



Harvard Model Congress

Boston 2021

GOVERNMENT MANDATED CONTRACEPTIVE COVERAGE

By Arianna Laufer

INTRODUCTION

More than 99% of women aged 15-44 who have ever had sexual intercourse have used at least one contraceptive method.

Contraceptive Mandate – government regulation or law that requires health insurers or employers to cover contraceptive costs in their health care plans

According to an April 2020 Guttmacher Institute study, of the 61 million women of reproductive age (15-44) in the United States, 43 million (or 70%) are at risk of unintended pregnancy. This statistic means that these women are sexually active and do not want to become pregnant but could if they fail to consistently and properly use contraception with their partner.

However, contraception methods can be expensive. According to a National Health Statistics Report, 88.1% of women at risk for unintended pregnancy live under the federal poverty level and at least 89% of those above the federal poverty level use some method of contraception (Jones et. al). Birth control implants and intrauterine devices (IUDs) can cost anywhere between \$0 and \$1300, birth control pills can cost up to \$50 per month, and permanent methods such as sterilization can cost up to \$6000 (Planned Parenthood).

The Patient Protection and Affordable Care Act, passed under the Obama administration, put in place a **contraceptive mandate** requiring coverage of various contraceptives without patient out-of-pocket payments (Healthcare.gov). Instead, these costs are paid by a combination of the federal government and employers. Some employers at private religious companies have taken issue with the federal mandate, citing that requiring them to financially contribute to the use of contraceptives also requires them act contrary to their religious beliefs. Providing women with contraceptive coverage to prevent unintended pregnancies while also respecting the religious

rights of employers is of the utmost importance, and this complex issue will be explored over the following pages and at the conference.



President Obama signs the Patient Protection and Affordable Care Act into law at the White House.

Kaiser Family Foundation

EXPLANATION OF THE ISSUE

Historical Development

Government-mandated contraceptive coverage is deeply intertwined with health care and religious freedom. Understanding historical developments in health care coverage and the exercise of religious freedom in the United States are necessary for an informed discussion of the contraceptive mandate.

Health Care Policy

For the majority of American history, health insurance has been offered either by unions, employers, or not at all. Health insurance in the US originated in 1929 with prepaid service plans in which patients would receive a set number of days of inpatient care per year should they need it in exchange for paying a set monthly rate to hospitals. Such plans were taken up under the American Hospital Association (AHA) as the Blue Cross network of plans, and similar ones were created by primary care physicians under the name Blue Shield at about the same time (AMA Journal of Ethics). While these plans worked to significantly lower medical costs for many Americans and create a steady flow of income for hospitals and physicians alike, for many, these plans were still unaffordable.

On July 30, 1965, President Lyndon B. Johnson signed The Medicare and Medicaid Act into law, which established two government health insurance programs: Medicare for the elderly, and as an extension of the Social Security Act of 1935, Medicaid for the poor and disabled (National Health Law Program). Over the next several years, much of the legislation surrounding health care worked to expand coverage within Medicare and Medicaid and refinance such care. Decades later, on March 23, 2010, President Barack Obama signed the **Patient Protection and Affordable Care Act (ACA)** into law, which requires citizens and legal residents to have coverage, employers to provide coverage, facilitates exchanges through which individuals and companies can purchase coverage, and guarantees coverage of those with pre-existing conditions and for contraceptives at no-cost (Kaiser Family Foundation).

Exercising Religious Freedom

The First Amendment states that “Congress shall make no law respecting an establishment of religion or prohibiting the free exercise thereof.” This clause establishes the right to freely practice religion and prohibits the government from promoting or

Patient Protection and Affordable Care Act (ACA or Obamacare) – a health care reform law targeted towards expanded coverage, controlled health care costs, and improved health care delivery.

First Amendment:
“Congress shall make no law respecting as establishment of religion, or prohibiting the free exercise thereof...”

