Religious Freedom and/or Contraception Coverage: Time to Shelve the Disagreement

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Employer provided health insurance benefits have been an important part of strategic human resources management and continues to be so. The Patient Protection and Affordable Care Act, passed by Congress, signed into law by President Obama in March 2010 and upheld by the U.S. Supreme Court in June 2012 has focused renewed attention on health insurance, what services and benefits are covered by health care insurance, and who is responsible for offering or purchasing insurance. The extension of contraception coverage as required by the law has captured the attention of some members of Congress, the media, the Republican candidates for U.S. Presidency, media personalities, some state legislatures, and some religious leaders. Recently, the U. S. Department of Health and Human Services has issued a new proposal designed to dissuade the fears of religious affiliated organizations. This article summarizes contraception equity practices in the states and suggests that the employer provided insurance benefit practices of sectarian nonprofit employers be framed as an important health and social equity issue.

> "We do not mandate that you have the service; we mandate that you have access to the service. The decision as to whether you should get it will be a private one, unique to you."

The above quote was stated by Senator Barbara Mikulski, the author of the Women's Health Amendment (2010), when discussing whether contraceptive services be covered at no cost-sharing under the Patient Protection and Affordable Care Act (PPACA).

Employer provided health insurance benefits have been an important part of strategic human resources management and continues to be so (Daley 1998, 2008; Reddick and Coggburn 2008; U.S. Department of Labor 2012). The provision of employer provided benefits goes back to the beginning of the 20th century. In 1920 Montgomery Ward provided one of the earliest group insurance contracts. During World War II, when wages were frozen by the Wartime Labor Board, employers began to offer health insurance to attract workers. Under the U.S. tax code, health insurance premiums paid by employers are deductible as a business expense.

The Patient Protection and Affordable Care Act, passed by Congress, signed into

law by President Obama in March 2010, and upheld as being constitutional by the U. S. Supreme Court on June 28, 2012 (National Federation of Independent Business v. Sebelius 2012) has focused renewed attention on health insurance, what services and benefits are covered by health care insurance, and who is responsible for offering or purchasing insurance.

Under the Patient Protection and Affordable Care Act, insurance plans cover preventive services, including counseling, screenings and interventions that have received recommendations from the United States Preventive Services Task Force. The Act was later amended by The Women's Health Amendment which required the U.S. Department of Health and Human Services to identify preventive health services for women that should be covered and provided to patients at no cost (National Women's Law Center 2011; Patient Protection and Affordable Care Act 2010; Public Health Services Act 2010). The Institute of Medicine (2011) recommended that the following preventive services be provided at no cost sharing: screening for cervical cancer, critical health services for pregnant women, breastfeeding support, screening for intimate partner violence, and all FDA-approved forms of contraception. New private health plans written after August 1, 2012, are to cover the services noted above. The U. S. Department of Health and Human Services permitted a religious exemption that allowed religious employers to exclude contraception services from employee health plans. What is controversial is the definition of a religious employer. There is not a dispute that churches, synagogues and mosques are exempted under the law; but what about religious affiliated hospitals, universities, and social service employers? A compromise offered by President Obama on February 10, 2012 continued to exempt houses of worship; and religiously affiliated organizations would not have to pay for contraception, instead the responsibility for coverage fell to the insurance companies. This compromise was supported by the Catholic Health Association (2012), but the U. S. Conference of Catholic Bishops and other orthodox religious leaders expressed their disapproval. Because of this disapproval, on February 1, 2013, The Center for Consumer Information & Insurance Oversight (CCIIO), part of the U. S. Department of Health & Human Services issued a compromise proposal and is seeking comment on it through April 8, 2013 though the Notice of Proposed Rulemaking (NPRM). Under the NPRM, the definition of a "religious employer" for purposes of the exemption be broadened to follow the Internal Revenue Code would include not only houses of worship but their affiliated organizations as defined by Section 6033(a)(3)(i) or (iii). An eligible organization would be defined as an organization that: 1) opposes providing coverage for some or all of any contraceptive services to be covered under Section 2713 of the PHS Act, on account of religious objections; 2) is organized and operates as a nonprofit entity; 3) holds itself out as a religious organization, and 4) self-certifies that it meets these criteria and specifies the contraceptive services for which it objects to providing coverage. Under the proposed accommodation, the eligible organizations would not have to contract, arrange, pay or refer to any contraceptive coverage to which they object on religious grounds (U. S. Department of Health & Human Services, CCIIO 2013).

Contraception coverage is not a new topic as it is addressed in 32 states through statutes, an administrative ruling, an administrative bulletin, and an attorney general opinion, the earliest of which dates back to 1997. Twenty-six states have laws requiring that insurers that cover prescriptions cover FDA approved contraception. Two states require insurance coverage of contraceptives as a result of an administrative ruling or an Attorney General opinion, two states require that employers be offered the option to include contraceptives within their health plans, in Ohio coverage is not mandated but "voluntary

family planning services," is included in its statute. Alaska does not mandate coverage but requires contraceptive coverage if other prescriptions drugs are covered. Twenty-one states offer exemptions for religious reasons.

This article summarizes contraception equity practices in the states and encourages support for the employer provided contraception insurance benefit practices of PPACA as important health and social equity issues. We believe that for employers to deny contraception coverage disadvantages low wage employees.

Current Practices in the States

Thirty-two states address contraception equity, meaning that in those states, contraception is covered through health insurance. The contraception equity law does not apply to self-funded plans that are governed by federal law rather than state insurance laws. An employer is considered to be a self-funder when it uses its own funds to pay the health care claims of its employees rather than buy an insurance plan from an outside insurer. Large employers often choose to self-insure because they can spread the risk across many workers and can allow an organization to tailor its plan to the specific needs of its employees. Kaiser Family Foundation's annual survey of employer health plans found that 60 percent of workers were covered by self-funded plans in 2011. For employers with more than 200 employees, 82 percent had self-funded plans (Kaiser Family Foundation 2011).

State contraception equity laws are incorporated into state insurance laws and are administered and enforced in the same manner as other insurance requirements. As it now stands, 26 states have passed laws mandating insurance coverage for contraceptives and these states require insurers that cover prescription drugs to provide coverage of the full range of FDA-approved contraception drugs and devices (Guttmacher 2012; National Women's Law Center 2007, 2011; The Council of State Governments 2012).

Michigan's Civil Rights Commission ruled in 2006 that if an employee's health insurance plan covered other drugs and services, it must also cover all contraceptive drugs and services (Michigan Civil Rights Commission 2006) and in Montana, a 2006 attorney general opinion found that prescription contraceptives and related medical services must be provided if other prescriptions are covered under both the Montana unisex insurance law and the Montana Human Rights Act (Montana Attorney General Opinion 2006).

Among the states there are differences in regard to which employers can claim religious exemption from the law. Arkansas and North Carolina exclude emergency contraception from the required coverage and one state excludes minor dependents from coverage. Arizona, California, New York and Oregon allow churches and church associations to refuse to provide coverage, but does not allow religious affiliated hospitals or other religious entities such as religious social service providers to do so. Arkansas, Maine, Massachusetts, Michigan, New Jersey, North Carolina, and Rhode Island allow churches, associations of churches, religiously affiliated elementary and secondary schools and potentially some religious charities and universities to refuse to provide coverage, but not religious affiliated hospitals.

