PHOTOCOPY
PRESERVATION

To: Ellen Lovell
FROM: Jen
FYI Chris Jennings

Jen - Has Tom given this to you? It's the same thing Sylvia asked about. Surprisingly the VP is interested. What do you think?
Elena
cc: Bruce

MEMORANDUM

TO: **BRUCE REED, ELENA KAGAN**

FROM: **TOM FREEDMAN, MARY L. SMITH**

RE: **CONTRACEPTIVES PAID BY PRIVATE INSURANCE COMPANIES**

DATE: **JUNE 30, 1997**

SUMMARY

Senators Olympia Snow (R-ME) and Harry Reid (D-NV) have sponsored a bill that would require any private insurance company to cover contraceptive drugs and services to the same extent that other prescriptions are covered. Apparently, only one-third of insurance companies with a prescription drug plan include oral contraceptives. In large part because of the lack of coverage for contraception, women currently spend two-thirds more in out-of-pocket health care than men.

STATISTICS

- A study by the Alan Guttmacher Institute found that 97% of health insurance plans offer prescription coverage (often with a co-payment), but only one-half include contraceptive drugs and devices, and only one-third include oral contraceptives.
- Women of reproductive age spend 68% more in out-of-pocket costs for health care than men do, with much of the difference attributable to reproductive health expenditures.
- Currently, more than 80% of private insurance plans refuse to pay for all five of the most frequently used prescription contraceptive methods.
- According to best estimates, about 3.6 million unintended pregnancies occur each year (over 57% of all pregnancies in America). Almost one half of them end in abortion. Those unwanted pregnancies are concentrated among women who do not use contraceptives. In any year, 85% of sexually active women who do not use contraceptives become pregnant, approximately 15 times the rate for women using contraceptives.
- The average annual cost of birth control pills is $300.
- Senator Snow estimates that the increased costs of the bill would be $16 a year in higher premiums.
- For every dollar invested in family planning in the public sector, between $4 and $14 are saved in health care and related costs.

S.776 "EQUITY IN PRESCRIPTION INSURANCE AND CONTRACEPTIVE COVERAGE"

This bill would require private insurance to cover FDA-approved contraceptive drugs and services

to the same extent that their prescription drug plans cover other prescriptions. This bill does not, however, require private insurance to offer prescription drug plans if they do not currently offer one.

CO-SPONSORS

Boxer D-CA
Bryan D-NV
Chafee R-RI
Cleland D-GA
Collins R-ME
Durbin D-IL
Hutchison R-TX
Jeffords R-VT
Kerry D-MA
Mikulski D-MD
Moseley-Braun D-IL
Murray D-WA
Robb D-VA
Warner R-VA

STATES THAT HAVE SIMILAR LEGISLATION

- **California**: California's bill AB 160 passed the Senate Insurance Committee in June and is expected to come up for a vote on the Senate floor in July.
- **Virginia**: In February, the Virginia senate passed a similar bill.

3RD DOCUMENT of Level 1 printed in FULL format.

Bill Tracking Report

105th Congress
1st Session

U. S. Senate

S 766

1997 Bill Tracking S. 766; 105 Bill Tracking S. 766

EQUITY IN PRESCRIPTION INSURANCE AND CONTRACEPTIVE COVERAGE ACT OF 1997

<=1> Retrieve full text version

ATE-INTRO: May 20, 1997

AST-ACTION-DATE: June 16, 1997

TATUS: Referred to committee

PONSOR: Senator Olympia J. Snowe R-ME

OTAL-COSPONSORS: 15 Cosponsors: 10 Democrats / 5 Republicans

YNOPSIS: A bill to require equitable coverage of prescription contraceptive rugs and devices, and contraceptive services under health plans.

CTIONS: Committee Referrals:
5/20/97 Senate Labor and Human Resources Committee

egislative Chronology:

st Session Activity:

5/20/97 143 Cong Rec S 4748 Referred to the Senate Labor and Human Resources Committee
5/21/97 143 Cong Rec S 4898 Cosponsor(s) added
5/05/97 143 Cong Rec S 5370 Cosponsor(s) added
5/10/97 143 Cong Rec S 5465 Cosponsor(s) added
5/16/97 143 Cong Rec S 5703 Cosponsor(s) added

ILL-DIGEST: (from the CONGRESSIONAL RESEARCH SERVICE)

ıort title as introduced :

