THE LEAGUE
OF WOMEN VOTERS OF WISCONSIN, INC.
122 State Street, Madison, Wisconsin 53703-2500 608-256-0827 FAX 608-256-2853

STATEMENT TO WISCONSIN SENATE COMMITTEE ON HUMAN SERVICES AND AGING
IN SUPPORT OF SB 182

October 7, 1999

The League of Women Voters supports SB 182 that would require insurance companies that provide health care in Wisconsin to include contraceptives in their coverage.

For many years we have recognized contraceptives to be one of the valuable tools that medical technology has provided to our society. We can think of no valid reason for contraceptives to be omitted from any health insurance program and no reason for any opposition to this bill.

If there is opposition to this bill, we do not understand it. It is surely in the interest of women, men, and families to prevent unwanted pregnancies. For those who wish to have control over their finances, their work, their education, their lives, family planning is essential and should not be denied because of the cost of contraceptives.

Insurance companies should not be opposing contraceptive coverage for financial reasons when the costs to them of contraception have to be less than the costs of childbirth, a cost that is readily included in most policies, and which, of course, we support.

Please give this bill prompt approval.

The League depends on public support for its work.
Your contributions, unless given to the Education Fund, are not tax deductible for charitable purposes.

Wisconsin Coalition Against Sexual Assault

To: Members of the Senate Committee on Human Services and Aging
From: Cheri Dubiel, Policy Specialist
Wisconsin Coalition Against Sexual Assault
Date: October 7, 1999
RE: SB 182

The Wisconsin Coalition Against Sexual Assault (WCASA) promotes the social change needed to end sexual violence in Wisconsin. Our mission is to support a statewide network of concerned individuals and organizations as they work toward this goal. WCASA was formed as a statewide coalition in 1985 and currently has over 170 individual, affiliate and sexual assault service provider members.

WCASA supports SB 182, a bill to require insurance companies to cover contraceptive articles and services, because victims of sexual assault often turn to emergency contraception to prevent a pregnancy as the result of a sexual assault. One of the biggest fears for female victims of sexual assault is the fear of being impregnated by their male perpetrators. Emergency contraception is a standard part of follow-up health care following a sexual assault. It is unconscionable for insurance companies to deny coverage of one of the most basic parts of follow-up health care after a sexual assault.

According to the Office of Justice Assistance, about 5900 sexual assaults are reported in the state of Wisconsin every year. The U.S. Department of Justice estimates that only one third of all sexual assaults are even reported to the police. Those victims who do not report their crimes and seek medical attention are forced to pay for their own exams or rely on their insurance companies to pay for an exam. For those victims whose insurance companies do not cover contraception, (which is estimated at 30%) receiving a bill for their health care following their crime is further re-victimization.

WCASA supports SB 182 and encourages the Committee to consider all the ways that this legislation can help citizens of Wisconsin.

WCASA • 600 Williamson St., Suite N2 • Madison, Wisconsin • 53703 • Voice/TTY (608) 257-1516 • Fax (608) 257-2150

October 7, 1999

To: Human Services and Aging Committee

From: Mary Matuska, Pro-Life Wisconsin

RE: SB182

My name is Mary Matuska, legislative director of Pro-Life Wisconsin.

Pro-Life Wisconsin is proud to lead the battle against Senate Bill 182, the so-called "Contraceptive Equity" legislation introduced by Senator Gwendolyn Moore and Rep. Terese Berceau. This is a battle we have won the last two legislative sessions and we are committed to defeating SB182 this session. As a matter of fact, Pro-Life Wisconsin is making the defeat of SB182 our TOP legislative priority.

Insurance companies are required to cover health care in general. However, birth control is NOT health care and pregnancy is not a disease. This legislation is not really about health care. **This bill is about abortion---plain and simple.** Senator Moore and Representative Berceau can speak all they want about "contraceptives", but many of the so-called "contraceptives" which insurers would be forced to cover if this bill becomes law do not prevent the conception of a human being. Instead, these birth control devices and chemicals, such as the "Morning After Pill", IUD, and Depo-Provera, actually can destroy the life of a preborn baby in her first few days of life by preventing implantation.

Life begins at fertilization. When a father's sperm and a mother's egg join, a unique human being is created. This person will never be duplicated. No one should have the right to interfere with this individual's inalienable right to live.

SB 182 is part of an anti-life agenda. As you know, this bill requires every health insurance policy and plan to cover birth control devices and chemicals---thus forcing not only every insurance company to support such a practice, but also forcing millions of consumers to support abortion through their insurance premiums. This is unacceptable. Those who revere life should not be forced to subsidize abortion in any form, at any time!

This bill also provides no exception for those health insurance companies and plans which are religiously-oriented. These companies, many of which are rooted in a tradition of respect for human life in all its stages, would also be forced to be involved in practices they see as not only medically unnecessary, but also immoral and unethical.

SB 182 not only is anti-life, and anti-child, but also would be dangerous for Wisconsin women. Norplant---for example---would be mandated for coverage under this bill. This is the same birth control method which has caused major health care problems in women around the globe. As a matter of fact, thousands of women recently settled in a class action lawsuit against the manufacturer of Norplant because of its terrifying side effects. Yet, SB 182 would mandate that insurers cover such a dangerous method of birth control. **This is NOT pro-woman.**

Rest assured that Pro-Life Wisconsin will not allow this pro-abortion bill to become law. We will educate. We will lobby. We will mobilize thousands of our supporters to send a clear message to Madison: We will not be a party to the killing of innocent preborn children.

September 23 hearing regarding CCE

I am writing this letter to urge you to support the Contraceptive Coverage Equity Bill. Unfortunately due to my job, I am unable to attend this hearing, so I hope this letter will suffice.

As a young woman who is currently taking Birth Control Pills that are not covered by my insurance, I feel the financial burden that millions of other women face. I began taking birth control pills for medical reasons and continue to do so. Even though I am taking these pills for a medical purpose, my insurance company will not cover them. So now I am forced to spend $30.00 a month out of my own pocket to pay for these pills. My insurance company does cover **all** of the other medication I take except for my birth control pills.

It is pertinent that birth control pills become available to all women who take them for medical purposes or those who run the risk of becoming pregnant. Not only will the amount of pregnancies lower, but women will also be more likely to follow through with medical examinations that will help diagnose other medical problems.

It seems only logical that insurance companies cover contraceptives because by doing so, they (the insurance companies) do not have to face other medical expenses down the road such as prenatal care, delivery, and many years of healthcare expenses by both the mother and child.

Let's face it, women deserve contraceptive coverage and it's high time we are given the same advantages as men. Why is it that many insurance companies provide coverage for Viagra, a pill that assists with a man's sexual stamina, yet a basic form of birth control for women is not covered? Must the reproductive responsibility always fall on a woman? Why aren't we assisted with prescriptions as men are?

The fair and equitable stance to take on this issue is to give women the same prescription coverage as any other medications would be covered for men or women. Please, please support the Contraceptive Coverage Act!

Thank You,

Michelle Keyser

Michelle Keyser
801 Melvin Ave.
Racine, WI 53402
414-752-0536

OCT 06 1999

March of Dimes
Saving babies, together

March of Dimes
Birth Defects Foundation

1834 Ryan Road
Racine, Wisconsin 53406
Telephone (414) 886-8977
Fax (414) 886 8917

Amy L. Richardson
Associate, State Public Affairs

October 4, 1999

To the Members of the Senate Human Services Committee:

On behalf of the March of Dimes Birth Defects Foundation, I write to convey our organization's support for Senate Bill 182, the Contraceptive Coverage Equity Bill sponsored by Senator Gwen Moore, Senator Kim Plache, Representative Terese Berceau and Representative Jon Richards.

Studies have documented the effectiveness of family planning in preventing pregnancy and improving infant health. Preconceptional care can reduce risks for some birth defects. Included among the many prevention opportunities are:

1) use of folic acid supplements beginning weeks before conception to reduce the risk of birth defects of the brain and spinal cord,
2) preconceptional control of diabetes, and
3) treatment for alcohol abuse prior to conception to prevent fetal alcohol syndrome.

The Institute of Medicine panel on Reducing Low Birthweight concluded that "family planning services should be an integral part of overall strategies to reduce the incidence of low birthweight. Family planning also is associated with increased use of prenatal care. Currently most insurance plans exclude contraceptives from their prescription drug benefits. SB 182 would ensure equity in prescription coverage by requiring all private insurance plans that cover prescriptions to also cover contraceptives.

The March of Dime mission is to improve the health of babies by preventing birth defects and infant mortality. The Foundation recognizes the role of family planning and preconceptional care in reducing the risks of birth defects, low birthweight and infant mortality. The March of Dimes supports access to preconceptional health and family planning services for all women of childbearing age, regardless of income. Senate Bill 182 is consistent with the March of Dimes mission, and we are pleased to support this bill.

Sincerely,

Amy L. Richardson

Amy L. Richardson, Associate
State Public Affairs

Association of Women's Health, Obstetric, and Neonatal Nurses **AWHONN**

OCT 06 1999

October 5, 1999

Senator Judy Robson
Chair
Wisconsin Senate Committee on Human Services
And Aging
Madison, WI

Dear Senator Robson:

Attached is my written testimony in support of Senate Bill 182, the Contraceptive Coverage Equity Act for the public hearing to be held on October 7, 1999. Please feel free to make copies for the entire committee.

As Chair of AWHONN WI and a practicing Women's Health Nurse Practitioner I would like to express my support for this bill. As you will note in my testimony, many unwanted pregnancies can be prevented by available contraception. I have also included a copy of the AWHONN position statement regarding this issue.

Thank you for allowing me the opportunity to speak on this issue. If you or the committee have any questions regarding my testimony, please do not hesitate to contact me at the address or phone below.

Sincerely,

Jeanne M. Wilton, RN, MS, IBCLC

Jeanne M. Wilton, RN, MS, IBCLC
AWHONN WI Chair
Women's Health Nurse Practitioner
1612 Wisconsin Ave.
Racine, WI 53403
W: 262-631-8477; H: 262-634-2118

Cc: M. Kealy, K. LaRose

Margaret McEntire
1721 Porter Avenue
Madison, WI 53704-3830

October 7, 1999

The Honorable Judy Robson
State Capitol
Room 15 South
Madison, WI 53707

Dear Senator Robson:

I write you and other Health Committee members to thank you for holding a hearing today on the Contraceptive Coverage Equity Act.

I paid my own way through college and was determined to make a way for myself. I very responsibly took birth control pills during those years. Unfortunately, my health insurance did not cover the expense of those pills.

