

Rep. Hovey-Wright offered the following resolution:

House Resolution No. 223.

A resolution to express support for access to preventive health care services, including contraception, for all women and to strongly support insurance coverage of contraception without co-pays and cost-sharing.

Whereas, On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act, H.R. 3590 (the Act) into law and Section 2713 of the Act requires new health insurance plans to cover women's preventive health care services without co-pays or cost-sharing. Congress's intent to require health insurance plans to cover preventive services was to encourage and invest in basic health care services to improve health outcomes for all Americans; and

Whereas, The Institute of Medicine (IOM), an independent, nonpartisan medical body, conducted a scientific review and recommended that contraception be considered a preventive service for women under the Affordable Care Act as family planning services improve health care outcomes and wellness for women and families. Access to family planning is directly linked to declines in maternal and infant mortality rates, which is one of Governor Snyder's stated public health priorities. Contraception enables women to better prevent unintended pregnancy and plan for pregnancy when they do want to have a child. When women plan their pregnancies, they are more likely to seek prenatal care, improving their own health and the health of their children. Ninety-nine percent of sexually active women and ninety-eight percent of sexually active catholic women will have used birth control at some point in their lives. In addition to the primary purpose of allowing women to plan and prepare for pregnancy, other health benefits of contraception include reduced risk of endometrial and ovarian cancers, ectopic pregnancy, iron deficiency anemia related to heavy menstruation, osteoporosis, ovarian cysts, and pelvic inflammatory disease. Thus, the U.S. Department of Health and Human Services (HHS) accepted the recommendation of the IOM, and will therefore require U.S. Food and Drug Administration (FDA)-approved contraceptive methods to be covered by all new health plans without co-pays or cost-sharing; and

Whereas, Copayments and other cost-sharing are barriers to accessing affordable contraception with consequences reflected in sobering statistics concerning unintended pregnancy. Half of all pregnancies in the United States each year are unintended; sixty-nine percent of pregnancies among African-American women are unintended; fifty-four percent of pregnancies among Latina women are unintended; and forty percent of pregnancies among Caucasian women are unintended. The U.S. has one of the highest rates of unintended pregnancy among the world's most developed nations and consistently lags behind other developed nations in maternal and infant mortality rankings. In recent rankings, the U.S. ranked forty-second in the world for maternal mortality and thirtieth in the world for infant mortality rates. The cost of the prescription is a major factor in consistent use of prescription birth control. Co-pays for birth control pills typically range between \$15 and \$80 per month, and for other methods, such as IUDs, co-pays and other out-of-pocket expenses can reach into the hundreds of dollars. Research shows that thirty-four percent of American women have struggled with the cost of prescription birth control at some point in their lives, and as a result, have used birth control inconsistently. The numbers are even more dramatic among younger women (ages 18-34) with fifty-five percent mentioning a time when cost made it difficult to use birth control consistently; and

Whereas, Access to health care services, including contraception, is consistent with current policy, including existing federal and state refusal laws. Currently, twenty-eight states require health insurance plans that cover prescription drugs to cover contraception. Excluding birth control from coverage has long been considered discrimination against women. The Equal Employment Opportunity Commission has determined that the failure to provide coverage for prescription contraception in health plans that otherwise cover prescription drugs and devices constitutes sex discrimination. Women, regardless of where they work, should have access to health insurance that

covers preventive health care, including contraception. Allowing employers to refuse to cover essential health services, such as contraception, would undermine the basic notion of health insurance and take away important protections that were created by the Affordable Care Act. Furthermore, voters by a margin of seventy-one percent to twenty-four percent believe that health insurance plans should cover birth control as preventive care for women; now, therefore, be it

Resolved by the House of Representatives, That we express support for access to preventive health care services, including contraception, for all women and to strongly support insurance coverage of contraception without co-pays and cost-sharing; and be it further

Resolved, That copies of this resolution be transmitted to the President of the United States Senate, the Speaker of the United States House of Representatives, and the members of the Michigan congressional delegation.