

The Case for a Comprehensive Reproductive Health Care Agenda

In recent years, health care reform has taken center stage as a public policy priority, both in Colorado and nationwide. Witness, for example, the recommendations put forth by Colorado's Blue Ribbon Commission for Health Care Reform in 2008; the nationwide "Divided We Fail" campaign and "Road to American Health Care" bus tour launched by AARP and SEIU, respectively; or Families USA's resurrection of Harry and Louise, the prototypical middle-American couple discussing shortfalls in health care coverage. Without a doubt, the increasing costs of health care coverage and the rising number of people who are either uninsured or underinsured justify public and political cries for robust debate about the state of the nation's health care system.

It is within this environment that a comprehensive reproductive health care agenda must be developed. Reproductive health care policy can no longer be marginalized as "just abortion politics," thereby precluding any conversation about policies to prevent unintended pregnancy and the spread of sexually transmitted diseases; prenatal and neonatal care; and the decreasing numbers of health care personnel trained to provide comprehensive reproductive health care services. Consider, for example, the following:

- Of the 62 million women of reproductive age (15-44) nationwide, 70 percent are sexually active. Yet the typical U.S. woman wants only 2 children – which means she must use contraceptives for roughly 30 years of her life.¹
- In 2004, 73,729 women nationwide were diagnosed with a gynecologic cancer, and 27,049 died from a gynecologic cancer. Specifically, 11,892 cases of cervical cancer were diagnosed, 36,981 cases of uterine cancer, 20,095 cases of ovarian cancer, and 4,761 cases of vaginal or vulvar cancer. In addition, 186,772 women were diagnosed with breast cancer that same year.²
- As of 2007, 18 percent of women nationwide had no health insurance. In Colorado, 18.2 percent of women lacked health insurance and almost 21 percent of women did not receive prenatal care during the first trimester of pregnancy.³
- The maternal mortality rate edged above 13 percent per 100,000 live births in 2007 – much higher than the nine percent for developed countries worldwide in 2005. In Colorado, the 2007 maternal mortality rate was 11 percent.⁴

¹ "Facts on Contraceptive Use," published 2008 by The Guttmacher Institute. Accessed at http://www.guttmacher.org/pubs/fb_contr_use.html.

² Cancer statistics published by the U.S. Centers for Disease Control. Accessed at <http://www.cdc.gov/Cancer/Breast/statistics>; <http://www.cdc.gov/Cancer/cervical>; <http://www.cdc.gov/Cancer/uterine>; <http://www.cdc.gov/Cancer/ovarian>; <http://www.cdc.gov/Cancer/vagvulv>.

³ "National Report Card on Women's Health," published by the National Women's Law Center. Accessed at <http://hrc.nwlc.org/Reports/National-Report-Card.aspx>.

⁴ Maternal mortality rates for the United States and Colorado accessed at "National Report Card on Women's Health"; international figures published by the United Nations Population Fund in "Maternal Mortality Figures Show Limited Progress in Making Motherhood Safer," accessed at <http://www.unfpa.org/mothers/statistics.htm>.

- With almost one out of every three U.S. girls becoming pregnant before age 20, the nation's teen pregnancy and teen birth rates are the second highest among 46 countries in the developed world. In 2004, unintended teen pregnancies among teens cost Colorado taxpayers \$101 million.⁵
- In 2002, Medicaid covered costs for more than 28,000 births -- just over 40% of all births in our state.⁶

Fundamentally, any policy prescription for comprehensive health reform must ensure that all Colorado women have access to the full range of reproductive health care options and should reflect the following principles:

- ✓ All Colorado women have the right to access the full range of reproductive health care options, including comprehensive family planning services; prenatal care; neonatal services; and safe, legal abortion.
- ✓ All Colorado women and their families must have access to comprehensive, scientifically and medically accurate information to enable them to make responsible, informed decisions to prevent unintended pregnancy, bear healthy children, or choose safe, legal abortion.
- ✓ Health reform plans should emphasize prevention first in reproductive health care to address the barriers and challenges to preventing unintended pregnancy in Colorado without denying women the fundamental right to receive safe, legal medical care.

Moreover, efforts to reform health care coverage in Colorado should clearly demonstrate how the recommended model(s) achieve the following with respect to reproductive health care:

- 1) Enable Colorado to meet its stated goal of reducing the rate of unintended pregnancy to no more than 30% by 2010.
- 2) Maximize the number of Coloradans able to use Title X and Medicaid programs for primary preventive care services and secondary pregnancy prevention for at-risk populations.
- 3) Increase access to comprehensive, medically and scientifically accurate family planning services.
- 4) Ensure that Colorado women and their families are not penalized for accessing preventive care, such as family planning services, through subsequent rate increases for health

⁵ National teen pregnancy and birth rates from "Adolescent Reproductive Health: Home" published by the U.S. Centers for Disease Control in May 2008; accessed at <http://www.cdc.gov/reproductivehealth/AdolescentReproHealth>. Colorado teen pregnancy costs from "By the Numbers: The Public Costs of Teen Childbearing in Colorado," 2006, The National Campaign to Prevent Teen Pregnancy, accessed at <http://www.teenpregnancy.org/costs/pdf/COLORADO.pdf>

⁶ "Births Financed by Medicaid as a Percent of Total Births, 2002," Kaiser Family Foundation, accessed at <http://www.statehealthfacts.org/comparemaptable.jsp?ind=223&cat=4>

coverage.

- 5) Provide accessible and affordable coverage for all forms of contraceptive methods, including birth control pills, emergency contraception, injectibles, the NuvaRing, IUDs, and surgical methods such as tubal ligation and vasectomy.
- 6) Ensure that Coloradans are not denied coverage for complications resulting from reproductive health care services, including abortion, high-risk pregnancy, pre-term delivery, or contraceptive methods requiring surgery.

NARAL Pro-Choice Colorado researched and compiled this collection of reproductive health care indicators by state legislative district as an educational resource to enable policymakers to examine baseline health care needs and disparities by geographic location. For example, Otero County's unintended pregnancy rate – the percentage of births resulting from an unplanned or unwanted pregnancy – is 55.7 percent – compared to the state rate of 39.8 percent. In Huerfano County, 45.3 percent of pregnant women receive inadequate prenatal care, far surpassing the state rate of 14.6 percent. Policymakers, health care providers, and other interested parties can use this data to develop comprehensive policies aimed at increasing consistent use of contraceptives or improving the availability of early obstetric and gynecological services to meet community needs.

In issuing this collection of reproductive health care indicators, NARAL Pro-Choice Colorado invites all those with an interest in health care policy – from patients to health care practitioners, from employers of all sizes to insurance companies, from policymakers to advocacy organizations – to recognize that comprehensive health care reform must be addressed in a manner that reflects the full spectrum of reproductive choices a woman faces over the course of her lifetime.