The states of Connecticut, Delaware, Hawaii, Maryland, Missouri, New Mexico, and West Virginia allow religious organizations including some hospitals to refuse to provide coverage. Montana and Illinois allow secular entities that object on religious and moral grounds to be exempt from coverage as well. The State of Nevada does not exempt any employers but allows religious insurers to refuse to provide coverage.

Some states with exemptions require employees to be notified when their health

plan does not cover contraceptives and other states attempt to provide access for employees when their employer refuses to offer contraceptive coverage, typically by allowing employees to purchase the coverage on their own, but at the group rate.

Some states require religious affiliated organizations to provide contraception coverage only if they receive 25 percent of their revenues from public monies (Guttmacher 2012; National Women's Law Center 2007, 2011). Table 1 provides a summary of the laws and coverage.

Table 1. State Contraceptive Laws By Date

State	CONTRACEPTIVE LAW STATE STATUTE	TEXT OF RELIGIOUS EXEMPTION	WHAT EMPLOYEES CAN EXPECT
Contraceptive Laws – States With Religious Exemption, by date			
Maryland	**Md. Health-General Code Ann. § 19-706 and Md. Insurance Code Ann. § 15-826 (1998)** require private insurers to provide comprehensive coverage for contraceptives. Religious organizations may request exclusion from this policy.	MD Code, Insurance §15–826(c) (1) A religious organization may request and an entity subject to this section shall grant the request for an exclusion from coverage under the policy, plan, or contract for the coverage required under subsection (b) of this section if the required coverage conflicts with the religious organization's bona fide religious beliefs and practices. (2) A religious organization that obtains an exclusion under paragraph (1) of this subsection shall provide its employees reasonable and timely notice of the exclusion.	Unclear
California	**Cal. Insurance Code § 10123.196 and Cal. Health & Safety Code § 1367.25 (1999)** require certain health insurance policies that already cover prescription drugs to provide coverage for prescription contraceptive methods approved by the FDA. Religious employers can request health insurance plans without coverage of approved contraceptive methods that are contrary to the employer's religious tenants. (AB 39)	Cal. Insurance Code § 10123.196 and Cal. Health & Safety Code § 1367.25 (1999) (1) For purposes of this section, a "religious employer" is an entity for which each of the following is true: (A) The inculcation of religious values is the purpose of the entity. (B) The entity primarily employs persons who share the religious tenets of the entity. (C) The entity serves primarily persons who share the religious tenets of the entity. (D) The entity is a nonprofit organization as described in Section 6033(a)(2)(A)i or iii, of the Internal Revenue Code of 1986, as amended.	Religious employers that *would not* have to provide contraceptive coverage: • Churches and associations of churches Religious employers that *would* have to provide contraceptive coverage: • Church-affiliated schools • Religious charities • Religious hospitals
Connecticut	**Conn. Gen. Stat. § 38a-530e (1999)** requires insurers that offer prescription drug coverage to include coverage for contraceptives. Upon written request of an individual whose moral or religious beliefs are contrary to prescription contraceptive usage, the insurance company, hospital or medical service corporation, or health care center can exclude coverage for prescription contraceptive methods. (Conn. Acts, P.A. 99-79; HB 5950)	C.G.S.A. § 38a-503e. Mandatory coverage for prescription contraceptives. "Religious employer" means an employer that is a "qualified church-controlled organization" as defined in 26 USC 3121 or a church-affiliated organization.	Religious employers that *would not* have to provide contraceptive coverage: • Churches • Church-affiliated *elementary or high schools* Religious employers that *would* have to provide contraceptive coverage: • Nonprofit church-affiliated colleges* • Nonprofit religious charities* • Religious hospitals* **unless less than 25% of the college's budget comes from government sources*
Hawaii	**Hawaii Rev. Stat. § 432:1-604.5 and § 431:10A-116.6 (1999)** direct that employer group health policies, contracts, plans or agreements must cease to exclude contraceptive services or supplies, including FDA-approved contraceptive drugs or devices to prevent unwanted pregnancy, and must not charge unusual co-payments or impose waiting requirements. **Hawaii Rev. Stat. § 431:10A-116.7 (1999)** defines a religious employer and states that such an employer may request a health insurance plan without coverage for contraceptive services and supplies. If so requested, the health insurer must provide a plan without such coverage. Each religious employer that invokes this exemption must	§431:10A-116.7 Contraceptive services; religious employers exemption. (a) A "religious employer" is an entity for which each of the following is true: (1) The inculcation of religious values is the purpose of the entity; (2) The entity primarily employs persons who share the religious tenets of the entity; (3) The entity is not staffed by public employees; and (4) The entity is a nonprofit organization as defined under section 501(c)(3) of the Internal Revenue Code of 1986, as amended. For the purpose of this definition, any educational, health care, or other nonprofit institution or organization owned or controlled by the religious employer is included in this	Religious employers that *would not* have to provide contraceptive coverage: • Churches Religious employers that *would* have to provide contraceptive coverage: • Church-affiliated schools • Religious charities • Religious hospitals *(Mere affiliates of religious employers are not included in HI's definition – only those institutions that, although they may not meet HI's definition individually, are either owned or controlled by an employer meeting the definition. Religious schools, charities and hospitals are affiliated with religious institutions —*

