

# **Montana Women Vote's 2009 Legislative Agenda**



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## 2009 Montana Women's Legislative Agenda

This is a compilation of the 2009 legislative priorities of the organizations that comprise Montana Women Vote. The priorities are set by each individual organization in their issue area. This compilation is not necessarily an exhaustive list of legislation that will be supported by the organizations, but is meant to give legislators and policy makers an increased awareness of the legislative issues important to the members of Montana Women Vote.

### History

Montana Women Vote is a coalition of organizations that share a common goal of educating and mobilizing low-income women to participate in the democratic process. Member organizations address issues of economic security, violence against women, environmental health, reproductive and comprehensive health care, human rights and voting/election rights. The current statewide members are:

homeWORD

Planned Parenthood of Montana

Montana Coalition Against Domestic and Sexual Violence

Montana Human Rights Network

NARAL Pro-Choice Montana Foundation

Women's Opportunity and Resource Development, Inc. (WORD)

Women's Voices for the Earth (WVE)

Working for Equality and Economic Liberation (WEEL)

YWCA's of Montana

### In 2008 Montana Women Vote:

- Helped register and provide information to over 6,500 first time and other unlikely women voters statewide through efforts in Billings, Bozeman, Helena, Great Falls, Missoula, and the Bitterroot Valley,
- Supported the Healthy Montana Kids Initiative (I-155) by gathering over 13,000 signatures with the help of our partner organizations Montana Human Rights Network and WEEL and informing our 13,000 constituents about the ballot measure,
- Produced and distributed a statewide voter guide to 23,000 Montanans to inform them on candidates' responses to questions about issues important to Montana women and their families,
- Worked against the C-100 "life begins at conception" initiative,
- Mailed issue education and absentee ballot request forms to nearly 10,000 Montanans,
- Expanded the involvement of constituents via our Leadership Development Programs in Missoula, Helena and Great Falls.

## **The Montana Economy: How Do Women Rate?**

In Montana and across the country, women are contributing more to their family's economic security than ever before. While women are making advances in professional occupations and owning their own businesses, Montana women still have a long way to go.

According to the Center for Women's Business Research in 2006, there were an estimated 45,960 privately-held, 50% or more women-owned firms in Montana, generating \$6.8 billion in sales and employing 55,730 people. Yet the majority of women still work in low-wage traditionally female-dominated jobs such as cashier, waitress, retail sales, teacher and administrative assistant and Montana women are the most likely to live in poverty in the nation. Approximately 40% of Native American women live in poverty in this state.

Despite federal and state laws that ban discrimination in employment and pay, the wage gap between women and men is significant. Montana women make about 70 cents for every dollar a man makes, ranking Montana last in the nation. Not only does the wage gap affect women while they are working, but when they retire as well. Lower earnings over a woman's lifetime mean she will receive less in her pension and Social Security benefits when she retires.

Contrary to popular misconceptions about welfare, Montana families do not get rich off the system nor do they stay on welfare very long. In 2008, Montana families receiving TANF (Temporary Assistance to Needy Families) received an average of \$568 per month for a family of four.

Low wages, geographic isolation, and the lack of economic opportunities are the key contributing factors to poverty in Montana. Policies must ensure families have options and protection while they are on public assistance and when they leave.

The health of our communities improves when women gain access to a good-paying job, ownership of a business, or a quality education. A key component to any diverse, strong economic agenda must address the promotion of women's economic security.

## The At-Risk Family Stabilization Program

The At-Risk Family Stabilization Program includes elements that increase an at-risk family's income package and provide supports for addressing basic needs. Montana's poverty rate has not gone down even though the economy has improved in some areas of the state. The rate for children under 5 remains one of the highest in the nation. The increasing costs of food, housing and fuel have forced Montanans into cruel choices as to which basic need they will prioritize. Montana food banks are serving record numbers and housing costs have far outpaced wage increases.

Some of the funds involved come from new revenue and some from general fund. Funds would be allocated to appropriate administrative entities already set up to deliver services to at-risk families; e.g., housing funds to the Board of Housing.