Religious Freedom Restoration Act (RFRA) – a law which reinstated a strict scrutiny burden of proof to infringe upon the exercise of freedoms guaranteed in the First Amendment to the Bill of Rights

Burwell v. Hobby Lobby Stores, Inc. – a landmark supreme court case which ruled that for-profit companies qualify as “persons” and that requiring religious companies to provide contraceptive coverage to employees is a violation of the RFRA

ACA coverage includes barrier, hormonal, implantation, sterilization, and emergency contraceptives as well as patient education and counseling.

establishing a religion in any way (ACLU). The question of what qualifies as the government infringing upon the free exercise of religion and when such infringement is permissible was originally seen from the Supreme Court in *Sherbert v. Verner* in 1963. In this case, the court ruled that government can restrict the free exercise rights of individuals, including religious practices, only if a standard of strict scrutiny can be met, meaning that policy must have been passed to further a “compelling government interest” and that is the policy option with the “least restrictive means” to achieve such an interest (The First Amendment Encyclopedia). However, in 1990 the court later reversed this decision in *Employment Discrimination, Department of Human Resources of Oregon v. Smith*. In this case, the court ruled that generally applicable laws not targeting specific religious practices do not violate the free exercise clause of the First Amendment (The First Amendment Encyclopedia). With the passage of the **Religious Freedom Restoration Act of 1993 (RFRA)**, which states that the “Government shall not substantially burden a person’s exercise of religion even if the burden results from a rule of general applicability,” the US once again returned back to the overturned precedent set in *Sherbert v. Verner* (Encyclopedia Britannica).

Scope of the Issue

While the ACA has tremendously changed access to and coverage of health care in the United States, there have been numerous challenges to its contraceptive mandate on the basis of the RFRA. In 2014, the Supreme Court ruled in **Burwell v. Hobby Lobby Stores, Inc.** that closely-held religious companies can refuse to provide contraceptives that they object to on the basis of their right to freely exercise their religion. The decision highlights the important balance that must be struck between providing contraceptive coverage to those who want it, respecting religious exemptions of those refuse to provide it, and honoring the privacy of individuals to make their own decisions with respect to which, if any, contraceptive methods to use.

Responsibility to Provide Coverage

Many proponents of the ACA’s contraceptive mandate cite what they see as the responsibility of the government to provide contraception to women who wish to use it. In fact, in 2000 the Equal Employment Opportunity Commission (EEOC) determined that employers who fail to cover prescription contraceptives but cover other preventative prescription drugs and services are in violation of Title VII of the Civil Rights Act of 1964 as these health care plans discriminate against women on the basis of sex and pregnancy (US Equal Employment Opportunity Commission). The original basis for the contraceptive mandate of the ACA was the discrepancy between

“The ability of women to participate equally in the economic and social life of the Nation has been facilitated by their ability to control their reproductive lives.”

*-Former Justice
Sandra Day
O’Connor*



Anti-Abortion and pro-religion groups celebrate outside the the Supreme Court after ruling in favor of Hobby Lobby.

The New York Times

men and women’s health coverage. According to applied studies, “women of child-bearing age spend 68% more on out-of-pocket health care costs than men,” which is in part due to the cost of contraceptives (Ohlheiser). A study released by the Department of Health and Human Services (HHS) in 2014 found that the number of women able to access contraceptive coverage without cost-sharing increased from 1.2 million to 5.1 million between the years 2012 and 2013 because of the ACA requirement, ultimately saving those women \$483.3 million (Health Affairs). For those who believe that providing health care to American citizens is paramount, the contraceptive mandate serves to provide equal benefits and costs to men and women for preventative care.

