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## PRCH Position on Reproductive Health Within Health Care Reform

### Overview

Comprehensive reproductive health care is crucial for the health of women,<sup>1</sup> who comprise half of the U.S. population.<sup>2</sup> Like other preventive care, reproductive health care is cost-effective and helps women avoid negative health and economic outcomes.<sup>3</sup>

Health reform offers an opportunity to ensure access to and coverage of reproductive health care for everyone, while providing services of higher quality and at lower costs in a better regulated market. To meet our nation's aspirations for health reform<sup>4</sup> and to ensure reproductive health as a human right,<sup>5</sup> Congress should require that public and private insurance plans provide all U.S. residents with meaningful access to reproductive health care, including contraception, maternity care, and abortion services. Guaranteeing comprehensive reproductive health care will enable women to attain good health, maintain it during their reproductive years, and age well.<sup>6</sup>

### Specific Recommendations

Consistent with our principles and after review of several reform proposals, PRCH makes the following four recommendations to Congress for its final health reform legislation:

#### 1. *Nondiscrimination*

A reformed health care system must eliminate sex discrimination in coverage, treatment, and outcomes. Prohibitions against discrimination, including gender rating and treatment of pregnancy as a preexisting condition, must be written into the underlying health reform legislation. To provide women with the care they need across their lifespan, reproductive health benefits must be standard across the insurance industry and required for all private and any public plans.<sup>7</sup>

#### 2. *Coverage of Reproductive Health Care and Services*

Reproductive health care is an essential component of basic care for women,<sup>8</sup> and the health care reform plan should treat reproductive health services like all other health services. Health reform legislation should require all public and private health care insurers in the United States to cover the full range of evidence-based prevention, treatment, care, drugs, and devices. Any legislation and regulations setting forth services to be covered must not exclude reproductive health benefits or restrict provision of comprehensive reproductive health services. Health reform legislation must not only maintain reproductive health benefits in states that offer them, but must also improve reproductive health choices available to women in states that currently restrict reproductive health benefits.

Congress should create an expert body to determine which services must be included in any minimum standard health insurance benefit package. Some members of this benefits commission should have reproductive health expertise,

and the law should demand transparency of the body's operations and decision making.

### **3. Access**

For policies to translate into better health outcomes, women must be able to access quality care. We propose specific measures to guarantee women's access to reproductive health care within the current and evolving structures of health care delivery.

#### **Public Plan—Access for the Uninsured**

Health reform should create a government-funded health insurance plan to provide a coverage option for those currently uninsured. Coupled with mandates that every person have health insurance and that employers provide health insurance to their employees, and provided that premiums are tied to income levels, the public plan could decrease health care costs, make coverage affordable, and guarantee that quality, affordable coverage will be available to those who do not have a private insurance plan or who do not qualify for Medicaid (or other government-provided care).

All government-supported health insurance plans—Medicaid, Medicare, or a public plan option—must provide and reimburse coordinated, patient-centered, primary care as a way of ensuring quality information flow and shared decision making between patient and physician. Each patient should have a primary provider who is responsible for coordinating her or his care. This provider's medical knowledge should be broad enough that the provider can respond to a patient's common medical needs, although a specialist might agree to take on the primary provider role. Nevertheless, the law should permit all women's direct, confidential access to specialists who provide reproductive health services, such as obstetrician/gynecologists.

#### **Medicaid—Access for the Poor**

As national health care reforms are instituted, states must have additional means to cover the reproductive health care needs of low-income individuals who might not immediately benefit from the changed system. Therefore, Medicaid must continue its role in providing access to reproductive health services for poor women and must be expanded to cover higher percentages of poverty (up to 100% or 133% of federal poverty levels), including childless adults. Medicaid should eliminate other, nonfinancial requirements that an individual must currently meet in order to be eligible for coverage. Medicaid should include a Family Planning State Option, which would allow individuals who are not otherwise eligible for Medicaid services to be eligible for state family planning services under the Medicaid program, without requiring a federal waiver.

