must be provided without cost-sharing and must provide for the dispensing of 12 months' worth of contraceptives at one time. *Id.* The law also requires coverage of voluntary sterilization procedures and contraceptive services, patient education and counseling, and follow-up services. *Id.* This law, however, does not cover women – or covered dependents – who have coverage through an employer that uses a self-insured plan. Therefore, Illinois women in self-insured employer-sponsored health insurance plans are at risk of losing contraceptive coverage if their employer uses the new accommodations or exemptions in the Final Rule.

5. The State of Illinois also ensures access to contraceptive coverage to Illinois women through its Medical Assistance ("Medicaid") program. Illinois Public Aid Code, 305 Ill. Comp. Stat. § 5/5-5. Illinois women with incomes up to 138% of the federal poverty level are eligible for Illinois' Medicaid program. Illinois Public Aid Code, 305 Ill. Comp. Stat. § 5/5-2. Illinois' Medicaid program provides coverage for "reproductive health care that is otherwise legal in Illinois." Illinois Public Aid Code, 305 Ill. Comp. Stat. § 5/5-5.

6. The State of Illinois also provides contraceptive coverage through the Illinois Department of Public Health (IDPH) Family Planning Program. IDPH is a grantee in the federal Title X National Family Planning Program, administered by the U.S. Department of Health and Human Services. As of October 2018, IDPH provided funding to more than 66 sites throughout Illinois, including health departments, hospital-based clinics, single services not-for-profit agencies, federally qualified health centers, and community-based organizations for the provision of family planning services, including contraceptives. U.S. Department of Health & Human Services, Office of Population Affairs, "Title X Family Planning Directory," Oct. 2018, https://www.hhs.gov/opa/sites/default/files/Title-X-Family-Planning-Directory-October2018.pdf.

Contraceptive Care Provided by PPIL is Largely Funded by Public Programs

7. PPIL is a participant in the Title X National Family Planning Program, administered by the U.S. Department of Health and Human Services. As a direct grantee of that

program, PPIL provides no-cost family planning and related preventive health care to individuals with incomes up to 250% of the federal poverty level. For individuals with incomes above 250% of the federal poverty level, PPIL provides services for a sliding scale fee. PPIL receives federal funding to reimburse the costs for individuals who receive family planning services pursuant to Title X. PPIL served more than 40% of all Illinois patients that access family planning support from a Title X health center. The vast majority of young people that access sexually transmitted infections treatment and additional services at PPIL rely on public health coverage programs to afford care. Without the ability to access Medicaid or Title X subsidies, young people will face additional barriers to obtaining the preventive care they need to stay healthy.

8. PPIL also receives reimbursement from the State of Illinois for services provided to individuals enrolled in the Illinois Medicaid program. Planned Parenthood of Illinois participates in Illinois Medicaid and is contracted with the Illinois Department of Healthcare and Family Services (HFS) and Illinois Medicaid Managed Care Organizations (MCOs). Last fiscal year, almost 23,000 of PPIL patients were Illinois Medicaid recipients, accounting for 34% of all the patients we served. Like any other provider, Planned Parenthood submits insurance claims for services rendered to Medicaid patients and is reimbursed at the Illinois Medicaid fee schedule for contracted services with IHFS and MCOs. For example, if a woman comes in to get a pap smear or birth control, our PPIL health center will apply for reimbursement to Medicaid for those services. Patients come to Planned Parenthood for a variety of reasons, one reason could be that we accept Medicaid. Many providers don't accept Medicaid because the reimbursement rates are very low.

9. PPIL also serves patients with commercial insurance, employer sponsored insurance, and individuals without any coverage. More than 22,000 PPIL patients seen last year had third party (commercial) insurance, accounting for 33% of all patients served, a very similar percentage as those we serve with public insurance.

