

What is WoRC?

WoRC, or "Worksite Reproductive Care," is a new health care partnership designed by Wisconsin

Family Planning Reproductive Health Association, Inc. (WFPRHA) to provide high quality, low cost, confidential, reproductive health care services to women and families *through the workplace.*

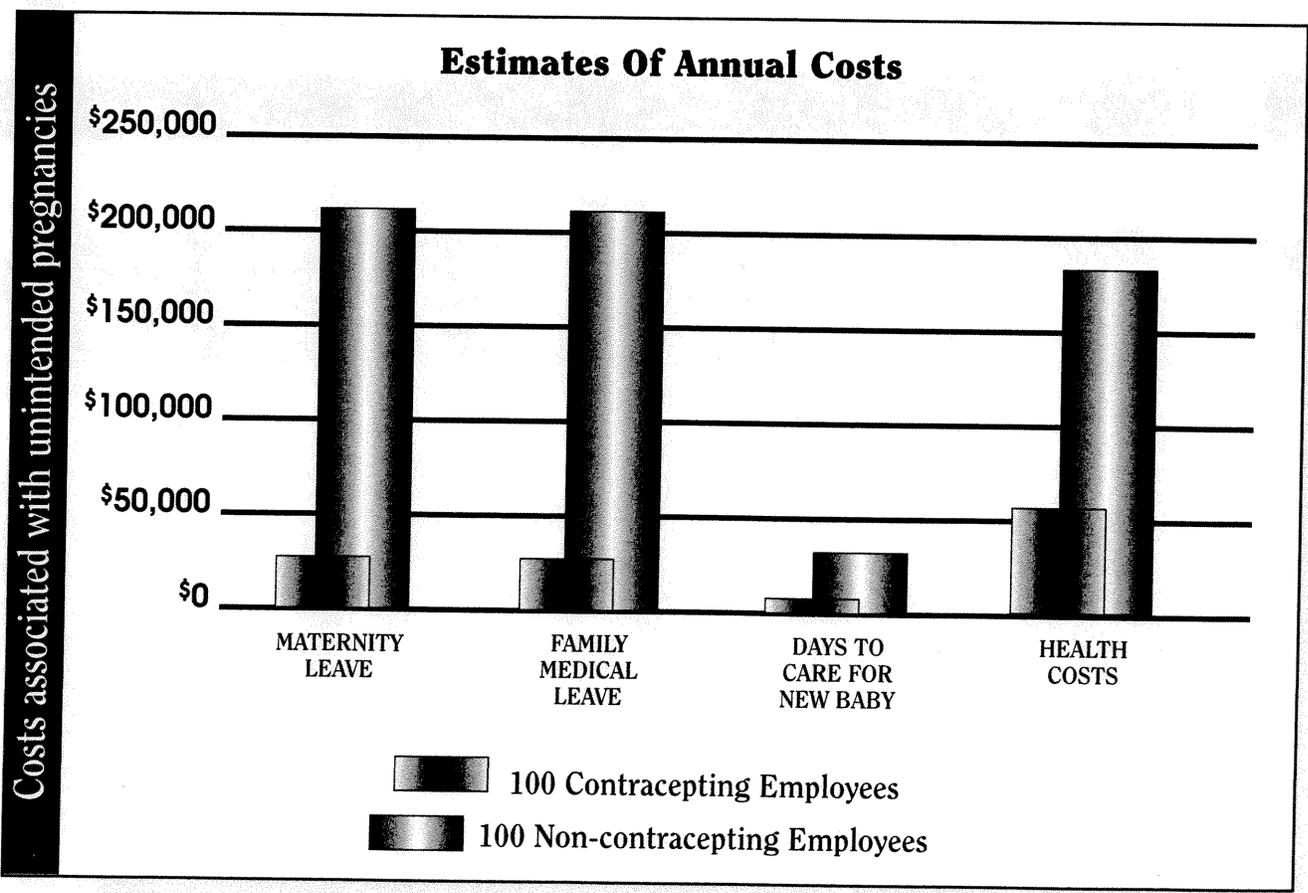
Most women and men of reproductive age are in the workforce. Some women or families lack adequate high quality family planning services that they need or want. WoRC creates a win-win customized WoRC solution by providing these services through you, their employer. The WoRC partnership helps employers reduce the costs (direct and indirect) of unintended pregnancy. Through family planning, we can enable you to help improve the health of your employees

Save on health insurance premiums.



and their children. WoRC will give families more options and choices in their lives.