#### **Title X Clinics—Access Safety Net**

Title X clinics and other community health centers provide primary health care to many underserved communities without other medical resources. Insurance plans must be required by law to contract with these defined essential community providers. As the health care system is expanded, maintenance and appropriate funding of Title X clinics as primary care centers will allow patients to continue seeing the provider they used when they were uninsured.

#### 4. *Reproductive Health Care Providers*

The reproductive health care workforce must be bolstered, both through the training of additional providers and through better fee reimbursements for reproductive health care services. Should a public health trust fund or medical school loan forgiveness programs be created for primary care clinicians, beneficiaries of these programs must include reproductive health care providers. If the patient and provider both agree, and only if the provider has sufficient training to provide screening and preventive services, a specialist such as an obstetrician/gynecologist may serve as her primary practitioner.<sup>9</sup> Finally, consistent with state policies for Medicaid and Children's Health Insurance Plan recipients, nurse practitioners and physician assistants may also serve as women's primary care providers for purposes of reproductive health care coordination.<sup>10</sup>

#### **Summary**

A reformed health care system must provide to each person living in the United States integrated, coordinated, patient-centered, primary health care with shared decision making between patient and physician.<sup>11</sup> Such a reformed system must assure access to comprehensive reproductive health care to improve the lives of women and families. Within this reformed system, reproductive health benefits must be maintained and expanded for Medicaid recipients, provided to public plan insurees, and required for all participating private plans.

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<sup>1</sup> Office of Pop Affairs, U.S. Dep't Health & Human Svcs., *Reproductive Health 1-9*, HEALTH PEOPLE 2010 (Oct. 2001), [http://www.hhs.gov/opa/pubs/hp2010/hp2010\\_rh.pdf](http://www.hhs.gov/opa/pubs/hp2010/hp2010_rh.pdf); Agency for Healthcare Research and Quality, *Procedures in U.S. Hospitals 2003*, HCUP Fact Book #7, <http://www.ahrq.gov/data/hcup/factbk7/factbk7b.htm#MostCommonProcedures> (noting that the most common hospital procedures include caesarian section, hysterectomy, and other obstetrical procedures).

<sup>2</sup> W. Mosher et al., *Use of contraception and use of family planning services in the United States: 1982-2002*, 350.2004 Advance Data from Vital and Health Statistics (2004).

<sup>3</sup> James Trussell, *The cost of unintended pregnancy in the United States*, 75 (3) CONTRACEPTION 168 (2007); Centers for Disease Control and Prevention (CDC), *At A Glance: Safe Motherhood Promoting Health for Women Before, During, and After Pregnancy* (2008) (reporting data showing that unplanned pregnancy can seriously compromise the health status of women with chronic conditions).

<sup>4</sup> H. Con. Res. 48 and S. Con. Res. 6, 111th Cong. (expressing the sense of Congress that national health care reform should ensure that the health care needs of women and of all individuals in the United States are met).

<sup>5</sup> International Covenant on Economic, Social and Cultural Rights, Art. 12.

<sup>6</sup> Wendy Chavkin and Sara Rosenbaum, *Women's Health and Health Care Reform: The Key Role of Comprehensive Reproductive Health Care* 16 (2009).

<sup>7</sup> Cf. S. 969, *Women's Health Insurance Fairness Act of 2009*, 111th Cong. (requiring standard maternity care benefits).

<sup>8</sup> Chavkin and Rosenbaum, 16.

<sup>9</sup> ACOG, *Testing the Medical Home's Promise to Improve Women's Health* (Apr. 2009).

<sup>10</sup> National Partnership for Women and Families, *State Medical Home Programs* (2008), [http://www.nationalpartnership.org/site/DocServer/HC\\_Summary\\_StateMedicalHomePrograms\\_081028.pdf?docID=4262](http://www.nationalpartnership.org/site/DocServer/HC_Summary_StateMedicalHomePrograms_081028.pdf?docID=4262).

<sup>11</sup> These are the elements of the medical home model. See American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Physicians (ACP), and American Osteopathic Association (AOA), *Joint Principles of the Patient Centered Medical Home*, <http://www.pcpc.net/content/joint-principles-patient-centered-medical-home>.