Women May Seek Publicly Funded Contraceptive Care from PPIL and Other Providers if They Cannot Get Coverage Through Their Employer-Sponsored Plan

10. In my professional experience, women who do not have health insurance coverage for contraceptives will likely still seek such care from providers like PPIL and other Title X providers. Part of PPIL's mission is to ensure that all women have access to crucial healthcare, including contraceptives and family planning services, regardless of their health insurance coverage or ability to pay. PPIL currently serves approximately 22,000 Illinois individuals who are uninsured or do not have coverage for contraceptives care. This group represented the final third of our patients served. PPIL will provide contraceptive care to women who lose coverage previously provided by their employer-sponsored insurance as a result of the Final Rule. I expect that the number of Illinois women seeking contraceptive care from PPIL without coverage for contraceptive care will increase if the Final Rule goes into effect. At least some of these women seeking contraceptive care will be financially unable to afford doing so and such services will be publicly funded by the State of Illinois, the federal government, or go uncompensated.

11. Additionally, PPIL currently serves, and will continue to serve, women who receive dependent coverage through a spouse or parent who is a policyholder. For those women, a decision by the policyholder's employer to exclude contraceptive coverage may leave them without alternatives to coverage. Women whose insurance comes from their spouse or parent's employer may be limited in their ability to obtain alternative insurance (public or private) that includes coverage for contraceptive care. These women are likely to continue to seek contraceptive care from PPIL, only now it may be reimbursed by Title X or other publicly funded programs, rather than the policyholder's insurance.

12. It is likely that some women who are denied contraceptive coverage by their employer, or the employer of their spouse or parent, will forgo such insurance and enroll in Illinois' Medicaid program if their incomes are less than 138% of the federal poverty level. This shifts the cost of contraceptive care for these women from their employer to the State of Illinois. In other instances, women with incomes below 250% of the federal poverty level will seek services compensated by Title X. At least some of these women will seek services from PPIL or from one of the 66 clinics in the IDPH Family Planning Program. Approximately 101,619

women received family planning services from a Title X provider in Illinois in 2017. Family Planning Annual Report: 2017 National Summary, (Exhibit B-1). Of those, 38% had publicly funded insurance, 28% had private insurance, and 33% were uninsured. *Id.* at Exhibit B-3a. If these numbers expand because of a loss of employer-sponsored coverage under the Final Rules, this will constrain the resources of Title X funding throughout the State of Illinois and put additional financial burdens on reduced- and no-cost contraceptive services and programs in Illinois, as well as an emotional and financial strain on the women who are now seeking contraceptive care without the benefit of employer-sponsored insurance coverage.

Women Who Do Not Seek Contraceptive Care or Services from Planned Parenthood or Other Title X Providers May Experience Unintended Pregnancies

13. Family planning and the use of contraceptives is the most effective way to avoid unintended pregnancies. If it is more difficult for women to access contraceptives, unintended pregnancies will naturally increase. In my professional experience, it is likely that women who lose contraceptive coverage as a result of the Final Rules may not receive contraceptive care and experience unintended pregnancies. Those unintended pregnancies are likely to increase costs for Illinois Medicaid and other publicly funded programs. According to one study, 78.3% of unplanned pregnancies were publicly funded in Illinois, at least in part by with state funds. Guttmacher Institute, "Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010," Feb. 2015, Table 1.

Executed on December 18, 2018 in Chicago Illinois.

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-05783-HSG

DECLARATION OF JONATHAN WERBERG

I, Jonathan Werberg, declare:

1. I am currently the Director of the Department of Research and Analytics at the Office of the Attorney General for the State of New York ("OAG"), having previously served as the Senior Data Scientist. I have been at the OAG since May 2015. I assist, support and supervise in a wide variety of investigations and cases, including several ongoing investigations related to health and health care access. I am frequently called upon to analyze public and private datasets to quantify the impacts of particular policies. Prior to this position, I spent ten years at 1199 SEIU United Healthcare Workers East, a union of health care workers based in New York with over 400,000 members. I served in various research and analysis capacities, including the final three years as the Research Director of a department with 20 staff. In those roles, I conducted and oversaw dozens of analyses of health care policies. I am very familiar with health care, health insurance and demographic data. I am a 2003 graduate of the Massachusetts Institute of Technology with a Bachelors of Science degree in Urban Planning. I submit this declaration in support of the Complaint in the above-captioned lawsuit challenging the Defendants' Exemption Rules.

2. Based on publicly available data, there are approximately 1.16 *million* women in New York State who are currently covered by self-funded employer plans.