The Wisconsin Family Planning Reproductive Health Association (WFPRHA) is a statewide professional group of family planning health care providers. WFPRHA educates and provides high quality, low cost, confidential reproductive health care services to individuals through its member organizations.



Put WoRC to work for you.

Does your current coverage provide contraceptive benefits? Whether the answer is 'yes' or 'no', here are some steps you can

take to improve your bottom line:

1. Include subsidized Family Planning health care services in your plan.

Adding non-profit, family planning providers to your coverage allows for greater access to high quality health care services for less!

2. Expand coverage to provide free contraceptive benefits.

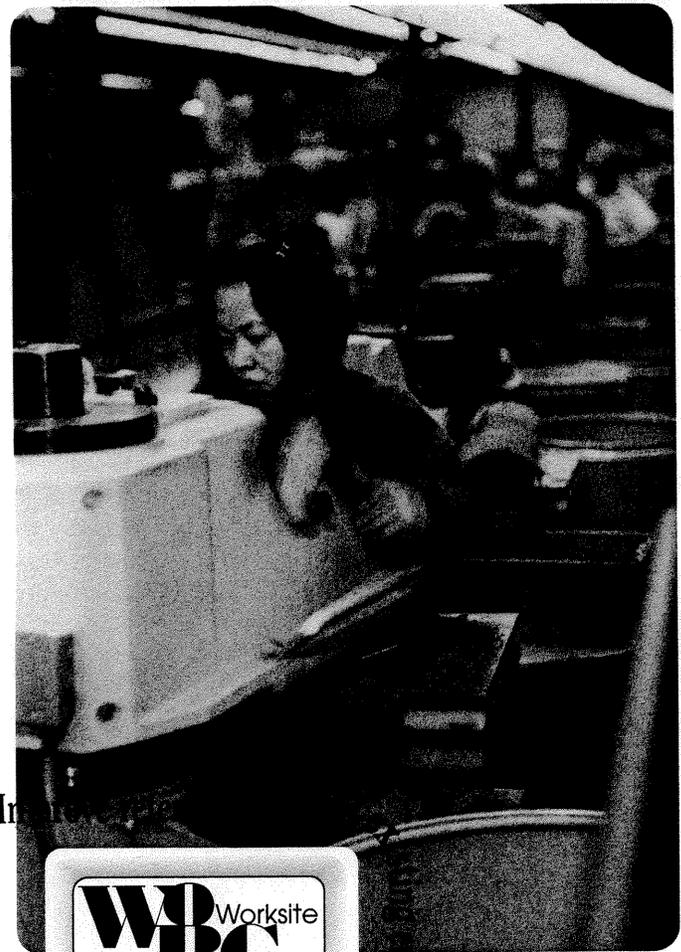
Consider this as an attractive, new fringe benefit for full-time and part-time employees--and, as a way to improve your efficiency.

3. Implement a Worksite Reproductive Care (WoRC) agreement.

WFPRHA will work with you and your local provider to develop a reproductive health care package that is comprehensive, confidential and affordable. WFPRHA will customize a plan based on your specific business needs. We will help you explain this innovative new benefit to your eligible employees thoroughly and with sensitivity.

"Employers need to be looking at new ways to reduce health care costs. WFPRHA has made a presentation to our Human Resources Committee, and I believe that many employers would benefit from taking a close look at a WoRC benefit plan customized to meet the needs of their workforce."

John Metcalf
Wisconsin Association of Manufacturers
and Commerce



In

WoRC Worksite
Reproductive Care

employees.