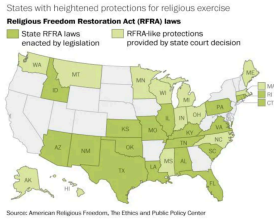
Honoring Privacy Rights

A secondary, but similarly important, issue with respect to providing contraceptive coverage is the assertion that women have the right to use or not use whichever FDA approved contraceptive methods that they choose. In 1965, the Supreme Court ruled that a Connecticut law that criminalized the use or encouragement of birth control methods violated the right to marital privacy. The case *Griswold v. Connecticut* categorized the use of contraceptives as a fundamental privacy right because it "is of such a character that it cannot be denied without violating those fundamental principles of liberty and justice which lie at the base of our civil and political institutions" as defined by spirit of the First, Third, Fourth, Fifth, Ninth, and Fourteenth Amendments (Thirteen). In 1972, the court extended the same privacy protection to unmarried couples and individuals (ConnecticutHistory.org). Because the right to use contraceptives is considered a fundamental privacy right, it, like the exercise of religious freedom, can only be infringed upon in the case that the strict scrutiny test is met (Thirteen).

Respecting Religious Exemptions

As important as understanding the need to providing desired care is, it is also just as important to fully grasp the religious objections that employers have with respect to the ACA contraceptive mandate and the importance of upholding religious freedom in the US. In *Burwell v. Hobby Lobby Stores, Inc.*, Hobby Lobby objected to providing coverage for emergency contraception methods such as Plan B or Ella and two types of IUDs on the basis that such forms of contraception were equivalent to abortion (Time). For religious companies like Hobby Lobby, providing coverage of these kinds would require them to actively deny their religious beliefs that these forms of contraception – and that, more generally, abortion – are morally wrong. The US was founded on the assertion that individuals should be free to pursue their religious beliefs and that the state should have no religion. Religious freedom of this kind “protects

Other Policy Action



Map showing the states that have adopted heightened protections for religious exercise by state enacted legislation and court decision

American Religious Freedom, The Ethics and Policy Center

In addition to health care reform from Congress leading up to and since *Burwell v. Hobby Lobby Stores, Inc.*, contraceptive coverage has also been taken up by the states and the Supreme Court once again. While a number of states required health care plans to include contraceptive coverage prior to the passage of the ACA, more have since enacted laws to codify the sentiment of the ACA’s contraceptive mandate, requiring health care plans to cover all 18 FDA approved contraceptive methods without cost-sharing. (Kaiser Family Foundation). These laws mandate what insurers must cover rather than employers however (Health Affairs). Currently, 30 states require insurance plans to cover contraceptives, and ten of those states and the District of Columbia have passed laws to expand beyond the ACA contraceptive coverage provision (Kaiser Family Foundation). As of 2014, 31 states also have heightened religious freedom protections, 18 of which came about through the passage of legislation modeled after the RFRA and 13 of which came about through court rulings (Eilperin).

On May 4, 2017, President Donald Trump released Executive Order 13798 entitled “Promoting Free Speech and Religious Liberty.” Section 3 of the order stated the Trump Administration’s intention to extend exemptions to preventative-care coverage under the contraceptive mandate to employers with conscience-based objections in addition to religious one (Federal Register). Such regulations were officially issued on October 6, 2017. These extended regulations have been challenged by numerous states, and the Supreme Court has taken up two of them, *Trump v. Pennsylvania* and *Little Sisters of the Poor v. Pennsylvania*, which heard oral arguments as a consolidated case on May 6, 2020. The decision of this case will determine whether exemptions to the contraceptive mandate can be extended to conscience-based objections lawfully (SCOTUSblog). In June 2020, the Supreme Court upheld Executive Order 13798 in *Little Sisters of the Poor v. Pennsylvania* by a vote of 7-2.

“This is a landmark decision for religious freedom. The Supreme Court recognized that Americans do not lose their religious freedom when they run a family business.”

–Lori Windham, counsel for Hobby Lobby, on the case

IDEOLOGICAL VIEWPOINTS

Conservative View

Conservatives have generally objected to the ACA on the whole and, particularly, the contraceptive mandate. That said, in July of 2014, Senate Majority Leader Mitch McConnell (R-KY) stated that “we plan to introduce legislation...that says no employer can block any employee from legal access to her FDA-approved contraceptives,” continuing that “there’s no disagreement on that fundamental point” (Cox). Conservatives mainly object to the ACA’s

“Allowing employers and universities to use their religious beliefs to block employees’ and students’ birth control coverage isn’t religious liberty—it’s discrimination.”