I had very little money during that time, yet I was so bent on carving a path for my future that paying for my birth control medication took precedence over paying for the occasional entertainment.

I urge you and other committee members to vote "yes" on SB 182. This part of a woman's health is too vital to her overall well-being, her future and the future of all our families not to be included in health insurance plans.

Sincerely,

Margaret McEntire

Margaret McEntire

To: Sen. Judy Robson, FAX 2675171

From: Margaret McEntire, 608-249-0062

Date: Oct. 7, 1999

Pages being faxed, including this page: two

Message: Please enter this letter as part of the record of your October 7, 1999 Health Committee hearing on the Contraceptive Coverage Equity Act.

Office of the Chair
Wisconsin Section
Michael A. Schellpfeffer, MD
1400 75th Street
Kenosha, WI 53143-1522
Phone: (414) 658-2133
Fax: (414) 552-2902

DISTRICT VI

13 August 1999

Dear Legislator;

I would like to take this opportunity to explain to you the facts regarding the issue of contraception. Recently, much misinformation has been circulated about this issue. Enclosed is a information statement written by the American College of Obstetricians and Gynecologists. This is a concise and easy to understand explanation of contraception.

The Wisconsin Society of Obstetrics and Gynecology/Wisconsin Section-American College of Obstetricians and Gynecologists then fully supports the concept that contraception is an integral part of quality comprehensive women's health care. In this light, all prescription contraceptive methods approved by the Food and Drug Administration should be a part of any prescription plan offered by an insurance entity.

Sincerely,

Michael A. Schellpfeffer, MD
Chair

Wisconsin
MCH Coalition

working together to promote maternal and child health

Members - (2/99)
ABC For Health
American Lung Association of Wisconsin
The Arc-Wisconsin
Association of Women's Health, Obstetric & Neonatal Nurses
Automated Health Systems, Inc.
Children's Health Alliance of Wisconsin
Children's Hospital of Wisconsin
CR-Social Development Commission/ Head Start Program
Great Lakes Hemophilia Foundation
Latino Health Organization
March of Dimes Birth Defects Foundation
Maternal & Child Health Education & Training Institute Wisconsin Area Health Education Center System
Medical College of Wisconsin
Milwaukee Gynecological Society
Milwaukee Healthy Women & Infants Project
Options in Reproductive Care
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Wisconsin Committee to Prevent Child Abuse
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Wisconsin Council on Children and Families
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Wisconsin Dietetic Association
Wisconsin Division for Early Childhood
Wisconsin Family Planning and Reproductive Health Association
Wisconsin Health and Hospital Association
Wisconsin Nurses Association
Wisconsin Nutrition Project
Wisconsin Prevention Network
Wisconsin Primary Health Care Association
Wisconsin Public Health Association
Wisconsin Section American College of Obstetricians and Gynecologists - Wisconsin Society of Obstetrics and Gynecology
Wisconsin Speech-Language-Hearing Association
Division of Public Health-Bureau of Family and Community Health–Ex–Officio Member
Children's Trust Fund for the Prevention of Child Abuse and Neglect–Ex–Officio Member

McConnell Hall
1010 Mound Street
Madison, Wisconsin 53715
608-267-6060

Affiliated with the National Healthy Mothers, Healthy Babies Coalition

October 5, 1999

To the members of the Senate Committee on Human Services & Aging:

On behalf of the Wisconsin Maternal and Child Health Coalition, I write to convey our support for the Contraceptive Coverage Equity Act. We are an association of 43 statewide organizations with the common mission of maintaining and improving the health of Wisconsin's mothers, infants, children and families. Availability of contraceptives is an important component of many aspects of family planning - something that ultimately improves the health of babies.

While the majority of large group insurance plans provide prescription benefits, a mere 15% cover all major forms of contraceptives. This bill would ensure equity in prescription coverage by requiring all private insurance plans that cover prescriptions to also cover contraceptives.

The benefits of family planning are extensive. The Institute of Medicine Panel on Reducing Low Birthweight has concluded that family planning services should be an integral part of overall strategies to reduce the incidence of low birthweight. In addition, family planning is also associated with increased use of prenatal care.

Contraception is a basic component of quality health care for women, and a critical contributor to improved maternal and child health. Wisconsin has made a name for itself across the country as a state that truly values the health of its children and families. Passage of the Contraceptive Equity Bill would further add to our reputation while doing what is best for the families of our state. We urge you to support this bill.

Sincerely,

Theresa Reagan

Theresa Reagan
Wisconsin Maternal & Child Health Coalition

Wisconsin Right to Life, Inc.

State Affiliate of the National Right to Life Committee, Inc. Washington, DC 20004-2293

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FAX COVER SHEET

OPERATOR: PLEASE NOTIFY THE PERSON NAMED BELOW THAT THIS FAX HAS ARRIVED. ***Thank You!***

Important Notice: The information contained in this transmission is intended for the specific person(s) addressed. If you have received this fax in error, please contact us immediately at the phone number below. *Thank you!*

TO (Name): David Austin

LOCATION: Sen. Radons office

AT FAX#: 608-266-2253 **AT PHONE#:** 608-267-5171

FROM: Philip A. Barker
WRL Fax: 414/778-5785
WRL Phone: 414/778-5780

Date Sent: 10-7-99

Pages: 3 **(including this cover sheet)**

Time Sent: 9:30 **(a.m.)** / **p.m.**

MESSAGE: David, please distribute to the members of the Human Services and aging Committee. Thank You

Phil A Bark

Wisconsin Right to Life, Inc.
10625 West North Avenue, Suite LL
Milwaukee, WI 53226-2331
PH: 414/778-5780
FAX: 414/778-5785
E-MAIL: admin@wrtl.org
HMPGE: http://www.wrtl.org

(8/97)

Wisconsin
Right to Life, Inc.

State Affiliate of the National Right to Life Committee, Inc. Washington, DC 20004-2293

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Mary A. Klaver

NRLC Delegate
Chet Rucinski
Mosinee

October 4, 1999

TO: Members of the Senate Human Services and Aging Committee

FROM: Susan Armacost, Legislative Director

RE: Legislation to Mandate Insurance Coverage for Contraceptives (SB182/AB362)

Wisconsin Right to Life takes no position on contraceptives as long as those contraceptives **truly prevent** the creation of human life.

However, **SB182/AB362 would mandate insurance coverage for certain "contraceptives" that act to destroy human life after it has been created.** By mandating this coverage, the consciences of tens of thousands of Wisconsinites who want and need insurance coverage for themselves would be severely violated because it would be their insurance premiums that would be used to pay to end human lives.

How does this legislation violate the consciences of people? It mandates coverage for "contraceptive articles" and "medical procedures" that are used to "prevent a pregnancy. The term "pregnancy" has traditionally been defined as beginning at fertilization, when the egg and sperm unite to create a new human life. **But some in the medical arena, particularly in the abortion industry, have taken it upon themselves to re-define "pregnancy" as beginning at implantation, which can occur up to 8 days after fertilization.** Using this game of semantics, any abortion technique can be used within that 8 day period to deliberately destroy a human life and that technique would still fall within the "contraceptive article" definition in the legislation because "pregnancy" had not yet occurred.

Consider Dr. Jerry Edwards, a Planned Parenthood abortionist in Houston, who developed an abortion procedure that can be performed as early as 8 days after fertilization. After confirming the pregnancy, it takes Edwards just 10 minutes with a hand-held syringe to remove the newly created life. He stated he has done this procedure on about 3,500 women. **Under SB182/AB362, insurance coverage for procedures like this would be mandated!**

-more-

Wisconsin Right to Life, Inc.
10625 West North Avenue, Suite LL
Milwaukee, WI 53226-2331
PH: 414/778-5780
FAX: 414/778-5785
E-MAIL: admin@wrtl.org
HMPGE: http://www.wrtl.org

Please also note the way the bill defines what is **not** a contraceptive article. It defines it as "...any drug, medicine, mixture, preparation, instrument, article or device of any nature prescribed for use in terminating the pregnancy of a woman known by the prescribing licensed health care provider to be pregnant." The state at which a woman is **known** to be pregnant by a health care provider can be quite far along in a pregnancy. **This language would be interpreted to require insurance coverage for the use of abortion drugs or even surgical abortion, like the ones performed by Colorado abortionist, Warren Hern.**

In his book, "Abortion Practice," Hern describes a procedure called "menstrual extraction," a term he says is "used to designate a performance of an early abortion before the diagnosis of pregnancy has been established through pregnancy test or examination."

Hern goes on to say, "It is simple to do, requiring only a hand suction device...It allows the woman, if she wishes, to avoid the emotional trauma of knowing she is pregnant."

Under SB182/AB362, insurance coverage for procedures like this would be mandated!

It was not long ago that the distinction between contraceptives and abortion was clear. That is not the case today.

Wisconsin Right to Life would find it reprehensible for the legislature to pass legislation that would result in <u>mandated</u> coverage for the destruction of life and would force all insured individuals to subsidize it with their premiums.

Wisconsin Right to Life urges you to vote against SB182/AB362.

Thank you.

Association of
Wisconsin HMOs

William L. Carr
President

Nancy J. Wenzel
Executive Director

2 East Mifflin Street • Suite 701 • Madison, Wisconsin 53703 • 608-255-8599 • Fax 608-255-8627

October 7, 1999

To: Members, Senate Human Services & Aging Committee

From: Julie A. Daggett
Director of Government Affairs

RE: SB 182, Contraceptive Mandate

From gynecological services to contraceptives, Wisconsin HMOs have women covered. Although Wisconsin HMOs already provide the coverage required by SB 182, Wisconsin HMOs urge you to reject another new health insurance mandate. All health insurance mandates increase costs and contribute to people losing their health insurance coverage.

- **Mandates = Higher Prices.** Even though Wisconsin HMOs already provide this coverage, the broad language in SB 182 will increase HMOs' costs. SB 182 requires coverage of **any** drug, etc., approved by the Food and Drug Administration (FDA). HMOs negotiate discounts with providers/vendors to achieve cost savings for their customers and to maximize limited health care resources. SB 182 would force HMOs to pay for more expensive contraceptives without added value.

  The Department of Employe Trust Funds (DETF) estimates that SB 182 will increase the state's costs by $242,000.

- **Small Business Can't Afford Another Mandate/Employees Could Get Stuck With the Bill.** Health care premiums for small businesses are expected to rise by double-digits for the year 2000. Rising health care costs are no longer just an employer issue. Employees are being asked to absorb more and more of these costs. Many employees will lose their coverage outright. Keeping people insured should be the top priority of the Legislature.