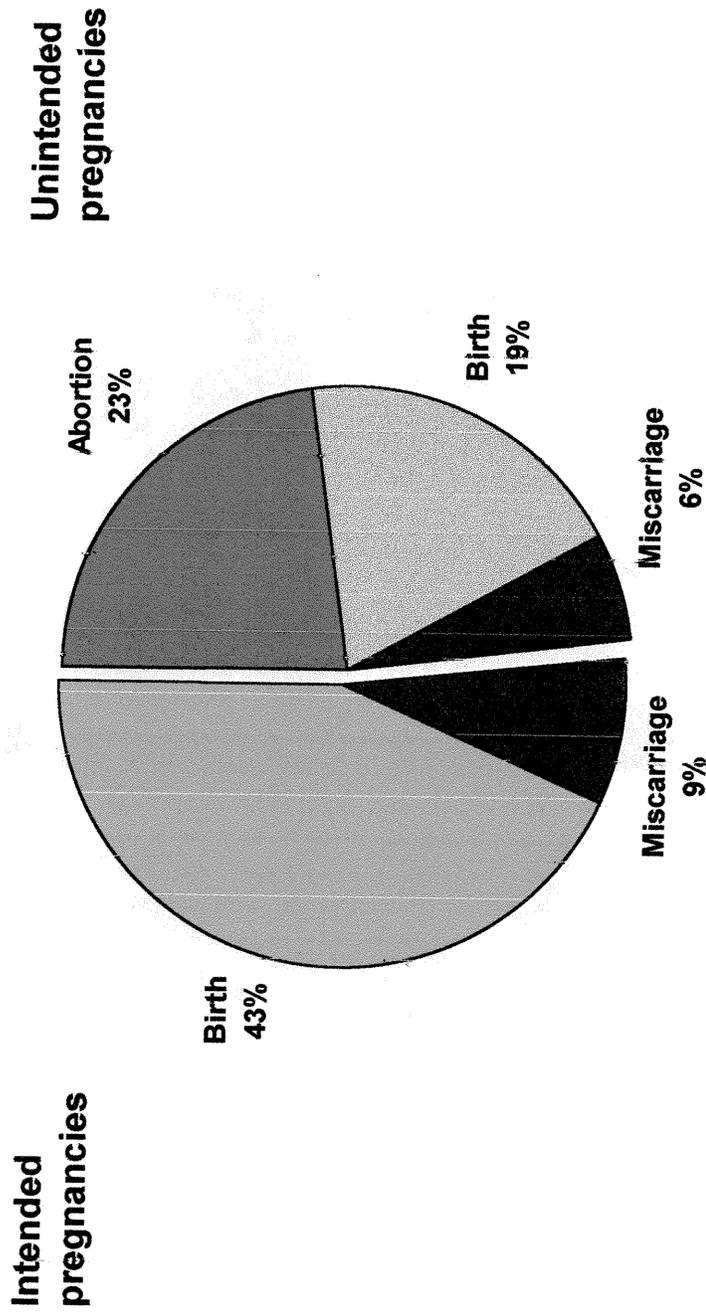
It's time we work smarter, together.

Family planning providers often talk about women's and children's health issues, including access to and equity

in paying for reproductive health care. Now we're adding your cost efficiency to the discussion.

WFPRHA is stepping forward to become your professional partner. We're talking about communities and families. We're talking about the economy... and we're talking with you about your workforce! We want to help you and your employees plan their families. It saves everyone money.