3. This number is based on the following analysis: According to the U.S. Census Bureau, 2,540,725 women of child-bearing age, defined as 12 to 44-years old, reside in New York State and possess employer-based health insurance.[1] Approximately 2,154,535 women in

[1] U.S. Census Bureau; American Community Survey, 2011-2013 American Community Survey 3-Year Estimates, Table B27004; generated using American FactFinder; <http://factfinder2.census.gov>; (October 10, 2017).

New York State with health insurance work in the private sector.[2] According to the most recent estimates from HHS' Medical Expenditure Panel Survey, approximately 54 percent of private-sector employees in New York are enrolled in self-insured plans.[3]

4. Thus, considering only women of child-bearing age, and not spouses or daughters of other insureds, the Exemption Rules could impact up to approximately 1.16 million women in New York State.

5. There are a number of employers in New York State that have been identified to me as likely to use the exemptions provided by the Exemption Rules because of their involvement in previous litigation challenging religious exemptions to the federal contraceptive coverage mandate. I have looked at information about these three employers to estimate the number of New York workers employed by each.

6. Hobby Lobby Stores, Inc. is a for-profit national arts and crafts store chain with 28,000 employees across the United States. In New York State, Hobby Lobby has eighteen store locations[4] and employs approximately 720 people.[5]

[2] *See* U.S. Census Bureau; American Community Survey, 2016 American Community Survey 1-Year Estimates, Table S0201; generated using American FactFinder; <http://factfinder2.census.gov>; (October 10, 2017).

[3] Agency for Healthcare Research and Quality. Percent of private-sector enrollees that are enrolled in self-insured plans at establishments that offer health insurance by firm size and State (Table II.B.2.b.1), year 1996-2016: 2016 (July 2017). Medical Expenditure Panel Survey Insurance Component Tables. Generated using MEPSnet/IC. (October 10, 2017).

[4] Parrish, Tory N. "Hobby Lobby opens 2 LI locations as part of nationwide expansion" Newsday, updated May 29, 2018, accessed December 6, 2018.

[5] "Hobby Lobby Stores on Forbes Lists," https://www.forbes.com/companies/hobby-lobby-stores/?list=largest-private-companies#56cf4fa16cee /, accessed December 6, 2018.

7. Nyack College, an affiliate of the Christian and Missionary Alliance, is a liberal arts college in New York, with approximately 3,000 students enrolled in its programs; the college employs approximately 1,100 people.[6]

8. The Charles Feinberg Center for Messianic Jewish Studies, an affiliate of Biola University, is a Master of Divinity graduate program in New York. Biola University nationally has approximately 1,000 students.[7]

9. Thus, according to my research and analysis, there will be a substantial number of New York women who may lose health plan coverage for contraceptives as a result of these Exemption Rules.

I declare under penalty of perjury that the foregoing is true and correct and of my own personal knowledge.

Executed on December 16, 2018 in New York, New York.

Jonathan Werberg
Director of Research and Analytics
New York State Office of the Attorney General

[6] Nyack College IRS Form 990 for Fiscal Year ending June 30, 2017.

[7] Fall 2015 enrollment in Biola University's Talbot School of Theology was 1,110 students. Biola Univ. Office of Institutional Research, *Biola University Fall 2015 Enrollment Summary*, BIOLA UNIV. 1, 5 (2015).

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IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF CALIFORNIA

THE STATE OF CALIFORNIA; THE STATE OF DELAWARE; THE STATE OF MARYLAND; THE STATE OF NEW YORK; THE COMMONWEALTH OF VIRGINIA,

Plaintiffs,

v.

ALEX M. AZAR, II, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; R. ALEXANDER ACOSTA, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF LABOR; U.S. DEPARTMENT OF LABOR; STEVEN MNUCHIN, IN HIS OFFICIAL CAPACITY AS SECRETARY OF THE U.S. DEPARTMENT OF THE TREASURY; U.S. DEPARTMENT OF THE TREASURY; DOES 1-100,

Defendants,

and,

THE LITTLE SISTERS OF THE POOR, JEANNE JUGAN RESIDENCE; MARCH FOR LIFE EDUCATION AND DEFENSE FUND,

Defendant-Intervenors.