*–Brigitte Amiri,
ACLU
Reproductive
Freedom Project
Lawyer*

*About 156,199,800
Americans, or
approximately 49%
of the country’s
total population
receive employer-
sponsored health
insurance as of
December, 2019.*

requirement that employers with strongly held religious beliefs must pay for care of contraceptives that they fundamentally object to and that contraceptives need be offered to women at no cost. With respect to the ACA more generally, many conservatives are averse to government-provided health care as opposed to a private system. President Trump has come out staunchly against the ACA and in favor of privatized care. On the healthcare page of the official White House website, it states that “replacing Obamacare will force insurance companies to compete for their customers with lower costs and higher quality service” (White House). In addition, conservatives largely agree with the *Burwell v. Hobby Lobby Stores, Inc.* ruling, which they see as an historic win for religious freedom. Many also support the portion of the ruling that determined closely held religious corporations as “persons” under the RFRA. The *Burwell v. Hobby Lobby Stores, Inc.* case was decided in a 5-4 ruling by a conservative majority (Oyez).

Liberal View

Many liberals have adamantly declared that they see healthcare, and contraceptive coverage within it, as a fundamental human right. The Democratic Party Platform in 2016 declared that “Democrats believe health care is a right, not a privilege, and our health care system should put people before profits” (Democratic National Committee). A large portion of liberals support the ACA and its contraceptive mandate and see it as a step towards the ultimate goal of securing universal health care. The most notable of these calls for universal health care is the Medicare for All proposal, a single-payer national health insurance program, which has been championed by liberals including Sen. Bernie Sanders (D-VT) and Sen. Elizabeth Warren (D-MA). Even those who do not support Medicare for All proposals, however, such as former Vice President Joe Biden, have committed themselves to expanding coverage (Politico). The Democratic Party has also committed to protecting and advancing reproductive health by defending access to affordable preventative care and no-cost contraception as guaranteed by the ACA. Lastly, while those on the left also support the First Amendment and the rights it guarantees, many object to the court’s decision in *Burwell v. Hobby Lobby Stores, Inc.* to consider companies as “persons” under the RFRA and question whether a company deserves to be given the rights to exercise religion as a person does.

AREAS OF DEBATE

Each of the following sections present possible solutions to take with respect to the issue of government mandated contraceptive coverage. In committee, you should feel free to consider, incorporate,

Single-Payer Health Care System – universal health insurance program which provides health coverage through a single payer, usually the government



A political cartoon showcasing the tradeoffs between public and private health care policies
Berkeley Economic Review

Privatized Health Care System – health insurance system which provides health coverage through a free market with private insurance companies

and combine some of these paths in addition to creating some of your own to draft creative, innovative legislation.

Introduce Single-Payer Healthcare/Medicare for All

One way to provide contraception to women while also maintaining First Amendment freedoms to corporations with religious objections to contraceptives is through overarching healthcare reform. The most frequently proposed health care reform calls for a shift to a **single-payer health care system**. In the US, such a shift is frequently referred to under Medicare for All proposals, which seek to extend the comprehensive health coverage provided by the government under Medicare to all Americans without out-of-pocket expenses. Such a plan would prevent companies from paying for health care coverage of contraceptives that they object to on religious grounds.

Proponents of Medicare for All, such as Sanders, cite that the current system fails because it is “primarily designed not to provide quality care to all in a cost-effective way, but to maximize profits for health insurance companies, the pharmaceutical industry and medical equipment suppliers” (Sanders.senate.gov). They also argue that a shift to a single-payer health care plan of this kind would significantly reduce administrative costs due to paperwork and processing associated with the current ACA or private systems. Additionally, supporters of this solution assert that a shift to a universal health care system such as this one encourages hospitals and doctors to provide standardized low-cost care rather than prioritizing wealthy clients in the interest of profit. Lastly, they highlight that universal health care leads to a healthier population overall and lower emergency room reliance because of access to preventative care (SmartAsset).