*Legislative Agenda proposed by homeWORD, and other MWV partners.*

### **Increase a family's income package by:**

Establishing a Montana Earned Income Tax Credit (EITC) of 20% for those eligible for the Federal EITC, including those in TANF with earned income. This was introduced in the 2005 and 2007 sessions for those at or below 100% poverty. Cost is estimated to be approximately \$24 million for a 20% credit.

The EITC is considered by researchers as the major tool now available to address family poverty by providing a lump sum of money that can be used to address major expenses such as additional heating costs, car repair, and medical expenses. Twenty four states have enacted a state EITC; since 2006 five have enacted new programs and eight have expanded their existing credits.

A new coalition of advocates and service providers, the Montana Earned Income Tax Credit Coalition, has been meeting to draft and work to pass this tax credit legislation.

### **Provide family supports which include:**

Allocating funds for the Housing Montana Fund. Advocates from around the state have worked to develop a set of proposals to put dedicated revenue into the Housing Montana Fund which invests in Montana's housing stock to provide safe affordable housing for Montana's workforce and low income citizens. The proposals call for dedicating \$10 + million a biennium to build 1000 +housing units. One option will be a title recording fee; others will use general fund dollars.

Ensure that CHIP and Medicaid Eligibility is increased to the Level approved by Voters in I-155. The Healthy Montana Kids Initiative (I-155,) which calls for increasing the Medicaid eligibility level to 185% of the Federal Poverty Level (FPL) and CHIP to 250% FPL, passed overwhelmingly. The initiative passed in every county in the state – often by a margin of more than 2 to 1. Montana Women Vote and its partners are dedicated to ensuring the initiative is fully funded and appropriately administered in the way approved by voters. This increase would cover up to 30,000 (of the more than 37,000) uninsured Montana kids. The cost will be about \$22 million in state dollars and will be matched by about \$75 million in federal matching dollars to cover kids and stimulate the state economy.

## Montana Women Wage Earners: She Works Hard for the Money

Nearly 70% of Montana women earn less than \$20,000 a year. Nationally women make up almost 60% of workers earning minimum wage or near minimum wage. The majority of those workers are adult women who struggle to support themselves and their families. Families living paycheck to paycheck fall prey to predatory lending practices such as payday lending.

Pay day loans are designed to collect multiple fees on a single loan by “flipping” the borrowers every two weeks without reducing the principal owed. Recent surveys suggest that payday loans impact women disproportionately. More than 60% of the borrowers are women.

In 2005, Montana's 121 payday lenders made almost 200,000 loans to cash-strapped borrowers and collected over \$9 million in fees. The large majority of borrowers have children and live on less than \$25,000 per year.

In Montana payday lenders are currently allowed to circumvent state usury laws by charging “finance fees” that equal an APR (annual percentage rate) of up to 650%, the highest rate allowed in any state. Congress has already capped loans for military service personnel at 36%. A growing number of states are establishing caps; voters in Ohio and Arizona recently affirmed their state caps.

*Legislative Agenda proposed by homeWORD and Montanans for Fair and Responsible Lending*

**Cap payday and title loan fees at an APR of 36%.** Protect consumers by amending the Montana Deferred Deposit Loan Act and the Montana Title Loan act to limit payday and title loan fees. Currently payday loan borrowers pay an APR of up to 650% for a two-week loan, while title lenders pay an APR of up to 300% for a one-month loan.

## **Reproductive Health Care and Rights in Montana**

Montanans can ensure healthier children and stronger families by empowering women to bring children into the world under circumstances of their own choosing. The freedom to choose is one of the greatest of human freedoms and stands proudly beside the freedom to worship, to speak, and to vote as a fundamental American right.

Pro-choice Montanans believe that the decision of whether, when, and with whom to have children is a very private and personal decision and should be made between a woman and her doctor not by politicians.

Nearly all Americans will be sexually active at some point in their lives and will require sexuality education and health services that not only prevent unplanned pregnancies, but also prevent disease. The typical Montanan woman wants - and has - two children. She therefore spends roughly three decades avoiding pregnancy through family planning. In Montana, over 89,000 women are in need of contraceptive services; 91% of Montana counties have no or limited access to legal abortion services.

The need for reproductive health care does not diminish after the reproductive years; cancer screenings, mammograms and regular check ups are vital in sustaining reproductive health throughout a woman's life. Montana does not require insurance companies to cover contraception costs nor does it mandate that public schools provide sex education.