- **SB 182 Does Not Apply to Targeted Group.** In a September memo to his constituents, Senator Risser said SB 182 is necessary because "the five most commonly used methods of birth control are covered by only 15 percent of large group insurance plans." Most large groups self-insure and, under ERISA, are exempt from state mandates.

Thank you for your consideration of the concerns of Wisconsin HMOs regarding another new health insurance mandate. Please reject SB 182.

Statement Before the Senate
Committee on Human Services and Aging

By

Bill G. Smith
State Director
National Federation of Independent Business
Wisconsin Chapter

Thursday, October 7, 1999
Senate Bill 182: Health Insurance Mandates

Madam Chair, and members of the committee, my name is Bill G. Smith, and I am State Director for the Wisconsin Chapter of the National Federation of Independent Business.

Madam Chair, I would like to suggest that the subject of today's hearing – Senate Bill 182 – has nothing to do with contraception. The public policy debate is not over whether there is a need or whether there are health benefits derived from the use of articles and services relating to contraception.

The public policy debate is over whether government should interfere with health purchasing decisions made in the private sector. The public policy debate should be over whether government should in its collective wisdom --- be making decisions that we believe are best left to those who pay the premiums.

That's why small business owners oppose insurance coverage mandates. According to survey studies by NFIB's Research Foundation, 90 percent of our members are strongly opposed to all insurance coverage mandates: because they increase small business insurance premiums, reduce coverage, and set the undesirable precedent that government should dictate benefits offered and paid for by the private sector.

INCREASE COST

The cost of health insurance has increased dramatically for small business owners --- nearly one-quarter of Wisconsin small businesses that purchase health insurnace coverage were clobbered by premium hikes of more than 20 percent in 1998.

One small business owner testified before the Assembly Small Business Committee that his firm's rates were going up 33 percent in 1999.

And the Congressional Budget Office reports that for every one percent increase in premiums, 200,000 fewer individuals have health insurance coverage.

In fact, according to one recent study, one in five to as many as one in four uninsured people lack coverage due to benefit mandates.

So whatever the public purpose of these mandates, whether they be to reduce premium rates, or improve health care, whenever government mandates coverage of certain procedures, services, products or diseases, mandates, such as the one before you for consideration today, are at cross-purposes with their mission if they actually lead to less coverage or no coverage rather than more coverage.

So the only debate is over how much will the cost go up and how many small business owners, their employees, and their families, will lose their health insurance coverage due to mandates.

REDUCE COVERAGE

While government mandates specific coverages, workers actually pay for mandated coverages by sometimes reducing coverage in other areas, and, of course, as premiums increase it may also be necessary to reduce wages 50 employers can continue to make a plan availabe.

The bottom line, Madam Chair, is while mandates enhance coverage and some argue they improve the quality of health care for a few, mandates actually increase costs for everyone, and the cost of mandates falls disproportionately on workers in smaller firms --- those least able to bear this burden.

Larger firms have the option to self-fund their insurance plans and are, therefore, exempt from this proposal and all other mandated coverage proposals. In fact, this mandate will apply to only about, on average, a third of the state's population covered by a private group plan.

Of course, this legislation will also increase insurance costs for all taxpayers since it applies to health plans of local units of government.

Madam Chair, and members of the Committee, as you know few organizations have worked as hard as the members of NFIB for health care reforms that will not only improve access, but also reduce and contain the cost of health insurance.

The legislature deserves our gratitude for enacting market reforms and cost saving options, such as deductability of premiums, and the creation of a medical savings accounts, and health care data collection.

Yet, I would ask that members of this committee and members of the Senate, reject proposals that will add millions of dollars to the cost of health insurance for thousands of Wisconsin small business owners, and for those individuals employed by our smaller firms.

Meanwhile, remember because the federal ERISA law preempts self-insured plans from state mandates, big businesses that sefl-insure their plans are not affectd by this mandate nor any other mandate.

Therefore, those firms least able to afford the higher cost get hit --- small businesses --- in a direct hit on target for higher premiums.

Small businesses cannot ignore the mandates.

- They will pay higher premiums.
- They will reduce coverage.
- They will cancel coverage.
- They will reduce their workforce to help them spread limited benefit dollars around .
- Or they will raise prices, placing them at a competitive disadvantage.

In closing, I urge members of the committee to keep focused on the target --- reducing the number of uninsured and containing the cost of health insurance. This proposal and other mandate proposals take us in the wrong direction --- more uninsured and higher insurance costs. I hope that you will vote for more affordable health insurance for small businesses and their workers, and that you will vote against recommending Senate Bill 182 for passage.

Madison Abortion Clinic

DENNIS CHRISTENSEN, M.D. (608) 251-5900

309 W. Washington Ave.
Madison, WI 53703

October 5, 1999

To Whom it may concern,

I am writing to support AB 362. Prochoice and anti-abortion legislators alike should find this bill appealing since it will likely decrease the number of abortion procedures.

The significant cost savings realized by preventing unwanted pregnancies far outweighs the relatively slight cost to the insurance companies.

I find no scientific validity in the claim that some contraceptives are abortifacients, and the logic of the "Right to lifers" in opposing a practical approach to achieving their stated goal completely escapes me.

AB 362 is a good bill and I urge you to vote for it.

Sincerely,

D. Christensen, MD

Dennis D. Christensen,
Medical Director

OCT 0 7 1999

Lutheran Office for Public
Policy in Wisconsin
EVANGELICAL LUTHERAN CHURCH IN AMERICA
322 East Washington Ave, Madison, WI 53703-2834; 608-255-7399
FAX 608-255-7395; loppw@ecunet.org; slarson @itis.com

SENATE HUMAN SERVICES AND AGING COMMITTEE
S.B. 182, Health Insurance Coverage for Contraceptive Services
Thursday, October 7, 1999, 201 Southeast, State Capitol
Senator Judy Robson, Chair

Dear Senator Robson and committee members,

Thank you for receiving printed testimony from the Lutheran Office for Public Policy in Wisconsin, the legislative advocacy office of the six synods of the Evangelical Lutheran Church in America and their 750 congregations in Wisconsin. I am Rev. Sue Moline Larson, and I am addressing S.B. 182, legislation which would provide health insurance coverage for contraceptive articles and services.

The Evangelical Lutheran Church in America (ELCA) adopts social policy positions after lengthy deliberation and study based on an interpretation of Lutheran doctrine and sacred scripture. Three ELCA social statements offer guidance for the issue of health care coverage and the prevention of unwanted pregnancies. The first is "Working Principles for Welfare Reform" which affirms the role of government to protect and advance human rights, and promote the general welfare of all persons. It states that society is healthier when its members do not have to relinquish the capacity to affect the conditions of their lives, and that for children in particular, there must be a realistic assessment of what is necessary to bear, nurture, and provide for them over the long-term.

Next, the "Social Statement on Abortion" strongly asserts that prevention of unintended pregnancies is crucial in lessening the number of abortions, and that contraceptives be available for that purpose. In the statement, the church opposes laws that prevent the practice of contraception and which unduly encumber or endanger the lives of women.

The third and most recent statement "Sufficient Sustainable Livelihood for All," was adopted by the whole church in August of this year. It addresses the ongoing obligation of society to care for the needs of all. It calls for: "support for family planning and enhanced opportunities for women; adequate pension and health benefits; and public policies that ensure adequate social security, unemployment insurance, and health care coverage." It also calls attention to the continued racism and sexism which disproportionately harm women in our society and urges wider policy changes to alter the influences of discrimination.

Since contraceptive coverage has such a profound influence on the lives of women and the options open to them, it is unthinkable that women should risk unwanted pregnancy because health plans do not want to include the cost in their coverage. The double standard of our society sets up dilemmas which only women in their child-bearing years must face.

Many male partners are unwilling to use contraceptive protection or to assist in supporting a child they have helped create. That leaves the woman to alter her life plans to raise a child or face the wrenching consideration of abortion. Worse, every women lives with the awareness of sexual assault and the risk of being forcibly impregnated against her will.

Serious consideration also must be given to the health risks that women experience during pregnancy and childbirth. They are additional reasons to provide contraceptive coverage in health insurance plans. Preventing unwanted pregnancy is a far more profound matter than managing blood pressure or dealing with diabetes. Because nearly half of all pregnancies are unplanned, the nature of the issue must not be regarded lightly. No insurance policy should exclude a benefit which has the power to so powerfully impact so many women's lives.

I urge you to give your support to S.B. 182. Thank you.

Answers to Questions Concerning the Contraceptive Coverage Equity Act (AB362)

Are the five F.D.A. approved contraceptives that this bill covers "abortifacients?"

No. Contraceptives are <u>not</u> Abortifacients.
Abortifacients are drugs that induce an abortion after a fertilized egg has been <u>implanted</u> in the uterine wall. The five contraceptives covered in AB362 either,

1) *prevent ovulation; 2) prevent an egg from ever being fertilized; 3) or prevent the implantation of a fertilized egg.*

Unlike RU486, which causes the sloughing of cells from the uterine wall, and the accompanying abortion of an implanted embryo, <u>these</u> five forms of contraception <u>do not</u> cause an abortion to take place – they simply prevent pregnancy.

Since 1978, the Department of Health and Human Services has formally included the following Code of Federal Regulations: "<u>Pregnancy</u> encompasses the period of time from confirmation of implantation (through any of the presumptive signs of pregnancy, such as missed menses, or by a medically acceptable pregnancy test), until the expulsion or extraction of the fetus." This is the definition of pregnancy FDA officials use when considering applications for approval of new contraceptive drugs or devices. According to this federal definition, all 5 FDA-approved contraceptives included in AB362 are <u>not</u> abortifacients.

Will AB362 cost too much? If you think contraceptive coverage is costly, consider the cost of unintended pregnancies:

MONETARY AND HUMAN COSTS:

- *Coverage of contraceptives pays for itself by preventing pregnancy and its complications.*
- *Unintended pregnancies in teenagers alone cost private insurance companies $1.5 billion dollars annually.*
- *A recent study by the Alan Guttmacher Institute shows a 16% decrease in the rate of unintended pregnancies in the U.S. from 1987-1994. This decline is attributed to better access and wider use of contraception among women ages 15-44.*
- *Unintended pregnancies increase abortions – many of which are paid by insurance companies*
  - *A recent study by AGI finds an 11% decrease in abortion as a direct result of fewer unintended pregnancies.*
- *Women with unintended pregnancies are less likely to obtain timely or adequate prenatal care*

Do you prefer contraceptive coverage, or would you rather pay for the resulting abortions? Most likely, your insurance company already does.