Opponents of this solution worry that the plan is too expensive to execute and are concerned about its potential consequences. Some believe that entirely removing out-of-pocket payments will unnecessarily drive up the usage of care (and in turn wait times for elective procedures) and will encourage people to act more carelessly with their health than they otherwise would with financial incentive to prioritize it. Similarly, some believe that such plans will discourage doctors from providing quality care without incentive, which could manifest in spending less time per patient.

Political Perspectives on this Solution

Typically, liberals tend to support tend to support Medicare for All and other expansions to care under the Affordable Care Act. As mentioned earlier, senators such as Sen. Warren and Sen. Sanders support and advocate for Medicare for All, but this is not a universal position for liberals. Some liberals believe that healthcare reform is necessary, but do not believe that Medicare for All is the best current

According to a KFF poll, 80% of Democrats were supportive of the ACA in November of 2017, while 81% percent of Republicans were strongly opposed.

proposal. Some more moderate liberals have embraced the idea of a public option, meaning a government plan that exists alongside private insurance plans – as former Presidential candidate Pete Buttigieg calls it, “Medicare for all who want it.” On the other side of the aisle, the majority of conservatives do not support Medicare for All or a universal healthcare proposal. Rather, they generally believe that many of the policies introduced with the ACA should instead be scaled back.

Create a Completely Privatized Health Care

Another frequently proposed health care reform is a shift to a **privatized health care system**. This type of plan entails completely repealing the ACA and relying on a private market system of insurers to provide health care plans and coverage. Moving to a fully privatized health care system would remove the contraceptive mandate. While women would still be able to access all 18 FDA approved forms of contraception, these would not necessarily be guaranteed by employer insurance plans nor would they be guaranteed to be provided at no-cost.

Those in favor of a privatized health care system primarily base their arguments on the free market efficiency that they provide. They argue that competitive forces in the free market drive down cost of care to affordable levels and are the best guarantee of efficient production and distribution of health care services and products. They also assert that in a competitive market, private insurers and care providers will produce services better suited to the preferences of patients (Health Policy). Lastly, on an administrative end, supporters of this system hold that privatization reduces overload from the public administration, shortens wait times, and leads to well-funded facilities tailored to the particular needs of those who frequent them (FirstQuoteHealth). Opponents to privatized health care, argue that the potential for market failure introduces too much risk and potential for social inequity into the health care sector. They also note that although a privatized health care system saves the government money, individual Americans must pay more for health coverage than they would in a public system. In addition, they cite concerns over the fact that plans will always have limited coverage and, most importantly, are often unaffordable, allowing more people to elect not to purchase insurance (FirstQuoteHealth).

Political Perspectives on this Solution

Conservatives tend to prefer a privatized healthcare system to the ACA. Additionally, they support plans for single-payer healthcare. This proposal would most likely gain wide support from conservatives. On the other hand, liberals would not support the repeal of the ACA and would most likely not support this policy.

EBSA FORM 700 - CERTIFICATION <small>(revised August 2019)</small>	
<small>This form may be used to certify that the health coverage established or maintained or arranged by the organization listed below qualifies for an accommodation with respect to the federal requirement to cover certain contraceptive services without cost sharing, pursuant to 26 CFR 54.9815-271A(a), 29 CFR 2900.1271-1(a), and 45 CFR 147.110(a). Alternatively, an eligible organization may also provide notice to the Secretary of Health and Human Services.</small>	
<small>Please fill out this form completely. This form should be made available for examination upon request and retained on file at least 3 years following the end of the last applicable plan year.</small>	
<small>Name of the reporting organization</small>	
<small>Name and title of the individual who is authorized to make, and retain, the certification on behalf of the organization</small>	
<small>Mailing and email addresses and phone number for the individual listed above</small>	
<small>I certify the organization is an eligible organization as described in 26 CFR 54.9815-271A(a), 29 CFR 2900.1271-1(a), 45 CFR 147.110(a) that has no religious objection to providing coverage for some or all of any contraceptive services that would otherwise be required to be covered.</small>	
<small>Note: An organization that offers coverage through the same group health plan as a religious employer (as defined in 45 CFR 147.110(a)) and/or an eligible organization (as defined in 26 CFR 54.9815-271A(a), 29 CFR 2900.1271-1(a), 45 CFR 147.110(a)) and that is part of the same affiliated group of corporations or is under common control with such employer and/or organization retains the meaning of religious. This use of the term "Religious Employer/Coverer" is intended to meet the requirements of 26 CFR 54.9815-271A(a)(1), 29 CFR 2900.1271-1(a)(1), and 45 CFR 147.110(a)(1).</small>	
<small>I declare that I have made this certification and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.</small>	
<small>Signature of the individual listed above</small>	
<small>Date</small>	