A coalition of prevention organizations has organized to promote a more comprehensive approach to sexuality education in Montana communities and schools. Despite almost a decade of "abstinence-only-until marriage" education funding, there is growing evidence that it does not work in Montana. For the first time in over ten years, the teen pregnancy birth rate crept up in 2004 and several counties witnessed increased teen pregnancy rates. (MT Vital Statistics, 2004)

## Reproductive Health Care and Rights

*Legislative Agenda proposed by Blue Mountain Clinic, Planned Parenthood of Montana, NARAL Pro-Choice Montana Foundation*

**Building a Healthy Future for Montana's Youth:** Advocates will be supporting legislation to promote comprehensive sex education. This legislation will develop and implement community-based programs and support statewide educator trainings. The funding request will be comparable to the Office of Public Instruction's funding levels for its HIV Prevention program.

Research shows that honest, medically accurate sex education works. "Abstinence-only-until marriage" programs aren't proven effective, and some studies even show that young people who go through these programs are less likely to use contraception and protect themselves from STDs when they become sexually active.

**Contraceptive Coverage in the Children's Health Insurance Program:** Montana is one of only two states that does not cover prescription birth control in the CHIP program, even though it covers the cost of pregnancy and child birth and covers young women up to age nineteen. The Montana Legislature will be asked to amend the CHIP authorizing statute 53-4-1005(2) to reflect the State Attorney General's opinion that exclusion of contraceptives as a covered pharmaceutical for purposes of insurance coverage constitutes gender discrimination in violation of Montana's Non-Gender Insurance law and the Montana Human Rights Act.

**Birth Control Access at the Pharmacy** – The Coalition will support a bill ensuring non-discriminatory pharmacy access which establishes a pharmacy's duty to dispense prescriptions for in-stock drugs or devices without delay, notwithstanding sincerely held moral, philosophical or religious beliefs of pharmacists. For the nearly 98 percent of women who will use some form of birth control during their reproductive lives, birth control is a basic form of health care. Pharmacies have a professional obligation to honor valid, legal prescriptions and avoid jeopardizing their patients' health.

**Family Planning Funding** – The State of Montana currently provides critical contraceptive funding for Montana's family planning clinic network. Included in the state's budget in 2007, the coalition will work diligently to ensure this funding remains intact through the 2009 budget process.

Millions of Americans lack health insurance. For many of them, publicly-subsidized family planning services are their only source of health care. Montana's family planning clinics serve 29,000 women and men. Beginning in 2007, rising pharmaceutical costs resulted in Montana clinics experiencing a 48% increase in the cost of contraceptives – a prohibitive cost increase that static federal funding levels did not cover. Estimates for the 2009 legislative session show that contraceptive costs continue to be inflated, and the need for state funding in the 2009 budget is necessary to maintain clinic services and patient access.

## **Domestic Violence and Sexual Assault – Are Women Safe in Our Homes and In Our Communities?**

The consequences of domestic violence and sexual assault impact a woman, her family, and the community. The reported cases of domestic violence and rape nearly doubled between 1990 and 2000. On average a case of domestic violence or sexual assault is reported every 2 hours in Montana.

*Legislative Agenda proposed by Montana Coalition Against Domestic and Sexual Violence (MCADSV), YWCAs of Montana*

**Increase State Funding for Direct Service Programs:** Domestic violence and sexual assault direct service programs across Montana rely almost entirely on federal funding to operate. Currently, the amount of state money being designated towards these programs is very limited. With decreases in federal grant monies, and less money available locally from the community, programs are struggling to survive. These programs provide critical and life-saving services in our communities.

**Continued Funding of Sexual Assault Forensic Exams:** The Attorney General's budget will include a funding request to continue the Forensic Rape Examination Payment Program (FREPP) which is administered by the Office of Consumer Protection and Victim Services. FREPP covers the costs of sexual assault forensic exams for sexual assault victims who are undecided about reporting the crime to law enforcement. Victims who are not ready to report the crime immediately need time to make the decision, but evidence of the crime must be collected quickly to ensure its viability.

