SB128 506

State Senator
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Member: Joint Finance Committee

Board Member: Wisconsin Housing and Economic Development Authority

Senate Human Services and Aging Committee
Senator Gwendolynne S. Moore
March 10, 2001
Testimony on Senate Bill 128

Unfortunately, due to Joint Finance Committee deliberations, I am unable to appear in person to present testimony in support of Senate Bill 128, which would require health insurance policies to cover contraceptive articles and services as prescribed by a health care professional. In light of my absence, I am submitting the following remarks, which will provide committee members with many of the key reasons for the necessity of this legislation.

I want to thank Chairwoman Robson for holding a public hearing on the contraceptive equity legislation and I appreciate all of the committee members for taking the time to listen to those testifying on the merits of this important legislation.

Senate Bill 128

- This legislation is about fairness and equity in providing health care services and contraception for women in the state of Wisconsin. It is a travesty that women of childbearing age now pay 68% more of their own money for health care costs than do men of the same age. Much of the gender gap in expenses is due to reproductive health-related supplies and services. Prescription contraceptives are only available to women and therefore, explicit refusal to offer insurance coverage is by definition a sex-based exclusion.

- Contraception is basic health care for women and a critical contributor to improving maternal and child health. Contraceptive articles must no longer be considered a medical luxury. Guaranteeing that women have access to medically proven safe and effective forms of preventing unwanted pregnancies helps ensure that children are born into families able to support a child's healthy development. Further, oral contraceptives are widely recognized in treating certain medical conditions that exclusively affect women.

- Under the bill, contraceptive articles include: any drug or device that is approved by the federal food and drug administration, that is prescribed by a licensed health care provider for use to prevent a pregnancy, and that may not be obtained without such a prescription; and any hormonal compound that is taken orally and that is approved by the FDA for use to prevent a pregnancy.

- A contraceptive article, under this legislation, does not include any drug or device that is prescribed for use in terminating the pregnancy of a woman who is known to be pregnant by the prescribing health care provider.

- Contraceptive services include medical procedures performed to prevent a pregnancy and physical examinations and medical counseling for the prescription or use of a contraceptive article.

The Equal Employment Opportunity Commission Ruling

- In December 2000, the Equal Employment Opportunity Commission (EEOC) ruled that it is against federal law for employers to exclude contraceptives from their health insurance plans when they cover other preventive treatments.

- This EEOC ruling broke new ground in the fight for equal rights for women.

- In response to the EEOC ruling, the legislation that is before you today has been slightly redrafted from the last two previous sessions. The legislation now will require every health insurance policy to provide coverage for contraceptive articles and services if the policy or plan covers outpatient health care services, preventive treatments and services, or prescription drugs and devices.

Prescription Contraception

- Contraception is a means by which a woman controls her ability to become pregnant.

- The proposed legislation would require health insurance policies to cover: oral contraceptives; the IUD; diaphragm; Norplant®; and Depo Provera®.

- Oral contraceptives are widely recognized as effective in treating certain medical conditions that exclusively affect women, such as dysmenorrhea (menstrual cramps) and pre-menstrual cramps syndrome.

- Contraceptives are also sometimes prescribed to prevent the development of ovarian cancer.

State Coverage Plans

- To date---**13 states have passed legislation mandating insurance coverage of contraception** where a policy covers prescription drugs or devices — California,

Connecticut, Delaware, Georgia, Hawaii, Iowa, Maine, Nevada, New Hampshire, North Carolina, Rhode Island, and Vermont. It would be an embarrassment if Wisconsin were to be one of the last states to enact similar legislation, especially when as a state we have been the first to enact sweeping social policy changes, including**: the first state to pass a law eliminating all legal discrimination against women (1921).** Wisconsin's ratification of the 19th Amendment to the U.S. Constitution, which granted women the right to vote in all elections, was approved by the state legislature on June 10, 1919, and was the first state approval to reach Congress.

- In 1998, Maryland became the first state to enact a law requiring health insurers to provide comprehensive coverage of all contraceptives approved by the U.S. Food and Drug Administration.

- Approximately half of all state legislatures have considered bills to improve insurance coverage of contraception each year since 1998.

I hope that members of the Human Services and Aging Committee will seriously consider the importance of this legislation and vote "aye" on Senate Bill 128.

Thank you.

The Contraceptive Coverage Equity Task Force includes the following groups:

AFL-CIO Women's Committee
American Association of University Women – WI
Association of Women's Health Obstetrics and Neonatal Nursing
Coalition for Wisconsin Health
First Unitarian Society of Madison
International Association of Machinists and Aero Space Workers Local 873
League of Women Voters of Wisconsin
Lutheran Office for Public Policy in Wisconsin (ELCA)
March of Dimes of Wisconsin
Maternal and Child Health Coalition
National Abortion and Reproductive Rights Action League of Wisconsin
National Association of Social Workers (WI Chapter)
National Organization for Women (WI Chapter)
National Women's Political Caucus-Dane County
Planned Parenthood of Wisconsin
Service Employees International Union-SEIU
United Council of UW Students
UW Madison Coalition for Choice
UW Madison Medical Students for Choice
Wisconsin Association of Perinatal Care
Wisconsin Federation of Business and Professional Women's Club, Inc.
Wisconsin Chapter of American College of Obstetricians and Gynecologists

Wisconsin Chapter of American College of Nurse Midwives
Wisconsin Citizen Action
Wisconsin Council on Children and Families
Wisconsin Family Planning and Reproductive Health Association
Wisconsin Federation of Nurses and Health Professionals
Wisconsin Nurses Association
Wisconsin Prevention Network
Wisconsin Women's Network
Women's Choice
Women's International League for Peace and Freedom
YWCA of Madison

Wisconsin Association
of Health Plans

May 10, 2001

TO: Senator Judy Robson, Chairperson
Members of the Senate Committee on Human Services and Aging

FROM: Louie Schubert
Director of Government Affairs

RE: Senate Bill 128

The Wisconsin Association of Health Plans opposes Senate Bill 128, which would mandate insurance coverage of contraceptives.

While many of our member plans offer extensive coverage of contraceptives, the Association opposes the bill for the same reasons it opposes mandated benefits of all kinds:

- The implication that "everyone benefits" from mandates is wrong. Mandated benefits only apply to about 50 percent of the state's insured population because self-insured businesses are exempt. Moreover, they apply disproportionately to small businesses, as these are the businesses that are least likely to self-insure.

  If the members of the Legislature decide that coverage of contraceptives is of surpassing importance to the citizens of Wisconsin, and are as certain as the bill's proponents that the cost is minimal, it has the power to establish and fund a direct subsidy for this purpose. A direct subsidy program is the only way the Legislature can ensure that contraceptive coverage applies to all State residents.

- Mandates increase costs. At a time when health care costs are making it more and more difficult for employers to afford health insurance, the Legislature's first priority should be to place a moratorium on new mandates, not to impose new ones.

- Mandates are insidious. They are purported to improve coverage but actually reduce access to insurance because they increase costs. As many as one in four uninsured Americans are without coverage because of benefit mandates. The Congressional Budget Office recently estimated that for every one-percent increase in insurance premiums, 200,000 to 400,000 people nationally lose their health insurance.

- Mandates restrict consumer choice. The Association believes consumers should have the right to purchase the kind of health insurance coverage they want and can afford. Mandates force consumers into an all-or-nothing purchase decision.

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Some proponents of the bill have been misrepresenting the availability of contraceptive coverage in Wisconsin and suggesting that a mandate is the only way that consumers will have "access" to contraceptives.

The Wisconsin Office of the Commissioner of Insurance (OCI) recently compiled contraceptive coverage information for 40 policies offered by 24 of the largest insurers in the state. The data includes information on insurers' coverage of 14 separate contraceptive items and Viagra. The results show that Wisconsin health care consumers have a wide variety of coverage options from which they may choose:

- The single most common plan design of the 40 that were reported covers every contraceptive item except over-the-counter contraceptives.
- 22 of the 24 insurers, and 36 of the 40 policies, cover at least one form of contraception.
- Only one-third of the insurers and policies cover Viagra.

Some proponents of the bill have even asserted that coverage for maternity services and mammograms was unavailable before coverage for these services was mandated by law. That is plainly false.

Because this legislation will increase costs and restrict consumer choice, the Wisconsin Association of Health Plans urges you to oppose passage of Senate Bill 128.

WISCONSIN CATHOLIC CONFERENCE

TO: The Honorable Members of the Senate Committee on Human Services and Aging

FROM: Kathy Markeland, Associate Director

DATE: May 10, 2001

RE: Senate Bill 128 – Mandatory Contraceptive Coverage

The Wisconsin Catholic Conference opposes Senate Bill 128, which would require all health insurance policies, with limited exceptions, to cover contraceptive articles and services.

While the bill currently incorporates a "religious exemption", the intent of which appears to be to exclude religious employers from the mandate, the language is narrowly drafted, and likely excludes organizations such as Catholic hospitals and Catholic Charities, which are also religious employers that would desire to opt out of mandatory contraceptive coverage.

Beyond the concerns of the institutional church are issues regarding respect for the moral objections of employers. 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.

Our opposition to the mandated coverage is not merely based upon our moral objections to contraception generally but also rests on our concerns regarding the abortifacient quality of some of the contraceptive articles that the bill proposes to cover. By inhibiting implantation in the uterus, some contraceptives can actually terminate newly created life.

In addition, the proposed language appears to cover procedures and preparations designed for termination of a pregnancy if the prescribing licensed health care provider does not *know* that the woman is pregnant. While this may not be the authors' intent, clearly the language as drafted can be interpreted as a mandate for insurance plans to cover abortions under these circumstances.

We support state and national efforts to ensure that all people have access to health care that affirms human life and dignity. This includes support for state mandates on private health insurance plans to guarantee that those covered under employer plans are provided a reasonable level of benefits for services and treatments necessary to the maintenance of their physical and mental health. However, we do not support mandated coverage of services and prescriptions that are generally elective and objectionable based upon our religious tenets and values.

Given that the bill covers abortifacients and that it fails to provide adequate conscience protection for those with moral and religious objections to abortion and contraception, we urge the Committee to oppose Senate Bill 128.

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Wisconsin State AFL-CIO

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David Newby, President • Sara J. Rogers, Exec. Vice President • Phillip L. Neuenfeldt, Secretary-Treasurer

TO: **Senate Human Services and Aging Committee Members**

FROM: Phil Neuenfeldt, Secretary-Treasurer

DATE: May 10, 2001

RE: **SUPPORT FOR SB 128**
Contraceptive Coverage Equity Act

The Wisconsin State AFL-CIO supports SB 128 because it provides for gender equity in prescription drug coverage.

A recent ruling by the Equal Employment Opportunity Commission declared that employers "may not discriminate in their health insurance plan by denying benefits for prescription contraceptives when they provide benefits for comparable drugs and devices". If insurance coverage for preventive health care is offered, such as prescription drugs to lower blood pressure, the plan should not exclude prescription contraceptives. SB 128 would require all private and public health insurance policies to provide coverage for contraceptive articles and services if the policy or plan covers outpatient health services.