Equity in Prescription Insurance and Contraceptive Coverage ıct of 1997

ıgest :

sn00743

RS Index Terms:

ealth policy
ibulatory care
siness
vil rights
nsumer education
nsumers
ntraceptives
scrimination in insurance
scrimination in medical care
ployee health benefits
nance
vernment information
vernment paperwork
alth insurance industry
alth insurance--Standards
surance companies
dical care
dicine
ysical examinations

-SPONSORS: Original Cosponsors:

Chafee R-RI	Collins R-ME	Durbin D-IL
Jeffords R-VT	Mikulski D-MD	Murray D-WA
Reid D-NV	Warner R-VA	

ded 05/21/97:

Hutchison R-TX

ded 06/05/97:

Moseley-Braun D-IL	Cleland D-GA

ded 06/10/97:

Boxer D-CA	Kerry D-MA

ded 06/16/97:

Bryan D-NV	Robb D-VA

2ND DOCUMENT of Level 1 printed in FULL format.

FULL TEXT OF BILLS

105TH CONGRESS: 1ST SESSION
IN THE SENATE OF THE UNITED STATES
AS INTRODUCED IN THE SENATE

S. 766

1997 S. 766; 105 S. 766

(*1) Retrieve Bill Tracking Report

NOPSIS:
BILL To require equitable coverage of prescription contraceptive drugs and
vices, and contraceptive services under health plans.

TE OF INTRODUCTION: MAY 20, 1997

TE OF VERSION: MAY 22, 1997 -- VERSION: 1

ONSOR(S):
. SNOWE (FOR HERSELF, MR. REID, MR. WARNER, MS. MIKULSKI, MR. CHAFEE,
. DURBIN, MS. COLLINS, MRS. MURRAY, AND MR. JEFFORDS) INTRODUCED THE
LLOWING BILL; WHICH WAS READ TWICE AND REFERRED TO THE COMMITTEE ON
LABOR AND HUMAN RESOURCES

XT:
Be it enacted by the Senate and House of Representatives of the United*
tates of America in Congress assembled,*
CTION 1. SHORT TITLE.
This Act may be cited as the "Equity in Prescription Insurance and
ntraceptive Coverage Act of 1997".
C. 2. FINDINGS.
Congress finds that-
(1) each year, approximately 3,600,000 pregnancies, or nearly 60 percent of all pregnancies, in this country are unintended;
(2) contraceptive services are part of basic health care, allowing families to both adequately space desired pregnancies and avoid unintended pregnancy;
(3) studies show that contraceptives are cost effective: for every $1 of public funds invested in family planning, $4 to $14 of public funds is saved in pregnancy and health care-related costs;
(4) by reducing rates of unintended pregnancy, contraceptives help reduce the need for abortion;
(5) unintended pregnancies lead to higher rates of infant mortality, low-birth weight, and maternal morbidity, and threaten the economic viability of families;
(6) the National Commission to Prevent Infant Mortality determined that "infant mortality could be reduced by 10 percent if all women not desiring pregnancy used contraception";
(7) most women in the United States, including two-thirds of women of childbearing age, rely on some form of private employment-related insurance (through either their own employer or a family member's employer) to defray their medical expenses;

(8) the vast majority of private insurers cover prescription drugs, but many exclude coverage for prescription contraceptives;

(9) private insurance provides extremely limited coverage of contraceptives: half of traditional indemnity plans and preferred provider organizations, 20 percent of point-of-service networks, and 7 percent of health maintenance organizations cover no contraceptive methods other than sterilization;

(10) women of reproductive age spend 68 percent more than men on out-of-pocket health care costs, with contraceptives and reproductive health care services accounting for much of the difference;

(11) the lack of contraceptive coverage in health insurance places many effective forms of contraceptives beyond the financial reach of many women, leading to unintended pregnancies; and

(12) the Institute of Medicine Committee on Unintended Pregnancy recently recommended that "financial barriers to contraception be reduced by increasing the proportion of all health insurance policies that cover contraceptive services and supplies".

EC. 3. AMENDMENTS TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 974.

(a) IN GENERAL.-SUBPART B OF PART 7 OF SUBTITLE B OF TITLE I OF THE MPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (AS ADDED BY SECTION 03(A) OF THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 AND MENDED BY SECTION 702(A) OF THE MENTAL HEALTH PARITY ACT OF 1996) IS URTHER AMENDED BY ADDING AT THE END THE FOLLOWING NEW SECTION:

EC. 713. STANDARDS RELATING TO BENEFITS FOR CONTRACEPTIVES.