*A copy of an EBSA 700 form which companies requesting religious exemption to the contraceptive mandate of the ACA must fill out
US Department of Labor*

Restructure Exemptions to the Contraceptive Mandate



Supporters of the contraceptive mandate gather outside the Supreme Court signs in 2016 as the court hears 7 cases dealing with religious exemptions to the contraceptive mandate which were ultimately sent back to lower courts.

CNBC

A third potential avenue to explore is restructuring exemptions to the contraceptive mandate and/or how exemptions to the contraceptive mandate are handled. Altering how the federal government facilitates provides contraceptive care to female employees of companies with strongly held religious beliefs, if done thoughtfully, can resolve both the need to provide coverage to women and the need to fully separate religious companies from care that they object to providing.

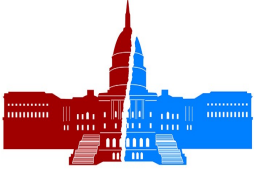
Currently, in order to facilitate that coverage is provided to female employees per the contraceptive mandate while also absolving religious companies of directly providing contraception to which they object, the government has required companies that object to fill out a form through the Employee Benefits Security Administration—EBSA Form 700. By filling out the EBSA Form 700, employers transfer the responsibility for providing contraceptives under the ACA to insurers or plan administrators. The third-party administrator of the plan is responsible for making or arranging separate payments to cover the contraceptives (Pear and Parlapano). Some religious companies have objected to this form, arguing that even facilitating coverage violates their beliefs. Potential reforms include requiring the government to take on the financial burden of contraceptive coverage for religious employers rather than third party insurers, requiring the government to pay for the portion of all health care plans covering contraceptives, or updating the language of the EBSA Form 700 to better reflect the aversion religious companies have to it. The committee should also consider updating exemptions to the contraceptive mandate in accordance to the *Trump v. Pennsylvania* and *Little Sisters of the Poor v. Pennsylvania* Supreme Court decision.

Political Perspectives on this Solution

Conservatives, most likely, would consider supporting this solution, but only with reforms that align with their beliefs. As mentioned earlier, many conservatives do not support the contraceptive mandate from the ACA, meaning that they would only support this legislation if it aimed to restructure the mandate in favor of its elimination. Liberals tend to support the contraceptive mandate and may support this policy as long as the reforms do not undermine the mandate itself.

Restructure the Religious Freedom Restoration Act

Another policy proposal is to consider restructuring the Religious Freedom Restoration Act through amendments or through a repeal and/or replace policy. Amending or repealing the RFRA would change the burden of proof to legitimately infringe upon the free



It will be important to be considerate and bipartisan in your policy actions in order to enact change.

Medium

exercise rights and in turn could be used to reinforce the contraceptive mandate against exemptions or, conversely, to strengthen the basis for exemptions and delegitimize the mandate. In *Burwell v. Hobby Lobby Stores, Inc.*, the court ruled in favor of Hobby Lobby not because providing contraception was in violation of the compelling interest clause of the RFRA, but because providing contraceptive coverage through employers, which have religious beliefs that being forced to provide coverage violate, is not the least restrictive means of achieving the goal of a no-cost contraceptive mandate (Pear and Parlapiano). Should the committee choose to change the RFRA, there will be significant implications for the ACA contraceptive mandate and the infringement of First Amendment free exercise rights more generally.