- *In Wisconsin, four of the largest insurance companies are more willing to pay for abortions than birth control. (Planned Parenthood survey, 1994)*
- *About 70% of all health plans will pay for abortions. (Alan Guttmacher Institute study, 1998)*

Why do most insurance companies already pay for irreversible forms of contraception (vasectomy and tubal ligation) and not the reversible forms of contraception (the Pill, IUD, Norplant, diaphragm, Depo-Provera)?

Good question! Insurance companies obviously realize that they save money in the long term by covering the cost of irreversible forms of birth control. The same kind of cost savings would accrue from covering the reversible forms of birth control.

Why do we need to cover all 5 forms of reversible birth control in AB262?

- *Factors including weight, age, smoking habits, and family planning goals necessitate that women be provided with a variety of contraceptive options to fit their needs.*
- *Some women cannot take hormonally-based contraceptives such as the Pill*

Is there popular support for contraceptive coverage?

- *90% of American Public support access to family planning*
- *75% in a national survey favored insurance coverage for the full range of contraceptives*
- *73% supported even if there were a 1$-to-$5 increase in their premium.*
- *Support for coverage of contraceptives (75%) outweighs support for Viagra (49%)*

(Kaiser Family Foundation, 1998)

To the Senate Committee on Human Services and Aging

The signers of this letter gathered recently with health professionals, social workers and other interested women to discuss equity issues for all women - particularly this time in support of SB 182. Women of reproductive age spend 68% more in out of pocket health care costs. For instance, we were told that an insurance company may absorb the cost of a $12 pap smear, but will not cover contraception which could amount to $30 a month. Even tho legislatures concern with unintended pregnancy, it seems only fair that prescription coverage in health plans for women and men be the same and include the 5 most common forms of contraception -

In view of the fact that public funds to help women with reproductive care are drying up — example - the funding for the training of nurse practitioners, which only a few years ago was being lauded as a good answer for health costs. The new idea "Badger Care" may help some women, but the pot of money is very inadequate. These inadequacies emphasize the need for contraceptive coverage in all health insurance plans - Please support and endorse SB 182

Deb Keyes 114 Beth Circle Plymouth, WI 53073

Kristine Wireland 2518 N 12 Sheboygan WI 53083

Dawn Tarpey 313 Vollrath Blvd. Sheboygan, WI 53081

Charlotte Pierce PO Box 261 Elkhart Lake, WI 53020

Jean Brockie 2122 N 7th St, Sheboygan, WI 53081

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Mary Kay Theisen-Land 1709 N 7th " 53081

PHARMACY
SOCIETY OF
WISCONSIN

*"Leading Our Profession
in a Changing
Health Care Environment"*

State Senator Gwendolynne Moore
Room 409 South
State Capitol
P.O. Box 7882
Madison 53707-7882

October 6, 1999

Dear Senator Moore:

Thank you for your inquiry regarding Assembly Bill 362/Senate Bill 182. While we have thoroughly reviewed both bills and have been following their progression through the Wisconsin State Legislature, the Pharmacy Society of Wisconsin (PSW) has not taken an official position on either bill yet. Thus, the memorandum that you received from a pharmacist on this issue was not generated by PSW or one of our members.

Per your request, I have searched the database of Wisconsin pharmacists and was unable to find the name Bogomir M. Kuhar, PharmD, FASCP, (the author of the memorandum). This means that Mr. Bogomir is not a practicing pharmacist in the State of Wisconsin.

After a subsequent search of our internal records on national pharmacy associations, Mr. Bogomir's name surfaced as the Executive Director of a group called "Pharmacists for Life International" (which is based in Ohio).

Hopefully this information will be of use to you. Again, PSW has not taken a position on either bill, and in all likelihood we will remain neutral on the issue.

Please let me know if I can be of further assistance.

Very ~~Truly Yours,~~

John A. Benske
Director of Government Affairs

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Research Information from the Ad Hoc Commission to Study Abortion Deaths
"Infant Homicides Through Contraceptives" (Published June, 1998)
Bogomir Kuhar, Doctor of Pharmacy, Pharmacists for Life International
Web page-www.pfli.org e-mail: pfli@ix.netcom.com
Phone:740-881-5520

Conclusions

A review of the literature and research demonstrates unequivocally that all steroid-based so-called "contraceptives" and many other products are abortifacient in some instances, which means they cause early chemical abortions in women.

1. Oral Contraceptives - "The Pill" has three mechanisms of action. One way it works is to prevent a newly conceived baby from attaching (implanting) to the lining of the mother's womb (endometrium). The oral contraceptives alter the cell adhesion molecules in the uterus called integrins. The chemicals in the pill cause this alteration. Many women are not fully aware that they could be aborting several of their babies per year. Depending on the time in the cycle, oral contraceptives can operate in a manner that prevents a new embryo from growing in the womb of his or her mother. Oral contraceptives also cause many side effects for the women who take them including an increased incidence of pelvic inflammatory disease, blood clots, ectopic pregnancies, migraines, depression, gall bladder disease, coronary artery disease, liver problems, cervical cancer, breast cancer and infertility. (*Drug Facts and Comparisons*, 1995)
There are over a million abortions caused by the pill every year in the United States.

2. Anti-Progesterones and Progestins- These drugs interfere with the natural chemistry of the mother's womb to a greater degree by altering the endometrium to make it difficult for a newly conceived baby to survive in the first few days of life.

Depo Provera and Norplant are the most popular forms of these drugs. Depo Provera is a shot given to a woman every three months. The government of Canada has banned this drug because their more extensive research demonstrated that it was dangerous to the health of women. Depo Provera's side effects include damage to the liver and gall bladder, severe and irregular bleeding and cardiovascular problems. Norplant consists of six capsules that are inserted into a woman's arm, which are "effective" for up to five years. Several thousand women in the United States recently won a class action suit against the makers of Norplant because of the side effects which include damage to muscle tissue in their arms, headaches, hair loss, severe bleeding, blood clots, and depression.
There are 4 million abortions every year in the United States from Norplant and Depo Provera.

*3. Intrauterine Devices-IUDs-*These work by mechanically inflaming the womb (endometrium) so that a newly conceived baby cannot attach to the mother's womb. **In the United States alone, there are approximately 3.8 million abortions caused by this device.**

Milwaukee Coalition for Choice

301 North Water • 4th Floor • Milwaukee, Wisconsin 53202

Statement of support for the Contraceptive Coverage Equity Act AB 362/SB 182

October 7, 1999

Contraceptives have a proven track record of enhancing the health of women and children, preventing unintended pregnancy, and reducing the need for abortion. But although contraception is basic health care for women, far too many insurance policies exclude this vital coverage.

Women of reproductive age spend 68 percent more for health care than men because of the costs of contraceptives. While most health plans cover prescription drugs and devices, many deliberately exclude contraceptives. Ninety-seven percent of America's large group health plans cover prescriptions yet only 33 percent cover oral contraceptives. And fewer than 15 percent of these plans cover all five primary reversible methods of contraception. This disproportionately affects women who must then bear the brunt of the added costs associated with contraception.

There are over three million unintended pregnancies each year, half of which end in abortion. It is vital that we give women and their families the means to responsibly manage their reproductive lives. It is also vital that women have access to affordable contraception in order to prevent unintended pregnancies and thus reduce the need for abortion overall.

Contraception is basic health care for women, and a critical contributor to improved maternal and child health. Ready access to contraceptive services increases the likelihood that the estimated 15 million Americans contracting sexually transmitted infections each year will be diagnosed and treated. As contraceptive services help women avoid unplanned pregnancies, they help make planned pregnancies possible. A study of 45,000 women suggests that women who used family planning services in the two years before becoming pregnant were more likely to receive early and adequate prenatal care. Therefore, increased access to contraception is increased access to the health care system resulting in many health related benefits for women and their families.

We urge you to remove the disparity that is forced upon women seeking health care by supporting the Contraceptive Coverage Equity Act. For many years, health care services like prenatal care, mammography and even childhood immunizations were considered non-essential. Now that these services are universally accepted as necessary care, they too are fully covered by insurance saving countless lives everyday. Coverage for contraception and the ability to plan motherhood is a natural next step.

This is a positive change whose time has come. It will bring some common sense to the American health insurance system and improve the health of women and children. Most importantly, it will break down one more barrier to achieving the ultimate goal of family planning: giving American families the tools they need to ensure that every child is cared for, wanted and loved.

WISCONSIN CATHOLIC CONFERENCE

TO: The Senate Committee on Human Services and Aging

FROM: John Huebscher, Executive Director

DATE: October 7, 1999

RE: Opposition to Senate Bill 182

The Wisconsin Catholic Conference opposes Senate Bill 182, which would require all health insurance policies to cover contraceptive articles and services.

For a significant number of people, the specific choice not to cover certain contraceptive articles and services is a matter of conscience. Their freedom of conscience should not be inhibited by government mandate.

As employers in the state, some of the Roman Catholic dioceses are self insured and therefore would not be bound by the mandate of this bill, however, other dioceses are covered by health plans that would be required to comply with the proposed mandated coverage. Such a mandate would be an unacceptable infringement on our religious tenets and values.

An additional concern for the WCC is the potential abortifacient quality of some of the contraceptive articles that the bill proposes to cover.

If the bill were to advance, the WCC urges the Committee to provide a mechanism for employers to select against coverage of contraceptive articles and services based upon a moral or religious objection.

At a time when the number of uninsured individuals in the country has risen to the highest level in a decade, we believe that assuring access to affordable health care to those who have no health insurance at all should be a higher priority. We would encourage members of the Committee to focus time and effort on proposals that seek to expand access to health care for those who currently lack coverage.

Thank you for considering our comments.

30 W. Mifflin Street • Suite 302 • Madison, WI 53703 • Tel 608/257-0004 • Fax 257-0376
E-MAIL: office@wisconsincatholic.com • WEBSITE: http://www.wisconsincatholic.com

Statement for the (Wisconsin) Senate Committee on Human Services and Aging
Thursday, October 7, 1999

Public Hearing on SB 182
10:00 AM, Room 201 SE

Dear Committee Members,

I am here to urge your support of the Contraceptive Coverage Equity Act, SB182. Under this legislation, insurance plans already covering prescription drugs and devices, must include equal coverage for prescription contraceptive drugs and devices. Insurance plans cover all other prescription drugs, excluding contraceptives is discriminatory.