"(a) REQUIREMENTS FOR COVERAGE.-A GROUP HEALTH PLAN, AND A HEALTH NSURANCE ISSUER PROVIDING HEALTH INSURANCE COVERAGE IN CONNECTION WITH A ROUP HEALTH PLAN, MAY NOT-

"(1) EXCLUDE OR RESTRICT BENEFITS FOR PRESCRIPTION CONTRACEPTIVE DRUGS OR DEVICES APPROVED BY THE FOOD AND DRUG ADMINISTRATION, OR GENERIC EQUIVALENTS APPROVED AS SUBSTITUTABLE BY THE FOOD AND DRUG ADMINISTRATION, IF SUCH PLAN PROVIDES BENEFITS FOR OTHER OUTPATIENT PRESCRIPTION DRUGS OR DEVICES; OR

"(2) EXCLUDE OR RESTRICT BENEFITS FOR OUTPATIENT CONTRACEPTIVE SERVICES IF SUCH PLAN PROVIDES BENEFITS FOR OTHER OUTPATIENT SERVICES PROVIDED BY A HEALTH CARE PROFESSIONAL (REFERRED TO IN THIS SECTION AS 'OUTPATIENT HEALTH CARE SERVICES').

"(B) PROHIBITIONS.-A GROUP HEALTH PLAN, AND A HEALTH INSURANCE ISSUER OVIDING HEALTH INSURANCE COVERAGE IN CONNECTION WITH A GROUP HEALTH AN, MAY NOT-

"(1) DENY TO AN INDIVIDUAL ELIGIBILITY, OR CONTINUED ELIGIBILITY, TO ENROLL OR TO RENEW COVERAGE UNDER THE TERMS OF THE PLAN BECAUSE OF THE INDIVIDUAL'S OR ENROLLEE'S USE OR POTENTIAL USE OF ITEMS OR SERVICES THAT ARE COVERED IN ACCORDANCE WITH THE REQUIREMENTS OF THIS SECTION;

"(2) PROVIDE MONETARY PAYMENTS OR REBATES TO A COVERED INDIVIDUAL TO ENCOURAGE SUCH INDIVIDUAL TO ACCEPT LESS THAN THE MINIMUM PROTECTIONS AVAILABLE UNDER THIS SECTION;

"(3) PENALIZE OR OTHERWISE REDUCE OR LIMIT THE REIMBURSEMENT OF A HEALTH CARE PROFESSIONAL BECAUSE SUCH PROFESSIONAL PRESCRIBED CONTRACEPTIVE DRUGS OR DEVICES, OR PROVIDED CONTRACEPTIVE SERVICES, DESCRIBED IN SUBSECTION (A), IN ACCORDANCE WITH THIS SECTION; OR

"(4) PROVIDE INCENTIVES (MONETARY OR OTHERWISE) TO A HEALTH CARE PROFESSIONAL TO INDUCE SUCH PROFESSIONAL TO WITHHOLD FROM A COVERED INDIVIDUAL CONTRACEPTIVE DRUGS OR DEVICES, OR CONTRACEPTIVE

SERVICES, DESCRIBED IN SUBSECTION (A).

"(C) RULES OF CONSTRUCTION.-

"(1) IN GENERAL.-NOTHING IN THIS SECTION SHALL BE CONSTRUED-

"(A) AS PREVENTING A GROUP HEALTH PLAN AND A HEALTH INSURANCE ISSUER PROVIDING HEALTH INSURANCE COVERAGE IN CONNECTION WITH A GROUP HEALTH PLAN FROM IMPOSING DEDUCTIBLES, COINSURANCE, OR OTHER COST-SHARING OR LIMITATIONS IN RELATION TO-

"(I) BENEFITS FOR CONTRACEPTIVE DRUGS UNDER THE PLAN, EXCEPT THAT SUCH A DEDUCTIBLE, COINSURANCE, OR OTHER COST-SHARING OR LIMITATION FOR ANY SUCH DRUG MAY NOT BE GREATER THAN SUCH A DEDUCTIBLE, COINSURANCE, OR COST-SHARING OR LIMITATION FOR ANY OUTPATIENT PRESCRIPTION DRUG OTHERWISE COVERED UNDER THE PLAN;