	provide written notice to enrollees upon enrollment a list of services the employer refuses to cover and provide written information describing how an enrollee may access contraceptive services and supplies.	exemption.	*but not usually directly owned/controlled by a church and are therefore not part of the exclusion.)*
Maine	**Me. Rev. Stat. Ann. tit. 24 § 2332-J and Me. Rev. Stat. Ann. tit. 24a § 4247 (1999)** require insurers that provide coverage for prescription drugs and outpatient medical services to provide coverage for all prescription contraceptives and outpatient contraceptive services. A religious employer may request exclusion from these coverage requirements, and needs to provide insured employees a written notice of the exclusion.	24 M.R.S.A. § 2332-J(2) "Religious employer" means an employer that is a church, convention or association of churches or an elementary or secondary school that is controlled, operated or principally supported by a church or by a convention or association of churches as defined in 26 United States Code, Section 3121 (w) (3) (A) and that qualifies as a tax-exempt organization under 26 United States Code, Section 501(c) (3).	Religious employers that *would not* have to provide contraceptive coverage: • Churches • Church-affiliated *elementary or high schools* Religious employers that *would* have to provide contraceptive coverage: • Religious hospitals • Church-affiliated colleges • Religious charities
Nevada	**Nev. Rev. Stat. § 689A.0417, § 689B.0377, § 695B.1918, and § 695C.1695 (1999)** require insurers that offer prescription drug coverage to include coverage for contraceptives. Religiously affiliated organizations are not required to provide contraceptive coverage.	NRS 689A.0417(5) An insurer which offers or issues such a policy of health insurance and which is affiliated with a religious organization is not required to provide the coverage for health care service related to contraceptives required by this section if the insurer objects on religious grounds.	This policy only extends to religious insurance companies – not religious employers. This means that employees of secular organizations whose health insurance is provided through a religious insurer that objects to contraceptive coverage will not have contraceptive coverage, but employees of a religious organization (whether church, religiously-affiliated school, charity or hospital) whose health insurance was administered by a non-religiously affiliated plan would have to be provided coverage.
North Carolina	**N.C. Gen. Stat. § 58-3-178 (1999)** requires insurers that offer prescription drug coverage to include coverage for contraceptives and outpatient contraceptive services. A religious employer may request a health benefit plan that excludes coverage for prescription contraceptives drugs and devices that are contrary to the employer's religious tenets.	N.C.G.S.A. § 58-3-178(e) As used in this subsection, the term "religious employer" means an entity for which all of the following are true: (1) The entity is organized and operated for religious purposes and is tax exempt under section 501(c)(3) of the U.S. Internal Revenue Code. (2) The inculcation of religious values is one of the primary purposes of the entity. (3) The entity employs primarily persons who share the religious tenets of the entity. (1999-231, s. 1; 1999-456, s. 15(a).)	Religious employers that *would not* have to provide contraceptive coverage: • Churches Religious employers that *would* have to provide contraceptive coverage: • Church-affiliated schools* • Nonprofit religious charities* • Nonprofit religious hospitals *exempt from the mandate *only if* the entity primarily employs persons who share its religious tenets, and if one of the primary purposes is the inculcation of religious values
Delaware	**Del. Code Ann. tit. 18, § 3559 (2000)** requires insurers that provide coverage for outpatient prescription drugs to provide coverage for prescription contraceptive drugs and devices.	18 Del. C. § 3559(d) A religious employer may request and an entity subject to this section shall grant an exclusion from coverage under the policy, plan or contract for the coverage required under subsection (b) of this section if the required coverage conflicts with the religious organization's bona fide religious beliefs and practices.	Unclear
Rhode Island	**R.I. Gen. Laws § 27-18-57, § 27-19-48, § 27-20-43 and § 27-41-59 (2000)** require specified health insurance plans that provide prescription coverage to also provide coverage for FDA- approved prescription contraceptive drugs and devices. A religious employer providing health insurance may exclude coverage for prescription contraceptive methods which are contrary to the employer's bona fide religious tenets. (2000 R.I. Pub. Laws, Chap. 120; SB 2367)	R.I.St § 27-18-57 (c) As used in this section, "religious employer" means an employer that is a "church or a qualified church-controlled organization" as defined in 26 U.S.C. § 3121.	Religious employers that *would not* have to provide contraceptive coverage: • Churches • Church-affiliated *elementary or high schools* Religious employers that *would* have to provide contraceptive coverage: • Nonprofit church-affiliated colleges* • Nonprofit religious charities* • Religious hospitals* **unless less than 25% of the budget comes from government sources*
Missouri	**Mo. Rev. Stat. § 376.1199 (2001)** requires health carriers that provide pharmaceutical coverage to include coverage for contraceptives, excluding drugs and devices that are intended to induce an abortion. The law clarifies that coverage for prescriptive contraceptive drugs or devices is not excluded if prescribed for other diagnosed medical conditions. The law exempts specified insurance policies, including health carriers owned and operated by religious entities, from the provisions of the law. The law prohibits discrimination against an enrollee because of the enrollee's request regarding contraceptive coverage. The law requires	V.A.M.S. 376.1199 4. Notwithstanding the provisions of subdivision (4) of subsection 1 of this section to the contrary: (1) Any health carrier may issue to any person or entity purchasing a health benefit plan, a health benefit plan that excludes coverage for contraceptives if the use or provision of such contraceptives is contrary to the moral, ethical or religious beliefs or tenets of such person or entity; (2) Upon request of an enrollee who is a member of a group health benefit plan and who states that the use or provision of contraceptives is contrary to his or her moral, ethical or	Unclear

	carriers to maintain the confidentiality of any individual's request for contraceptive coverage. (HB 762)	religious beliefs, any health carrier shall issue to or on behalf of such enrollee a policy form that excludes coverage for contraceptives. Any administrative costs to a group health benefit plan associated with such exclusion of coverage not offset by the decreased costs of providing coverage shall be borne by the group policyholder or group plan holder; (3) Any health carrier which is owned, operated or controlled in substantial part by an entity that is operated pursuant to moral, ethical or religious tenets that are contrary to the use or provision of contraceptives shall be exempt from the provisions of subdivision (4) of subsection 1 of this section.	
Texas	**NOT MANDATED** **Tex. Insurance Code Ann. § 1369.104 et seq. (2001)** prohibit a health benefit plan that provides benefits for prescription drugs or devices from excluding prescription contraceptives approved by the FDA. The law does not apply to coverage for abortifacients or any other drug or device that terminates a pregnancy. The law prohibits a health benefit plan from imposing cost-sharing provisions on prescription contraceptives. The law states that a health benefit plan may not impose any waiting period for prescription contraceptives.	Sec. 1369.108. (a) This subchapter does not require a health benefit plan that is issued by an entity associated with a religious organization or any physician or health care provider providing medical or health care services under the plan to offer, recommend, offer advice concerning, pay for, provide, assist in, perform, arrange, or participate in providing or performing a medical or health care service that violates the religious convictions of the organization, unless the prescription contraceptive coverage is necessary to preserve the life or health of the enrollee.	
Arizona	**Ariz. Rev. Stat. Ann. § 20-2329 (2002)** requires all health insurance plans providing coverage for prescription medications to also provide coverage for all FDA-approved prescription methods of contraception. Religious employers may request exclusion from this requirement. (HB 2234)	A.R.S. § 20-1057.08(G) "Religious employer" means an entity for which all of the following apply: 1) The entity primarily employs persons who share the religious tenets of the entity. 2) The entity serves primarily persons who share the religious tenets of the entity. 3) The entity is a nonprofit organization as described in § 6033(a)(2)(a)(i) or (iii) of the Internal Revenue Code of 1986, as amended.	Religious employers that *would not* have to provide contraceptive coverage: • Churches and associations of churches Religious employers that would have to provide contraceptive coverage: • Church-affiliated schools • Religious charities • Religious hospitals
Massachusetts	**Mass. Gen. Laws Ann. ch. 175 § 47W, ch. 176A § 8W, ch. 176B § 4W, and ch. 176G § 4O (2002)** require insurers that provide benefits for outpatient services to also provide hormone replacement therapy for menopausal women and outpatient FDA-approved contraceptive services under the same terms and conditions as for other outpatient services. The law defines outpatient contraceptive services. This law excludes policies purchased by an employer that is a church or a qualified church-controlled organization.	M.G.L.A. 175 § 47W(c) (c) This section shall not apply to an individual policy of accident and sickness insurance delivered, issued or renewed pursuant to section 108 or any group blanket policy of accident and sickness insurance delivered, issued or renewed pursuant to section 110 if that policy is purchased by an employer that is a church or qualified church-controlled organization, as those terms are defined in 26 U.S.C. section 3121(w)(3)(A) and (B).	Religious employers that *would* have to provide contraceptive coverage: • Nonprofit church-affiliated colleges* • Nonprofit religious charities* • Religious hospitals* **unless less than 25% of the budget comes from government sources*
New York	**N.Y. Insurance Law § 4303 (2002)** requires insurers that provide coverage for prescription drugs to include coverage for the cost of contraceptive drugs or devices approved by the FDA. Religious employers are allowed to deny employees contraceptive coverage provided that employees are informed in writing of such exclusions. Most insurers must provide written notice to enrollees of their right to directly purchase, for an additional premium at the small group community rate, a rider for coverage of contraceptives.	3221(16)(A) (A) For purposes of this subsection, a "religious employer" is an entity for which each of the following is true: (i) The inculcation of religious values is the purpose of the entity. (ii) The entity primarily employs persons who share the religious tenets of the entity. (iii) The entity serves primarily persons who share the religious tenets of the entity. (iv) The entity is a nonprofit organization as described in Section 6033(a)(2)(A)i or iii, of the Internal Revenue Code of 1986, as amended.	Religious employers that *would not* have to provide contraceptive coverage: • Churches and associations of churches Religious employers that *would* have to provide contraceptive coverage: • Church-affiliated schools • Religious charities • Religious hospitals
Illinois	**Ill. Rev. Stat. ch. 215 § 5/356z.4, § 125/5-3 and § 165/10 (2003)** require coverage to include outpatient prescription contraceptive drugs, devices and outpatient contraceptive services without imposing limitations. **Ill. Rev. Stat. ch. 745 § 70/1 et seq.** creates the Health Care Right of Conscience Act The law defines health care to include family planning, counseling, referrals, or any other advice in connection with the use or procurement of contraceptives and sterilization or abortion procedures. The law	Health Care Right of Conscience Act. (745 ILCS 70/2) (from Ch. 111 1/2, par. 5302) Sec. 2. Findings and policy. The General Assembly finds and declares that people and organizations hold different beliefs about whether certain health care services are morally acceptable. It is the public policy of the State of Illinois to respect and protect the right of conscience of all persons who refuse to obtain, receive or accept, or who are engaged in, the delivery of, arrangement for, or payment of health care services and medical care whether	Unclear. Exclusion per Right of Conscience Act must be documented in health care payers ethical guidelines, mission statement, constitution, bylaws, articles of incorporation, regulations or other governing documents.