Women of reproductive age generally spend 68% more in out-of-pocket costs than men, mainly, due to their reproductive role. This constitutes a gender inequity with a heavier burden on women. Many of the more effective forms of contraception are also more expensive. Therefore, women and their families who must pay out-of-pocket may choose less expensive methods, which may be less effective, resulting in more unintended pregnancies.

Basic health care for women includes contraceptive care. Women who have used family planning services in the two years before conception were more likely to receive early and adequate prenatal care. Thus, healthier mothers produce healthier babies. Families can avoid unplanned pregnancies as well as space and plan their children. Ready access to contraceptive services also increases the likelihood that an estimated 15 million Americans infected with STD's will be diagnosed and treated.

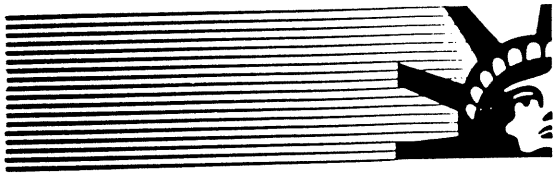
Two thirds of U.S. women of childbearing age rely on private, employer-related plans for their health coverage. However, 49% of large group plans do not routinely cover any contraceptive method. Only 15% of large group plans cover the five most common reversible contraceptives: "the pill", diaphragms, Depo Provera, IUD's and Norplant. The issue of contraceptive equity gained momentum when insurance companies in large number decided to cover the male impotence drug, Viagra!

There has been resistance to contraceptive equity legislation from groups that are opposed to abortion and contraception. They incorrectly claim that the Pill and IUD's induce abortion. The Pill and the IUD actually prevent pregnancy by stopping ovulation, preventing fertilization or implantation. Attached is a more detailed discussion of the major contraceptives by the American College of OB/GYN's. Access to good contraceptive services reduces the need for abortions, which become more dangerous for women every time more restrictions are placed on them.

Submitted by: Rachel B. Trobaugh, Pres. Racine NOW
3219 Moorland Ave
Racine, WI 53405

Elisabeth Michelle Chay

THE NARAL FOUNDATION *Promoting Reproductive Choices*



MAKING THE CASE FOR CONTRACEPTIVE COVERAGE

Contraceptive Coverage Is Basic Health Care

- The average woman who wants two children will spend 4.5 years trying to get pregnant and more than 20 years trying to avoid pregnancy.

- It is essential for women's health to be able to plan the number and spacing of their pregnancies. As the American College of Obstetricians and Gynecologists (ACOG) stated, "[t]o ignore the health benefits of contraception is to say that the alternative of 12 to 15 pregnancies during a woman's lifetime is medically acceptable."

Contraceptive Coverage Is Fair

- Women of reproductive age spend 68 percent more than men on out-of-pocket health care costs with reproductive health care services accounting for much of that difference.

- While 97 percent of indemnity plans cover prescription drugs, 49 percent of indemnity plans do not routinely cover any contraception method at all, only 33 percent cover the Pill, and only 15 percent cover the five most common FDA-approved methods of contraception.

- Eighty-two percent of Preferred Provider Organizations (PPOs), 67 percent of Point of Service (POS) networks, and 61 percent of HMOs do not routinely cover all five methods of prescription contraceptives.

Contraceptive Coverage Is Economical

- Covering contraception *saves* insurers money by preventing unintended pregnancies. Insurers generally pay the medical costs resulting from an unintended pregnancy, including ectopic pregnancy ($4994), induced abortion ($416), spontaneous abortion ($1038), and term pregnancy ($8619). The use of contraception can reduce these costs and the incidence of unintended pregnancy and abortion.

- Over a five year period, a woman using no method of contraception will have an average of 4.25 unintended pregnancies, costing almost $15,000. The money saved over a five year period by preventing these pregnancies ranges from $12,500 for women using oral contraceptives to almost $14,000 for women using an IUD.

- A cost analysis conducted for the Alan Guttmacher Institute (AGI) indicates that the average cost of adding coverage for the full range of contraceptives is only $1.43 per employee per month, not including any offsets for costs avoided.

Contraceptive Coverage Enjoys Wide Public Support

- A 1998 poll by the Kaiser Family Foundation showed that 75 percent of Americans favor legislation requiring insurance companies to cover contraception. Support for insurance coverage of contraception remained high (73 percent) even when participants were told that the coverage could increase insurance premiums by $1 to $5.

DO SOMETHING! **Call 1-877-YOU-DECIDE (1-877-968-3324) or log-on to www.naral.org.**

For a complete fact sheet on Private Insurance Coverage for Contraception , please contact the NARAL Information Line at (202) 973-3018.

The NARAL Foundation

1156 15th Street, NW
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Washington, DC 20005
Phone (202) 973-3000

10536 Culver Boulevard
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Culver City, CA 90232
Phone (310) 559-9334

2/18/99

TO: Senate Committee on Human Services and Aging
DATE: October 7, 1999

My name is Dr. Nick Smiar. I am Chairperson of the Department of Social Work at the University of Wisconsin-Eau Claire I come before the Senate Committee on Human Services and Aging this morning to present testimony on behalf of the Wisconsin Chapter of the National Association of Social Workers, in support of SB 182 The Contraceptive Coverage Equity Bill.

The provisions of Section 10 632.895 (14) extend to women the insurance coverage for reproductive health measures, specifically contraceptive articles approved by the FDA, medical services related to contraception, and medical procedures related to prevention of pregnancy. The word "Equity" in the title of the bill refers to a fair and equitable extension of insurance coverage to women to ensure equal health care for both men and women. In reproductive health, women are at a distinct cultural, biological, and financial disadvantage. In our culture, women are assumed to bear the primary responsibility for reproduction, that is, both the process and the fact, especially since the advent of "the pill.." Biologically, the man has a relatively minor role but at least an equal responsibility for the reproductive process. Financially, women spend more of their own money on uninsured health costs than men do, and the bulk of this is in the area of reproductive health care services.

The National Association of Social Workers, in its 1990 policy statements regarding family planning, advocates for adequate financing for family planning services and related professional services, ensuring full access to the technology and resources which enable persons to exercise their choice regarding whether and when to have children. The current draft policy statement on the same topic states, "One of the essential interventions is providing families , and particularly women of childbearing age, access to and information about family planning options. Such assistance gives greater assurance that children will be wanted and loved. It helps ensure that a family will not face dire economic circumstances from the weight of more children than they want. Women should not be forced to have children they do not want. The decision not to have children is as valid as the decision to have children" (Draft NASW policy statement, unpublished, p. 7). Birth control and family planning involve decision making regarding reproduction and offer the best alternative to unwanted pregnancies and the social consequences and the costs of these unwanted pregnancies.

Consistent with these policy statements, NASW-WI supports the provisions of SB 182 because these provisions extend equity in reproductive health care and family planning to women. Women spend 68% more of their own money on uninsured health care costs than men do (Women's Research and Education Institute; Alan Guttmacher Institute, 8/98), and most of that 68% is for services related to family planning, reproductive health care services, and related services

Extension of coverage is needed because (1) although 97% of insurance plans cover prescription drugs, only 30% cover one method of birth control and only 5% cover all

five of the methods approved by the FDA, while 90% of all plans cover sterilization; (2) the cost of effective methods of contraception, that is, methods covered by medical insurance, is one of the key factors in women's decisions regarding contraception (Kaiser Family Foundation); some of the most effective methods, such as the IUD and Norplant, cost so much that the cost serves as a deterrent to their use; and (3) without coverage, women will choose the method which is most affordable, not the one which is most effective..

Contraception prevents pregnancies. We have the medical technology to prevent pregnancies, especially unwanted pregnancies. Placing a medical block between the sperm and the egg is possible, safe, and responsible, especially when the alternative is an unwanted pregnancy. Opponents of SB 182 assert that this bill is a pro-abortion bill, that it promotes the use of abortifacients, and that the bill would force individuals and insurance companies to pay for services to which they object. First, there is a clear distinction between abortion, which is termination of the life of a fetus, and contraception, which places a block between sperm and egg. Second, Norplant and Depro-Provera, two of the five approved methods, do not have an abortifacient action . This has been clarified in other documents submitted to this committee by the Wisconsin Section of the American College of Obstetricians and Gynecologists (Letter and attached memo of Dr. Michael Schellpfeffer, August 13, 1999). Third, constraint of choice regarding objects of expenditures is a feature of every group service; the individual has the choice to enter or leave the group or to pay or not pay premiums. That objection has no relevance or force here. The Wisconsin Department of Employee Trust Funds has determined that the addition of the fifth method (the other four are already covered) would cost 14 cents per month per participant. The Allan Guttmacher Institute estimates that the total costs for all five methods, in a plan which does not currently cover any one of the methods, would be about $1.43 per month for the employer and thirty-six cents per month per individual. Public surveys indicate strong support for coverage of contraception in private insurance plans (Kaiser Family Foundation).

SB 182 makes good financial and social sense. It benefits the citizens of Wisconsin, especially female citizens. It is a logical extension of current insurance coverage and is consistent with such coverage in public insurance programs. We urge that it be passed.

Thank you for receiving and considering this testimony.

Submitted by:
Nicholas P. Smiar, ACSW, PhD
Chairperson and Professor
Department of Social Work
University of Wisconsin-Eau Claire
Eau Claire, WI 54702-4004
On behalf of the Wisconsin Chapter, National Association of Social Workers.

THE NARAL FOUNDATION *Promoting Reproductive Choices*

NARAL
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WISCONSIN SENATE COMMITTEE ON HUMAN SERVICES AND AGING
Senators Judy Robson, Gwen Moore
Robert Wirch, Carol Roessler, and Peggy Rosenzweig

HEARING ON SB 182
Contraceptive Coverage Equity Act

October 7, 1999

Statement of Paige Shipman, Regional Field Organizer
The National Abortion and Reproductive Rights Action League (NARAL)

NARAL appreciates this opportunity to urge the Senate Committee on Human Services and Aging to ensure contraceptive coverage in insurance plans by enacting SB 182. NARAL's mission is to secure and protect the freedom to choose and to make abortion less necessary by improving women's access to contraception. In support of this mission, NARAL and its state affiliates have made contraceptive coverage equity a top priority.

The Contraceptive Coverage Equity Act offers a critical step toward reducing unintended pregnancies, promoting women's reproductive health, and curbing the long history of discrimination against women. SB 182 offers the Senate an excellent opportunity to show the 625,000 Wisconsin women who need contraceptive services and supplies that you are concerned for their health.[1] Every month, when a woman who previously paid for birth control pills out of pocket simply pays her co-payment, she will be grateful to you. And she will appreciate that you have recognized the terrible unfairness in current insurance policies.