Half of all pregnancies in the United States each year are unintended

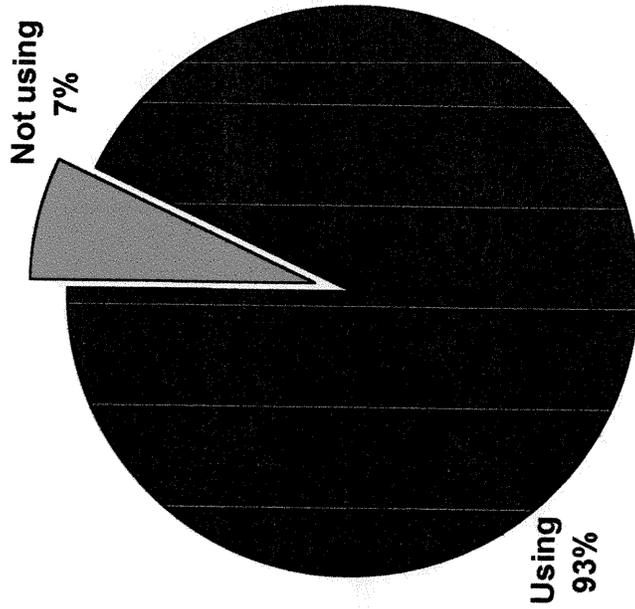


**Pregnancies
(6.3 million)**

The Alan Guttmacher Institute (AGI)

AGI, *Fulfilling the Promise, 2000*
Table 18, p. 49

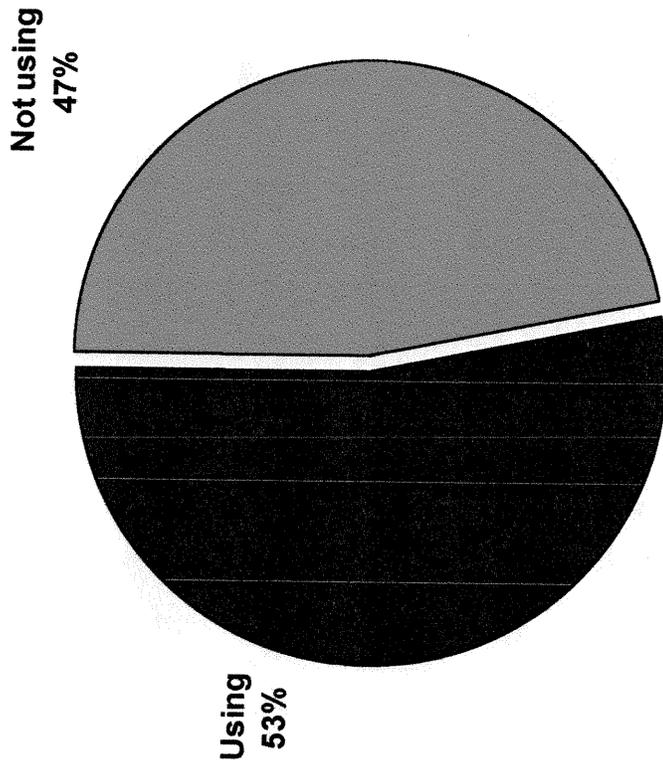
The small proportion of women who do not use contraceptives . . .



Women at risk of unintended pregnancy (42 million)

The Alan Guttmacher Institute (AGI)

. . . account for roughly half of all unintended pregnancies



Women experiencing unintended pregnancies (3 million)

**AGI, *Fulfilling the Promise*, 2000
Table 4, p. 44**

Questions And Answers: Commission Decision On Coverage Of Contraception

What does this Commission Decision address?

- This Commission Decision addresses two charges of discrimination pending at EEOC which challenge the employers' failure to provide health insurance coverage for prescription contraceptives while covering a number of other preventive drugs, devices, and services. The Commission Decision, which is based on the specific facts in the charges under consideration, finds that the exclusion in this health plan discriminates on the basis of sex and pregnancy, in violation of Title VII of the Civil Rights Act of 1964, as amended by the Pregnancy Discrimination Act.

What is the Pregnancy Discrimination Act?

- The Pregnancy Discrimination Act (PDA) was enacted by Congress in 1978 as an amendment to Title VII to clarify that Title VII's prohibition against sex discrimination includes discrimination on the basis of pregnancy. It was passed in response to a Supreme Court decision which held that discrimination on the basis of pregnancy is not sex discrimination.

What does the Pregnancy Discrimination Act require?

- The PDA requires equal treatment of women "affected by pregnancy, childbirth, or related medical conditions" in all aspects of employment, including the receipt of fringe benefits. It bars employers from treating women who are pregnant or affected by related medical conditions differently from others who are similarly able or unable to work. In a 1991 decision entitled *Int'l Union, UAW v. Johnson Controls*, the Supreme Court held that the PDA protects women from discrimination because they have the ability to become pregnant, and not just because they are already pregnant.

