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Health Insurance Coverage for Contraceptives

For the last 38 years birth control pills have been available as a prescription drug for women. These oral contraceptives cost, on average, $25 per month (NCLS 1999). This equates to $300 a year that women spend on contraceptives, which contributes to women paying 68 percent more in out of pocket expenses for health care than men (Planned Parenthood 1999). While they are the most widely used prescription drug used by women aged 15 to 44, they are not covered by many health insurance companies that cover prescription drugs. Sixty-eight percent of HMOs and only 44% of indemnity plans cover contraceptive drugs (NCSL 1999). The percentage is much less for other contraceptive devices (diaphragms, IUD, Depo-Provera shots, Norplans implants). The Health Insurance Association of America estimates that the cost of the coverage of birth control is about $16 annually compared to birth without complications which costs between $3,000 and $5,000 (NCSL 1999).

Most business groups are opposed to such legislation because they believe it would add to health care costs. "Anything that adds to the cost of health coverage we oppose, because it winds up, in its incremental effect, pricing people out of coverage," said Neil Trautwein, health care policy manager for the US Chamber of Commerce (Superville 1998). Religious groups are also opposed to such policies because they feel it violates their freedom of religion. The National Right to Life Committee and the Roman Catholic Church were quoted as saying, "contraceptives can cause abortion by killing newly conceived embryo" (The National Journal Group, Inc. 1998). Such a bill, according to Gail Quinn, executive director of the Pro-Life Secretariat of the National Conference of Catholic Bishops believes that those who are pro-life would be forced to accept it because there would not be health plans that do not contain the benefit (Weiser 1998).

Supporters of the plan, like Gloria Feldt, president of the Planned Parenthood Federation, believe that such legislation is necessary, especially with the arrival of Viagra. "Viagra, is all seriousness, means more sex. And more sex means more need for effective contraception" (Superville 1998). Others supporters claim that it is just as much a health issue as it is a policy issue. "To ignore the health benefits of contraception is to say that the alternative of 12 to 15 pregnancies during a women's lifetime is medically acceptable," said Luella Klein, director of women's health issues for the American College of Obstetricians and Gynecologists (The National Journal Group, Inc. 1998).

The United States has among the highest rates of unintended pregnancy and teenage pregnancy found in Western nations. Half of the 6 million pregnancies in the United States are unwanted or unplanned. In the United States, 111 pregnancies occur per 1,000 women aged 15-44, 62% result in live birth and 23% end in abortion (the remainder result in miscarriage). Each year in Vermont, 85 per 1,000 women aged 15-44 become pregnant, 66% result in live births, 19% end in abortions. In the United States, 112 teenagers aged 15-19 per 1,000 become pregnant each year, where 54% result in live birth and 31 % in abortion. In Vermont, 71 teenagers per 1,000 become pregnant, with 51% resulting in live births and 36% ending by abortion (Alan Guttmacher Institute 1997).

State and National Action

States have required family planning services for Medicaid recipients since 1973. Maryland passed legislation requiring private insurers that cover prescription drugs to also provide coverage for contraceptives (NCSL 1999). A similar law is currently being considered in California and is likely to pass (Hertzberg 1999).

In the 1997/1998 session, the California State Assembly approved "The Women's Contraception Equity Act," Assembly Bill 1112, which was authored by Robert Hertzberg and Martin Gallegos. The bill passed the assembly floor vote 46-29. The bill was passed in Senate 21-13. However, Governor Wilson vetoed the bill. The bill was once again be introduced in the 1999-2000 California Legislative session as SB 41 and AB 39, co-authored by Senator Speier and Assembly member Hertzberg. It is scheduled for hearing in the Senate on March 17, 1999.

In the US Congress, the Lowey/Snowe Amendment was enacted, requiring that all health insurance plans for federal employees that cover prescription drugs and outpatient services also include FDA approved contraceptives and outpatient care. "It demonstrates that across the ideological spectrum, we recognize that women—and men—have to have the right to plan their families" (The National Journal Group, Inc. 1998) said Rep. Nita Lowey (D-NY).

Senator Olympia Snowe (R-ME) and Representative James Greenwood (R-PA) also sponsor The Equity in Prescription Insurance and Contraception Coverage Act of 1997. The federal bills (S. 766 and H.R. 2174) were introduced in the 105th congress, but with no action in either the house or senate floor. The bill has 34 cosponsors and has been endorsed by 30 health organizations, including the American Medical Association, the American Public Health Association, the Planned Parenthood Federation of America and the American College of Obstetricians and Gynecologists (Associated Press, 7/98).