The long-standing inequity in coverage was highlighted when employers and insurance plans rushed to include Viagra drug coverage for men while still denying women contraceptive coverage. It is clear that legislation is needed to make certain that employers do not continue to discriminate in prescription coverage. It is a matter of fairness for women -- and cost -- because they have been absorbing out-of-pocket expenses for drugs that should be covered.

We urge support for SB 128.

PN/mj

FOR IMMEDIATE RELEASE **May 10, 2001**

FAILURE TO PROVIDE INSURANCE COVERAGE FOR CONTRACEPTION IS SEX DISCRIMINATION

Statement by NARAL-WI Board Chair Janette James
National Abortion and Reproductive Rights Action League of Wisconsin

Contraception is basic health care for women and is essential to preventing unintended pregnancy. Unfortunately, many insurance companies exclude contraception from the list of prescription medications they cover, unfairly forcing women to cover the cost of contraception themselves.

Common sense would tell anyone that contraceptive coverage is fair; it's cost-effective and essential to reducing unintended pregnancy.

While 97 percent of traditional health plans cover prescription drugs, 49 percent of those plans do not routinely cover any contraception at all and only 33 percent cover the Pill. A mere 15 percent cover the five most common FDA-approved methods of contraception (the Pill, diaphragm, Depo Provera, Norplant, IUD), and ten percent of plans provide no coverage of any contraceptive method.
Women of reproductive age spend 68 percent more then men on out-of-pocket health care costs, with reproductive health care services accounting for much of the difference

Opponents of contraceptive coverage are running out of arguments. The fact is that three quarters of all Americans support requiring insurance companies to cover the costs of contraceptives, even if doing so means an increase in insurance premiums."

In December 2000, the EEOC issued a ruling that an employer's failure to provide coverage for prescription contraceptives, when it covers other preventative drugs and services, constitutes unlawful sex discrimination under federal law. The EEOC ruling exposes this inequity for what it is: blatant sex discrimination.

For several years, the Contraceptive Coverage Equity Bill has stagnated in an anti-choice house: this bill would correct the inequity in insurance coverage of contraception.

12 states along with the District of Columbia have passed legislation and acknowledge that for too long, insurers have treated women's health as second class, carving out some of women's most important reproductive health needs from insurance coverage.

The ball is now, once again in our states legislators hands and we call on them to take a leadership role on this issue. The EEOC has spoken, the American people have spoken. It is time to end this sex discrimination and give women the tools they need to responsibly manage their reproductive lives.

For more information please contact: Janette James at 414-944-9109

Pro-Life Wisconsin

Defending them all...

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Testimony of Peggy Hamill, State Director
Pro-Life Wisconsin

Senate Bill 128
May 10, 2001

Good Morning Chairwoman Robson and committee members.

I thank you for allowing me to speak to you today regarding SB 128, the Mandated Insurance Coverage of Contraceptives.

Pro-Life Wisconsin opposes SB 128 for the following reasons:

1. Most contraceptives act to cause early abortions -- which violates the moral or religious beliefs of many individuals and companies. Chemicals and devices such as the "morning after" pill, IUD's, and Depo-Provera, would be covered under this legislation. Many religious organizations, including Catholic-sponsored insurance companies, should not be forced to cover contraceptives in their health care plans if to do so would compromise their beliefs.

2. Contraceptives can be harmful to women and can cause legitimate medical health problems. After suffering injuries, 300 Wisconsin women received a court settlement from the manufacturer of Norplant. I have provided written testimony from Dr. James Linn, Pro-Life Wisconsin's medical advisor.

3. Pro-Life premium payers would be forced to pay for abortions. If SB 128 were to pass, pro-lifers would be forced to support something to which they are morally opposed.

The "religious employer" amendment is narrowly specified for organizations that center on religious conversion. Most pro-lifers are not employed by these organizations, and therefore, would still be forced to support funding of abortions.

What makes this bill so dangerous is that it is a mandate. Whenever the government mandates any piece of legislation, it should take into consideration, the rights of all it's citizens, so that they may live according to their moral beliefs.

We strongly ask you to vote against this dangerous piece of legislation and, as elected officials, speak for all the citizens of Wisconsin.

Thank you.

Written Testimony of Dr. James Linn MD
Senate Committee Hearing: SB 128
May 10, 2001

My name is Dr. Jim Linn. I am a board certified OB/GYN. I practice in Milwaukee. I am chairman of the OB/GYN Department at St. Mary's Hospital and Associate Clinical Professor of OB/GYN at the Medical College of Wisconsin.

I want to voice my opposition to SB 128. I don't think this bill is just about contraception, though its authors may have intended it to be. If passed into law, it would require insurance companies to cover drugs and devices which, I am quite certain, sometimes cause abortions.

Let's review some definitions and basic reproductive physiology. First of all, what is contraception: obviously, something that prevents conception. Conception or fertilization as we all learned in high school biology is the point at which 23 chromosomes from the woman's egg join with 23 chromosomes from the man's sperm to form a new human being, with 46 chromosomes and his or her own distinct and unique DNA. Drugs or devices that kill or block the sperm, prevent release of the egg or somehow block their union are properly called contraceptives. Drugs and devices that prevent implantation after conception has occurred are really abortive and are properly called abortifacients.

Let's briefly look at how some common so called "contraceptives" work. If you look in virtually any OB/GYN textbook you will see that birth control pills work by more than one mechanism. Most people think they stop ovulation or the release of the egg. They do. Sometimes. Not always. With some pills ovulation may only be stopped 50% of the time. That's okay though, the manufacturers say, because the hormones in the birth control pills also make the uterine lining very thin, reducing the likelihood of implantation. This is hardly a secret. The manufacturers of birth control pills point out these different modes of action for each pill in the Physicians Desk Reference—the text on drugs which is in virtually every doctor's office and nurse's station and pharmacy in the country.

Recently, birth control pills are being marketed as post coital contraception, or emergency conception, or "morning after" pills. These are called "contraceptives," but in reality when used in this way, the pills are believed by experts in the field to work by interfering with implantation rather than conception. Other hormonal methods such as long-acting Norplant implants have both contraceptive and abortive mechanisms of action. So does the IUD, which has spermicidal and an embryocidal effect.

In recent years, there has been a concerted effort by the American College of OB/GYN and Planned Parenthood to change terminology so that the start of pregnancy is defined as implantation rather than fertilization. It has not been widely accepted because it goes against common sense and the basic biology that most of us learned in high school.

That this semantic change is a calculated ploy of Planned Parenthood to hide the abortifacient effects of these birth control products is evident in a quote by Planned Parenthood's famed Dr. Tiece at a population council symposium when he said, "If a medical consensus develops and is maintained that pregnancy, and therefore life, begins at implantation, eventually our brethren from other faculties will listen."

In closing, I hope you will consider the substantial evidence that many birth control devices and drugs labeled contraceptives are actually abortive as well. This is not just a radical, kooky, far-out opinion. It is based on readily available information in standard textbooks and product inserts from the pharmaceutical companies about their own products. Clearly, even pro-abortion advocates recognize it, too.

In the transcripts of the oral arguments of the case Webster v. Reproductive Health Service there is an exchange between Supreme Court Justice Scalia and Frank Susman, the lawyer for the Missouri Abortion clinics from which I quote:

Justice Scalia: I don't see why a court can't separate abortion from birth control quite readily.
Frank Susman: If I may suggest the reasons in response to your request, Justice Scalia. The most common forms of what we most generally in common parlance call contraception today, IUD's, low dose birth control pills, act as abortifacients. They are correctly labeled as both.

Thank you,

James Linn MD

STATE REPRESENTATIVE
JON RICHARDS
REPRESENTING MILWAUKEE'S
EAST SIDE, DOWNTOWN AND
BAY VIEW NEIGHBORHOODS

TESTIMONY OF REP. JON RICHARDS
IN FAVOR OF SB 128
May 10, 2001

Thank you Chairman Robson and the other committee members for allowing me to testify before you today.

SB 128 is about fairness and equity. This is not a partisan issue. It is not a "women's issue." SB 128 deals with a widespread problem that effects approximately 1.1 million Wisconsin women of child-bearing age.

Contraception is basic health care, routinely used by the vast majority of Wisconsin women of child-bearing age, yet it is one of the few, perhaps the only, class of FDA-approved prescription drugs not routinely covered by insurance.

I think it's time we all took a reality check and admit that in most marriages and most relationships women are responsible for taking care of birth control. Most couples are not relying on condoms. They rely on birth control prescribed to the woman.

As a result, women are being hit with costs that men are not incurring. The average costs to women today are $300 to $400 per year for the pill, $700 for Norplant or $400 per year for an IUD.

Because most insurance companies do not cover contraceptives, Wisconsin women are being forced to pay these expenses out of their own pocket. Surveys show that women of child-bearing age pay 68% more in out of pocket health care costs than men. Something that really highlights the unfairness here is that insurance companies rushed to cover Viagra, a product aimed at men's sexual function, but have been dragging their heals in covering contraceptives.

Contraception is basic health care, not only because it allows women to control planning for their families. They are also often prescribed to treat a wide variety of conditions. Yet even when women report to their insurance companies that they are being prescribed contraceptives to treat what just about everyone would agree is a serious condition, they are not obtaining insurance coverage for the contraceptives.

Insurance Coverage of Contraceptives

In the face of widespread support and compelling stories, I understand that a number of members of this committee have concerns that this amounts to an unnecessary insurance mandate. But, a 1998 study by the Kaiser Family Foundation showed that 75% of Americans favor insurance coverage for the full range of contraceptives and 73%

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supported the idea even if there were a $1 to $5 increase in their premium. Insurance companies apparently believe that contraception is not basic health care.

But here we have a class of drugs that profoundly effect women's lives routinely used by 1.1 million Wisconsin women of childbearing age, and this is not "basic health care?"

Please know that I am not an insurance basher. The people I know in the insurance industry are good-hearted and conscientious people. But sometimes even good-hearted and conscientious people can be wrong. And I think in this case they have made an error that is costing Wisconsin women dearly.

It is curious to note what other items were not deemed "basic health care" and required a mandate from the legislature before they were routinely covered by insurance:

-Maternity Care, coverage mandated in 1981.

-Mammograms, coverage mandated in 1989.

-Breast reconstruction, coverage mandated in 1997

What's so ironic is that the vast majority of insurance companies cover abortion but do not cover contraception. (Planned Parenthood Survey, 1994).

Contraception is yet another example of a women's health care issue when the insurance industry just doesn't seem to get it. And when they don't get it, we need to act.

Costs

If your concern is that this bill would cost too much and would inhibit coverage, I hope you consider that Wisconsin already has the highest rate of coverage in the nation. I also hope you consider that the costs of contraceptive coverage are very small. National studies and our own fiscal bureau have estimated costs at less than $1.50 per month per employee.

A 1997 study by the Health Insurance Association of America found that covering contraception would cost $16 per year for each employee. In fact, a 1995 study by the American Journal of Public Health found that a mere 15% increase in the number of pill users would provide enough savings in pregnancy costs to give pills to all users of the plan.

Contrast those numbers with the high costs of an unintended pregnancy, which can easily cost more than $8,000, provided there are no complications. In addition, Wisconsin employers lose substantial amounts of money each year because unintended pregnancies result in lost work hours and replacement costs.