"(II) BENEFITS FOR CONTRACEPTIVE DEVICES UNDER THE PLAN, EXCEPT THAT SUCH A DEDUCTIBLE, COINSURANCE, OR OTHER COST-SHARING OR LIMITATION FOR ANY SUCH DEVICE MAY NOT BE GREATER THAN SUCH A DEDUCTIBLE, COINSURANCE, OR COST-SHARING OR LIMITATION FOR ANY OUTPATIENT PRESCRIPTION DEVICE OTHERWISE COVERED UNDER THE PLAN; AND

"(III) BENEFITS FOR OUTPATIENT CONTRACEPTIVE SERVICES UNDER THE PLAN, EXCEPT THAT SUCH A DEDUCTIBLE, COINSURANCE, OR OTHER COST-SHARING OR LIMITATION FOR ANY SUCH SERVICE MAY NOT BE GREATER THAN SUCH A DEDUCTIBLE, COINSURANCE, OR COST-SHARING OR LIMITATION FOR ANY OUTPATIENT HEALTH CARE SERVICE OTHERWISE COVERED UNDER THE PLAN; AND

"(B) AS REQUIRING A GROUP HEALTH PLAN AND A HEALTH INSURANCE ISSUER PROVIDING HEALTH INSURANCE COVERAGE IN CONNECTION WITH A GROUP HEALTH PLAN TO COVER EXPERIMENTAL OR INVESTIGATIONAL CONTRACEPTIVE DRUGS OR DEVICES, OR EXPERIMENTAL OR INVESTIGATIONAL CONTRACEPTIVE SERVICES, DESCRIBED IN SUBSECTION (A), EXCEPT TO THE EXTENT THAT THE PLAN OR ISSUER PROVIDES COVERAGE FOR OTHER EXPERIMENTAL OR INVESTIGATIONAL OUTPATIENT PRESCRIPTION DRUGS OR DEVICES, OR EXPERIMENTAL OR INVESTIGATIONAL OUTPATIENT HEALTH CARE SERVICES.

"(2) LIMITATIONS.-AS USED IN PARAGRAPH (1), THE TERM 'LIMITATION' INCLUDES-

"(A) IN THE CASE OF A CONTRACEPTIVE DRUG OR DEVICE, RESTRICTING THE TYPE OF HEALTH CARE PROFESSIONALS THAT MAY PRESCRIBE SUCH DRUGS OR DEVICES, UTILIZATION REVIEW PROVISIONS, AND LIMITS ON THE VOLUME OF PRESCRIPTION DRUGS OR DEVICES THAT MAY BE OBTAINED ON THE BASIS OF A SINGLE CONSULTATION WITH A PROFESSIONAL; OR

"(B) IN THE CASE OF AN OUTPATIENT CONTRACEPTIVE SERVICE, RESTRICTING THE TYPE OF HEALTH CARE PROFESSIONALS THAT MAY PROVIDE SUCH SERVICES, UTILIZATION REVIEW PROVISIONS, REQUIREMENTS RELATING TO SECOND OPINIONS PRIOR TO THE COVERAGE OF SUCH SERVICES, AND REQUIREMENTS RELATING TO PREAUTHORIZATIONS PRIOR TO THE COVERAGE OF SUCH SERVICES.

"(D) NOTICE UNDER GROUP HEALTH PLAN.-THE IMPOSITION OF THE REQUIREMENTS THIS SECTION SHALL BE TREATED AS A MATERIAL MODIFICATION IN THE TERMS THE PLAN DESCRIBED IN SECTION 102(A)(1), FOR PURPOSES OF ASSURING TICE OF SUCH REQUIREMENTS UNDER THE PLAN, EXCEPT THAT THE SUMMARY SCRIPTION REQUIRED TO BE PROVIDED UNDER THE LAST SENTENCE OF SECTION 4(B)(1) WITH RESPECT TO SUCH MODIFICATION SHALL BE PROVIDED BY NOT TER THAN 60 DAYS AFTER THE FIRST DAY OF THE FIRST PLAN YEAR IN WHICH CH REQUIREMENTS APPLY.