How is the PDA relevant to coverage of prescription contraceptives?

- Because the PDA prohibits discrimination against a woman based on her ability to become pregnant, it necessarily covers a health plan's exclusion of prescription contraceptives since they are a means by which a woman may control precisely that ability to become pregnant. The PDA does not require that all employers provide contraceptives to their employees through their health plans. It does require, however, that employers provide the same insurance coverage for prescription contraceptives that they do for other drugs, devices, or services that are used to prevent the occurrence of medical conditions other than pregnancy.

What factors did the Commission look at in determining whether the Respondents' health plan violated the PDA?

- The Commission carefully considered the particular coverage provided by the health plan at issue. That plan covered, among other things, vaccinations; prescription drugs to prevent the development of medical conditions, such as those to lower or maintain blood pressure or cholesterol levels; anorectics (weight loss drugs) for those 18 years of age and under; preventive care for children and adults; and preventive dental care. Because each of these drugs and services is used to prevent the occurrence of a medical condition, the

Commission determined that the Respondents should cover prescription contraceptives in the same way.

What if a woman wants to use prescription contraceptives not for birth control but for other medical purposes?

- Oral contraceptives are widely recognized as effective in treating certain medical conditions that exclusively affect women, such as dysmenorrhea (menstrual cramps) and pre-menstrual syndrome. The Commission Decision recognizes that the Respondents' exclusion of prescription contraceptives constitutes sex discrimination, regardless of whether the contraceptives are used for birth control or other medical purposes. Because prescription contraceptives are available only for women, 100 percent of those affected by the exclusion are women. This, by definition, constitutes sex-discrimination.

Did the Commission consider arguments by the Respondents that their exclusion of prescription contraceptives is lawful?

- The Respondents advanced four reasons as to why their exclusion of prescription contraceptives did not violate the law. The Commission carefully considered these arguments but found them without merit
 - First, the Respondents asserted that their insurance plan covered only abnormal physical or mental conditions and therefore they had no obligation to cover contraceptives. However, this argument does not hold up since the plan covers numerous preventive drugs and services, as discussed above. In addition, it covers surgical sterilizations and Viagra where patients complain about decreased sexual interest or energy.
 - The Respondents also stated that the exclusion was permissible because it was based on cost considerations. However, Congress explicitly rejected a cost defense for pregnancy and sex discrimination; in any event, the Commission Decision cites studies that show that the cost of coverage of prescription contraceptives is, in fact, very low and is certainly less than the cost of childbirth.
 - The Respondents argued that the exclusion of prescription contraceptives does not constitute sex discrimination. However, because prescription contraceptives are available only for women, the exclusion amounts, by definition, to sex discrimination.
 - Finally, the Respondents argued that the charging parties' claims are preempted by the Employee Retirement Income Security Act (ERISA). However, while ERISA does preempt certain state laws that regulate insurance it explicitly exempts federal law from preemption. As a result, this argument is without merit.

What are the next steps in processing these charges?

- The charges have been sent back to the field with instructions for further processing in accord with the Commission Decision. This will include efforts to resolve the case through the conciliation process.

Will EEOC identify the charging parties and the health plan at issue?

- Based on strict confidentiality provisions in the law, EEOC is prohibited from providing any identifying information about the parties to this case.

This page was last modified on December 14, 2000.

FOR IMMEDIATE RELEASE
Wednesday, December 13, 2000

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EEOC ISSUES DECISION ON TWO CHARGES CHALLENGING THE DENIAL OF HEALTH INSURANCE COVERAGE FOR PRESCRIPTION CONTRACEPTIVES

WASHINGTON - The U.S. Equal Employment Opportunity Commission (EEOC) today issued a Commission Decision finding merit in two charges of discrimination alleging violations of Title VII of the Civil Rights Act of 1964, as amended by the Pregnancy Discrimination Act. The Commission based its decision on the grounds that the respondents in the charges excluded the cost of prescription contraceptive drugs - available only to women - from their employee health plan while covering a number of other preventive drugs, devices, and services. The plan also covers surgical sterilization for both men and women as well as Viagra.