To give you a sense of the level of frustration and dissatisfaction Wisconsin women feel, I am going to share some personal stories with you today. Over the summer, hundreds of Wisconsin women have responded to a NARAL survey about contraceptive coverage. The surveys demonstrate that like voters in Connecticut and New York where 76 percent and nearly 70 percent of people supported requiring coverage of birth control, Wisconsin women support contraceptive coverage equity.[2] Barbara Duncan of Janesville wrote that she changed her insurance to Dean Care specifically to have contraceptive coverage.[3]

The NARAL Foundation

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But then, much to her dismay, she had to return to her former HMO because Dean Care would not cover her gynecologist. If insurance companies were required to cover contraception, women like Barbara would not be forced to choose between a doctor who she knows and trusts and the considerable expense of contraception.

Thuy Nguyen of Madison is one of many Wisconsin women who takes birth control for medical reasons. In 1994 Thuy discovered that she had a functioning cyst on her ovaries. Since then, she has spent approximately 1500 dollars paying for the birth control pills that are *medically necessary* to protect her against the growth of the cyst. Carol Mitchell of West Allis shares a predicament similar to Thuy's. Carol has dismenorrhea and without the pill she experiences the disabling effect of irregular periods and heavy cramping. Regardless of the obvious need she has for birth control pills, Carol had to obtain multiple letters from doctors in order to convince her insurance company to cover them. Placing such additional personal and financial burdens on women is discriminatory and unfair.

The small minority of Wisconsin women who are fortunate enough to contraceptive coverage are well aware of their privileged position. Joanne Williams of Lake Geneva wrote that "The teachers [in Wisconsin] formed their own insurance group to stop...[gender] inequalities" and she urges other groups to do the same. Elizabeth Zenz of Eau Claire, another member of the Wisconsin Education Association Insurance group, also praised the company for covering contraception.

In conclusion, this legislation is not only a critical step toward ending discrimination against women, it would not merely improve the health of Wisconsin women, and it would not just reduce the number of unintended pregnancies and the need for abortion; it would do all of these things while also showing thousands of Wisconsin women that you are listening to them..

Thank you.

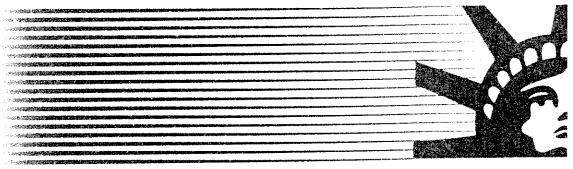
---

1. The Alan Guttmacher Institute (AGI), *Contraceptive Needs and Services, 1995* (New York: AGI, 1997).

2. Quinnipiac College Poll, "Connecticut Votes Back Birth Control Insurance 4-1, Quinnipiac College Poll Finds; Lieberman Gets Strong Approval From Republicans," April 2, 1998 (press release); Family Planning Advocates of NYS, "New York State Poll Results, New York Voters Support Contraceptive Coverage Equity, Legislature Should Pass Bill That Would Require Health Plans That Cover Prescriptions To Cover Prescription Birth Control," June 18, 1998 (press release).

3. The following stories are drawn from NARAL Surveys in my possession. Copies are available upon request.

THE NARAL FOUNDATION *Promoting Reproductive Choices*



PRIVATE INSURANCE COVERAGE FOR CONTRACEPTION IMPROVES THE HEALTH OF WOMEN AND FAMILIES

Access to highly effective contraception is important to improving women's overall health and in reducing unintended pregnancy and should be included as part of basic health care coverage. Today, two-thirds of U.S. women of childbearing age rely on private, employer-related plans for their health coverage.[1] Yet, while most health insurers generally cover prescription drugs, most insurers exclude some or all prescription contraceptives.[2] Therefore, as a result of insurance exclusions some women covered by private health insurance are likely to use less expensive contraceptive methods as an alternative to paying high, out-of-pocket expenses for more effective prescription contraception.

Half of All Traditional Fee-for-Service Insurance Plans Cover No Reversible Contraceptive Methods at All, and Existing Coverage is Lacking

- Forty-nine percent of all typical large group plans (insured indemnity plans written for 100 or more employees) do not routinely cover any contraceptive methods, and only 15 percent cover the five primary reversible contraceptive methods: oral contraception, IUD insertion, diaphragm fitting, Norplant insertion, and Depo-Provera injection. Fewer than 40 percent of typical large group plans routinely cover any one of these five methods.[3] Coverage of all five methods is critical to women's health since not all methods are appropriate for all women. For instance, some women cannot take hormonally-based contraceptives such as "the pill," and they must have access to other effective contraception such as diaphragms or IUDs.[4]

- Sterilization is generally covered by 85 percent of large group plans, reflecting the tendency for health insurers to cover surgical services, but not preventive care.[5]

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Health Maintenance Organizations (HMOs) Provide Better Contraceptive Coverage, but Fewer Than Half Cover the Five Most Commonly Used Methods

- Although 93 percent of HMOs cover some contraceptive methods, only 39 percent routinely cover the five most commonly used methods.[6]

- Coverage of contraceptive devices by HMOs varies. Implant insertions are covered by 59 percent of HMOs and 86 percent of IUD insertions are covered. The devices themselves, however, are less frequently covered.[7]

Preferred Provider Organizations (PPOs) and Point-of-Service (POS) Networks Often Include Some Contraceptive Care, but Contain Significant Coverage Gaps

- Forty-nine percent of PPOs and 19 percent of POS networks do not routinely cover any reversible contraceptive methods. Only 18 percent of PPOs and 33 percent of POS networks typically cover the five most commonly used methods.[8]

- PPOs provide minimal coverage of contraceptive devices, with only 23 percent for diaphragm fittings, 25 percent for IUD insertion, and 35 percent coverage for injections. Coverage of contraceptive devices by POS networks ranges from 46 percent for IUD insertions and diaphragm fittings to 72 percent for an injection.[9]

Individual State Studies Have Found Similar Inequities in Insurance Coverage for Contraception

- A survey of health insurers in Connecticut found that only 39 percent cover oral contraceptives, 33 percent cover Depo Provera, 29 percent cover diaphragms and cervical caps, and 43 percent cover Norplant.[10]

- A Pennsylvania survey found that less than one-third of all insurance companies in that state cover the five most commonly used methods of prescription contraception. Moreover, nearly one quarter of all insurance companies in Pennsylvania do not cover any of the five most commonly used methods of prescription contraception.[11]

- According to a Washington survey, half of all health insurance plans in Washington do not cover any contraceptive services. Fewer that one-third of surveyed plans routinely cover the five most commonly used methods of prescription contraception. Furthermore, approximately 78 percent of eligible women are not receiving contraceptive coverage through their health plans. [12]

Inequities in Insurance Coverage for Prescription Contraception Fall Heavily on Women

- Women of reproductive age spend 68 percent more than men on out-of-pocket health care costs, with reproductive health care services accounting for much of the difference.[13]

- According to the State of Hawaii Health Department, an estimated 77 percent of privately insured women of reproductive age in Hawaii are not covered for all contraceptive services.[14]

- The most effective forms of prescription contraception are used only by women. Some of these methods are expensive, at least up front, often costing hundreds of dollars at the outset of patient use.[15] Thus, women who pay out-of-pocket may opt for less expensive and sometimes less effective methods, thereby increasing the number of unintended pregnancies.

Public Polls Indicate that the Public Supports Contraceptive Equity

- A national survey by the Kaiser Family Foundation found that 75 percent of those surveyed favored legislation requiring insurers to provide coverage for the full range of contraceptives. Support for insurance coverage of contraception remained high (73 percent) even when participants were told that the coverage could increase insurance premiums by $1 to $5. In addition, the survey also found that the public is more likely to support insurance coverage of contraceptives (75 percent) than Viagra (49 percent).[16]

- Two state polls found similar support. A Connecticut survey found that 76 percent of those polled support legislation requiring insurance companies to cover contraceptives.[17] In New York, a poll found that almost 70 percent of registered New York voters believe health insurance prescription drug plans should be required to include birth control.[18]

Improved Access to and Use of Contraception Would Save Insurers and Society Money by Preventing Unintended Pregnancies

- Nearly 50 percent of pregnancies are unintended, including 31 percent of pregnancies among married women. Fifty-four percent of unintended pregnancies end in abortion.[19]

- Improved access to and use of contraception would *save* insurers and society money by preventing unintended pregnancies.[20] Insurers generally pay the medical costs of unintended pregnancy, including ectopic pregnancy ($4994), induced abortion ($416), spontaneous abortion ($1038), and term pregnancy ($8619).[21] Therefore, access to contraception should actually prevent other, more expensive medical conditions associated with unintended pregnancy that usually are covered by health plans.

- A cost analysis conducted for The Alan Guttmacher Institute (AGI) indicates that the cost of covering contraception is not significant. The added cost for employers to provide coverage of the full range of reversible contraceptives is approximately $1.43 per employee per month. The cost is significantly lower for health plans that currently cover at least some contraceptives.[22]

Private Health Insurance Coverage for Contraception Will Improve the Health of Women and Families

The lack of adequate private insurance coverage for contraceptive services makes it more difficult for women to prevent unintended pregnancy and increases the need for abortion. Nearly 50 percent of all pregnancies in the U.S. are unintended, and over one-half of unintended pregnancies result in abortion.[23] The majority of American women and men believe that the cost of birth control and the inability to obtain it contribute to the problem of unplanned pregnancy.[24] The U.S. differs from countries with lower rates of unplanned pregnancy in that highly effective contraceptive care in the U.S. is neither widely available nor easily accessible.[25]

In addition to contributing to high rates of unintended pregnancy, the inaccessibility of more effective contraceptive methods carries appreciable health risks for women and children. Research shows that women with unintended pregnancies are less likely to obtain timely or adequate prenatal care. Moreover, unintended pregnancy increases the likelihood of low birth weight babies and infant mortality.[26] Estimates show that effective family planning could reduce the rates of low birth weight and infant mortality by 12 percent and 10 percent, respectively.[27]

Requiring private insurance to cover contraception will increase access to more effective contraceptive methods and will allow a greater number of women to plan, space, and time pregnancies, thereby reducing unintended pregnancy and the need for abortion. The impact of contraceptive coverage will be improved health for American women, men, and families.