	specifies that health care payers are not civilly or criminally liable to any person or entity for refusal to pay for or arrange for the payment of any particular form of health care services that violate the payer's conscience as documented in its ethical guidelines, mission statement, constitution, bylaws, articles of incorporation, regulations or other governing documents.	acting individually, corporately, or in association with other persons; and to prohibit all forms of discrimination, disqualification, coercion, disability or imposition of liability upon such persons or entities by reason of their refusing to act contrary to their conscience or conscientious convictions in refusing to obtain, receive, accept, deliver, pay for, or arrange for the payment of health care services and medical care. (Source: P.A. 90-246, eff. 1-1-98.)	
New Mexico	**N.M. Stat. Ann. § 59A-22-42 and § 59A-46-44 (2003)** require each individual and group health insurance policy, health care plan and certificate of health insurance that provides a prescription drug benefit to provide coverage for prescription contraceptive drugs or devices. **N.M. Stat. Ann. § 59A-22-42 (2001)** requires specified insurance plans to offer coverage for prescription contraceptive drugs or devices, which may be subject to deductibles and coinsurance.	N.M.S.A. 59A-22-42; N.M.S.A. 59A-46-44 A religious entity purchasing individual or group health insurance coverage may elect to exclude prescription contraceptive drugs or devices from the health coverage purchased. NOTE: "Religious entity" is not defined anywhere in NM statutes	Unclear
New Jersey	**N.J. Stat. Ann. § 17:48-6ee, § 17:48A-7bb, § 17:48E-35.29, § 17:48F-13.2, § 17B:26-2.1y, § 17B:27-46.1ee, § 17B:27A-7.12, § 17B:27A-19.15; § 26:2J-4.30; § 52:14-17.29j (2005)** require all health insurance or medical providers to cover prescription female contraceptive drugs and devices in the same way that other prescription drugs are covered. Religious employers and organizations may be granted an exception.	N.J.S.A. 17:48ee "Religious employer" means an employer that is a church, convention or association of churches or an elementary or secondary school that is controlled, operated or principally supported by a church or by a convention or association of churches as defined in 26 U.S.C.s.3121(w)(3)(A), and that qualifies as a tax-exempt organization under 26 U.S.C.s.501(c)(3).	Religious employers that *would not* have to provide contraceptive coverage: • Churches • Church-affiliated *elementary or high schools* Religious employers that *would* have to provide contraceptive coverage: • Religious hospitals • Church-affiliated colleges • Religious charities
Arkansas	**Ark. Stat. Ann. § 23-79-1103-1104 (2005)** requires all health insurance plans providing coverage for prescription medications to also provide coverage for all FDA-approved prescription methods of contraception. This requirement does not cover emergency contraception. Religious employers are not required to comply with this policy. (2005 Ark. Acts, Act 2217; HB 2618)	A.C.A. § 23-79-1102(3) "Religious employer" means an entity that: a) Is organized and operated for religious purposes and has received a §501(c)(3) designation from the IRS; b) Has as one (1) of its primary purposes the inculcation of religious values; and c) Employs primarily person who share its religious tenets	Religious employers that *would not* have to provide contraceptive coverage: • Churches Religious employers that *would* have to provide contraceptive coverage: • Church-affiliated schools * • Nonprofit religious charities* • Nonprofit religious hospitals **exempt from the mandate only if the charity primarily employs persons who share its religious tenets, and if one of the primary purposes is the inculcation of religious values*
West Virginia	**W. Va. Code § 33-25A-2(1), (11) (1996)** requires HMOs to provide or make available basic health care services that encompass coverage for voluntary family planning services. **W. Va. Code § 33-16E-1 et seq. (2005)** require prescription drug parity; all health plans and medical service organizations must cover FDA-approved prescription drugs and devices under the same guidelines they cover other prescription drugs. Extraordinary surcharges are prohibited. The law excludes coverage of a dependent child. The law does not apply to Medicaid.	W.Va. Code § 33-16E-2(5) (5) "Religious employer" is an entity whose sincerely held religious beliefs or sincerely held moral convictions are central to the employer's operating principles, and the entity is an organization listed under 26 U.S.C. 501 (c)(3), 26 U.S.C. 3121, or listed in the Official Catholic Directory published by P.J. Kennedy and Sons. Religious employers may be exempt, but must provide potential or current subscribers written notice of the policy and make arrangements for them to purchase drugs or devices at the prevailing group rate from another provider.	Religious employers that *would not* have to provide contraceptive coverage: • Churches • Church-affiliated *elementary or high schools* Religious employers that *would* have to provide contraceptive coverage: • Nonprofit church-affiliated colleges* • Nonprofit religious charities* • Religious hospitals* **unless less than 25% of the budget comes from government sources*
Michigan	**By administrative ruling, Michigan Civil Rights Commission, 2006** It is the ruling of the MCRC that an employer's exclusion of contraceptives from a health plan that covers other prescription drugs and services does violate Article 2, Section 202 of the Elliot-Larson Civil Rights Act (ELCRA). To comply with this ruling, an employer in Michigan must provide full coverage for all contraceptive drugs and services if the employer's comprehensive health plan covers other drugs and services.	"Religious employer" is an entity for which all of the following are true: (a) 501(c)3 Nonprofit organization (b) The inculcation of religious values is the purpose of the entity (c) The entity primarily employs people who share the religious tenets of the entity (d) Serves primarily persons who share the religious tenets of the entity.	If plan provides coverage for prescription drug benefits, it must also cover FDA-approved prescription contraceptives. Religious employers that *would* have to provide contraceptive coverage are those that serve the general public such as: • Nonprofit religious charities that serve the general public • Religious hospitals*

