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Coverage efforts get an unlikely boost

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AUGUSTA, Maine - Deep down inside, a group of savvy Democratic women lawmakers know they've got Bob Dole to thank for propelling the issue of reproductive equality into the 21st century.

For years, women have clamored for insurance companies to pick up the costs of oral contraceptives and other pregnancy-preventing devices under their health plans. But until Dole emerged from the wreckage of a failed GOP presidential campaign to become the poster boy for Viagra, they never had a prayer.

Now private insurers across the country are capitulating in growing numbers as the demands for contraceptive coverage assume the form of legislation in New England's state houses. In 1998, Maine Senator Olympia Snowe sponsored legislation that secured contraception benefits for federal employees.

The states aren't waiting for broadened versions of the bill, which would require insurers to cover contraceptives, to pass congressional muster. Thirty-two states are currently reviewing the legislation and four have already enacted the measure.

Last week Maine became the latest state to approve the legislation, which covers the costs of oral contraceptive pills, intrauterine devices, diaphragms, Depo-Provera (an injectable contraceptive), and Norplant (an implantable contraceptive). The measure passed by a margin of more than 2-1 in the House and was unanimously approved in the Senate. Maine Governor Angus King said he will sign the bill later this week.

Besides Maine, legislative sponsors in New Hampshire, Vermont, and Connecticut expect to have their bills signed into law this year. In Rhode Island and Massachusetts, the measures face a less rosy outlook.

"Insurance companies fall all over themselves to cover Viagra," said Democratic Senate Majority Leader Rochelle "Chellie" Pingree, of North Haven. "It's blatant discrimination to say we're not going to cover prescription contraceptives if we have that sort of gender imbalance."

The companies' own data show that women of reproductive age spend about 68 percent more than men for out-of-pocket health-care costs, according to Pingree.

But critics charge that the legislation goes too far, requiring virtually all health plans, even some affiliated with religious groups that do not support the use of contraceptives, to cover them. The Catholic Church has been a particularly vocal critic of the proposal. Marc Mutty, spokesman for the Portland diocese, said the Church is adamantly opposed to the bill, particularly the aspect that includes coverage for the "morning-after" pill, which prevents pregnancy when taken within 72 hours after intercourse.

"By our definition this can, and often does, cause a spontaneous abortion, although proponents argue that is not true," he said. "So we have real objections to that."

In the end, the best Mutty could get for the diocese was a limited exemption allowing church and religious-school employees to opt out of coverage on moral grounds. The lobbyist is still upset over the sponsors' refusal to extend that exemption to Catholic charity organizations, hospitals, and other religious-affiliated agencies.

"We consider this a slap in the face," Mutty said. "It's an insult."

Insurers have also argued that the legislation is not needed. Peter Ajemian, a spokesman for the New England Association of Health Maintenance Organizations, said about 93 percent of the region's HMOs already provide contraceptive coverage and 90 percent of those include IUDs, oral contraceptives, and diaphragms.

"Basically, we oppose the idea of mandating this through legislation," Ajemian said. "We would prefer to see the existing system remain in place because it allows employers some flexibility without experiencing some of the negative side effects that mandates can lead to, like cost increases. That's one of the large ones."

Katie Wheeler, a Democratic New Hampshire state senator from Durham, co-sponsored a contraceptive bill there. Citing statistics from the Alan Guttmacher Institute of New York, a women's issues think tank, Wheeler maintained that contraceptive services and supplies prevent 1.3 million pregnancies annually. Without those services, she said, abortions would increase by 40 percent resulting in additional combined federal and state Medicaid expenditures of \$1.2 billion each year.

"The typical American woman spends 75 percent of her reproductive life trying to avoid pregnancy. That's a frightening thought, but true," Wheeler said.

Other supporters like Mary Mushinsky were drawn to the cause as a way to reduce teen pregnancy rates. The Democratic state representative from Wallingford, Conn., said children of teenage mothers face bleaker futures than those raised by a more mature parent who is better prepared to care for her child.

"The teenage mother hasn't finished the education she needs to support a family and she's stressed out by school, job," and caring for a baby, Mushinsky said. "The outcome for the child is subsequently diminished."

Kristine Glynn, legislative director for Massachusetts Senator Dianne Wilkerson, said the Roxbury Democrat's contraception bill had a "50-50 chance" for enactment, largely because of heavy lobbying by the four Catholic dioceses of Massachusetts. In Rhode Island, state Representative Rhoda Perry, a Providence Democrat, concedes her contraception bill is already "a goner."

But the bills' backers vowed to continue their legislative assault next year. Until then, contraceptive advocates are chalking up "pill bill" victories in 1999 with an initiative that remains popular with them even if the man who unwittingly made a case for its enactment is not.

"Bob Dole wouldn't be my candidate of choice," said Democratic Representative Anne Seibert, of Norwich, Vt. "But he was good for us on this issue."