The charging parties sought to use contraceptives both for birth control and other medical purposes.

The Commission concluded that the respondents' plan violates the Pregnancy Discrimination Act's prohibition against discrimination on the basis of pregnancy. Enacted by Congress in 1978, the law requires equal treatment of women "affected by pregnancy, childbirth, or related medical conditions" in all aspects of employment, including fringe benefits. It protects women from discrimination because they have the ability to become pregnant, and not just because they are already pregnant. The Commission also concluded that the exclusion constitutes prohibited sex discrimination since prescription contraceptives are available only for women.

Commenting on the EEOC's mandate to enforce federal laws prohibiting sex-discriminatory terms and conditions of employment, EEOC Chairwoman Ida L. Castro said, "The selective exclusion of health coverage for prescription contraceptives by this employee health plan violates the law since it covers a number of comparable prescription drugs and other services."

A Commission Decision is a formal Commission determination as to whether there is reasonable cause to believe that unlawful discrimination has occurred with respect to a specific charge or charges. Based on the confidentiality provisions of Title VII, the Commission cannot release the identities of either the charging parties or the respondents. A Question and Answer document on the decision, along with the full text of the Commission Decision, will be available shortly on the Commission's Web site at www.eeoc.gov.

Austin, David

From: Flury, Kelley
Sent: Friday, May 11, 2001 10:49 AM
To: Austin, David
Subject: FW: Correction: Transcript of Wis/NOW statement (S.B. 1128)

-----Original Message-----

From: Hsmiyamoto@aol.com [<mailto:Hsmiyamoto@aol.com>]
Sent: Thursday, May 10, 2001 9:44 PM
To: sen.robson@legis.state.wi.us; sen.moore@legis.state.wi.us;
sen.wirch@legis.state.wi.us; sen.hansen@legis.state.wi.us;
sen.rosenzweig@legis.state.wi.us; sen.roessler@legis.state.wi.us;
sen.welch@legis.state.wi.us
Subject: Correction: Transcript of Wis/NOW statement (S.B. 1128)

By haste I left a page out of my transcribed statement. Please accept this corrected document.

WISCONSIN NATIONAL ORGANIZATION FOR WOMEN
WIS/NOW

Transcript statement by Hannah Miyamoto, Vice-President for Action
Contraceptive Coverage Equity Act, S.B. 128
Hearing before the Senate Human Services and Aging Committee
Madison, Wisconsin

May 10, 2001

Supplemented by remarks

Summary of points in rebuttal to opponents of S.B. 1128:

1. Contraception is an important option for married couples when the wife risks death, miscarriage or the creation of a child with severe mental and/or physical disabilities. This possibility was considered sufficient by the U.S. Supreme Court to find access to contraception was a fundamental right.
2. Concerns about the safety of contraceptives, when there is no doubt that the risks of contraception are lower than the risks of pregnancy, is no reason militating against decreasing the availability of contraception.
3. The diaphragm is an effective method of preventing pregnancy before sperm and egg have even met.
4. Decades of global experience in countries where contraception is either illegal or practicably unavailable, shows that unavailability of contraception results in heavy use of abortion for contraception, illegal or not.
5. For any individual to interfere with the healthcare choices of another individual by application of law is tantamount to the establishment of a state religion, inconsistent with the preservation of religious freedom in the U.S. and untenable since if freedom of religion is taken so far, no other freedom can survive but on sufferance of majority will and tolerance.

Transcript of statement as given:

Speaking on behalf of the Wisconsin chapter of the National Organization for Women, NOW, my name is Hannah Miyamoto, the Wisconsin NOW Vice-President for Action. I am an attorney, but I am retired due to disability.

As the Wisconsin chapter of a leading national organization for women, Wisconsin NOW strongly supports the Contraceptive Coverage Equity Act, Senate Bill 1128, because of the importance of this bill for younger women. Many NOW members are young women of child-bearing age, with limited incomes, who are seeking upward mobility.