"(E) PREEMPTION.-NOTHING IN THIS SECTION SHALL BE CONSTRUED TO PREEMPT
NY PROVISION OF STATE LAW TO THE EXTENT THAT SUCH STATE LAW ESTABLISHES,
MPLEMENTS, OR CONTINUES IN EFFECT ANY STANDARD OR REQUIREMENT THAT
ROVIDES PROTECTIONS FOR ENROLLEES THAT ARE GREATER THAN THE PROTECTIONS
ROVIDED UNDER THIS SECTION.
"(F) DEFINITION.-IN THIS SECTION, THE TERM 'OUTPATIENT CONTRACEPTIVE
RVICES' MEANS CONSULTATIONS, EXAMINATIONS, PROCEDURES, AND MEDICAL
RVICES, PROVIDED ON AN OUTPATIENT BASIS AND RELATED TO THE USE OF
NTRACEPTIVE METHODS (INCLUDING NATURAL FAMILY PLANNING) TO PREVENT AN
INTENDED PREGNANCY.".
(B) CLERICAL AMENDMENT.-THE TABLE OF CONTENTS IN SECTION 1 OF SUCH ACT,
AMENDED BY SECTION 603 OF THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION
T OF 1996 AND SECTION 702 OF THE MENTAL HEALTH PARITY ACT OF 1996, IS
ENDED BY INSERTING AFTER THE ITEM RELATING TO SECTION 712 THE FOLLOWING
W ITEM:
ec. 713. Standards relating to benefits for contraceptives.".
(c) EFFECTIVE DATE.-THE AMENDMENTS MADE BY THIS SECTION SHALL APPLY
TH RESPECT TO PLAN YEARS BEGINNING ON OR AFTER JANUARY 1, 1998.
C. 4. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT RELATING TO THE GROUP
RKET.
(a) IN GENERAL.-SUBPART 2 OF PART A OF TITLE XXVII OF THE PUBLIC HEALTH
RVICE ACT (AS ADDED BY SECTION 604(A) OF THE NEWBORNS' AND MOTHERS'
ALTH PROTECTION ACT OF 1996 AND AMENDED BY SECTION 703(A) OF THE MENTAL
ALTH PARITY ACT OF 1996) IS FURTHER AMENDED BY ADDING AT THE END THE
LLOWING NEW SECTION:
EC. 2706. STANDARDS RELATING TO BENEFITS FOR CONTRACEPTIVES.
"(a) REQUIREMENTS FOR COVERAGE.-A GROUP HEALTH PLAN, AND A HEALTH
SURANCE ISSUER PROVIDING HEALTH INSURANCE COVERAGE IN CONNECTION WITH A
OUP HEALTH PLAN, MAY NOT-
"(1) EXCLUDE OR RESTRICT BENEFITS FOR PRESCRIPTION CONTRACEPTIVE DRUGS OR DEVICES APPROVED BY THE FOOD AND DRUG ADMINISTRATION, OR GENERIC EQUIVALENTS APPROVED AS SUBSTITUTABLE BY THE FOOD AND DRUG ADMINISTRATION, IF SUCH PLAN PROVIDES BENEFITS FOR OTHER OUTPATIENT PRESCRIPTION DRUGS OR DEVICES; OR
"(2) EXCLUDE OR RESTRICT BENEFITS FOR OUTPATIENT CONTRACEPTIVE SERVICES IF SUCH PLAN PROVIDES BENEFITS FOR OTHER OUTPATIENT SERVICES PROVIDED BY A HEALTH CARE PROFESSIONAL (REFERRED TO IN THIS SECTION AS 'OUTPATIENT HEALTH CARE SERVICES').
"(B) PROHIBITIONS.-A GROUP HEALTH PLAN, AND A HEALTH INSURANCE ISSUER
OVIDING HEALTH INSURANCE COVERAGE IN CONNECTION WITH A GROUP HEALTH
AN, MAY NOT-
"(1) DENY TO AN INDIVIDUAL ELIGIBILITY, OR CONTINUED ELIGIBILITY, TO ENROLL OR TO RENEW COVERAGE UNDER THE TERMS OF THE PLAN BECAUSE OF THE INDIVIDUAL'S OR
rollee's use or potential use of items or services that are covered in accordance with the requirements of this section;
"(2) provide monetary payments or rebates to a covered individual to encourage such individual to accept less than the minimum protections available under this section;
"(3) penalize or otherwise reduce or limit the reimbursement of a health care professional because such professional prescribed contraceptive drugs or devices, or provided contraceptive services, described in subsection (a), in accordance with this section; or
"(4) provide incentives (monetary or otherwise) to a health care professional to induce such professional to withhold from covered

individual contraceptive drugs or devices, or contraceptive services, described in subsection (a).