**Amend Statute 45-5-206 for Inclusion of Same-Sex Partners:** Data indicates the incidence of domestic violence is the same in same sex couples as it is in couples of the opposite sex. This change in the law will provide the criminal justice system with the appropriate tool for charging offenders whose victims are of the same gender and remove discrimination within the criminal code.

**Create a Fund for Supervised Visitation Services for Domestic Violence Victims and their Children:** This funding supports the costs of providing supervised visitation centers across the state. The centers provide a safe, monitored environment for non-custodial parents to visit their children when there is a court order requiring the visits be supervised by a third party. This service also decreases the risk to domestic violence victims who are often harassed by their abusers during custodial exchanges and visitations.

## Women and Environmental Health

According to the Environmental Protection Agency (EPA) one in six women in the United States has high enough levels of mercury in her blood to put her infant at risk for neurological and developmental disorders. That translates into an estimated 630,000 infants born each year with unsafe mercury levels!

Mercury is a bio-accumulative toxin that builds up in fatty tissue. Because women tend to have more fatty tissue than men, women are especially vulnerable to mercury exposure and can pass the toxin to a developing fetus through the placenta or to their child through breast feeding. High levels of mercury in adults can damage the heart, nervous system, and kidneys. The primary source of mercury exposure in humans is through the consumption of fish.

In Montana, mercury has been found in fish in at least 28 of the water bodies tested. Although mercury naturally occurs in our environment, industrial uses of mercury have increased its prevalence. Products containing mercury are the third largest contributor of the neurotoxin via air pollution (coal is the number one source). Thermostats that contain mercury account for more than 10% of the mercury reservoir (mercury in use or in storage) in products and contribute almost 10 tons of solid waste releases of mercury annually.

Collection and recycling programs for products that contain mercury can significantly reduce mercury pollution. Six states have passed laws to establish a manufacturer-run thermostat collection program and nearly half of all states have passed mercury product legislation to protect human health and the environment.

*Legislative Agenda Proposed by Women's Voices for the Earth*

**Mercury Products Legislation:** WVE will support a bill to require a manufacturer-run collection program for thermostats containing mercury in Montana. The legislation will establish a collection program at wholesale locations, require manufacturers to conduct education and outreach to contractors and households about the program, and will require performance goals for collection.

## Human Rights are Women's Rights

The Universal Declaration of Human Rights proclaims that everyone who works has a right to make a living wage and that all persons have “a right to a standard of living adequate for the health and well-being” for themselves and their families, “including food, clothing, housing and medical care and necessary social services.” The Montana Constitution declares that “the dignity of the human being is inviolable.” No person shall be denied the equal protection of the laws.

Neither the state nor any person, firm, corporation, or institution shall discriminate against any person in the exercise of his [or her] civil or political rights on account of race, color, sex, culture, social origin or condition, or political or religious ideas.” These are not just economic issues; they are moral issues.

As 50% of the population, Montana's women are subject to human rights violations and discrimination. Many women do not make a living wage even though they are employed full-time. Lesbians in Montana are denied equal protection under the law because they can be fired from their jobs or denied housing because of their sexual orientation. They cannot enter into the same legal contracts to protect their families that are afforded other women and men.

*Legislative Agenda Proposed by Montana Human Rights Network*

### **Expanding Direct Access to Primary and Preventative Care Through Community**

**Health Centers:** Community Health Centers (CHC) are private, not-for-profit, consumer-directed health care corporations that receive a federal grant under the U.S. Public Health Service Act to provide comprehensive primary and preventive health care. This care is not free-- clinic fees are based on the patient's ability to pay (a sliding scale). Montana gives a very low percentage of state funds to CHCs when compared with other states. By increasing CHCs' funding, Montana can open access to primary and preventative care for many uninsured Montanans.

**Medical Loss Ratio for Private Insurers in Montana:** States may set a minimum percentage of premium dollars that must be spent on medical care (as opposed to administrative costs), called a medical loss ratio. When insurers initially set their premiums, they must estimate what they will spend on medical claims over the course of the year. In some states, if an insurer's expenses for medical claims are lower than anticipated and it does not meet the medical loss ratio, the insurer must refund the excess premium dollars to consumers at the end of year. The Network will push for better oversight and regulation of Montana's private health insurance companies. This bill will ensure that more dollars that Montanans spend on health care premiums will go to actual medical care.