However, I wish to emphasize the importance of contraception for many married couples in which the wife is unable to have a pregnancy without seriously risking their own death, the mental and physical trauma of miscarriage or the possibility they will produce offspring with severe mental and/or physical disabilities, e.g., a Down's Syndrome child. For such women and their husbands, access or lack of access to contraception may be the difference between warmth or coldness in their marriage. This is the reason I am an only child: My mother nearly died to bring me into life—she chose not to have another child because of the likelihood of her dying from it.

I do not know how many couples are in this condition, but I do know that these are the facts which persuaded the U.S. Supreme Court to declare that access to contraception is a fundamental right in our society.

Points in rebuttal to opponents of S.B. 1128:

The safety of contraceptive agents and devices has been raised. Let's apply that logic to another consumer product: Car seats. Car seats are recalled surprisingly often due to the death of children and infants in defective car seats. By the logic of Pro-Life Wisconsin, car seats should be banned in order to save the lives of children! That a safety device may occasionally fail is no justification for abolishing it.

For the idea that hormones or IUDs are abortifacients: The diaphragm used with spermicide is a very effective method of contraception which prevents the egg and sperm from ever contacting. Anyone morally opposed to abortion, and believes conception occurs before implantation in the uterus, can choose this method.

The proposition that contraception leads to abortion or that abortion will occur less often by making contraception less available or unavailable does not just defy logic, it defies experience! Wherever contraception is illegal in the world, illegal abortion rates are sky-high. Italy and Brazil are examples: I do not have recent information, but historically in Brazil [its major cities] there has been one abortion, illegal, for every live birth. Wherever contraception is difficult to obtain, but abortion is legal, abortion rates are sky-high. For example: China. I ask you rhetorically, after which country shall be model our state? Italy, Brazil or China?

Lastly, I turn to the issue of moral opposition to the healthcare choices of others. Where shall this issue end? What if Christian Scientists started blocking the entrance of hospitals, calling in bomb threats, killing doctors? None of us would get any healthcare. What if Orthodox Jews began demanding that all businesses be closed on Saturday? [This is happening, accompanied by open violence, in Israel now] What if you lived in a town where Orthodox Jews made up a 2/3 majority? How would you, as a non-Jew, keep them from ruling your life? What if Muslims demanded that the whole state shut down for Ramadan? What if Buddhists closed the stockyards, ending the production of cattle, hogs, chickens, and the like—I'm sure there a lot of lobbyists (pointing towards the Capitol rotunda) who would not be happy with losing the livestock business.

[That this would never happen because none of these faiths have enough members in the U.S. is of no matter when we consider the logic of the principle that one may interfere with the healthcare choices available to another]

You see, our Bill of Rights foresaw all this. All religions have an equal opportunity to practice their religion, to spread their faith through free speech. This is what makes our society unique [or at least original]. But no religion has any special privilege to make its law, The Law.

Conclusion

The gentleman who asked what has changed with 1826, I believe was the date he used [here referring to a prior testifier against S.B. 1128]. A lot has changed since 1827.

In 1916, the first birth control clinic in America opened—and soon after its directors were jailed, force-fed when they went on hunger strike, mistreated by police when they chained themselves to lamp posts.

In 1927, Margaret Sanger was ordered by [police] in Boston that she could not speak about contraception and that she would be arrested if she did. She quickly discovered that the police had acted simply on being contacted by the Archdiocese of Boston. By this process, Margaret Sanger's rights to speak were denied.

Until 1936, merely distributing birth control literature was a federal crime. Only by the hard work of a young male attorney and a bright young female law student [I refer to Harriet Pilpel—she may have been sworn in prior] who won the case was it possible to distribute even literature on birth control. The case was U.S. v. One Package.

We value the ability to exercise this right, because it was won so few decades ago.

Honorable senators, thank you for your attention and consideration, and please do all you can to secure passage of Senate Bill 1128.