"(c) RULES OF CONSTRUCTION.-

"(1) IN GENERAL.-NOTHING IN THIS SECTION SHALL BE CONSTRUED-

"(A) AS PREVENTING A GROUP HEALTH PLAN AND A HEALTH INSURANCE ISSUER PROVIDING HEALTH INSURANCE COVERAGE IN CONNECTION WITH A GROUP HEALTH PLAN FROM IMPOSING DEDUCTIBLES, COINSURANCE, OR OTHER COST-SHARING OR LIMITATIONS IN RELATION TO-

"(I) BENEFITS FOR CONTRACEPTIVE DRUGS UNDER THE PLAN, EXCEPT THAT SUCH A DEDUCTIBLE, COINSURANCE, OR OTHER COST-SHARING OR LIMITATION FOR ANY SUCH DRUG MAY NOT BE GREATER THAN SUCH A DEDUCTIBLE, COINSURANCE, OR COST-SHARING OR LIMITATION FOR ANY OUTPATIENT PRESCRIPTION DRUG OTHERWISE COVERED UNDER THE PLAN;

"(II) BENEFITS FOR CONTRACEPTIVE DEVICES UNDER THE PLAN, EXCEPT THAT SUCH A DEDUCTIBLE, COINSURANCE, OR OTHER COST-SHARING OR LIMITATION FOR ANY SUCH DEVICE MAY NOT BE GREATER THAN SUCH A DEDUCTIBLE, COINSURANCE, OR COST-SHARING OR LIMITATION FOR ANY OUTPATIENT PRESCRIPTION DEVICE OTHERWISE COVERED UNDER THE PLAN; AND

"(III) BENEFITS FOR OUTPATIENT CONTRACEPTIVE SERVICES UNDER THE PLAN, EXCEPT THAT SUCH A DEDUCTIBLE, COINSURANCE, OR OTHER COST-SHARING OR LIMITATION FOR ANY SUCH SERVICE MAY NOT BE GREATER THAN SUCH A DEDUCTIBLE, COINSURANCE, OR COST-SHARING OR LIMITATION FOR ANY OUTPATIENT HEALTH CARE SERVICE OTHERWISE COVERED UNDER THE PLAN; AND

"(B) AS REQUIRING A GROUP HEALTH PLAN AND A HEALTH INSURANCE ISSUER PROVIDING HEALTH INSURANCE COVERAGE IN CONNECTION WITH A GROUP HEALTH PLAN TO COVER EXPERIMENTAL OR INVESTIGATIONAL CONTRACEPTIVE DRUGS OR DEVICES, OR EXPERIMENTAL OR INVESTIGATIONAL CONTRACEPTIVE SERVICES, DESCRIBED IN SUBSECTION (A), EXCEPT TO THE EXTENT THAT THE PLAN OR ISSUER PROVIDES COVERAGE FOR OTHER EXPERIMENTAL OR INVESTIGATIONAL OUTPATIENT PRESCRIPTION DRUGS OR DEVICES, OR EXPERIMENTAL OR INVESTIGATIONAL OUTPATIENT HEALTH CARE SERVICES.

"(2) LIMITATIONS.-AS USED IN PARAGRAPH (1), THE TERM 'LIMITATION' INCLUDES-

"(A) IN THE CASE OF A CONTRACEPTIVE DRUG OR DEVICE, RESTRICTING THE TYPE OF HEALTH CARE PROFESSIONALS THAT MAY PRESCRIBE SUCH DRUGS OR DEVICES, UTILIZATION REVIEW PROVISIONS, AND LIMITS ON THE VOLUME OF PRESCRIPTION DRUGS OR DEVICES THAT MAY BE OBTAINED ON THE BASIS OF A SINGLE CONSULTATION WITH A PROFESSIONAL; OR

"(B) IN THE CASE OF AN OUTPATIENT CONTRACEPTIVE SERVICE, RESTRICTING THE TYPE OF HEALTH CARE PROFESSIONALS THAT MAY PROVIDE SUCH SERVICES, UTILIZATION REVIEW PROVISIONS, REQUIREMENTS RELATING TO SECOND OPINIONS PRIOR TO THE COVERAGE OF SUCH SERVICES, AND REQUIREMENTS RELATING TO PREAUTHORIZATIONS PRIOR TO THE COVERAGE OF SUCH SERVICES.

"(D) NOTICE.-A GROUP HEALTH PLAN UNDER THIS PART SHALL COMPLY WITH THE TICE REQUIREMENT UNDER SECTION 713(D) OF THE EMPLOYEE RETIREMENT INCOME CURITY ACT OF 1974 WITH RESPECT TO THE REQUIREMENTS OF THIS SECTION AS SUCH SECTION APPLIED TO SUCH PLAN.