4:17-cv-005783

DECLARATION OF MASSEY WHORLEY IN SUPPORT OF THE COMMONWEALTH OF VIRGINIA'S MOTION FOR PRELIMINARY INJUNCTION

I, Massey S. J. Whorley declare:

1. I am over the age of 18 and competent to make this declaration.

2. I have been the Director of Innovation and Strategic Initiatives at the Virginia Department of Social Services since July 2018. Previously, I served as the Senior Policy Advisor to Governors Ralph S. Northam and Terence R. McAuliffe in the Office of the Governor of Virginia. Prior to September 2016, I was a Senior Policy Analyst at the Commonwealth Institute for Fiscal Analysis, a nonpartisan organization that provides analyses of fiscal and economic policies and their implications for Virginians, especially low- and middle-income residents, where I managed the Health Care and Tax portfolios.

3. Plan First is Virginia's limited benefit family planning program that covers all birth control methods provided by a clinician and some birth control methods obtained with a prescription, such as contraceptive rings, patches, birth control pills, and diaphragms.

4. In general, women in families with income below 200 percent of the applicable federal poverty guideline are eligible for Plan First.

5. As of October 1, 2018, 136,074 individuals were enrolled in Plan First per information compiled by the Department of Medical Assistance Services (DMAS).

6. Total spend on Plan First in State Fiscal Year 2018 (July 1, 2017 through June 30, 2018) was $7,239,586, according to DMAS records.

7. According to DMAS records, two of the top five providers in fiscal year 2017 were the Medical College of Virginia and the University of Virginia Hospital systems, both of which are part of state-supported health systems.

8. Virginia does not have a contraceptive equity law. That is, there is no state requirement that insurance plans offer contraceptive coverage to women at zero cost to them.

9. I am familiar with the final rules that the U.S. Health and Human Services Department, in conjunction with the U.S. Department of Labor and U.S. Department of Treasury, issued on November 7, 2018 (FRs). Under the FRs, any employer could claim a religious or moral objection to providing contraceptive coverage and leave their employees without free

contraceptive coverage. This expanded exemption would effectively make contraceptive coverage optional.

10. Women impacted by the FRs who are eligible for Plan First may be expected to enroll in Plan First, resulting in an increase in enrollees in this state-supported program which would have a corresponding fiscal impact.

11. State providers, such as the Medical College of Virginia Hospital and the University of Virginia Hospital, do not recover 100 percent of the cost of the care they provide under Plan First. Accordingly, an increase in women seeking services from these two hospital systems under Plan First will have an additional impact on Virginia's financial obligations.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on December 7, 2018, in Richmond, Virginia.

MASSEY S. J. WHORLEY
Director of Innovation and Strategic Initiatives
Virginia Department of Social Services

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IN THE UNITED STATES DISTRICT COURT

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Defendants,

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4:17-cv-05783-HSG

DECLARATION OF WALKER A. WILSON

I, WALKER A. WILSON, declare:

1. I am the Assistant Secretary of Policy at the North Carolina Department of Health and Human Services. I was previous the Director of the Health Policy Office at Blue Cross Blue Shield North Carolina, where I led the team analyzing federal regulations under the Affordable Care Act.

2. The State of North Carolina provides contraceptive coverage through a statewide Family Planning program funded by multiple sources (Title X, Title V, State money, and TANF). The goal of the program is to decrease the incidence of unintended pregnancies, reduce cases of STD/HIV, improve birth outcomes, and improve the overall reproductive health among North Carolinians. Every effort is made to ensure that families with incomes at or below 100% of the federal poverty level are given priority in receiving family planning services, including adolescents.

3. North Carolina has a minor consent law allowing for a minor to consent to see a medical professional for the diagnosis, treatment, and prevention of: pregnancies, STDs, mental health, or substance use.

4. North Carolina Medicaid provides family planning coverage to men and women who have incomes at or below 195% of the federal poverty level through a program called "Be Smart." Both public and private medical providers accept "Be Smart" family planning patients.