Contraception is not Abortion

Critics of SB 128 have steered the debate on this bill into abortion. They argue that contraception equals abortion. They argue that preventative measures that give couples control over planning their families, like the birth control pill, actually cause abortion. This is a troubling view that flies in the face of common sense. The more access women have to contraceptives the fewer abortions will occur. Contraception is a

proactive measure that most women use to take responsibility for themselves, to prevent unwanted pregnancies and to plan strong, healthy families.

Contraception is basic health care that should be covered by all insurance policies in Wisconsin. I urge you to vote in favor of SB 128.

United Council

of University of Wisconsin Students, Inc.

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Testimony of

Sunshine Hedlund, Women's Issues Director

on

SB 128 - Contraceptive Coverage Equity

May 10, 2001

Good morning. My name is Sunshine Hedlund and I am Women's Issues Director of United Council of University of Wisconsin Students. United Council is the statewide student association representing 140,000 students at 22 UW campuses. I am here today to speak about Contraceptive Coverage Equity and access to higher education.

Currently, there are approximately 85,000 women of child-bearing age attending University of Wisconsin Colleges and Universities. United Council works to support and ensure the rights of all people to an accessible and affordable education through fighting for lower tuition and more financial aid opportunities. However, in order for women to truly have access to affordable higher education, they must also have access to affordable health care coverage, specifically affordable contraceptives.

In addition to struggling to pay for tuition, books, rent, utility bills, food and other expenses, women students also struggle to pay for contraceptives. It has been found that women of childbearing age pay 68% more than men in out of pocket health care costs, most of which is due to the lack of insurance coverage of contraceptives.

In Wisconsin, 22.5% of insurance providers cover all forms of contraception, and less than half of the insurance companies cover oral contraceptives. This lack of coverage is a problem because women of college age are most likely to use prescription contraceptive methods that are excluded from insurance coverage. According to the Contraceptive Use Fact Sheet from the Alan Guttmacher Institute, of the 2.7 million teenage women who use contraceptives, 44% - more than 1 million women - rely on the pill. The pill is the method most widely used by women in their 20s. In 1995, the first year national data was collected on injectable and implant contraceptives, women younger than 24 were most likely to rely on those methods.

It is absolutely necessary for women, in Wisconsin and around the country, to have the right to control their reproduction, so that they can complete their educations and plan their futures. The passage of Contraceptive Coverage Equity is a necessary step in making higher education and contraceptives more accessible and affordable to women.

Planned Parenthood®
of Wisconsin, Inc.

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Senate Committee on Human Services and Aging
Testimony of Paige Shipman, Legislative Director
In SUPPORT of SB 128, Contraceptive Coverage Equity

Senator Robson and members of the committee, thank you for the opportunity to testify in support of SB 128, regarding equity in health care coverage. My name is Paige Shipman and I am the Legislative Director for Planned Parenthood of Wisconsin. The mission of Planned Parenthood of Wisconsin is to ensure the right of all individuals to manage their sexual and reproductive health. At 32 health clinics throughout the state, we serve more than 70,000 patients by providing breast and cervical cancer screening, STI testing and treatment, contraceptive services, pregnancy counseling, and abstinence-based, age-appropriate sexuality education.

The arguments in favor of this bill are simple. SB 128 is about basic health care. Families in Wisconsin rely on contraceptives in order to time their pregnancies and space their children. The average couple today plans to have two children and in order to do so they will spend twenty years of their lives seeking to avoid pregnancy.

Couples use contraception for a variety of reasons. Some use it while they are finishing their education or starting their career. Some couples use contraception when they have decided to stop having 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 for exclusion from so many health 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.

The Center for Disease Control recently listed family planning as one of the top ten public health achievements of the 20th century. Yet in the United States, nearly one half of all pregnancies are unintended – the highest rate in the industrailized world. SB 128 would help Wisconsin reduce many negative health and societal outcomes associated with unintended pregnancy including low bithweight, increased potential for abuse and neglect, reduced likelihood of important prenatal care, reduced educational attainment and economic opportunity.

And if lawmakers who oppose abortion actually want to reduce the abortion rate, this bill would help Wisconsin take a significant step forward in achieving that goal.

SB 128 is good commonsense policy. Cost is a barrier when people seek 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. Since 1998, fourteen states have enacted contraceptive coverage equity It is time for Wisconsin to do the same for our families and futures. Please support SB 128. 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.

CCE
Contraceptive Coverage Equity Task Force

....working for equity in health care

Task Force Members

American Association of University Women – WI

Association of Women's Health Obstetrics and Neonatal Nursing

Coalition for Wisconsin Health

First Unitarian Society of Madison

International Association of Machinists and Aero Space Workers Local 873

League of Women Voters of Wisconsin

Lutheran Office for Public Policy in Wisconsin (ELCA)

March of Dimes of Wisconsin

Maternal and Child Health Coalition

National Abortion and Reproductive Rights Action League of Wisconsin

National Association of Social Workers (WI Chapter)

National Organization for Women (WI Chapter)

National Women's Political Caucus-Dane County

Planned Parenthood of Wisconsin

Service Employees International Union (Wisconsin State Council)

United Council of UW Students

UW Madison Coalition for Choice

UW Madison Medical Students for Choice

Wisconsin Association of Perinatal Care

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

Wisconsin Chapter of American College of Obstetricians and Gynecologists

Wisconsin Chapter of American College of Nurse Midwives

Wisconsin Citizen Action

Wisconsin Council on Children and Families

Wisconsin Family Planning and Reproductive Health Association

Wisconsin Federation of Nurses and Health Professionals

Wisconsin Nurses Association

Wisconsin Prevention Network

Wisconsin State AFL-CIO

Wisconsin Women's Network

Women's Choice

Women's International League for Peace and Freedom

YWCA of Madison

The Contraceptive Coverage Equity Task Force is a statewide coalition of thirty three organizations advocating passage of contraceptive coverage equity legislation in Wisconsin (Assembly Bill 296 & Senate Bill 128).

Contraception is an essential part of basic health needs, but a recent sample of Wisconsin insurers by the Office of the Commissioner of Insurance found that only 22% of insurance companies cover all FDA-approved prescription contraceptives. This accounts for the fact that women pay 68% more than men in out-of-pocket health care costs. Yet coverage of contraceptives offers hugely significant health benefits at a miniscule cost. Coverage would improve the health of women and families by reducing unintended pregnancy (estimated at more than 50% in the United States, the highest of any industrialized country) and preventing abortion, as well as reducing the rates of low birth weight and infant mortality. The Department of Employee Trust Funds estimated that such enormous benefits would come at the insignificant cost of 14 cents/month per member. Furthermore, in December the U.S. Equal Employment Opportunity Commission (EEOC) ruled that a Pennsylvania employer whose health plan excluded contraceptive coverage violated Title VII of the Civil Rights Act of 1964, as amended by the Pregnancy Discrimination Act of 1978.

Contraceptive coverage has enormous support in Wisconsin and nationwide. A recent poll by the Kaiser Family Foundation found that 75% of people surveyed support legislation requiring insurers to provide coverage for the full range of contraceptives. The popularity of contraceptive equity accounts for the growing number of states that have enacted such legislation. Fourteen states now have laws requiring contraceptive coverage equity and six more have laws, policies, or regulations that provide some level of private insurance coverage for contraception: California, Connecticut, Delaware, Georgia, Hawaii, Idaho, Iowa, Kentucky, Maine, Maryland, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, Rhode Island, Texas, Vermont, and Wyoming.

Jill Malack

Oral contraceptives have been a part of my basic health care since the beginning of adolescence. My menstrual symptoms were so severe that my doctor insisted on placing me on birth control pills at age fifteen. Within a matter of months, my period was running like clockwork. My health improved, my confidence improved, my grades improved. Shortly before my high school graduation, I was proud to accept a generous scholarship to a select private Wisconsin college.

With the beginning of my college career came the usual initial struggles of independence. I was learning that "being an adult" meant doing things like grocery shopping, laundry, and taking financial responsibility for my health.

That in mind, my first mission on campus was to trot over to student health services, where I had earlier been informed that I could receive prescription drugs at a greatly reduced cost; however, I quickly learned that birth control pills were not among those drugs offered. I consulted a health care professional off campus and learned that if I wanted to continue my prescription, it would cost me $30 a month. To put that in perspective, I was earning around $100 a month at my campus job.

At age 18, it was a bitter disappointment to me that "being an adult" apparently meant choosing between food and health care. I opted for food. This meant returning to monthly nightmares of debilitating cramps and blood loss so heavy I was often too weak to attend class. It was absurd to me that I should still be victim to these symptoms that so easily could have been treated with basic medication.

When, at the age of twenty, I first became sexually active, my partner and I were forced to rely on a less effective, but more affordable, form of contraception. Sadly, this contraception failed. Several weeks after it failed, I learned the hard way that while my insurance wouldn't cover my prescribed birth control pills, it would cover an abortion.

I'm fortunate to now attend a university with excellent, comprehensive health services that include dispension of many contraceptives at a cost reasonable to students. I realize, however, that thousands of women are not as fortunate as I am. It is my sincerest hope that through the Contraceptive Coverage Equity Bill, those women will attain the equality in health care that they deserve.

DIOCESE of LA CROSSE

OFFICE OF JUSTICE AND PEACE

Testimony on Senate Bill 128
Presented to the Human Services and Aging Committee of the State Senate
By Arthur Hippler, Director of the Office of Justice and Peace, Diocese of La Crosse

As a representative of Bishop Raymond Burke of the Catholic Diocese of La Crosse, and a concerned citizen of western Wisconsin, I have come to oppose Senate Bill 128, which would require that every health insurance policy, including managed care plans and health care plans offered by the state, and every self-insured health care plan of a school district, county, city, or village, to provide coverage for contraceptive articles and services.

This bill, should it become law, would require that participants in these insurance programs would pay for contraceptive services through their premiums. For a significant number of people, the specific choice not to assist in the funding of contraceptive articles and services is a matter of conscience. Their freedom of conscience should not be inhibited by a government mandate.

As a society, we recognize the rights of "conscientious objectors" not in assist in military activity during time of war. We respect the moral repugnance that these people have for killing, even for the sake of the common good. How can we, with consistency, not respect those who do not wish to assist in practices that they believe to be no less unjust, no less a violation of the dignity of human life?

While many may not consider "contraception" a form of killing, nonetheless some of the contraceptives that the bill proposes to cover are potentially abortifacient. By inhibiting implantation in the uterus, contraceptives can lead to the termination of newly created life.

Pope John Paul II speaks to all of us, believers and non-believers, when he declares "To refuse to take part in committing in an injustice is not only a moral duty; it is also a basic human right" (*Gospel of Life* #74). Those who are opposed in conscience to contraceptive services should not be required to fund them through their insurance premiums.

5/10/01

Good Morning - My name is Sue James. I'm from Milton, WI. & I'd like to read you a statement I prepared.

I am the mother of 2. After the birth of my second child, my daughter in 1972 I went on bc pills and took them for 17 years.

I had my 2 children back when insurance companies didn't cover maternity care, birth control or health care for newborns.

Although my insurance co didn't pay for bc, as a responsible adult I did not want an unintended pregnancy.