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Table 1: Past State Action

State	Description of Law	Year enacted/or latest action	State Laws effected
Maryland	Maryland is the only state that has passed legislation specifically requiring private insurers to provide comprehensive coverage for contraceptives.	The law has enacted in 1998	HB 457, Chapter 117, Md. Health-General Codes §19-706 and Md. Insurance Code § 15-826
Hawaii	Hawaii mandates that coverage for contraceptive services and FDA-approved contraceptive prescription drugs and devices be offered if pregnancy related services are covered. This is not a mandate for coverage	1994	432:1-604.5, 431:10A-116.6
Idaho	Idaho requires insurers in the individual and small employer market to offer basic, standard and catastrophic plan that includes coverage for some or all forms of contraception.	N/A	(This is decided by a committee and there is no citation)
Iowa	Iowa requires insurers in the individual and small employer market to offer a basic and standard plan that includes coverage for some or all forms of contraception	Nov. 5, 1997	Admin. Code r. 191-71.14(6)(513B), 191-75.10(4)(513C)
Kentucky	Kentucky requires insurers in the individual and small employer market to offer a standard plan, among other plans, that includes coverage for some or all forms of contraception.	N/A	(The now defunct Health Policy Board created the standard plan requirements--the Department of Insurance is now working on clarifying the requirements of the standard plan. No citation available)
Minnesota	Minnesota law requires HMOs to provide "comprehensive health maintenance services" which is interpreted by rule that the HMO provide coverage for prescription drugs including coverage for contraceptives	N/A	MN rules 4685.0100 subpart 5 and 4685.0700 subpart 3, 62D.02 subdivision 8, 62D.04 subdivision 1
New Jersey	New Jersey requires insurers in the individual and small employer market to offer a standard plan that includes coverage for some or all forms of contraception. New Jersey rules also require HMOs to provide voluntary family planning services.	Oct. 19, 1998 June 1, 1998	Admin. Code tit.11, § 20 App. Exh. D (Sept. 8, 1998); tit. 11§ 21 App. Exh. F Admin. Code tit. § 38-5.4
New Mexico	New Mexico rules require managed care plans providing coverage for "comprehensive basic health care services" to cover voluntary family planning services including contraceptive	1997	DOI Rule 13 NMAC 10.13

	procedures and services.		
Texas	Texas Administrative Code prohibits insurers from excluding coverage for oral contraceptives if all other prescription drugs are covered	1978	28 Texas Admin. Code. Chap. 21.404(3)
Virginia	Virginia requires individual and group accident and sickness insurance policies and HMOs that include coverage for prescription drugs to offer coverage for contraceptives. This is not a mandate for coverage	1997	38.2-3407.5:1
West Virginia	West Virginia law requires HMOs to provide or make available basic health care services that encompass coverage for contraceptives	1996, 1997	33-25A-2(1), (11)
Wyoming	Wyoming rules require HMOs to provide voluntary family planning services.	N/A	Wyoming Insurance Regulations, Chapter 13, section 7, subsection cii(B)
All information for Table 1 provided by the National Conference of State Legislatures (This compilation may not be exhaustive of all state activities. Information was obtained from original research, NCSL's Health Policy Tracking Service and from the National Abortion and Reproductive Rights Action League.)			

Table 2: Current State Actions	
State	Current Legislation
Alaska	HB 29
California	AB 39, SB 41
Connecticut	HB 5502
Florida	HB 101, HB 371, HB 83, S 1160
Georgia	HB 374
Hawaii	HB 488, SB 822
Idaho	S 1143
Illinois	HB 61, HB 597
Indiana	SB 415, HB 1443
Maine	S 389
Missouri	HB 87, HB 630
Montana	HB 400
Nevada	A 60, S 28
New Jersey	AB 2333, AB 2267, SB 1335
New Mexico	HB 293
New York	SB 1099, AB 1844, SB 324, SB 349
Oklahoma	SB 222
Oregon	S 521
Pennsylvania	HB 109, HB 11
Rhode Island	S 343, H 5633

South Carolina	HB 3149
Utah	SB 31
Vermont	HB 104, HB 189
Washington	HB 1590, SB 5512
All information for Table 2 provided by the National Conference of State Legislatures	