Political Perspectives on this Solution

Liberals would most likely not support a policy that undermines the contraceptive mandate, but liberals would support amending the RFRA in order to strengthen or confirm the mandate. Conservatives would support this policy as they do not support the mandate.

BUDGETARY CONSIDERATIONS

Depending on the policy solutions you choose to enact, the budget for your bills will vary. Should you choose to enact a single-payer health care system or restructure payment for exemptions to the ACA contraceptive coverage mandate, there will need to be some budgetary expenditure. A study conducted by the Mercatus Center determined that had the Medicare for All Act been enacted in 2018, it “would, under conservative estimates, increase federal budget commitments by approximately \$32.6 trillion during its first 10 years of full implementation (2022–2031).” Therefore, delegates wishing to enact single-payer health care legislation like the Medicare for All Act should consider this expense.

While the cost of payment taken on by the government for exemptions to the ACA contraceptive mandate is dependent on how you decide to change form EBSA 700, the government could pay anywhere from nothing at all to the full cost of contraceptive coverage for all women in the United States.

The Mercatus Center estimates that Medicare for All plan considered in 2018 would cost at least \$32.6 trillion during its first 10 years after enactment.

CONCLUSION

Since the founding of the US, the right to practice and freely exercise religion has been a core tenet of the country. Over recent decades, the US has seen the need to ensure preventative care for its citizens become more and more apparent. From controversy in the

Supreme Court to frequent attempts to repeal and replace the Affordable Care Act, it is clear that Congress must come together to address balancing reproductive rights and rights to health care with religious freedoms guaranteed by the First Amendment. In committee, it will be your responsibility as congresspeople to determine the reform that will be enacted and the precedent this country will set with respect to free exercise rights and health care coverage. The policy decisions you make will have a clear impact on the country and on the health of citizens, so it will be necessary to weigh these issues carefully.

GUIDE TO FURTHER RESEARCH

Hopefully, after reading this briefing, you have a strong grasp of the history of health care policy and religious freedom in the United States and an understanding of the main components of the debates over government mandated contraceptive coverage today. Knowing where to go from here can seem difficult, but if you break up your research, it will be far more manageable.

First, make sure you're comfortable with the history of health care in the United States, namely with the provisions of the Patient Protection and Affordable Care Act and specifically its contraceptive mandate. Then, make sure you understand the ways in which the mandate has been challenged and reformed overtime and the bases for religious objections to it. Also familiarize yourself with universal health care and privatized health care policies as well as historical coverage under Medicare and Medicaid. That said, do not drive yourself crazy with the minute historical and systemic details of these things; what is in the background guide is all you need to know.

Secondarily, if you are looking to research the issues of the religious freedom, contraception, and health care, start with the bibliography of this briefing, especially if you want to know more about what was specifically stated in this briefing (it is, after all, where I got my information.)

Lastly and perhaps most importantly, research your representative's views on the issues. Does his or her state require coverage of contraceptives? Which ones? Have they come out in favor or against any particular health care reforms? Each of these questions can prove helpful in assessing your congressman's views. The easiest way to find your representative's views is to look on their website. There, they should list their positions on various issues, the bills they have sponsored, and their overall values.

GLOSSARY

Contraceptive Mandate – government regulation or law that requires health insurers or employers to cover contraceptive costs in their health care plans

Patient Protection and Affordable Care Act (ACA or Obamacare) – a health care reform law targeted towards expanded coverage, controlled health care costs, and improved health care delivery.

Religious Freedom Restoration Act (RFRA) – a law which reinstated a strict scrutiny burden of proof to infringe upon the exercise of freedoms guaranteed in the First Amendment to the Bill of Rights

Burwell v. Hobby Lobby Stores, Inc. – a landmark Supreme Court case which ruled that for-profit companies qualify as “persons” and that requiring religious companies to provide contraceptive coverage to employees is a violation of the RFRA

Single-Payer Health Care System – universal health insurance program which provides health coverage through a single payer, usually the government

Privatized Health Care System –health insurance system which provides health coverage through a free market with private insurance companies

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