Oregon	**Or. Rev. Stat. § 743A.066 (2007)** specifies that a prescription drug benefit program, or a prescription drug benefit offered under a health benefit plan or under a student health insurance policy, must provide payment, coverage or reimbursement for prescription contraceptives and outpatient consultations, examinations, procedures and medical services that are necessary to prescribe, dispense, deliver, distribute, administer or remove a prescription contraceptive. A religious employer is exempt from these requirements. (2007 Or. Law, Chap. 182, HB 2700)	743A.066 (4) A religious employer is exempt from the requirements of this section with respect to a prescription drug benefit program or a health benefit plan it provides to its employees. A "religious employer" is an employer: (a) Whose purpose is the inculcation of religious values; (b) That primarily employs persons who share the reliious tenets of the employer; (c) That primarily serves persons who share the religious tenets of the employer; and (d) That is a nonprofit organization under section 6033(a)(2)(A)(i) or (iii) of the Internal Revenue Code.	Religious employers that *would not* have to provide contraceptive coverage: • Churches Religious employers that *would* have to provide contraceptive coverage: • Church-affiliated schools • Religious charities • Religious hospitals
	Contraceptive Laws – States Without Religious Exemption, by date		
Virginia	**NOT MANDATED** **Va. Code § 2.2-2818(B)(5), § 32.1-325 and § 38.2-3407.4:2 (2001)** require that the health and related insurance for state employees include coverage for prescription drugs and devices used as contraceptives. **Va. Code § 38.2-3407.5:1 (1997)** requires insurers that provide coverage for prescription drugs to offer and make available coverage for FDA-approved contraceptive drugs or devices, at the option of the purchaser. This law is not a mandate for coverage.	None	If plan provides coverage for prescription drug benefits, it must also cover FDA-approved prescription contraceptives.
Georgia	**Ga. Code § 33-24-59.6 (1999)** requires insurers that offer prescription drug coverage to include contraceptives.	None	If plan provides coverage for prescription drug benefits, it must also cover FDA-approved prescription contraceptives.
New Hampshire	**N.H. Rev. Stat. Ann. § 415:18-I, § 420-A:17-c and § 420-B:8-gg (1999)** require health insurers, health service corporations and health maintenance organizations to provide coverage for outpatient contraceptive services. The law also states that health insurers that provide prescription riders must cover all prescription contraceptive drugs and prescription contraceptive devices approved by the FDA under the same terms and conditions as other prescription drugs.	None	If plan provides coverage for prescription drug benefits, it must also cover FDA-approved prescription contraceptives.
Vermont	**Vt. Stat. Ann. tit. 8 § 4099c (1999)** requires health insurance plans to provide coverage for contraceptives if they cover prescription drugs.	None	
Iowa	**Iowa Code § 514C.19 (2000)** prohibits specified health insurance plans, including a public employer plan, that provides benefits for outpatient prescription drugs, devices or services from excluding or restricting benefits for FDA-approved prescription contraceptive drugs, devices or outpatient services.	None	If plan provides coverage for prescription drug benefits, it must also cover FDA-approved prescription contraceptives.
Ohio	**NOT MANDATED,** **Ohio Rev. Code Ann. § 1751.01 A7 (2000)** requires health insurance corporations to provide basic health services, including medically necessary voluntary family planning services.	None	
Montana	**By Attorney General opinion (2006)** When an employer provides an insurance policy or benefit plan providing prescription drug coverage and other medical services, the Montana unisex insurance law, Mont. Code Ann. § 49-2-309, and the Montana Human Rights Act, Mont. Code Ann. § 49-2-303 requires inclusion of coverage for prescription contraceptives and related medical services.	None	If plan provides coverage for prescription drug benefits, it must also cover FDA-approved prescription contraceptives and related benefits.

Washington	**Wash. Rev. Code § 48.41.110 (2007)** requires health insurance policies issued by the state health insurance pool to provide coverage for drugs and contraceptive devices requiring a prescription.	None	State health insurance plans are required to cover prescription drugs and contraceptives.
Wisconsin	**632.895(17)(a) (2009)** In this subsection, "contraceptives" means drugs or devices approved by the federal food and drug administration to prevent pregnancy. **(b)** Every disability insurance policy, and every self-insured health plan of the state or of a county, city, town, village, or school district, that provides coverage of outpatient health care services, preventive treatments and services, or prescription drugs and devices shall provide coverage for all of the following: **1.** Contraceptives prescribed by a health care provider, as defined in s. 146.81 (1). **2.** Outpatient consultations, examinations, procedures, and medical services that are necessary to prescribe, administer, maintain, or remove a contraceptive, if covered for any other drug benefits under the policy or plan.	None	
Colorado	**Colo. Rev. Stat. § 10-16-104 (2010)** requires specified health insurance plans to provide coverage for contraception in the same manner as any other sickness, injury, disease, or condition is otherwise covered under the policy or contract. (2010 HB 1021)	None	

This table was adapted from information provided by the Council of State Governments, the Guttmacher Institute, the National Conference of State Legislatures, the National Women's Law Center, and individual state statutes, administrative rulings, court decisions and bulletins.

Contraception is *Not* Only about Birth Control

Health care-planned pregnancies require contraceptives. The ability to determine the timing of a pregnancy can prevent a range of pregnancy complications that can endanger a woman's health, including gestational diabetes, high blood pressure, and placental problems. Women who wait sometime after delivery before conceiving again lower their risk of adverse perinatal outcomes, such as low birth rate, preterm birth, and small-for-size gestational age [U. S. Department of Health and Human Services, Health People 2010 9-32 (2nd ed. 2000].

