



## Beyond Hobby Lobby: Employer's Responsibilities and Opportunities to Improve Network Access to Reproductive Healthcare for Employees

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### INTRODUCTION

The majority of United States women aged 15-49 have employer-sponsored health insurance, but these insurance plans fall short if employees cannot find providers who meet reproductive health needs due to religious restrictions. In the 2014 case *Burwell v. Hobby Lobby*, the US Supreme Court ruled in favor of a privately held for-profit company whose owners had a religious objection to covering some contraceptive methods in their employees' health insurance plans. However, a focus on employer objections overlooks issues that may arise when an employer does not object to coverage but still offers employee health plans without adequate access to reproductive health care.

Published as research commentary in the journal *Contraception*, researchers from Ci3 at the University of Chicago and the University of California-San Francisco conducted interviews with 14 key informants to understand how large employers in the United States see their role in health insurance benefits, especially when it comes to reproductive healthcare access and restrictions in religious health systems. Interviewees included benefits managers or health care consultants or brokers, representing 13 organizations and were interviewed between January and May 2019.

### FINDINGS

Based on the key informant interviews, researchers identified four possible reasons why employers do not currently take adequate action to assure employees' reproductive health care access.

- While employers do care about employee experience, it is hard for employees to understand and report their reproductive care denials.
- Employers assume that employees can access reproductive care, and they see religious provider-based restrictions as the insurance carrier's responsibility.
- When it comes to how much responsibility employers should take on this issue, employees and employers may have differing expectations.
- Employers do not use their leverage equally for all reproductive services.

### IMPLICATIONS

Our research suggests that large employers could pressure insurance carriers to address network gaps in care resulting from religious restrictions and could also require insurers to treat out-of-network providers like in-network providers when reproductive care is restricted.

Read the [full article](#). This study was supported by the Tara Health Foundation.

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