Now most ins. companies cover maternity care & health care for new borns but do not cover birth control. For 17 years I had to pay out of my own pocket for those expenses. I paid thousands of dollars for the one medicine that I took daily and needed most.

Eventually I got my tubes tied & my insurance covered that but then I turned 49 my dr. put me back on the pill to help the symptoms of menopause. And again I had to pay out of pocket.

WI 13A

Over the years I've paid thousands of dollars out of my pocket for birth control and that's not fair. Why is it that birth control is not considered a basic part of women's health care?

Now at age 53, I do not want my daughter or any other child bearing age females to have to pay thousands of dollars out of pocket for birth control. When it needs to be a basic part of women's health care.

Thank you for your time

Sue James

Milton Wisconsin

CONTRACEPTIVE EQUITY

Issue

Requiring insurance companies to cover contraceptives will decrease the number of unintended pregnancies, improve the health of women and their families, promote gender equality by recognizing the unfair burden of out-of-pocket contraceptive expenses, and increase the likelihood of economic self-sufficiency.

- **Improving health**

Studies have shown that unintended pregnancies carried to full term pose a serious risk both to mother and child. With an unintended pregnancy, the mother is less likely to seek prenatal care in the first trimester and to expose the fetus to harmful substances such as alcohol or tobacco. The child of an unintended pregnancy is at greater risk of being at a low birth rate, dying their first year, being abused, and not receiving sufficient resources for healthy development. The unintended pregnancy rate is currently 49%, including 31% of pregnancies among married women; and of these pregnancies, 54% end in abortion.

- **Promoting gender equality**

Over one million women in Wisconsin will spend 68% more on their out-of-pocket health care than men. Of large group insurance plans, 97% cover most prescriptions, although only 30% cover at least one form of birth control and a mere 15% cover all five-FDA approved contraceptives. The Equal Employment Opportunity Commission ruled last session that it is unlawful for employers to exclude contraceptive coverage from their health insurance plans if they also cover items like weight control drugs and Viagra, a male anti-impotence drug.

- **Increasing economic self-sufficiency**

Ninety percent of Americans support family planning to prevent unintended pregnancies, and yet only 15% of traditional health care plans and 40% of managed care programs cover the most commonly used forms of contraception. Currently, Medicaid and BadgerCare cover all five-FDA approved contraceptives. Unfortunately, women who move up the economic ladder and switch to private insurance may find that their contraceptives are no longer covered, and may need to pay out-of-pocket for their prescriptions or choose not to use contraceptives. For many women who are working but poor, this additional cost can be a significant financial burden.

Position

NASW WI believes that it is unfair that insurance companies do not fully cover the most commonly used forms of contraception. The financial burden for contraceptive articles generally falls on women. Therefore, NASW-WI supports legislation that requires insurance companies to cover contraceptive articles and services, thus ensuring the health, gender equality, and self-sufficiency of women and their families.

Recommendation

The National Association of Social Workers-WI Chapter urges the legislature to pass Senate Bill 128.

WISCONSIN CHAPTER, NATIONAL ASSOCIATION OF SOCIAL WORKERS
16 N. CARROLL STREET ■ SUITE #220 ■ MADISON, WI 53703 ■ 608 257-6334 ■ FAX: 608 257-8233 ■ EMAIL: NASWWI@TDS.NET

Statement of Katherine Heringlake
President-Elect, Board of Directors
NARAL Wisconsin
122 State Street, Suite 402
Madison, WI 53703
608.287.0016

In Favor of Senate Bill 128, The Contraceptive Equity Act

Madam Chair and Members of the Committee:

As a member of the Board of Directors of NARAL Wisconsin, as a voter and as a woman, I urge you to support Senate Bill 128, and ensure equitable coverage of contraceptives for all Wisconsin women.

To the more than 1 million women of reproductive age in the state of Wisconsin, contraception is basic health care. Their use of contraceptive drugs and devices is not a matter of lifestyle preference or convenience. The full participation of women in society and the health and well being of their families depends on their ability to access prescription contraception. The average woman will spend more that twenty of her reproductive years actively avoiding pregnancy, assuming she plans to have two children. As a result, that woman will, on average, spend 68% more than her male counterpart on OUT OF POCKET medical costs, often despite the fact that she carries and likely pays for employer based health insurance.

The current lack of coverage of any or all of the methods of FDA approved prescription contraception is alarming. According to the Alan Guttmacher Institute (Uneven and Unequal: Insurance Coverage & Reproductive Health Services):

While 97% of typical Indemnity Plans cover most prescription drugs and devices,

- **Only 33% cover oral contraception**
- **A mere 15% cover all 5 FDA approved methods**
- **And an astonishing 49% cover no prescription contraceptive drugs or devices at all**

Ironically, these same Indemnity Plans cover permanent sterilization methods 85% of the time.

The same study revealed that while 89% of HMO's cover most prescription drugs and devices:

- **84% Cover oral contraception**
- **Only 39% cover all 5 FDA approved methods**
- **7% cover no contraception at all**

These numbers are indicative of Wisconsin as well. According to a recent study completed by the Office of the Insurance Commissioner, only 22% of insurance

carriers doing business in Wisconsin cover the five FDA approved methods of contraception.

Contraceptive equity is a matter of fairness. In December 2000, the EEOC ruled that the lack of contraceptive coverage in employer-based health insurance violated Title VII of the Civil Rights Act. The lack of contraceptive coverage in plans that cover other prescription drugs and devices is gender discrimination, without question. Lack of equitable coverage of contraceptives limits a woman's ability to participate fully in society. It impedes her ability to meet her professional and personal goals, and it threatens her ability to plan a healthy family.

Contraceptive Equity makes sense. It makes sense to women and their families. It makes sense to voters and it makes sense to fourteen states nationwide. In a nation where nearly 50% of pregnancies are unintended, the highest rate in the industrialized world, the public recognizes that access and availability to contraception is the best tool to remedy this problem

73% of respondents to a Kaiser Family Foundation survey (Kaiser Family Foundation National Survey on Insurance Coverage of Contraceptives) supported Contraceptive Equity even when told it would raise their monthly premiums one to five dollars. Even the cost to employers is minimal. Complete coverage of all available prescription contraception would cost the average employer $1.43 per employee, per month.

Contraceptive equity is in the best interest of insurance carriers as well. While the cost to cover one year of oral contraceptives for one woman is roughly $400, the cost to cover the complications that often result from a lack of contraception is much greater ranging from just over $1000 to cover the cost of a miscarriage to over $8000 to cover the cost of child birth. That cost is increased if complications occur.

In the interests of health care, in the interests of fairness and in the interests of common sense, NARAL Wisconsin and I urge the passage of this legislation. More important than any of these interests, though, are the interests of the more than one million women that live and work in every Wisconsin city and town. For each one of us, contraceptive equity is an issue whose time has come. Thank you for your consideration.

Sincerely,

Katherine Heringlake
NARAL Wisconsin

The League of Women Voters of Wisconsin, Inc.

122 State Street, Madison, Wisconsin 53703-2500
608/256-0827 FX: 608/256-2853 EM: genfund@lwvwi.org URL: http://www.lwvwi.org

Statement to Senate Committee on Human Services and Aging in Support of SB 128 Relating to Contraceptive Insurance Coverage

May 10, 2001

We know that other groups and agencies have given you many facts and figures to show the need for insurance coverage for contraceptives, the comparative costs, and the acceptance of this practice in other states. We are attaching a page of them to the written statement we are giving you today, but I will not repeat them now. We know that this committee approved an identical bill in 1999. I will explain why we too support SB 128.

In 1999 I prepared a very brief statement expressing the support of the League of Women Voters for this legislation. That statement mentioned the great contribution that medical technology has given to society through contraception. We could think of no reason for anyone to oppose a requirement for insurance companies to include prescription contraceptives as part of their preventive health coverage. When insurance companies opposed it as too costly, we reminded you and them of the comparative cost of childbirth.

I was truly surprised to find at that hearing that opposition came largely from groups that call themselves "pro-life." Some opposed it on the ground that contraceptives are abortifacients. For most, it was not the provision of insurance coverage that they opposed as much as it was contraception itself. It seemed that pro-life means only quantity of life.

The League of Women Voters cares about the quality of life -- the quality of life of the individual woman who would like to plan her life in order to develop her own abilities and bear a child when she can do so with pleasure and satisfaction, just as we would hope for her child to do some day. The quality of the life of her partner and other family members matters to us too. We want every child to be a wanted child.

We believe contraceptives should be as readily available to women as they are to men, but the cost of the prescriptions that are required for female contraception makes insurance a prerequisite for many women.

There was a time when Wisconsin law called contraceptives "indecent articles" and prohibited their sale. Wisconsin was the last state to allow pharmacies to sell contraceptives. Difficult as that is to believe, we begin to wonder if Wisconsin will again be among the last to accept another step in access to birth control. As legislators, you must recognize the value of this technology to individuals and to our whole society.

We hope that this committee will again adopt this simple requirement for contraceptive coverage and will speak forcefully for it in the Senate and with your Assembly colleagues.

LWVWI Legislative Committee contact: Connie Threinen, 608/238-5489

Contraceptive Coverage Equity Task Force

Facts and Figures

Assembly Bill 296 & Senate Bill 128

May 2001

Women deserve equality in health care coverage. The Contraceptive Coverage Equity bill is an important step toward ending discrimination against women by requiring insurance companies to cover contraceptives if they cover other preventive health care.

- Women of childbearing age pay 68% more than men in out of pocket health care costs.
- According to a survey by the Insurance Commissioner, only 22% of Wisconsin health plans cover all FDA-approved contraceptives.
- 1.1 million women in Wisconsin are of child-bearing age and are in need of equal health care coverage.

For years insurance companies have denied women coverage of their most basic health needs. In the past, the legislature has acted to correct discrimination in health care.

- Wisconsin lawmakers passed an insurance mandate to require coverage of maternity care (prenatal and delivery services) in 1981.
- Wisconsin lawmakers passed an insurance mandate to require coverage of mammograms in 1989.

Contraceptives are a basic component of women's heath care. Removing barriers to contraceptive use will promote the health of women and their families.

- 50% of all pregnancies in the U.S. are unintended, the highest rate in the industrialized world.
- Most sexually active women spend 80% of their reproductive lives trying to avoid pregnancy.
- Among women aged 20-44 who have been sexually active, 85% have used oral contraceptives at some time in their lives.

The cost of contraceptive coverage is minimal. For less than the cost of a single cup of coffee, employers could cover the monthly cost of contraceptives.

- For plans currently not covering any method, a recent Alan Guttmacher Institute study shows the total cost of contraceptive coverage to an employer is $1.43/month per employee.
- The state insurance plan currently covers four methods of contraception. The Department of Employee Trust Funds estimates coverage of all five forms would increase costs by no more than $0.14/month per each member.

Polls consistently show overwhelming support for contraceptive coverage.