A study published in the *British Medical Journal* found that women who use oral contraception are less likely to die from all forms of cancer. Oral contraceptives are also a basic treatment for polycystic ovary syndrome, can protect against osteoporosis and reduces the risk of hip fractures (Hannaford, Selvaraj, Elliott, Angus, Iversen, and Lee 2007). Medical studies indicate that women that take oral contraceptives are half as likely to develop iron deficiency anemia, less likely to have menorrhea, irregular menstruation or intermenstural bleeding, medical problems that typically require surgery (curette or a hysterectomy); reduced benign breast diseases, ovarian cysts (follicular or luteal cyst) that may require surgery. Further benefits may be reduced pelvic inflammatory diseases and reduced bone loss resulting in fewer hip fractures. European studies have found that rheumatoid arthritis may be reduced (Lentz, Lobo, Gershension, and Katz 2012). In 2008 alone, chronic diseases totaled $7532 per capita for health expenditures in the U.S (Organization for Economic Co-operation and Development (OECD 2010). A chronic disease is one that lasts more than three months and requires ongoing medical care.

Cost plays a major role in a woman's ability to use contraceptives-especially for

those with low to moderate incomes. Sectarian employers argue that insurance costs will increase due to the required contraceptive coverage, a cost they do not want to pay since they do not believe in contraception. This argument is flawed. First, the law passes this cost to the insurance company when the provider objects on a religious basis. Second, studies show that the short-term cost of contraceptive coverage is minimal, and that there are significant cost savings long-term. A 2000 study by the National Business Group on Health shows that it costs employers 15-17% more to *not* provide contraceptive coverage, based on direct and indirect costs related to pregnancy (as cited by Guttmacher 2011).

Preventing unintended pregnancy also improves social and economic conditions. By providing coverage without cost sharing, these benefits are also accessible to women with low to moderate incomes that may be unable to afford the co-pay for contraceptives or who use contraceptives sporadically to save money in tough financial times. Unintended pregnancies have health and financial consequences including: increased health issues for the woman and child, increased costs for the insurer, potential for financial hardship leading to the need for government assistance, and increased absences and decreased productivity at work. Unintended pregnancies also affect males through potential financial hardships, child support issues or custody issues. Although men do not have access to personal prescription contraceptives, studies have shown that contraceptive counseling for men improves the success rate of sexually active couples using prescription or non-prescription birth control, creating fewer unintended pregnancies, and reducing undue hardships to men and women (Edwards 1994).

Support and Opposition for Contraception Coverage Depends on Its Framing

Research by Rasmussen (2011) found that supporters of contraception equity laws tended to frame contraception *as health* which included a *medical frame* and a *gender, class, and equity frame*. However, opponents of the contraception equity laws used different frames. *Religious frames, market-based frames* and *elective/immoral procedure frames* were used primarily by religious and business groups. Those groups tend to view contraception equity laws as the intrusion of government in the decision-making of organizations, churches and individuals (943-945). We believe that *medical frame* and a *gender, class, and equity* frames should be the frames used by public administrators for the following reasons provided below.

Most Americans support the contraception coverage provision of the PPACA. Sixty-three percent say they support the requirement that health plans include no-cost birth control, while 33 percent oppose it. Sixty-six (66) percent of women back the requirements, while 60 percent of men support it. Different responses have been attributed to how the issue is framed. Twenty-three percent say the issue is about religious freedom, 24 percent say the issue is women's rights, 26 percent think it is about both, with the remainder of respondents not being familiar with the issue. Catholics are also divided on the issue. Twenty-five percent see the issue in terms of religious freedom, but 26 percent say it is about women's right, and 27 percent say it is a mixture of the two (Kaiser 2012). A recent study by Peipert, Madden, Allsworth, and Secura (2012) that tracked 9,000 poor or uninsured women in St. Louis found that the women who used long –acting reversible contractive (LARC) methods such as intrauterine devices and implants and the provision of contraception resulted in fewer pregnancies. There were 6.3 births per 1,000 teenagers in the study compared with a national rate of 34 births per 1,000 teens in 2010. There were also substantially lower rates of abortion when compared with women in the metro area and nationally as well.

In 2011 approximately 19 million women were uninsured. Uninsured women are more likely to have inadequate access to care, get a lower standard of care when they are in the health system, and have poorer health outcomes (Kaiser 2011). *The National Report Card on the State of Emergency Medicine: Evaluating the Emergency Care Environment State by State* (2009) provided emergency care an overall grade of C-. The report notes that the use of emergency services will continue to increase due to the aging of the population and changing demographics; because of individuals who have insurance, but are unable to obtain appointments with primary care physicians or medical specialists in a timely manner; due to individuals who have health care coverage through Medicaid or Medicare, but cannot find physicians willing to accept their coverage; and as a result of the number of individuals who cannot afford medical care or have nowhere else to go (American College of Emergency Physicians 2009, 1).

Earlier research indicated that structural barriers such as the availability of services, time, costs, are major deterrents to health care and result in socioeconomic disparities in regard to health, especially in regard to low income women (Andrulis 1998; Lia-Hoagberg, Rode, Skovholt, Oberg, Berg, Mullett, and Choi 1990; Sheppard, Zambrana & O'Malley 2004).

In 2000 the U. S. Equal Employment Opportunity Commission (EEOC) offered an opinion that an employer's failure to provide contraception coverage when it covers other prescription drugs and preventive care is a violation of sex discrimination under Title VII of the Civil Rights Act. Furthermore, those protections for employee benefits did not exempt religious employers. When New York State's contraceptive law was challenged, the New York Court of Appeals upheld a decision by a lower court that religious charities, hospitals and schools in New York must abide by the state's Women's Health and Wellness Act (WHWA) which required that employers cover workers' birth control costs if they offer health insurance for other prescriptions, even if the organizations consider contraception sinful (Hughes 2006). The law makes an exception for religious institutions, but ruled that schools, hospitals, and social service providers did not meet the definition of "religious employer" established by lawmakers because they do not primarily hire or serve people of their own faiths, nor do they have religious indoctrination as their purpose (Hughes 2006). This is especially important since one-in-five adults have no religious affiliation according to a recent Pew Forum on Religion and Public Life poll released in October 2012 (The Pew Forum on Religion and Public Life 2012).

Health insurance benefits are an important component of progressive human resource management policies as well as societal well-being (Gossett 1994; Hostetler & Pynes 1993; Reddick & Coggburn 2007). To deny access to employer provided contraception coverage would have a disproportionate impact on female employees working in the service sectors, which are where the majority of job growth is anticipated through 2016 (U. S. Department of Labor 2010). Women comprise the majority of the following professions: 91.1 percent of registered nurses are female; 81.8 percent of elementary and middle school teachers are female, 80.9 percent of social workers; 72.5 percent of medical and health services managers; 71.2 percent of counselors; 70.2 percent of social and community service managers; 66.7 percent of psychologists and 63.0 percent of education administrators (U. S. Department of Labor 2012).

Not only is the service sector anticipated to grow but the delivery of medical care is changing. Lower reimbursement rates for Medicare, Medicaid and private insurance have led to the merging of a number of hospital groups. Many of the mergers involve sectarian

hospitals (Abelson 2012).

Difficult times have also led all levels of government to increase contracting with sectarian nonprofits like the Salvation Army, Catholic Charities, Jewish Social Service Agencies, and Lutheran Family Services to provide a variety of *secular* social services. A glance at the website of those organizations provides the following information.