5. All women in North Carolina are at risk of losing Affordable Care Act required contraceptive coverage under the final regulations issued by the federal government. North Carolina's 2017 population is 10,052,564; women make up 5,157,196 of the total population (according to the American Community Survey 5-year estimate). The percentage of unintended pregnancies in North Carolina in 2017 was 50.5% (according to the NC State Center for Health Statistics). As a result of these rules, women will either (a) utilize and seek coverage through State program, (North Carolina Statewide Family Planning Program), (b) they will forgo coverage and experience an unintended pregnancy. In both scenarios, the State will suffer increased costs and its residents harmed.

Executed on December 18, 2018, in Raleigh, North Carolina.

Walker A. Wilson

WALKER A. WILSON
Assistant Secretary for Policy
North Carolina Department of Health and Human Services

CERTIFICATE OF SERVICE

Case Name: **State of California v. Health and Human Services, et al.** No. **4:17-cv-05783-HSG**

I hereby certify that on December 19, 2018, I electronically filed the following documents with the Clerk of the Court by using the CM/ECF system:

1. States' Notice of Motion and Motion for Preliminary Injunction, with Memorandum of Points and Authorities

2. Declaration of Bruce S. Anderson, Ph.D.

3. Declaration of John Arensmeyer

4. Declaration of Keisha Bates in Support of States' Motion for Preliminary Injunction

5. Declaration of Nicole Alexander-Scott, MD, MHP, Director of Rhode Island Department of Health

6. Declaration of Dr. Jennifer Childs-Roshak

7. Declaration of Dr. Judy Zerzan-Thul

8. Declaration of Dr. Caryn Dutton

9. Declaration of Meagan Gallagher

10. Declaration of Alfred J. Gobeille, Secretary, Vermont Agency of Human Services

11. Declaration of Daniel Grossman

12. Declaration of Lisa M. Hollier, MD, MPH, FSCOG, in Support of State of California's Motion for Preliminary Injunction

13. Declaration of Lisa Ikemoto

14. Declaration of Dave Jones, Insurance Commissioner of California

15. Declaration of Myron Bradford "Mike" Kreidler

16. Declaration of Ruthy Lytle-Barnaby

17. Declaration of Heather P. Maisen, MSW, MPH, Family Planning Program Manager for Public Health – Seattle & King County, in Support of Plaintiff States' Motion for Preliminary Injunction

18. Declaration of Nathan Moracco

19. Declaration of Karen Nelson in Support of States' Motion for Preliminary Injunction

20. Declaration of Phuong H. Nguyen, M.D., Medical Director for Physician Services for Santa Clara Valley Medical Center, in Support of Plaintiff State of California's Motion for Preliminary Injunction

21. Declaration of Judy Mohr Peterson

22. Declaration of Robert Pomales

23. Declaration of Julie Rabinovitz

24. Declaration of Karyl T. Rattay, M.D., M.S.

25. Declaration of Reverend Susan Russell

26. Declaration of Amanda Skinner in Support of States' Motion for Preliminary Injunction

27. Declaration of Lauren J. Tobias

28. Declaration of Jennifer Welch

29. Declaration of Jonathan Werberg

30. Declaration of Massey Whorley in Support of the Commonwealth of Virginia's Motion for Preliminary Injunction

31. Declaration of Walker A. Wilson

32. Declaration of Mari Cantwell

33. Declaration of Randie C. Chance, Ph.D.

34. Declaration of Kimberly Custer

35. Declaration of Laura E. Durso

36. Declaration of Kevin Kish in Support of the States' Motion for Preliminary Injunction

37. Declaration of Kathryn Kost

38. Declaration of Jenna Tosh

39. Declaration of Trinidad Navarro, Insurance Commissioner of Delaware

Participants in the case who are registered CM/ECF users will be served by the CM/ECF system.

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service with postage thereon fully prepaid that same day in the ordinary course of business.

I further certify that some of the participants in the case are not registered CM/ECF users. On December 19, 2018, I have caused to be sent by electronic mail to the following non-CM/ECF participants:

Kimberly S. Cammarata
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kcammarata@oag.state.md.us

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct and that this declaration was executed on December 19, 2018, at Sacramento, California.

Michele Warburton	*/s/ Michele Warburton*
Declarant	Signature

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