"(E) PREEMPTION.-NOTHING IN THIS SECTION SHALL BE CONSTRUED TO PREEMPT PROVISION OF STATE LAW TO THE EXTENT THAT SUCH STATE LAW ESTABLISHES, PLEMENTS, OR CONTINUES IN EFFECT ANY STANDARD OR REQUIREMENT THAT

'ROVIDES PROTECTIONS FOR ENROLLEES THAT ARE GREATER THAN THE PROTECTIONS
'ROVIDED UNDER THIS SECTION.
"(F) DEFINITION.-IN THIS SECTION, THE TERM 'OUTPATIENT CONTRACEPTIVE
:ERVICES' MEANS CONSULTATIONS, EXAMINATIONS, PROCEDURES, AND MEDICAL
:ERVICES, PROVIDED ON AN OUTPATIENT BASIS AND RELATED TO THE USE OF
'ONTRACEPTIVE METHODS (INCLUDING NATURAL FAMILY PLANNING) TO PREVENT AN
NINTENDED PREGNANCY.".
(b) EFFECTIVE DATE.-THE AMENDMENTS MADE BY THIS SECTION SHALL APPLY
ITH RESPECT TO GROUP HEALTH PLANS FOR PLAN YEARS BEGINNING ON OR AFTER
ANUARY 1, 1998.
EC. 5. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT RELATING TO THE
NDIVIDUAL MARKET.
(a) IN GENERAL.-SUBPART 3 OF PART B OF TITLE XXVII OF THE PUBLIC HEALTH
ERVICE ACT (AS ADDED BY SECTION 605(A) OF THE NEWBORN'S AND MOTHER'S
EALTH PROTECTION ACT OF 1996) IS AMENDED BY ADDING AT THE END THE
OLLOWING NEW SECTION:
SEC. 2752. STANDARDS RELATING TO BENEFITS FOR CONTRACEPTIVES.
"The provisions of section 2706 shall apply to health insurance
overage offered by a health insurance issuer in the individual market in
he same manner as they apply to health insurance coverage offered by a
ealth insurance issuer in connection with a group health plan in the
mall or large group market.".
(b) EFFECTIVE DATE.-THE AMENDMENT MADE BY THIS SECTION SHALL APPLY WITH
ESPECT TO HEALTH INSURANCE COVERAGE OFFERED, SOLD, ISSUED, RENEWED, IN
FFECT, OR OPERATED IN THE INDIVIDUAL MARKET ON OR AFTER JANUARY 1, 1998.

JUN 25 1997

AJ Congress

American Jewish Congress
Stephen Wise Congress House
15 East 84th Street
New York, NY 10028-0458
212 879 4500 • Fax 212 249 3672

Commission for Women's Equality

Memorandum

June 4, 1997

TO: CWE Members Regional Directors

FROM: Lois Waldman

RE: *CONTRACEPTIVE COVERAGE BILL - S. 766*
(The Equity in Prescription Insurance and Contraceptive Coverage Act "EPICC")

Background

Family planning is basic preventive health care for American women. It improves maternal and child health, reduces infant mortality, increases the likelihood that the estimated 12 million Americans who contract a sexually transmitted disease each year will be diagnosed and treated and reduces the incidence of unintended pregnancy and abortion. Despite these many health, social and economic benefits derived from family planning and the fact that the vast majority of American women use contraception for some portion of their reproductive years, contraception is the only prescription drug benefit that is regularly excluded by insurers who offer coverage for prescription drugs and devices.

Almost half of all indemnity insurance plans and preferred provider organizations (PPO's) do not offer any coverage for reversible contraception. Twenty percent of point of service plans (POS's) and seven percent of health maintenance organizations (HMO's) do not provide such coverage. Of those plans that do offer some coverage for contraception, twenty percent of indemnity plans or PPO's and less than 40 percent of POS networks and HMO's routinely cover all five major methods: oral contraceptives, diaphragm, IUD, Norplant and Depo Provera. As a result, women spend approximately 68 percent more in out-of-pocket health care costs than men, with much of the difference accounted for by reproductive health costs.

145

Women who lack adequate coverage for contraception are often forced to make the financial choice of a less expensive and, based on the individual's lifestyle, a less effective contraceptive method, putting the woman at greater risk of unintended pregnancy. For example, some of the most effective and long lasting contraceptives such as the IUD and Norplant have high up-front costs but are cost effective over time. Sometimes the lack of coverage for contraceptives and services results in unintended pregnancy.