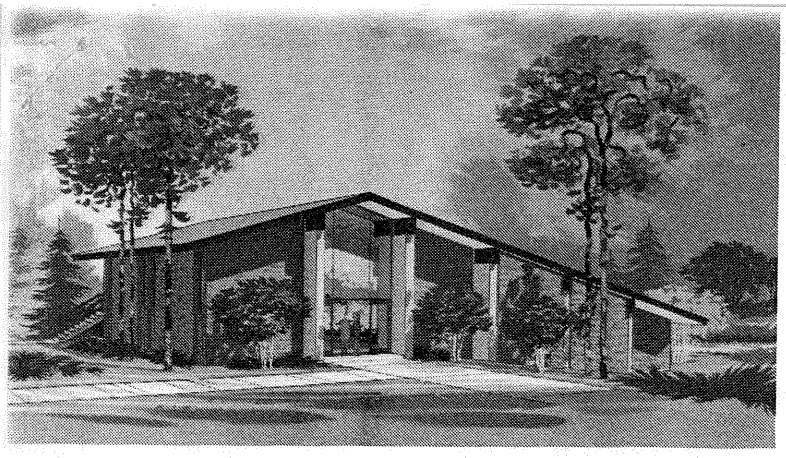
- A recent poll by the Kaiser Family Foundation found that 75% of those surveyed support contraceptive coverage.

Senate Committee Hearing on CCEA

I want to thank the committee for letting me speak today. I want to begin by sharing with you why this bill affects me very personally. But first I would like to change the tone of the debate. I want to stop talking about the sexual politics that are clouding this bill. I really think the debate on this bill should center on, not how many unwanted pregnancies this bill would prevent, but how many actual lives this bill can save. In June of 1997, 3 days before I graduated from high school my mother was diagnosed with Ovarian Cancer. The cancer was in its 5th stage of development, which means it had metastasized to many different organs in her body. As is common with Ovarian Cancer, she had had no symptoms until 10 days before her diagnosis, when she noticed a shortness of breath during her evening exercise. My mother was given 6 months to live, and was told that the survival rate beyond 2 years after this kind of diagnosis was less than 1 percent. My mom fought a coragegeous battle living a good life, living almost 3 years past he diagnosis, but she passed away this past October 7th. My mothers health insurance absorbed over 2.2 million dollars worth of treatment for her, before they stopped covering treatment they deemed experimental about a 2 years ago. In that last 2 years my family has had to raise and spend over 200 thousand dollars to pay for my mothers treatment. My mother had two children in college and you can imagine the extraordinary financial burden this placed on my mother who was a catholic school principal and made only 30 thousand dollars a year. And though this committee can not write any law that will bring my mom back, you can pass a bill that can significantly reduce the chances of my 18 year old sister developing Ovarian Cancer. My mother's oncologist recommended that my sister be placed on the birth control known as the pill, immediately after my

mother's diagnosis. My Moms oncologist said it was the only thing available that was scientifically known to significantly reduce the risk of developing ovarian cancer. Our insurance company denied coverage of the pill for my sister and to be honest my family does not have the extra money to purchase the expensive pills. Keep in mind that my sister was not prescribed the pill for sexual reasons. She was prescribed the bill so that she would not develop ovarian cancer. The sad truth is there are thousands of young women out there at high risk for developing not only Ovarian cancer but Breast cancer and many other forms of cancer that the pill can prevent. I implore this committee to pass this bill so you can protect the health of thousands of young women in Wisconsin. It saddens me more than I could ever express that I had to watch my beautiful, vibrant, strong, mother, who dedicated her life not only to her my sister and I but to the hundreds of kids she educated over her career die a cruel awful death at 51. And I would give everything I have to guarantee that my sister will not have to meet a fate similar to my mothers. I want so badly for my sister to be able to see her children graduate from high school, see her children graduate from college, attend her children's wedding and be able to meet her grandchildren. I want these things because my mother wont experience these things with my sister and I, and the thought of my own mother not meeting the woman that I will someday marry, or the children I some day plan to have, saddens me more than I could ever express. This bill gives my sister and the many other women like her the chance they deserve. I have heard a lot of talk about morality, I have heard it only from the side opposing this bill, I submit to you that this governing body could nothing more moral than deciding to save lives. Passing this bill will save lives, and although we hear the term save lives so often in our society, what I wanted to do here today is show you

that the lives you can save are real. In fact one of them is my sister, a freshman at UWM she is probably doing what I should have done today, that is studying for final exams. But there are so many other young women this bill can save, maybe another young woman here today, or maybe one of the committee members daughters, may it is a neighbor, or a friend, or maybe just a stranger you will pass on the street. In essence this bill is pro-life, it is pro-life for the life of my sister and many others like her. I pray that this committee makes the correct, and in fact the moral decision and passes this legislation. I thank the committee for its time



International Association of Machinists and Aero Space Workers

AFFILIATED WITH THE AFL-CIO

LODGE NO. 873

Testimony in Support of

Presented by Janice Tobak – IAM Local 873

Senate Bill 128

Relating to the Passage of the Contraceptive Coverage Equity Bill

Senate Committee on Human Services and Aging

State Capitol, Room 300 Southeast

Thursday, May 10, 2001

10:00 A.M.

Distinguished panel, Thank you for giving me this opportunity to testify.

My name is Janice Tobak. I am here to represent the Women's Committee of Local 873 in Horicon of the International Association of Machinists and Aerospace Workers. The International Association of Machinists and Aerospace Workers is the union that's represents the wage employees at my place employment. Over half of our union body signed a petition recently and voted at a local union meeting to support the Contraceptive Coverage legislation. It was designed to address the inequity of adding Viagra to the formulated drug list for wage employees, while still excluding contraceptives. However, our company does include contraceptives on the formulated drug list for salaried personnel.

Our current health care plan contains a belief statement by the employer supporting preventative maintenance. Oral contraceptives are a means of treating a variety of female health related medical disorders, including endometriosis. It would seem that our employer recognize

these drugs as beneficial as they have placed coverage of contraceptives in the salaried benefits package. However, wage employees do not receive such benefits.

Passage of the Contraceptive Coverage Equity Bill, AB-296 and S-128 provides that all Wisconsin Insurance companies would cover these medical needs, addressing them in an unbiased nondiscriminatory way. According to the E.E.O.C. (Equal Employment Opportunity Commission) it is illegal for an employer's health plans to exclude female contraceptives if they cover other preventative medicines or services, such as vaccinations and routine mammograms. The Kiplinger report states that the E.E.O.C. ruled it discriminatory for firms not to cover contraceptives, if they currently cover Viagra. Adding contraceptive coverage to a health care package would add less than a 1% increase in premiums.

This issue is more than just a union asking a company for added health care benefits. It is a civil rights issue. As a governing body, this state has the authority to ensure that equitable health coverage is available for all of its workers, men and women alike. We ask that the legislature support and pass the Contraceptive Coverage Equity Bill and institute legislation, which would take into full consideration the needs of Wisconsin's working women and their families. The state of Wisconsin depends upon all its workers to successfully provide for Wisconsin's economy. Now we're depending upon you for help in providing us with equity in medical coverage.

Thank you for your time and consideration in this important matter.

My name is Amy Schulz & I'm a nurse @ the V.A. Hospital

Senate Bill 128

I am here today to speak in favor of ~~this bill~~ that requires all insurers to cover birth control. I am outraged at the prospect of proposals to remove coverage of birth control. ~~This is ridiculous~~ There are multiple implications of proposals like these.

Whenever you make access to birth control more difficult whether by implementing a charge or by allowing pharmacists to decide whether dispensing birth control aids (pills, IUD's, diaphragms, etc) because it against their moral/religious beliefs, ~~or~~ may be, the result will be a rise in unintended pregnancies. What is the purpose of not providing birth control coverage? Is it a cost saving measure? If there is a rise in unintended pregnancies, the costs of prenatal care, labor & delivery, & post-natal care will ~~be~~ offset any savings and end up costing exponentially more than the costs of birth control. Is the purpose ~~for us~~ of avoiding birth control coverage to intrude in the personal lives of private citizens? I thought that one of the proposals of republicans was to get government out of the public's private lives i.e. less regulation. Proposals that impact the ability of citizens to make family planning choices are big intrusions into our lives. I am concerned that a shrill, conservative minority is influencing legislators in a negative way. Micromanagement of health care when it cuts off services to the public is harmful. A colleague of mine has children with a bleeding disorder. The ~~One~~ treatment for his daughter when she begins menstruating is birth control pills. Is it fair that they be forced to pay for treatment. Why is it that Viagra is covered under some plans & yet birth control coverage is denied? This is discrimination against women. I am also concerned ~~that when~~ of & The average cost of birth control pills is ~~$~~ $240/year per woman; other forms of contraception are even more expensive. I ask you to ~~vote~~ vote in favor of Senate Bill

& to encourage your colleagues to do so as well. Making birth control coverage mandatory promotes family planning by preventing unintended pregnancies and ultimately savings to everyone. Senate Bill 128 is a smart and compassionate bill in its requirement for health insurance coverage of contraceptive articles & services.

By the way, I was able to get this last week 101 signatures on petitions here of people who feel that health insurance should cover birth control.

Insur. companies.
96% cover birthcontrol — most common is oral contraceptives
- most prescriptns. aren't covered

- 33% cover Viagra to 22%

- Women pay 68% more in out of pocket health care costs.

- Dr. Laabl

- 1.1 million W i. women are eligible

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

RESEARCH • EDUCATION • ADVOCACY

Testimony Before the Senate Committee on Human Services and Aging

Senate Bill 128

May 10, 2001

Chairperson Robson, members of the committee, thank you for this opportunity on behalf of the Wisconsin Council on Children and Families to testify in favor of Senate Bill 128, which would require insurance companies to cover FDA approved contraceptive articles and services.

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 the lives of the children and families. The Council also recognizes that SB 128 promotes gender equity with regards to health costs. And finally, SB 128 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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www.wccf.org

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

Senate Bill 128 additionally addresses the gender inequalities that women endure in health care costs. Currently, women of reproductive age spend 68% more than men in 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 prescription, however only 30% 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 in this new century.

Finally, SB 128 promotes self-sufficiency. This initiative would help close some unfortunate gaps in health insurance coverage for Wisconsin women. Currently, Medicaid and BadgerCare cover 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 by 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 this opportunity to discuss Senate Bill 128. I hope together, we can help ensure the health, equality and self-sufficiency of women in the State of Wisconsin.

Contraceptive Coverage Equity
State Senate Hearings
May 10, 2001

Legislators at the state and federal level who understand the importance of preventing unintended pregnancy have proposed a requirement that health insurance companies pay for contraceptives. Those of us who have supported this legislation over the past few years have emphasized:

That contraceptive use decreases unintended pregnancies . . .

That family planning is a basic family health need . . .

That making contraceptive services accessible to women improves the economic circumstances of families

That contraceptive use dramatically decreases abortions . . .

That preventing unintended pregnancy improves birth outcomes . . .

That making contraceptive services accessible to women is a matter of simple justice and equity:
Why should a woman bear the full cost of contraception or bear the child?
Is it fair that health insurers pay for other preventive health care and not for contraception?

While this legislation has advanced, it has failed to pass.

What if the reasons for opposing this bill have nothing to do with maternal and child health or with reducing abortions? What if the reasons for opposing this bill have nothing to do with helping families succeed, with creating equity between women and men, or even with healthier infants and healthier births? What if the reason this legislation is opposed is a simple demonstration of political power?