Table 2. Number of Employees for Various Sectarian Nonprofit Organizations

Examples of Sectarian Nonprofit Organizations ***providing a public service***	**Number of Employees**
Adventist Health	20,000
Baptist Healthcare System	10,686
Catholic Charities USA	65,033
Catholic Hospitals	640,894
Habitat for Humanity – National Office	600 *This does not include employees at local and state offices
Jewish Federations of North America	Represents 157 Jewish Federations and over 300 Network communities
Jewish Hospitals	Approximately 27 Jewish hospital chains in the nation with numerous branches
Jewish Social Service Agencies	210
Lutheran Services of American (does not include congregations)	246,181 *Includes number of employees from national office and employee count from 268 of 309 member organizations
Palmetto Health (Baptist)	10,713
Salvation Army	109,518

*Information obtained from adventisthealth.org, chausa.org, jewishfederations.org, kosherdelight.com, www.jssa.org/about-us/staff, lutheranservices.org, salvationarmy.org, and through 990 tax forms retrieved on Guidestar.org

We do not know how many of the employees in the table are women, nor do we know if they need the health insurance benefits provided by their employers, nor do we know how many of them are using contraceptives; however based on the labor market statistics for health and human service professions we believe that the number of women who could be in jeopardy of losing their coverage is significant. Since contraceptive issues also affect the lives of men, all employees are potentially impacted.

President Obama was re-elected on November 6, 2012, so the contraception coverage of provisions of the PPACA will likely stand for the next four years. But the issue could still arise in the future. Should employees of religiously affiliated nonprofits be in jeopardy of losing health insurance benefits? And how would that affect our local communities?

Nothing in the PPACA and Women's Health Amendment and the recent proposal for religious affiliated organizations nor do any of the 32 state contraception equity laws require any person to use contraception, they only require that contraception *be available to those that want it* (Kliff & Boorstein, 2013; McClatchy Newspaper 2013; Zoll 2013). Table 3 indicates that in the past, contraception coverage has been a bipartisan issue supported by both Republican and Democratic governors and state legislatures. It has only recently surfaced as an ideological issue.

Table 3. State, Year Law Was Enacted, Governor, Governor's Political Party

State	Year	Governor	Governor Party
Virginia	1997/2001	Jim Gilmer /Mark Warner	Republican/Democrat
Maryland	1998	Parris N. Glendening	Republican
California	1999	Gray Davis	Democrat
Connecticut	1999	John G Rowland	Republican
Georgia	1999	Roy Barnes	Democrat
Hawaii	1999	Benjamin Cayetano	Democrat
Maine	1999	Angus King	Independent
Nevada	1999	Kenny Guinn	Republican
New Hampshire	1999	Jeanne Shaheen	Democrat
North Carolina	1999	James B. Hunt Jr.	Democrat
Vermont	1999	Howard Dean	Democrat
Delaware	2000	Ruth Ann Miller	Democrat
Iowa	2000	Tom Vilsack	Democrat
Rhode Island	2000	Lincoln chafee	Republican
Ohio	2000/2012	Bob Taft/ John Kasich	Republican
Missouri	2001	Bob Holden	Democrat
Texas	2001	Rick Perry	Republican
New Mexico	2001/2003	Gary Johnson	Republican
Alaska	2002	Frank Murkowski	Republican
Arizona	2002	Jane Dee Hull	Republican
Massachusetts	2002	Mitt Romney	Republican
New York	2002	George Pataki	Republican
Illinois	2003	Rod Blagovich	Democrat
Arkansas	2005	Mike Huckabee	Republican
New Jersey	2005	Jon Corzine	Democrat
West Virginia	2005	Joe Manchin	Democrat
Michigan	2006	Jennifer Granholm	Democrat
Montana	2006	Brian Schweitzer	Democrat
Oregon	2007	Ted Kulongoski	Democrat
Washington	2007	Christine Gregoire	Democrat
Wisconsin	2009	Jim Doyle	Democrat
Colorado	2010	John Hickenlooper	Democrat

Conclusion

In 2010, women comprised 46.8 percent of the labor force. Coverage of contraceptives and other preventative services by the Patient Protection and Affordable Health Care Act is based on medical recommendations for health benefits and a cost benefit analysis (Guttmacher 2011). The law does not mandate the use of contraceptives, but requires that contraceptives be accessible without cost sharing for health reasons both related and unrelated to birth control. Issues of equity of cost and benefits, as well as the issue of discrimination in type of drug choice have led 32 states to address contraceptive coverage and 28 to mandate the coverage. Based on the EEOC commission decision of December 14, 2000, failure to cover contraceptives to the same extent as other preventative prescription drugs is considered a form of sex discrimination falling under the Pregnancy Discrimination Act.

It is not an infringement upon religious rights to provide access to health care or to commit to nondiscriminatory health insurance benefits. Financial cost analyses have shown that the contraceptives portion of the PPACA will save employers and insurers money. Religious employers who employ and serve those of their own religious tenets are still exempt under the law; however, sectarian nonprofit employers that hire and serve the secular public must not be exempt under the law. Sectarian nonprofits employ large numbers of women, provide important services in many communities and are paid with public monies through grants or reimbursements or indirectly thought social insurance programs such as Medicaid or Medicare. Just as other private government contractors must meet certain government standards in human resources policies, sectarian nonprofits should also have to meet these standards. Wooldridge and Gooden (2009) note that a commitment to social equity requires an examination and redesign of the institutional structures that continue to promote social inequities (227). It is imperative that public administrators support the provision of equitable access to health insurance benefits and to ensure that sectarian organizations receiving public funds and providing a public service meet the same standards.

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References

Abelson, R. 2012. Hospital groups will get bigger, Moody's predicts. *The New York Times*, March 8: B5.

Aizenman, N. C., and Roslaind S. Helderman. 2012. Birth control exemption bill, the "Blunt amendment,' killed in Senate. *The Washington Post*, March 1, http://www.washingtonpost.com/national/health-science/birth-control-exemption-

bill-the-blunt-amendment-killed-in-senate/2012/03/01/gIQA4tXjkR_story.html.

American College of Emergency Physicians. 2009. *The National Report Card on the State of Emergency Medicine: Evaluating the Emergency Care Environment State by State*. Accessed at http://www.emreportcard.org.

Andrulis, D. P. 1998. Access to care is the centerpiece in the elimination of socioeconomic disparities in health. *Annuals of Internal Medicine*, 129:412-416.

Associated Press. 2012. Free birth control cuts abortion. In the *Tampa Tribune*, October 5: 4.

Bajcker, K., S. L. Taubman, H. L. Allen, M. Bernstein, J. Gruber, J. P. Newhouse, E. C. Schneider, B. J. Wright, A. M. Zaslavsky, and A. N. Finklstein. 2013. The Oregon experiment-Effects of Medicaid on clinical outcomes. *New England Journal of Medicine*, 368: 1713-1722.

Catholic Health Association. 2012, February 10. Catholic Health Association is very pleased with today's White House resolution that protects religious liberty and conscious rights. Accessed March 12, 2012. at www.chausa.org.