S.766 - The Equity in Prescription
Insurance and Contraceptive Coverage Act

Because of the need to make contraceptives more affordable for American women, bi-partisan legislation has been introduced that would require insurance plans which offer prescription drug coverage to also cover prescription contraceptive drugs and devices. The measure would also require that health plans which offer coverage for out patient medical services also offer coverage for out patient contraceptive services.

The bill defines contraception as "consultations, examinations, procedures and medical services provided on out patient basis and related to the sue of contraceptive methods (including national family planning) to prevent an unintended pregnancy."

The *Equity in Prescription Insurance and Contraceptive Coverage Act* has been introduced by pro-choice Senator Olympia Snowe (R-ME). Co-sponsors include Harry Reid (D-NV), John Warner (D-VA) Barbara Mikulski (D-MD), John Chafee (R-RI), Richard Durbin (D-ID), Susan Collins (R-ME), Patty Murray (D-WA) and Jim Jeffords (R-VT). The bill is now in the Senate Labor and Resources Committee.

Action

Contact your Senators. Urge them to co-sponsor S.766 if they have not already. Contact your Representatives to urge them to support the House version of this bill.

The Capitol Switchboard is: 202-224-3121

JUN 25 1997

AJCongress

American Jewish Congress
Stephen Wise Congress House
15 East 84th Street
New York, NY 10028-0458
212 879 4500 • Fax 212 249 3672

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TO: CWE Members Regional Directors

FROM: Lois Waldman

RE: *CONTRACEPTIVE COVERAGE BILL - S.766*
(The Equity in Prescription Insurance and Contraceptive Coverage Act "EPICC")

Background

Family planning is basic preventive health care for American women. It improves maternal and child health, reduces infant mortality, increases the likelihood that the estimated 12 million Americans who contract a sexually transmitted disease each year will be diagnosed and treated and reduces the incidence of unintended pregnancy and abortion. Despite these many health, social and economic benefits derived from family planning and the fact that the vast majority of American women use contraception for some portion of their reproductive years, contraception is the only prescription drug benefit that is regularly excluded by insurers who offer coverage for prescription drugs and devices.

Almost half of all indemnity insurance plans and preferred provider organizations (PPO's) do not offer any coverage for reversible contraception. Twenty percent of point of service plans (POS's) and seven percent of health maintenance organizations (HMO's) do not provide such coverage. Of those plans that do offer some coverage for contraception, twenty percent of indemnity plans or PPO's and less than 40 percent of POS networks and HMO's routinely cover all five major methods: oral contraceptives, diaphragm, IUD, Norplant and Depo Provera. As a result, women spend approximately 68 percent more in out-of-pocket health care costs than men, with much of the difference accounted for by reproductive health costs.

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Women who lack adequate coverage for contraception are often forced to make the financial choice of a less expensive and, based on the individual's lifestyle, a less effective contraceptive method, putting the woman at greater risk of unintended pregnancy. For example, some of the most effective and long lasting contraceptives such as the IUD and Norplant have high up-front costs but are cost effective over time. Sometimes the lack of coverage for contraceptives and services results in unintended pregnancy.

S.766 - The Equity in Prescription
Insurance and Contraceptive Coverage Act

Because of the need to make contraceptives more affordable for American women, bi-partisan legislation has been introduced that would require insurance plans which offer prescription drug coverage to also cover prescription contraceptive drugs and devices. The measure would also require that health plans which offer coverage for out patient medical services also offer coverage for out patient contraceptive services.

The bill defines contraception as "consultations, examinations, procedures and medical services provided on out patient basis and related to the sue of contraceptive methods (including national family planning) to prevent an unintended pregnancy."

The *Equity in Prescription Insurance and Contraceptive Coverage Act* has been introduced by pro-choice Senator Olympia Snowe (R-ME). Co-sponsors include Harry Reid (D-NV), John Warner (D-VA) Barbara Mikulski (D-MD), John Chafee (R-RI), Richard Durbin (D-ID), Susan Collins (R-ME), Patty Murray (D-WA) and Jim Jeffords (R-VT). The bill is now in the Senate Labor and Resources Committee.

Action

Contact your Senators. Urge them to co-sponsor S.766 if they have not already. Contact your Representatives to urge them to support the House version of this bill.

The Capitol Switchboard is: 202-224-3121