There are two primary arguments against this legislation, one is based on religious beliefs and the other is based on cost. Contraception prevents abortions. There is no rational or empirical disagreement on that, and it is not the purpose of state government to resolve religious questions by denying access to health care.

So for today's testimony, I'd like to focus on the costs of unintended pregnancy to employers. I'd like to attempt to answer the question: "Who pays the bills?" The Wisconsin Family Planning and Reproductive Health Association has launched an initiative to demonstrate to businesses that offering these contraceptive benefits to their workers is not just cost effective, <u>it will save money.</u>

I've developed a few simple graphs to illustrate three simple points (the graphs are included at the back of the WoRC packets):

1. The first graph is a quick estimate of the most obvious health care costs for 100 contracepting women of reproductive age and 100 non-contracepting women of reproductive age. The contraceptive care estimate on the graph includes comprehensive preventive care . . . annual pap and pelvic exams and other related services and not simply contraceptives. The assumed rates of pregnancy for the 100 women in the non-contracepting group were the <u>lowest</u> estimate that I found (National Institutes of Medicine). Some recognized sources had annual pregnancy rates as high as 80% (almost double what I used in these assumptions) for sexually active women not using contraceptives. Even with low estimates of pregnancy and low estimates for the costs of childbirth, the main point is that **the annual costs of the health care provided to 100 contracepting women are much lower than the costs of the health care that would be provided to 100 non-contracepting women.**

2. The second graph shows that **the highest cost of unintended pregnancy is in lost work days, lost productivity, substitution pay, maternity leave, worker replacement, and family and medical leave.** In fact, these costs, as the second graph attempts to illustrate, tower over cost estimates of directly providing contraceptive care <u>and</u> over the estimated costs of increased insurance premiums for covering contraceptive care.

3. The third graph illustrates a representative workforce where 70% of the women workers or spouses are already contracepting at their own expense. Employer costs are compared to the same workforce with contraceptive benefits provided at the employer's expense. The most impressive point is that under current policies, the major cost of unintended pregnancy (absenteeism, substitution, maternity leave, even replacement of workers who don't return due to child care difficulties or costs) is paid by the employer. . . . Secondly, the costs of contraception and routine reproductive health care are paid by the women, themselves. That is the very simple explanation for lack of insurance company passion for Contraceptive Equity. **Women and employers are paying the greatest share of the "bills" for unintended pregnancies – and compared to personnel costs, the health care costs are a relatively small portion at that.**

There are two other graphs from the Alan Guttmacher Institute at the end of the packet that show national statistics on unintended pregnancy and how dramatically reducing unintended pregnancy would reduce abortions.

Conclusions

The insurance companies claim that they will raise premiums by $2.00 per month per employee to provide contraceptive benefits. Employers should accept the terms. It's well worth it on a strictly bottom-line basis.

Health Insurance companies should immediately offer contraceptive coverage to their own employees. Covering contraceptive benefits may be a "six of one – half dozen of the other" proposition to an insurer, but it's a win-win prospect for an employer.

The reason there are so many organizations that support this legislation is that almost everyone wins by providing contraceptive care:

Contraceptive coverage improves women's health;
Contraception improves opportunities for women and family income;
Providing contraceptive coverage is equitable and just;
Contraception leads to better birth outcomes and improves children's health;
Contraceptive coverage prevents abortion.
As for moral choices, over 80% of all families rely on contraceptives during their reproductive lives.

And . . . Contraceptive coverage saves money for Wisconsin's Employers . . . For Wisconsin's economy, it's worth it.

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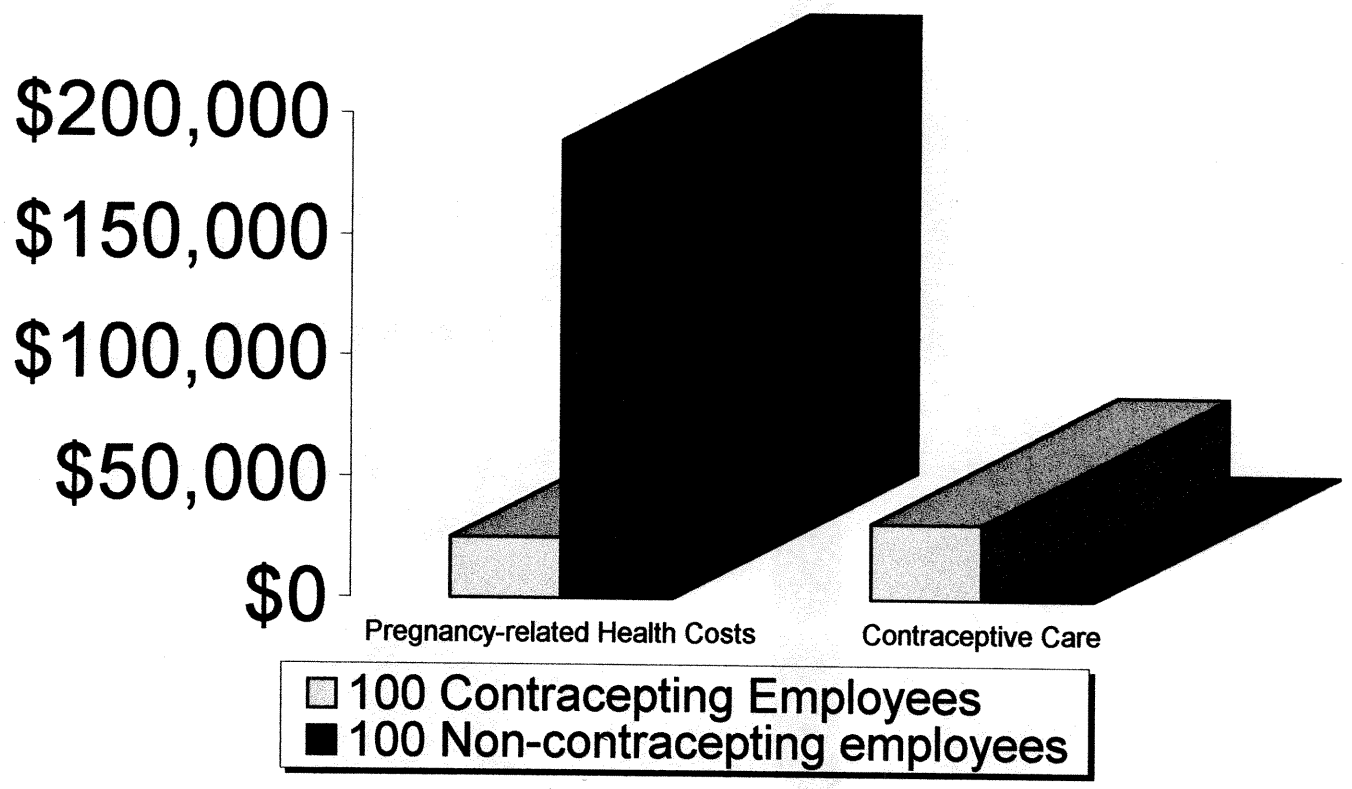
Annual Reproductive Health Costs



Explanation of Annual Reproductive Health Costs Graph

This graph compares the annual health costs of 100 contracepting female employees **at risk of pregnancy** with 100 non-contracepting female employees at risk of pregnancy.

Estimated pregnancy rates of contracepting and non-contracepting women are taken from the National Institute of Medicine's Publication; The Best Intentions published by National Academy Press, 1995.

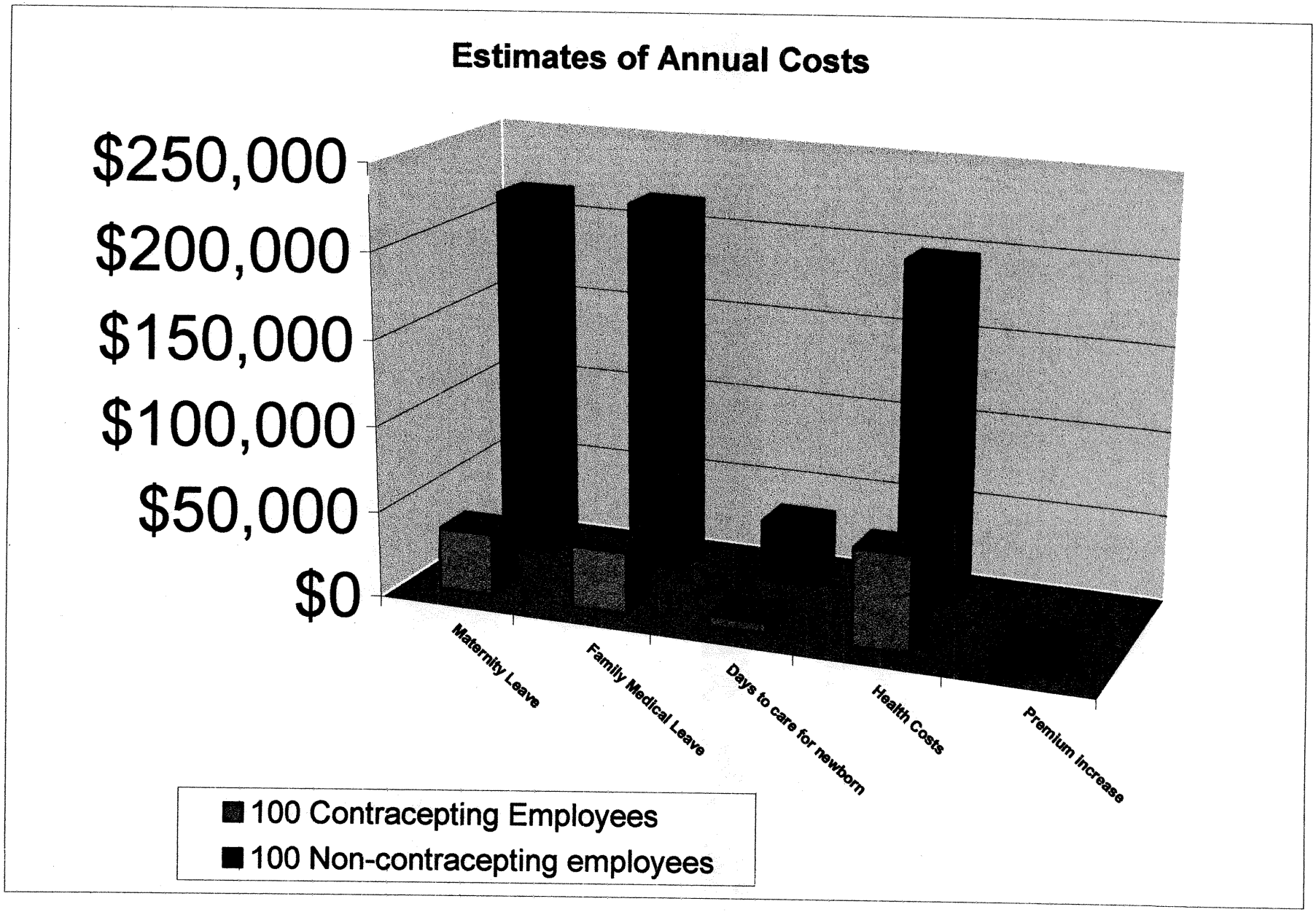
Statistical data for The Best Intentions on pregnancy, termination, and birth rates was taken from the National Survey of Family Growth, provided by the National Center for Health Statistics. This data has been gathered on an ongoing basis since 1973.