Daley, D. M. 1998. An overview of benefits for the public sector: Not on the fringes anymore. *Review of Public Personnel Administration*, 18i(3): 5-22.

Daley, D. M. 2008. Strategic benefits in human resources management. In Reddick, Christopher. G., and Jerrell D. Coggburn. (Eds.). *Handbook of employee benefits and administration* (15-27). Boca Raton, FL: CRC Press.

Edwards, S. R. 1994. The role of men in contraceptive decision-making: Current knowledge and future implications. *Family Planning Perspectives*, 26(2): 77-82.

Gossett, C. W. 1994. Domestic partnership benefits. *Review of Public Personnel Administration*, 14 (1): 64-84.

Guttmacher Institute. 2011. *The preventative benefits of contraceptive services and supplies*. Accessed March 1, 2012 at http://www.guttmacher.org/pubs/CPSW-testimony.pdf

Guttmacher Institute. 2012. *State policies in brief: Insurance coverage of contraceptives.* Accessed February 24, 2012 at www.guttmacher.org/statecenter/spibs /spib_ICC.pdf.

Hannaford, P. C., S. Selvaraj, A. M. Elliott, V. Angus, L. Iversen, and A. J. Lee. 2007. September 27. Cancer risk among users of oral contraceptives: cohort data from the Royal College of General Practitioner's oral contraception study. *British Medical Journal*, 335: 651. doi: 10.1136/bmj.39289.649410.55

Hostetler, D. and J. E. Pynes. 1993. Domestic partnership benefits: Dispelling the myths. *Review of Public Personnel Administration*, 15 (1): 41-51.

Hughes, C. 2006. Religious service providers included in birth control law, New York Court rules. Albany, NY: The Roundtable on Religion and Social Welfare Policy.

Institute of Medicine. 2011. Clinical prevention services for women: Closing the gaps. Accessed March 12, 2012 at http://www.iom.edu/Reports/2011/Clinical-Preventive- Services-for-Women-Closing-the- Gaps.aspx.

Kaiser Family Foundation. 2011. Women's health insurance coverage. December 2011. Accessed March 11, 2013 at http://www.kff.org.

Kaiser Family Foundation. 2012. *Kaiser health tracking poll*. February 2012. Accessed March 11, 2012 at http://www.kff.org.

Kliff, S. and M. Boorstein. 2013. Obama proposal allows contraceptives to go under stand-alone insurance policy. *The Washington Post*. Accessed Febraury 2, 2013 at

http://www.washingtonpost.com/national/health-science/obama-proposal-allows-contraceptives-to-go-under-stand-alone-insurance-policy/2013/02/01/43c1dc1e-6cb9-11e2-ada0-5ca5fa7ebe79_story_1.html.

Lentz, G. M., R. A. Lobo, D. M. Gershenson, and V. L. Katz. 2012. (Eds.). *Comprehensive gynecology*. Philadelphia, PA: Mosby.

Lia-Hoagberg, B., P. Rode, C. J. Skovholt, C. N. Oberg, C. Berg, S. Mullett, and T. Choi. 1990. Barriers and motivation to prenatal care among low-income women. *Social Science Medicine*, 30 (4): 487-495.

Michigan Civil Rights Commission. 2006.Declaratory ruling on contraception equity. Accessed at http:// www.michigan.gov/documents/Declatory_Ruling_7-26-169371_7.pdf.

Montana Attorney General Opinions. 2006. Volume No.51, Opinion 16. Accessed at https://doj.mt.gov/wp-content/uploads/2006/01/51-016.pdf.

National Conference of State Legislatures. 2012. Insurance coverage for contraception laws. Accessed February 24, 2012 at http://www.ncsl.org/issues-reserach/ health/insurance-coerage-for-contraception-state-law.

National Federation of Independent Business v. Sebelius, 567 U.S. 2012.

National Women's Law Center. 2007. *Contraceptive equity laws in your state: Know your rights-use your rights. A consumer guide*. Accessed at www.nwlc.org.

National Women's Law Center. 2011. *Denying coverage of contraceptives harms women*. Accessed at www.nwlc.org.

Organization for Economic Co-operation and Development OECD. 2000. OECD Health Data. *OECD Health Statistics*. Accessed October 10, 2011.

Patient Protection and Affordable Care Act, Pub. L. 111-148. 2010, amended by Health Care and Education Affordability and Reconciliation Act, Pub. L. No. 111-152. 2010. to be codified at 42 U. S. C. §18023.

Pear, R. 2013, February 2. Compromise idea for the insuring of birth control. *The New York Times*, A1.

Pew Forum on Religion & Public Life. 2012. "Nones" on the Rise: One-in-five adults have no religious affiliation. Pew Research Center, Accessed October 9 at www.pewforum.org.

Public Health Services Act, Pub. L. No. 78-410. 1944., amended by Patient Protection and Affordable Care Act, Pub. L. No. 111-148, § 1001 2010. to be codified at 42 U. S. C. §18023.

Rasmussen, A. C. 2011. Contraception as health? The framing of issue categories in contemporary policy making. *Administration & Society*, 43 (8) 930-953.

Reddick, C. G., and J. D Coggburn. 2007. State Government Employee Health Benefits in the United States Choices and Effectiveness. *Review of Public Personnel Administration*, 27 (5): 5-20.

Sheppard, V. B., R. E. Zambrana, and A. S. O'Malley. 2004. *Family Practice*, 21 (5): 484-491.

The Council of State Government. 2012. State laws required insurance coverage of contraceptives before federal rule. Accessed March 2012 at http://www.ncsl.org/issues-research/health/state-laws-and-actions-challenging-aca.aspx#2011_bills.

Tillman, J. and McClatchy Newspapers. 2013. Obama administration proposes contraception compromise. In *The Tampa Bay Times*. Accessed February 1, 2013 at tampabay.com/health/obama-administration-proposes-contraception-comp.

U. S. Department of Health and Human Services, Health People 2010 9-32, 2nd ed. 2000, Accessed at http://www.healthypeople.gov/Document/pdf/volume1/09Family.pdf..

U. S. Department of Health and Human Services, Center for Consumer Information & Insurance Oversight, Women's Preventive Services Coverage and Religious Organizations. 2013. http://cciio.cms.gov/resources/factsheeets/womens-prev-02012013.html.

U. S. Department of Labor. 2012. *Quick stats on women workers, 2010*. http://www.dol.gov/wb/factsheets/QS-womenwork2010.htm. Accessed March 10, 2012.

U. S. Department of Labor, Bureau of Labor Statistics. 2012. Employment projections 2010-2012. USDL-12-0160.

Wooldridge, Blue and Susan Gooden. 2009. The epic of social equity. Evolution, essence, and emergence. *Administrative Theory & Praxis*, 31 (2): 222-234.

Zoll, R.. 2013. Obama birth control mandates lo222-234.osen lawsuits. *AP Press*. In *Time Magazine*. Accessed January 26, 2013 at swampland.time.com/2013/01/26/abama-birth-control-mandates-loosens-lawsuits.