Legislators Recognize the Importance of Insurance Coverage for Contraception

In the last few years, more lawmakers have considered legislation to require contraceptive coverage in private insurance. For instance, in 1998 31 bills were introduced in 19 states, compared to 14 bills in eight states in 1997, a 121 percent increase in the number of bills.[28] And in 1999, 61 bills were introduced in 32 states -- a 97% increase in the number of bills from 1998. Eight of these bills have been enacted and one more is expected to be enacted before the close of the 1999 legislative session.[29]

With these nine bills plus one enacted during Maryland's 1998 legislative session, 10 states will have enacted laws to address the imbalance in prescription contraceptive coverage in private insurance in the past two years.[30] Seven other states have laws, policies, or regulations that

provide some level of private insurance coverage for contraception (ID, IA, KY, MN, NJ, TX, WY).[31]

Although state mandates will help many women, they cannot ensure coverage throughout the United States. Not all states will require coverage, and even in states that do, not all women who have private insurance will be covered. In fact, over half of all U.S. workers are covered under a health insurance plan regulated by the Employee Retirement Income Security Act (ERISA) and thus exempt from state regulation.[32] Federal legislation will be necessary to ensure nationwide private health insurance coverage for contraception.

The Equity in Prescription and Contraceptive Coverage Act, which would require parity in coverage for contraceptive prescriptions and medical services under those plans not subject to state regulation, was introduced in both the 105th Congress and the 106th Congress. This type of legislation is critical to ensuring more equitable private health insurance coverage, and in eliminating some barriers to more effective family planning.

07/13/99

NOTES:

1. The Alan Guttmacher Institute (AGI), *Uneven and Unequal: Insurance Coverage and Reproductive Health Services* (New York: AGI, 1994), 4; "US Calls For Rx Contraceptive Coverage," Marketletter, May 18, 1998. Congress took an important step forward in 1998 in providing equitable coverage for contraception in federal employee health benefit plans, and some states have insured that women covered under state employee health benefit plans have contraceptive coverage. The NARAL Foundation/NARAL, *Who Decides? A State-By-State Review of Abortion and Reproductive Rights, 1999*, 8th Edition (Washington, D.C.: The NARAL Foundation/NARAL, 1999). The same arguments set forth in this memorandum regarding private insurance apply with equal vigor in the public employee insurance context.

2. AGI, *Uneven and Unequal*, 9.

3. AGI, *Uneven and Unequal*, 12, 15.

4. Oral Contraceptives are generally not recommended for women with the following characteristics: smoker, sedentary, overweight, over 50 years of age, history of heart or vascular disease, diabetic, or high cholesterol level. Robert A. Hatcher et al., *Contraceptive Technology*, (New York: Irvington, 1994), 235.

5. AGI, *Uneven and Unequal*, 17-19.

6. Rachel Benson Gold and Cory L. Richards, *Improving the Fit: Reproductive Health Services in Managed Care Settings* (New York: AGI, 1996), 14.

7. Benson Gold and Richards, *Improving the Fit*, 14.

8. AGI, *Uneven and Unequal*, 17.

9. AGI, *Uneven and Unequal*, 15.

10. Connecticut NARAL survey, "Comprehensive Survey of Health Insurance Providers in Connecticut," 1998.

11. NARAL-PA Foundation, *A Special Report on Insurance Coverage of Reproductive Health Care in Pennsylvania* (Philadelphia: NARAL-PA Foundation, June 1998), 6-7.

12. Deborah Senn, Washington State Insurance Commissioner, *Reproductive Health Benefits Survey* (Olympia: OIC, Sept. 1998), 20.

13. Women's Research and Education Institute (WREI), "Women's Health Care Costs and Experiences," Executive Summary (1994), 2-3.

14. The Auditor, State of Hawaii, "Study of Proposed Mandatory Health Insurance Coverage for Contraceptive Services," Feb. 1998, 11 (Report to the Governor and the Legislature of the State of Hawaii).

15. AGI, *Uneven and Unequal*, 4.

16. Kaiser Family Foundation, *Kaiser Family Foundation National Survey on Insurance Coverage of Contraceptives, Questionnaire and Topline* (Menlo Park: KKF, June 19, 1998).

17. Quinnipiac College Poll, "Connecticut Votes Back Birth Control Insurance 4-1, Quinnipiac College Poll Finds; Lieberman Gets Strong Approval From Republicans," Apr. 2, 1998 (press release).

18. Family Planning Advocates of NYS, "New York State Poll Results, New York Voters Support Contraceptive Coverage Equity, Legislature Should Pass Bill That Would Require Health Plans That Cover Prescriptions To Cover Prescription Birth Control," June 18, 1998 (press release).

19. Stanley Henshaw, "Unintended Pregnancy in the United States," *Family Planning Perspectives*, vol. 30, no. 1 (Jan./Feb. 1998): 27.

20. James Trussell, et al., "The Economic Value of Contraception: A Comparison of 15 Methods," *American Journal of Public Health*, vol. 85, no. 4 (Apr 1995): 500.

21. Trussell, "The Economic Value," 497, 500.

22. Jacqueline Darroch, *Cost to Employer Health Plans of Covering Contraceptives, Summary, Methodology and Background* (New York: AGI, June 1998), 1.

23. Committee on Unintended Pregnancy, Institute of Medicine, *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*, Sarah S. Brown and Leon Eisenberg, eds. (Washington, DC: National Academy Press, 1995), 2.

24. Suzanne Delbanco, et al., "Public Knowledge and Perceptions About Unplanned Pregnancy and Contraception in Three Countries," *Family Planning Perspectives*, vol. 29, no. 2 (Mar./Apr. 1997): 72.

25. Committee on Unintended Pregnancy, *Best Intentions*, 136; Elise F. Jones et al., *Pregnancy, Contraception, and Family Planning Services in Industrialized Countries* (New Haven, CT: Yale University Press, 1989), 218-19 (study by AGI).

26. Committee on Unintended Pregnancy, *Best Intentions*, 81.

27. The National Commission to Prevent Infant Mortality, *Troubling Trends: The Health of America's Next Generation*, (Washington, DC: National Commission to Prevent Infant Mortality, 1990), 25.

28. The NARAL Foundation/NARAL, *Who Decides? A State-By-State Review of Abortion and Reproductive Rights, 1999*, 8th Edition (Washington, D.C.: The NARAL Foundation/NARAL, 1999), xii.

29. Eight bills were enacted so far in 1999: CT HB 5950, GA HB 374, HI SB 822, ME SB 389, NV AB 60, NH SB 175, NC SB 90, and VT HB 189; one more is expected to be enacted in California.

30. Ch. 117, 1998 Md. Adv. Legis. Serv. 449 (Michie) (to be codified at §§ 15-826, 19-706).

31. Texas requires insurers that provide coverage for prescription drugs to provide coverage for oral contraceptives. 28 Tex. Admin. Code §§ 21.403, .404(3)(1998). Minnesota, New Jersey, and Wyoming require HMOs to cover voluntary family planning services. Minn. R. 4685.0100, subp. 5, Minn. R. 4685.0700, subp. 1 (1997); N.J. Admin. Code tit. 8, § 38-5.4 (June 1, 1998). Four states require insurers to offer at least one plan in the individual and small group markets that provides coverage for contraception (ID, IA, KY, NJ). Iowa Admin. Code r. 191-71.14(6)(513B), 191-75.10(4)(513C) (Nov. 5, 1997); N.J. Admin. Code tit. 11, § 20 App. Exh. D (Sept. 8, 1998), N.J. Admin. Code tit. 11, § 21 App. Exh. F (Oct. 19, 1998); WCWR 044-000-013 §§ 3, 7(c)(ii)(B) (Feb. 1997). *See also,* The NARAL Foundation/ NARAL, *Who Decides? A State-By-State Review of Abortion and Reproductive Rights, 1999*, 8th Edition (Washington, D.C.: The NARAL Foundation/NARAL, 1999).

32. United States General Accounting Office, "Health Insurance Regulation: Wide Variation in States' Authority, Oversight and Resources," Dec. 1993, 5. (Report to the Chairman, Subcommittee on Health,

Committee on Ways and Means, House of Representatives).

WISCONSIN COUNCIL ON
CHILDREN and FAMILIES

"For these are all our children . . . we will all profit by, or pay for, whatever they become." James Baldwin

Senate Bill 182 Testimony
Senate Committee on Human Services and Aging

October 7, 1999

Chairwoman Robson, members of the committee, thank you for this opportunity on the behalf of the Wisconsin Council on Children and Families in support of Senate Bill 182 which would require insurance companies to cover contraceptive articles and services. My name is Anne Medeiros and accompanying me is Tanya Atkinson, also representing the Council.

The Wisconsin Council on Children and Families supports this bill for three reasons. First, we are concerned with ensuring the health of women, and thus improving of the lives of their children and/or families. The Council also recognizes that SB 182 promotes gender equity with regards to health costs. And finally, SB 182 is designed to promote the self-sufficiency of women and their families.

Improved access to and use of contraception would decrease the number of unintended pregnancies, which compromises the health of women and babies. It is estimated that 49% of all pregnancies are unintended, including 31% of pregnancies among married women. Of these pregnancies 54% end in abortion. A study from the Institute of Medicine in 1995 found that unwanted pregnancies carried to full term pose a serious risk both to mother and child. With an unwanted pregnancy, the mother is less likely to seek prenatal care during the first trimester and to expose the fetus to harmful substances such as alcohol or tobacco. The child is also at greater risk of being low birth weight, dying the first year of life, being abused, and not receiving sufficient sources for healthy development. With increasing access to contraceptives, steps will be

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made toward decreasing the number of unintended pregnancies, and thus, improving the health of women and their families.

Senate Bill 182 additionally addresses the gender inequalities that women endure in health care costs. Currently, women of reproductive age spend 68% more than men on out-of-pocket health care costs. Much of this imbalance in expenses is due to services or supplies related to a woman's reproductive health. Of large-group insurance plans, 97% cover most prescriptions, however only 30% cover at least one form of birth control and a mere 15% cover all five most commonly used methods of contraception. This legislation recognizes that women are unfairly burdened with out-of-pocket health care costs and enactment will be a step toward gender fairness. At a time in which there is deep concern for the emotional and mental health of adolescent girls in the United States, long-term plans involving cultural changes about gender equality are needed as we work together toward a new century.

Finally, SB 182 promotes self-sufficiency. This initiative would help close some unfortunate gaps in health insurance coverage for Wisconsin women. Currently, Medicaid and BadgerCare covers all FDA approved contraceptives. Unfortunately, women who move up the economic ladder in which they are covered by private insurance may find that their contraceptives are no longer covered, forcing women to either pay out-of-pocket for their prescriptions directly or choose not to use contraceptives. For many women, who are working but poor, this additional cost can be a significant financial burden. Enactment of this legislation will reduce the burden of working poor women, increasing the likelihood of self-sufficiency.