Of 100 women at risk of pregnancy and contracepting, a 7% annual pregnancy rate is assumed. Of seven pregnancies, the costs are based on four live births.

Of 100 women at risk of pregnancy and not contracepting a 44% annual pregnancy rate is assumed. Of forty-four pregnancies, the costs are based on twenty-four births.

Contraceptive care, including method/supplies, provided by WI Family Planning and Reproductive Health Association member providers costs approximately $250 per client per year. Non-subsidized provider costs would be approximately $600.

Statewide hospitalization charges for 1999 were used to calculate the average cost of health care for a full-term pregnancy. Charges included labor, delivery, neonate care, and prenatal care. Proportional additions were made for spontaneous and voluntary terminations, high-risk deliveries, and infants requiring intensive hospital care. Average costs used throughout this presentation for prenatal care, labor, delivery, and newborn care are $7,500.


Estimates of Annual Costs
$250,000
$200,000
$150,000
$100,000
$50,000
$0
Maternity Leave
Family Medical Leave
Days to care for newborn
Health Costs
Premium increase
100 Contracepting Employees
100 Non-contracepting employees

Estimates of Annual Costs

Detailed Explanation

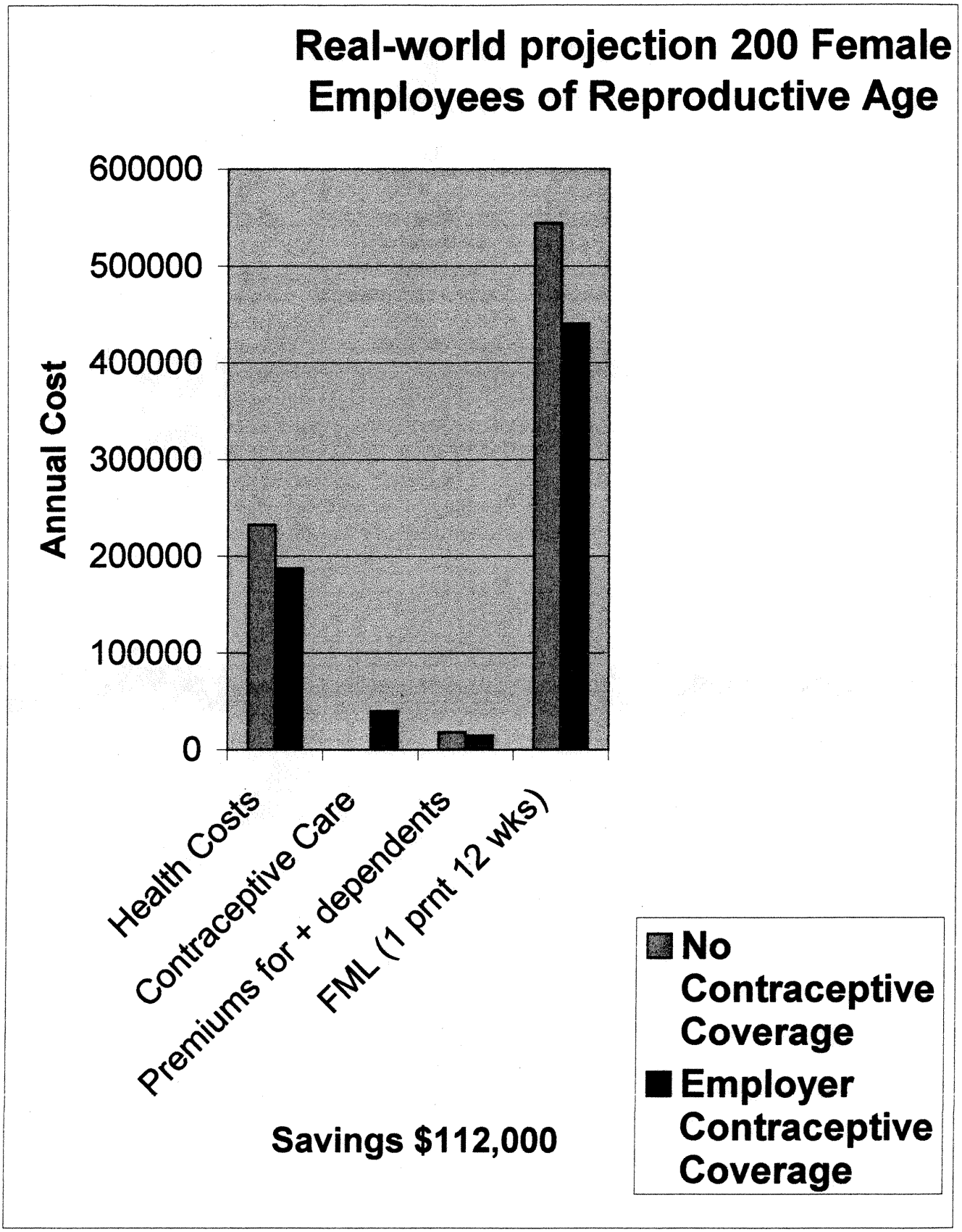
Maternity Leave is based on six weeks (30 working days) as required by Wisconsin Law. Bureau of Labor Statistics average wage and benefits yielded a daily cost of $300/day for one employee and her substitute (paid at the same rate). For 100 non-contracepting employees at risk of pregnancy, 24 six-week maternity leaves results in maternity leave costs of $216,000 per year. For 100 contracepting employees at risk of pregnancy, 4 six-week maternity leaves results in maternity leave costs of $36,000 per year.

Family Medical Leave is based on an additional six weeks (30 working days) leave for birth of a child as required by Federal Law. Again as above, the graph uses a BLS daily cost of $300/day for one parent and her substitute. For 100 non-contracepting employees at risk of pregnancy, 24 six-week FMLA leaves result in leave costs of $216,000 per year. For 100 contracepting employees at risk of pregnancy, 4 six-week FMLA leaves results in leave costs of $36,000 per year.

Days to Care for Newborn is based on an estimate that a parent of a newborn will utilize approximately five days of sick leave per year due to newborn health care needs. BLS cost estimates were used as above to determine employer costs for the non-contracepting group to be $36,000 per year and $6,000 per year for the employer of the contracepting families.

Health Costs for the two groups are the total of employer-paid contraceptive services (if any), medical services related to voluntary or non-voluntary termination of pregnancy, prenatal care, delivery services, and newborn hospitalization services. High cost pregnancy and newborn care costs are factored in based on 1999 Wisconsin Hospital Charge experience.

Premium Increase is calculated based on insurance-industry estimates of increases due to contraceptive coverage of $1.80 per month. Total cost was estimated for 500 employees ($10,800) to compare to 100 contracepting and non-contracepting employees.


Real-world projection 200 Female Employees of Reproductive Age
Annual Cost
600000
500000
400000
300000
200000
100000
0
Health Costs
Contraceptive Care
Premiums for + dependents
FML (1 prnt 12 wks)
Savings $112,000
No Contraceptive Coverage
Employer Contraceptive Coverage

Explanation of Real-world Projection Graph

Health Costs are determined on the same basis as for the Annual Reproductive Health Costs graph. The comparison here, however, is between 140 of 200 working women of reproductive age who are reliably and consistently using a contraceptive method at their own expense and 160 working women of reproductive age who are participating in an employer paid worksite reproductive health program.

In other words, approximately 70% of the female workforce is reliably and consistently contracepting at their own cost in the "No Contraceptive Coverage bars and 80% of the female workforce is reliably and consistently contracepting at the employer's cost in the "Employer Contraceptive Coverage" bars. Another assumption is that, of the 200 women in either group, there are eleven intended pregnancies each year. Costs associated with these intended pregnancies are included in both bars.

Attention should be paid to the emphasis on "reliably and consistently." For purposes of this projection, a 1% improvement is assumed in terms of contraceptive success (from 96% to 97%). However, the reasons for contraceptive "failure" may lend themselves to much more dramatic improvement under an employer-sponsored reproductive health program. Some of the major reasons for unintended pregnancy among women practicing contraception are: unanticipated side-effects and concomitant failure to continue the method before selecting another; access barriers associated with cost and price of methods; difficulties with making and keeping health care appointments; lack of adequate information about the method of choice so it is used properly; lack of information about back-up methods and when they are appropriate. It is easy to see how an employer could work with a family planning provider to significantly reduce if not eliminate most of these reasons for contraceptive failure or poor method selection and compliance.

Contraceptive Care is based on $250 per year per client.

Premiums for dependents is estimated at $50 per month per newborn child.

Family Medical Leave is based on one parent and an equivalent-cost substitute for twelve weeks.

Other Employer Considerations

Higher Cost Substitution: If worker replacements are, for example, from temp agencies or from more highly paid job classifications, substitution costs will be higher than the 1:1 ratio assumed in this presentation.

Overtime Pay: If existing staff is responsible to pick up duties of absent staff, often overtime pay and benefits become a consideration.

Reduced or Lost Productivity: Where workers are replaced, whether on a temporary or permanent basis, there is a period of reduced productivity.

Management Costs for Replacement and Rescheduling: Generally, replacement of employees requires substantial management planning to reallocate and reschedule existing personnel. In the event that an employee does not return to work due to difficulties with child care or to care for a new child, hiring costs are high in this tight labor market.

Two Parent Family Medical Leave Eligibility: Spouses are also eligible for twelve weeks Family Medical Leave for birth of a child.

Health Insurance Increases: Decreased utilization of insurance benefits would generally result in reduced premium increases over time. Clearly additional births and additional newborns will increase insurance utilization and health insurance costs.

The "Real World Projection" graph includes a $50/month health insurance premium increase for each additional child. Upgrading, for example, from employee-only to family coverage may be much more costly.

Although the presentation includes pro-rated costs of intensive care neonates and high-risk deliveries, it does not include costs for ongoing medical care and treatment of children with health problems. For a small employer, one child with intensive medical needs can alter insurance claim experience profoundly.

Tangible Benefits: Female employees pay higher costs for health care primarily because of lack of insurance coverage of reproductive health care. Providing coverage for these health care services is an immediately understandable benefit to your new female employees. It also demonstrates your willingness to respond proactively to deal with inequities.

Child Care Benefits: Many progressive employers are providing child-care and child-care related benefits to their employees. Clearly, reducing unintended pregnancy reduces associated child care expenses.

Absenteeism: The presentation includes costs for sick care for five days in the first year of the newborn's life. There is no calculation for other family medical leave or sick leave for older children.

More Effective Methods: Because cost has been a significant issue for women to access reliable contraceptive methods, it is likely that the presentation underestimates results that would be achieved from women simply selecting a more reliable, though more costly, form of contraception if it were provided by the employer.

Definitions

Intended at conception: wanted at the time, or sooner, irrespective of whether or not contraception was being used; or

Unintended at conception: if a pregnancy had not been wanted at the time conception occurred, irrespective of whether or not contraception was being used.

