

Contraceptive Insurance Mandates

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Contraception is a fundamental health care service and a basic public health measure.^{1,2} The ability to plan, start, space, and discontinue bearing children has transformed everyday life for women, families, and communities. Along with other improvements in medical care and public health, it has vastly enhanced women's autonomy, professional and educational achievement, and emotional satisfaction and helped extend their life span.^{3,4}

On the basis of an article in this issue, we now know that mandates requiring wider insurance coverage for birth control are independently associated with more consistent use of contraception.⁵ Representing the leadership of the Medical Care Section of the American Public Health Association, we welcome this opportunity to place the findings of Magnusson et al in the larger current political context of health policy and reproductive rights.

Contraceptive coverage has become increasingly standard. It has been legally mandated for federal employees and their dependents since December 2000. At that time the US Equal Employment Opportunity Commission ruled that an employer's failure to cover contraception when it covers other prescription drugs and preventive care violates protections against sex discrimination under Title VII of the Civil Rights Act. It provides no exemption for religious employers.⁶

The passage of the Affordable Care Act (ACA) presents the opportunity to continue progress towards assuring that this valuable benefit is affordable and accessible to all women. In August 2011, the Department of Health and Human Services (HHS) announced the mandate to include contraception in employee health insurance plans as a necessary preventive health care service for women, without additional copayments or deductibles. It is likely that such an expansion will mirror the results noted by Magnusson et al, of more consistent use. Medical evidence and legal precedent firmly support this approach.

However, powerful opponents have attempted to blur the role of contraception as an essential element of comprehensive health care. Various authorities with jurisdiction to decide what benefits should be covered, from state and federal governments to private insurance plans, use a combination of metrics weighing scientifically established medical benefit and cost. Because reproduction is so manifestly integral to the health of human beings and is associated with a variety of medical specialties and related expenses, both public and private programs often acknowledge and support reproductive health care.

By the same token, women themselves as well as particular women's health care services have been excluded from coverage and in some cases stigmatized, to the detriment of health outcomes. Some private health plans treat female sex as a preexisting condition and charge women higher rates. Similarly, some exclude coverage for pregnancy. In debates about the ACA, members of Congress attempted to dismiss and oppose coverage for pregnancy, contraception, and abortion, with various results. It is notable

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that many who oppose access to abortion also oppose coverage for contraception, certainly the less intrusive method of preventing an unintended pregnancy.

The high rate of unintended pregnancies in the United States graphically demonstrates that this confusion in policy damages both human health and financial soundness. About half of US pregnancies are unintended, a higher rate than in other comparable countries. Unintended pregnancy rates have increased for lower-income women while decreasing for higher-income women. Lower-income women now have 5.5 times the risk of their wealthier peers. Women of color, and those aged 18 to 24 years, are also at higher risk.²

US Unintended Pregnancy Rates (per 1000 Women Aged 15 to 44 y).⁷

Year	1994	2001	2006	Change
Below federal poverty	88	120	132	50% increase
At least 200% of federal poverty	34	28	24	29% decline
Ratio	2.6	4.3	5.5	

Cost and lack of insurance contribute to the problem. The most reliable methods of contraception are long-acting reversible contraceptives, including modern intrauterine devices and implants. Millions of women would use long-acting reversible contraceptive but for their high up-front cost.⁸ Effective contraception saves health care dollars compared with the expenses of pregnancy, abortion, and unwanted childbirth.⁹

Expanded insurance coverage for contraception is critical for improving health outcomes and public health for at least 2 essential reasons: First, it would alleviate the cost barrier to acquiring and using birth control, especially for lower-income women.¹⁰⁻¹² Equally importantly, it affirms women's right to participate actively in critical decisions about their health; 98% of heterosexually active couples use contraception at some point.¹³ Campaigns against reproductive health care services negate women's importance and their preferences, and challenge their agency.

The HHS mandate will require all employer health plans to cover contraception as a preventive health benefit, although this will phase in over time for some existing health plans. When HHS first announced the mandate, it granted an exception from the requirement for actual churches, aware that some religious groups, including Catholics and some evangelicals, presently hold that contraception is inconsistent with their beliefs.

However, HHS treated large Church-affiliated organizations differently, including hospitals, schools, and social service agencies, requiring them to provide and pay for contraceptive coverage, as some already did. They employ millions of Americans, and religious preference is not a factor in their employment. Previous court challenges to state mandates for contraception coverage have not succeeded.

Responding to ongoing resistance, HHS compromised, and most in this latter group agreed to a further adjustment, including the largest, the Catholic Hospital Association:

contraception would be covered, but at no cost to either religiously affiliated employers or individual employees. The insurance industry offered to fill any resulting financial gap, fully aware that covering contraceptives would save health care dollars.

Yet, the US Conference of Catholic Bishops and leaders of some other religious groups allied with forces in Congress and state legislatures are perpetuating the war on the proposed coverage and on reproductive health care generally.

For decades, opponents have systematically attacked abortion, a safe and common procedure experienced by 30% of women.¹³ Tactics have included violence against clinics and individual providers. However, since 2011 a majority in the House of Representatives has voted against both abortion and birth control.

Indeed, US House majorities have recently voted to:

- overturn the 1973 *Roe v. Wade* Supreme Court decision that legalized abortion;
- allow hospitals to deny an abortion, even if the mother's life is at risk;
- defund the Title X family planning program;
- defund Planned Parenthood, whose health clinics are many women's only feasible source of preventive, primary care for reproductive health, including screening for cervical and breast cancer.

State legislatures have aggressively joined in this assault. They have taken a record 994 votes in 2 years to restrict access to and funding for reproductive health care, including forcing women to undergo and pay for medically useless ultrasound examinations and then to delay another 72 hours before getting an abortion. Several states are considering granting employers the authority to drop contraception coverage from employee health insurance plans on the grounds that corporate institutions have a conscience that trumps employees' rights to health and self-determination.

These attacks on reproductive health go hand in hand with a larger political agenda that threatens democracy and exploits and disempowers ordinary people. Attacks proceed on Social Security, Medicare, and Medicaid, as well as on the ACA core programs that "strengthen the bond between middle-class Americans and a national government that supports security for all."¹⁴ State legislatures are also pushing for and many have enacted laws that narrow the electoral franchise and voting rights for groups gaining a demographic plurality: younger people, Latinos, and people of color. Skocpol suggests that the success of this agenda would result in "increasingly bitter battles over dwindling [public] spending, while the super rich use ballooning tax cuts to build bigger mansions and rig elections."¹⁵

Although a numeric majority, women are a vulnerable population. Women's health, our rights, and our lives are threatened by this political bullying.

The article by Magnusson et al shows that state and federal policy on funding for reproductive health has real consequences on the lives of women, men, children, and families. It is time for those who care about these consequences to stand up and fight for women's health and reproductive rights, including full coverage for contraceptive

health care, a health service of fundamental personal and public health significance.

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