Hannah Miyamoto
V.P. for Action, Wisconsin NOW
Green Bay, Wisconsin

Postscript: As one who has operated her own private law practice, please look carefully at the issue of Individual PPO's. Such plans are often the only choice other than a major medical policy for sole proprietors (e.g., attorneys, doctors, accountants), seasonal workers, and independent contractors. Health insurance is still not tax-deductible for small business owners (at least it wasn't when my practice was operating)—and they already pay employers' FICA (the "Self-Employment Tax") without it considered a



concov_fmnsrpt.pdf

contribution to social security.

Austin, David

From: Flury, Kelley
Sent: Friday, May 11, 2001 10:52 AM
To: Austin, David
Subject: FW: I support SB 128

For your committee files

-----Original Message-----

From: [jendave \[mailto:jendave@athenet.net\]](mailto:jendave@athenet.net)
Sent: Thursday, May 10, 2001 7:27 PM
To: sen.robson@legis.state.wi.us
Subject: I support SB 128

Oh, my goodness. Tomorrow is the 10th and I did not write you as I had intended. I passed anti planned parenthood picketers on my way to work. Is this where we have ended. Are we at the bottom of the slippery slope? Anti - BIRTH CONTROL for heaven's sake? I believe every child should be a wanted child. I honestly cannot believe that this bill is even a part of public policy. Birth control is health care. Period. It needs to be covered as such. I know you have heard the viagra comparison but come on; it is rediculous that viagra is covered by many health insurance plans and perscription birth control is not. Please help every child be a wanted child. Please give women SOME say in their life destiny. Please prevent abortions. Please support SB 128 The Contraceptive Coverage Equity Bill. Thank you. Jennifer McGuire 311 11th St.

Neenah, WI 54956

Vote Record

Senate - Committee on Human Services and Aging

Date: 9/12/01

Bill Number: SB 128

Moved by: Moore

Seconded by: Robson

Motion: _____

passage recommended

Committee Member

Sen. Judith Robson, Chair

Sen. Gwendolynne Moore

Sen. Robert Wirch

Sen. David Hansen

Sen. Carol Roessler

Sen. Robert Welch

Sen. Ted Kanavas

Aye

No

Absent Not Voting

Totals:

4

2

1

Motion Carried

Motion Failed

to begin his long run as derstruck if he stayed.

Equal treatment for birth control

It appears the federal government is poised to make private insurers and employers do what they should have done long ago: cover the cost of birth control.

Women have been pointing out for decades that health insurance plans cover the cost of child birth but not contraceptives, even though child birth is far more expensive than birth control. Some insurance plans even cover fertility treatments, but not birth control.

Still, employers and the insurance industry balked at contraception, saying birth control coverage would be far too expensive.

But two years ago, when many employers and health insurers began covering the male anti-impotency drug Viagra, the hypocrisy of helping men have sex but not helping women protect themselves against unwanted pregnancies became inescapable.

Female lawmakers like Wisconsin state Rep. Terese Berceau, D-Madison, and Rep. Gwendolynne Moore, D-Milwaukee, began demanding that state government step in and order insurers to cover contraception. Other women sued their health insurers.

Last week, the federal Equal Employment Opportunity Commission ruled in favor of two such women, saying it is a violation of the 1978 Pregnancy Discrim-

ination Act for employers to leave contraceptives out of a health plan if the plan includes other preventive services.

The effect of the EEOC ruling is not completely clear, but it has prompted Berceau and Moore to consider reintroducing their legislation of last year, which stalled in a Republican-controlled Assembly committee. Berceau says she's not even sure if the bill is necessary, given the EEOC ruling. But one question still unresolved is how the EEOC ruling would affect businesses like St. Mary's Hospital, whose employees are denied contraceptive coverage on religious grounds.

Still, Berceau's and Moore's bill threatening government regulation would never have been necessary, if the business community had done the right thing in the first place. Providing birth control coverage just makes sense; that's why Medicaid and BadgerCare cover family planning services for their low-income clients.

Republicans in the state Legislature need to quell their natural urge to kowtow to the right-to-life lobby on this issue.

The EEOC said denying contraceptive coverage amounts to sex discrimination. Employers and the insurance industry ignore that ruling at their own risk.

Wisconsin State Journal

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