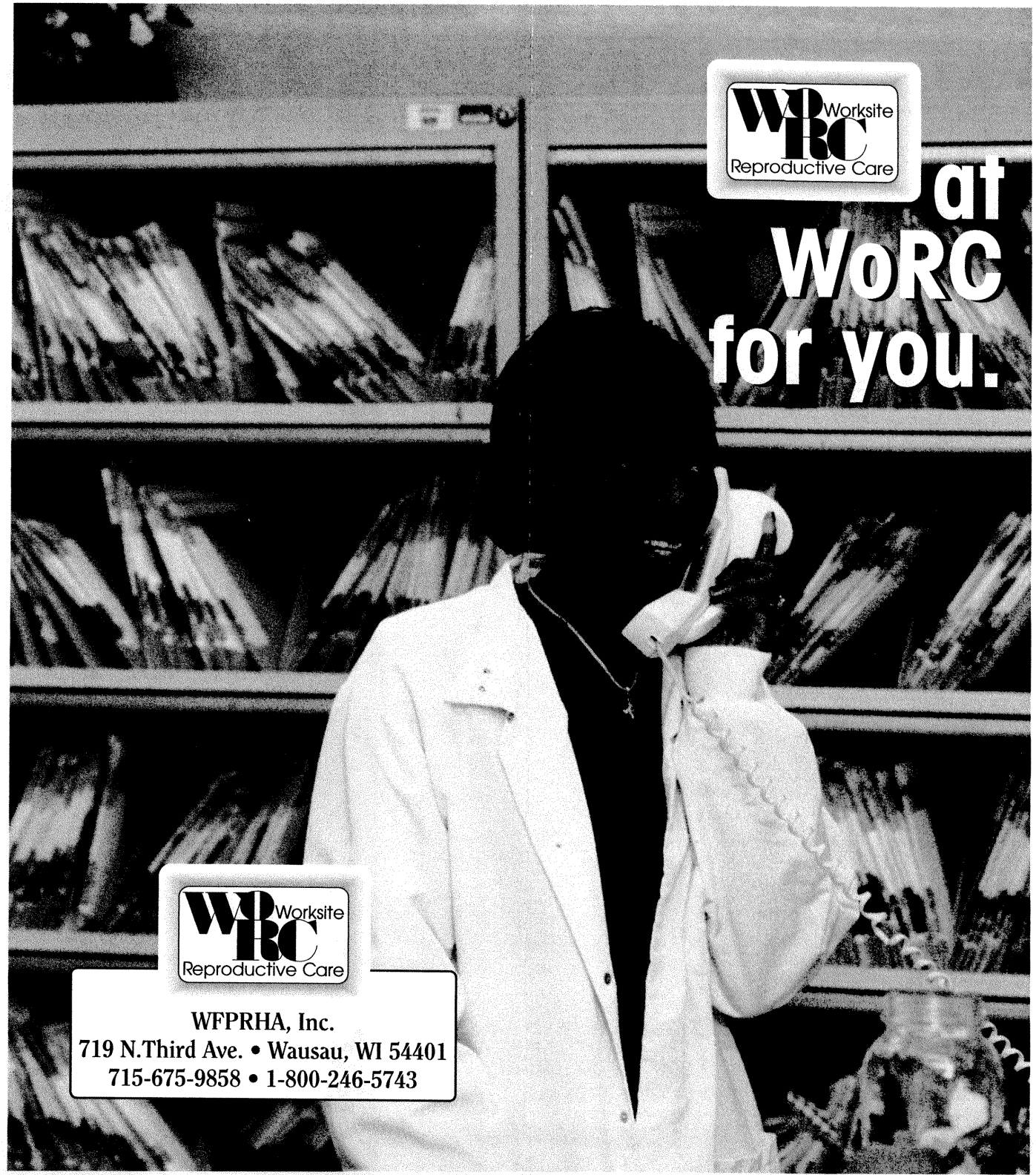
Among *unintended* pregnancies, a distinction is made between *mistimed* and *unwanted:*

Mistimed conceptions are those that were wanted by the woman at some time, but which occurred sooner than they were wanted; and
Unwanted conceptions are those that occurred when the woman did not want to have any more pregnancies at all.

Source: National Survey of Family Growth – National Center for Health Statistics – 1973 through 1997

Why should you participate?

- You can save money and plan your family!
- You have access to more effective methods of contraception, provided through your employer.
- Your employer cares about the affordability of good health care and the health of you and your family. Family planning programs such as WoRC, keep you healthy by providing services in partnership with your employer.
- You're planning to focus on your career, further your education and plan a family when you're ready!
- If you need an interpreter, your quality family planning provider will arrange to have one available.
- Your family planning provider is easy to find. Simply call 1-800-246-5743 and a representative will assist or direct you to the provider in your area.



What is the WoRC Program?

WoRC, or "Worksite Reproductive Care" is a new health care plan established by your employer for you and your family.

It is designed to provide high quality, low cost, *confidential* reproductive health care services to you through a statewide network of family planning health care providers. Your employer cares about every participant covered by this unique reproductive health plan, and urges you to read this information carefully and share it with your family.

Why WoRC?

Family planning improves your health and the health of your baby -- and reduces the likelihood of an unexpected, unintended pregnancy.

When you have access to high quality reproductive health care and contraceptive benefits, you can plan to have your family *when you want to*. Planned pregnancies normally result in less complicated births, healthier babies and families ready to provide for their children.

The WoRC program makes access to high quality low cost, reproductive care for you as easy as possible. The Wisconsin Family Planning Reproductive Health Association, Inc. (WFPRHA), a well-respected statewide network of family planning health providers, administers this program.

The WoRC program is based on a private, professional relationship between you (or your eligible dependent) and your family planning health care provider. Information or services provided to anyone who uses the program is strictly *confidential.*

How the program works

The WoRC program gives you flexibility in your decisions about reproductive care. Each time you seek care, you have a choice of using one of the family planning participating providers. Costs of services will be explained on your summary sheet.

Covered Benefits

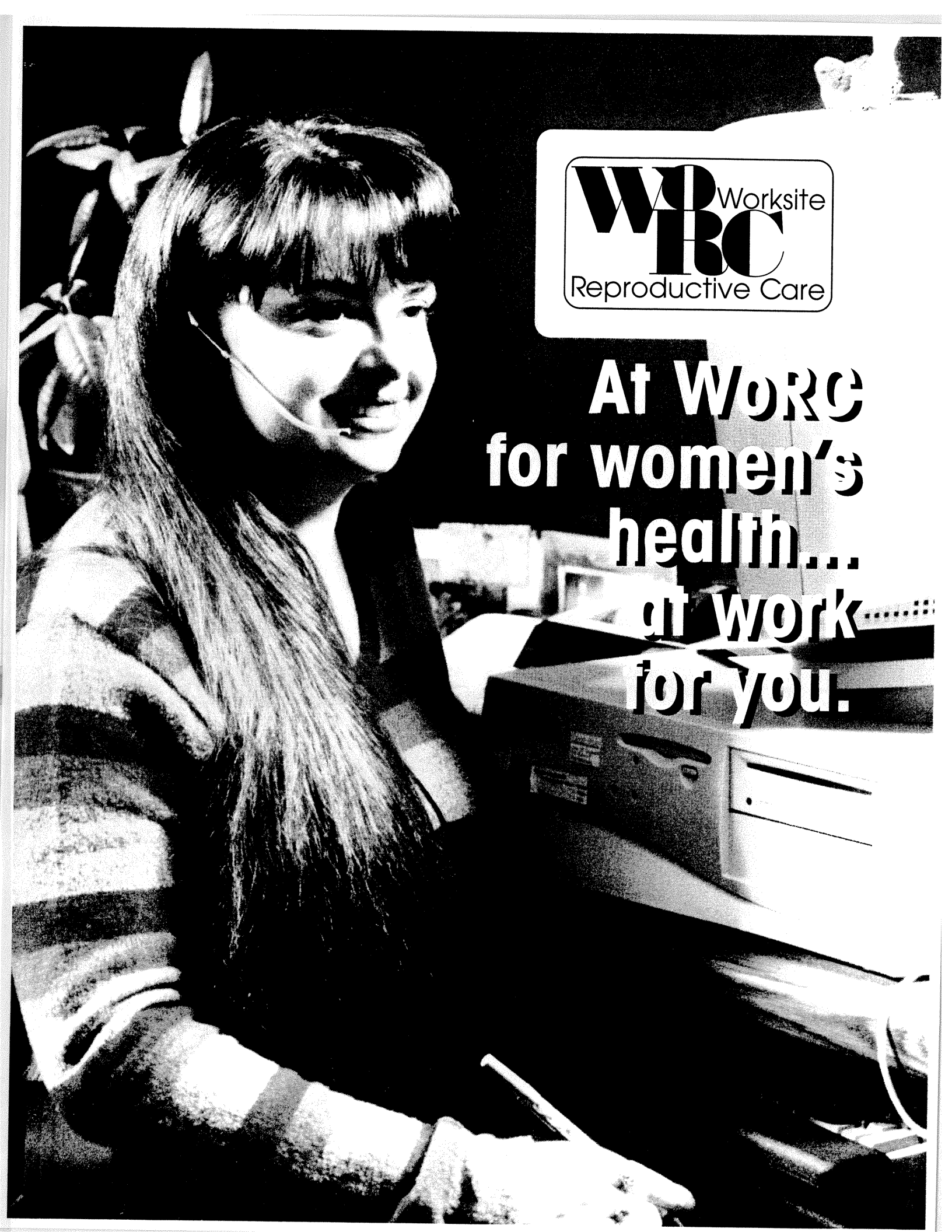
The following care services and contraceptive supplies are covered under your WoRC plan. When you go to a family planning provider, your eligibility will be verified by your "employer name". Listed below are some of the services your employer may choose to cover.

Services:

- Initial/annual examination
- Confidential consultation
- Pap test and lab handling fee
- Iron level test (Hct)
- Recommended Chlamydia test
- Recommended Gonorrhea test

Contraceptive Supplies:

- Oral Contraceptives (birth control pills) 90 day supply in 2-month period.
- Contraceptive Foam - 1 kit/month.
- Condoms - up to 30/month
- Depo-Provera Shot - as ordered every 11-13 weeks.
- Contraceptive Jelly or Creams - 2 tubes/month.
- Diaphragm - 2/year.


WORC
Worksite
Reproductive Care
At WORC
for women's
health...
at work...
for you.

Reduce absenteeism in your workforce.

The Productive Side of Reproductive Health Care

Quality family planning improves women's health and the health of their babies--*and reduces your costs*.

Women who have access to high quality reproductive health care and contraceptive benefits, plan their pregnancies. Planned pregnancies statistically result in less complicated births, healthier babies, and families ready to provide for their children.

By supporting employees who are focused on their careers, reaching educational goals, and planning for a family, you can promote a more productive and more efficient workforce.

The Down Side-- Who Pays for Unintended Pregnancy

The **unintended pregnancy rate** in the United States is **estimated to be 50%.** With today's employee shortage, it's a constant struggle to retain productive employees.

The immediate impacts of <u>unintended</u> pregnancy on your bottom line include:

- Higher costs of maternity leave.
- Higher costs of Family Medical Leave as required by Federal law.
- Higher levels of employee turnover, replacement, substitution.
- Lost productivity due to absenteeism, rescheduling, reposting, rehiring, retraining.
- Higher health care costs.
- Higher health care premiums.