**Constitutional Amendment Making Health Care a Fundamental Right:** The Network will introduce a referendum making health care a constitutionally protected, fundamental right for all Montanans. Health care is not a commodity that is available to those Montana families who can afford it. Health care is a basic need and a right. This referendum will ask the Montana government to recognize every Montanan's right to quality, comprehensive health care.

**Inclusion of Sexual Orientation in the Human Rights Act:** The Montana Human Rights Act recognizes the right to be free from discrimination based on race, creed, religion, color, sex, physical or mental disability, age, or national origin and prohibits discrimination in employment, housing, public accommodation and government services. MHRN will support a bill to add sexual orientation to the list of characteristics. Gay and lesbian people have no legal recourse if they are fired from their jobs or denied housing due to their sexual orientation.

**Inclusion of Sexual Orientation, Gender, and Disability in the Hate Crimes Statute:** Hate crimes are crimes that target individuals because of their membership in a group of people. Hate crimes are acts of terrorism designed to threaten the entire group, to cause them to live in fear and to retreat from participation in democracy. Current law acknowledges and provides for enhanced penalties for hate crimes directed against persons based on race, creed, religion, color, national origin, or involvement in civil rights or human rights activities. Gays and lesbians, women, and persons with disability are targeted for hate crimes.

## Access to Health Care

Access to quality, comprehensive health care is a critical issue to women and families in Montana. Many organizational partners in Montana Women Vote work to increase access to health care for Montanans. There are over 154,000 uninsured Montanans, 37,000 of whom are children. Many parents are forced to make decisions between accessing health care for themselves and their children and meeting other basic needs like housing or food. Access to health care is necessary for parents to be able to work and for children to be able to attend school. All Montanans must have access to quality, comprehensive health care.

There are a number of strategies that can be used to make health care more attainable. In the 2009 Montana Legislative Session, Montana Women Vote organizational partners will support a number of bills in the area of health care policy. These bills will aim to increase access to public health care programs, ensure that public programs offer necessary care to participants while working efficiently and effectively, and regulate private insurers among other things. Although these bills are also listed in other sections of this agenda, they are compiled here as a list of the array of health care reforms the coalition will be working on this session.

**Ensure that CHIP and Medicaid Eligibility is increased to the Level approved by Voters in I-155:** The Healthy Montana Kids Initiative (I-155,) which calls for increasing the Medicaid eligibility level to 185% of the Federal Poverty Level (FPL) and CHIP to 250% FPL, passed overwhelmingly. The initiative passed in every county in the state – often by a margin of more than 2 to 1. Montana Women Vote and its partners are dedicated to ensuring the initiative is fully funded and appropriately administered in the way approved by voters. This increase would cover up to 30,000 (of the more than 37,000) uninsured Montana kids. The cost will be about \$22 million in state dollars matched by about \$75 million in federal matching dollars to cover kids and stimulate the state economy.

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## Voting/Election Rights

Montana Women Vote supports efforts to increase civic engagement, especially of those who have previously not been active in the democratic process. MWV encourages women to get involved in the political process through voting, advocating for public policy, and becoming political leaders. MWV has worked on many bills supporting increased voter participation, including same-day voter registration and improvements to the absentee ballot process. MWV will continue to ward off efforts to roll-back these advancements, to keep the integrity and accessibility of the election process.

**Maintaining Same-day Voter Registration:** In the 2008 general and primary elections, 24,627 additional voters participated as a direct result of Montana's inclusive late registration system. Of those voters, 41% or over 10,000 of them registered and voted on Election Day. MWV finds same-day voting a particularly helpful option for its constituents, because many low-income women and families move frequently and may not be aware of how the registration process works. It is critical that Montana maintains late registration that includes Election Day registration to ensure that our election process is as accessible as possible.

**Evaluating the Vote by Mail Option:** The coalition also will be monitoring efforts to move to entirely vote-by-mail elections. As a member of the intersession SAVA committee MWV will continue to participate in the discussion of Vote by Mail and its potential to positively and negatively affect Montana citizens. The coalition wants to make sure that the impacts on low-income voters and younger voters (and others who move frequently) and voters in Native American reservation communities (who have complicated mailing systems) are taken into account before proceeding with this level of change.