Thank you for the opportunity to discuss Senate Bill 182. I hope together, we can help ensure the health, equality, and self-sufficiency of women in the State of Wisconsin.

WISCONSIN
CITIZEN ACTION

Wisconsin's Public-Interest Watchdog

Statement of support for the Contraceptive Coverage Equity Act AB362/SB182

Submitted by Jennifer Olenchek
October 7, 1999

Wisconsin Citizen Action is the state's largest public interest organization and represents 58,000 members and 250 affiliate groups that include labor, environmental, senior citizen, farm, women, and community organizations throughout Wisconsin.

Wisconsin Citizen Action supports the Contraceptive Coverage Equity Act because it is an issue of health care reform and would ensure that women and men are receiving equal health care.

Women spend 68% more than men in out-of-pocket health care costs, largely due to the lack of coverage for reproductive health care services. Insurance plans routinely cover prescription and outpatient medical services, but fail to adequately cover prescription contraceptives and related medical visits and exams. Two-thirds of U.S. women of child-bearing age rely on private, employer-related plans for their health coverage, yet half of those plans do not cover **any** contraceptive method and only one-third cover birth control pills. By improving coverage of contraceptive care, SB 182 would reduce or eliminate this unjust financial cost to women.

Lack of insurance coverage for necessary and needed reproductive services forces many women and their families to choose less expensive and less reliable methods of contraception and increases the likelihood that they will experience an unintended pregnancy. By eliminating the financial barriers to effective contraceptive drugs and services, the Contraceptive Coverage Equity Act will decrease the number of unintended pregnancies and the number of abortions in this state. Already publicly funded contraceptive services in Wisconsin prevent over 35,000 pregnancies each year—it is time that private insurance measures up to the public insurance program.

Paying for any type of contraception is cost-effective when compared to the high cost of pregnancy. Most insurance companies already cover costs related to pregnancy—costs that far exceed those of covering prescription contraceptives and related medical services. For many years, health care services such as prenatal care, childbirth, mammography and even childhood immunizations were considered non-essential. Now these services are universally accepted as necessary care and are fully covered by insurance. Coverage for contraception and the ability to plan parenthood is a natural next step.

The Contraceptive Coverage Equity Act will benefit the families whose physical and financial well beings are threatened by unintended pregnancy and lack of access to the most appropriate method of contraception.

I urge you to support SB 182 and help end the inequality between women and men's health care and to help ensure Wisconsin's families have the best health care possible. Thank you for your time and attention to this important issue.

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Dr. Andrew Kaunitz, of the University of Florida Health Science Center, said, "Today's oral contraceptives provide much more than safe and reliable contraception. Because these non-contraceptive benefits are so important, in my practice I'm increasingly prescribing oc's to women who, in fact, don't need contraception." Dr. Carolyn Westhoff, associate professor of Obstetrics and Gynecology at Columbia University and co-chair of the ASRM conference, said, "Just as aspirin is considered a wonder drug, so are today's oral contraceptives. By taking one simple pill a day, women can reduce the risk of two deadly forms of cancer and prevent or treat a variety of conditions affecting their health and future fertility."

The added cost of providing coverage for the full range of reversible contraceptive methods is not high. The August, 1998 issue of *The Guttmacher Report* on Public Policy states, "..would result in a total cost of $21.40 per employee per year". This seems insignificant in comparison to the cost of treatments.

The Wisconsin Federation of Business and Professional Women encourages you to support the Contraceptive Coverage Equity Bill.

Thank you,

Lin Clousing

Lin Clousing
BPW/WI President

Contraceptive Coverage Equity Bill

BPW
WISCONSIN

The Wisconsin Federation of
Business and Professional
Women's Club, Inc.

Members of the Senate Committee-

I am here today speaking on behalf of business and professional women from across the state of Wisconsin. Women's health issues have been of major importance to our organization, the Wisconsin Federation of Business and Professional Women. At our annual convention in May, we voted to support the Contraceptive Coverage Equity Bill in the state legislation.

Women find themselves at a disadvantage from the start. Health care for women is generally more costly and women overall do not earn as much and , therefore, need to rely more on health insurance to pay for these expenses. According to the Women's Research and Education Institute, women of childbearing age spend 68% more in out-of-pocket health care costs than do men of the same age.

We seem to have taken a backwards approach to women's health. We will pay for the effects, but are not as willing to pay for preventative medicine. For years, mammograms and pap smears were not covered by insurance. The result was that women were not going in for these exams. In some cases this lack of preventative care proved fatal. The fact is that many of today's plans cover abortion and contraceptive sterilization but do not cover reversible contraception, reflecting a longstanding insurance practice of covering surgical and other remedial services but giving scant attention to prevention.

We must stop asking women to pay the price for not giving them the means to prevent major medical costs. The Contraceptive Coverage Equity Bill is much more than just a preventative measure to unwanted pregnancies. It is a women's health issue and an equity issue.

One of the most popular birth control methods is oral contraceptives. But preventing pregnancy is only one of the reasons it may be prescribed. Only 15% to 20% of highly educated women are aware of the non-contraceptive benefits of the pill. Oral contraceptives can prevent or treat such conditions as ovarian cancer, endometrial cancer, pelvic inflammatory disease, ovarian cysts, endometriosis, and ectopic pregnanacies. Coverage for preventive medication such as blood pressure medication to prevent heart attacks and anti-clotting medication to prevent blood clots are considered acceptable treatment. Should preventative treatment coverage for women's health diseases such as ovarian cancer be any different?

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Testimony of Amalia Vagts,
Legislative Director

In support of SB 182, Equity in Prescription Coverage

Senate Committee on Human Services and Aging

October 7, 1999

Chairwoman Robson and members of the committee, thank you for the opportunity to testify in support of SB 182, regarding prescription coverage equity. My name is Amalia Vagts and I am the Legislative Director for Planned Parenthood of Wisconsin.

The arguments in favor of this bill are simple. SB 182 is basic health care. Families in Wisconsin rely on contraceptives in order to have their children when they are best prepared for them. Couples use contraception for a variety of reasons, including the following: to wait until they have finished their education, started their career, or bought their first home. Some families use contraception to space their children the way they want. Some couples use contraception when they do not want more children, or when they choose to not have children. Many women use contraception for medical reasons such as ovarian cysts and irregular menstruation. For many reasons, Wisconsin families rely on contraception. It is unfair that contraceptives are singled out from so many prescription insurance plans.

There are many barriers to perfect contraceptive use, but a significant one is cost. Women pay nearly 70 percent more of their own money for uninsured medical expenses than men do. This is attributed largely to reproductive health costs, including contraceptives.

Nearly one-half of all pregnancies are accidental. Many of these pregnancies end in abortion, and other ones create difficult and sometimes unbeatable odds for couples on the edge of poverty and couples in poverty. Wisconsin does a better job than most states in preventing unintended pregnancy, but we could do even more by enacting SB 182.

SB 182 is common sense. Cost is a barrier when seeking health care. Insurance coverage of contraceptives would mean that couples could use the method that is most effective for them, instead of the cheapest. It also may reduce the number of couples who use no method at all.

This is not a new issue. Contraceptive coverage equity is being debated across the country. Congress is debating legislation similar to SB 182 and over 30 states have introduced contraceptive coverage bills. Since 1998, over ten states have enacted laws creating equity in insurance coverage of contraceptives. It is time for Wisconsin to do the same for our families and futures. Please support SB 182.

When couples have access to the resources they need to plan their families the prospects for a stronger and more stable future are greatly improved.

Wisconsin Association for Perinatal Care

October 7, 1999

To: Senator Judy Robson and members of the Senate Committee on Human Services and Aging

From: Ann E. Conway, RN, MSN, MPA
Program Director
Wisconsin Association for Perinatal Care

Subject: Support for SB182, the Contraceptive Coverage Equity Act

I am Ann Conway and I represent the Wisconsin Association for Perinatal Care (WAPC), a multidisciplinary organization of health care providers and others who are interested in the care of women, infants and families in the childbearing years. (Perinatal is defined as three months prior to pregnancy, through pregnancy, labor and delivery and up to the child's first year of life.)

Our Association strongly supports SB182 for two reasons: We believe it will improve healthy birth outcomes and will promote intended pregnancies.

1. *Access to FDA approved methods of contraception can improve healthy birth outcomes.*

The 1985 Institute of Medicine report, *Preventing Low Birthweight*, noted that". . . .one of the best protections available against low birthweight and other poor pregnancy outcomes is to have a woman actively plan for pregnancy, enter pregnancy in good health with as few risk factors as possible, and be fully informed about her reproductive and general health."

Our Association has a thirteen year history of promoting preconceptional care, an anticipatory process, often facilitated by a care provider, that encourages individuals and couples to seriously consider their decision to become parents. Through this process they become aware that preconception, conception, pregnancy, birth and childrearing are a continuum in which earlier events affect the present and the future. Individuals consider their health, age, emotions, support network, finances and career goals as they decide to become parents, to delay parenthood or not to become parents. If a person decides that she is not ready to become a parent, then she needs safe, reliable, accessible methods of birth control.

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A recent study in the *New England Journal of Medicine* (February 25, 1999) by Zhu and colleagues, demonstrates that a short interval between pregnancies is associated with adverse perinatal outcomes. The investigators evaluated the interpregnancy interval in relation to low birth weight, preterm birth, and small size for gestational age. They analyzed data from the birth certificates of 173,205 infants born alive to women in Utah from 1989 to 1996. The conclusion they came to was that infants conceived 18-23 months after a previous live birth had the lowest risks of adverse perinatal outcomes. If women are to control pregnancy intervals, they need safe, reliable, accessible methods of birth control.

The timing of pregnancy is also important to women with such chronic health conditions as diabetes. A woman with diabetes who conceives before she is able to control her glucose levels, is nine times as likely to have a child with significant anomalies and is five times as likely to have a stillbirth than a woman who engaged in preconceptional glucose control. Women with pre-existing medical conditions need access to FDA approved methods of contraception, if they are to conceive at a time when their health is likely to support a pregnancy and a healthy birth.

2. *Access to FDA approved methods of contraception promotes intended pregnancies.*

The 1995 Institute of Medicine report, *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*, calls for a new social norm that "All pregnancies should be intended--that is, they should be consciously and clearly desired at the time of conception." This norm is directed to all Americans and does not target any particular group. It emphasizes personal choice and intent and it speaks equally to planning for pregnancy and avoiding unintended pregnancy. Passing SB182 is a step in the direction of realizing this norm.

I urge you to support this bill.

c:testimon