

# Success of Reform Hinges on Women's Health Care

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Radical change is never accepted easily. With the current discussion on health care reform, we have an opportunity to dismantle three basic dysfunctional tenets of the current system.

The first tenet is that access to health care is a privilege and not a basic human need that our society as a whole values for everyone. Second, for most people, access to health care services is dependent on a person's employment status. And third, insurance companies and employers are in control of the kinds of health care to which we have access.

There are three areas where services are very limited under most insurance plans: long-term care, mental health care, and reproductive health services. I want to focus on the latter in a very practical way.

Being a woman in her fertile years is expensive. For a conservative calculation, a woman begins her fertility cycles at age 10 (not unusual at all nowadays) and completes the menopause process at age 50 (a tad young). That is 40 years of fertility. Let's wish upon this woman 20 years of being sexually active. That translates into 7,300 days in which this woman is either facilitating or avoiding pregnancy. Besides the daily need to pay attention to our reproductive health, there are annual or semi-annual responsibilities. It is recommended that a woman with good health status and no acute reproductive health issues get a full reproductive exam, including a pap test, every other year. It is rare to find these services at no cost.

Many thought that Contraceptive Coverage legislation enacted by many states would provide better access to contraceptives to women in the workplace. Half of the work force in this country is employed by companies who offer health care coverage through self-

insured plans. Self-insured systems fall under Federal, not State, rules. Therefore, it is not mandated that contraception is to be covered by these plans.

A conservative estimate of cost for a month of birth control pills is \$50. \$50 times 20 years of sexual activity ( $50 \times 20 \times 12$ ) is \$12,000. This is a lot more cost effective than childbirth. In no way is this meant to imply that the pregnancy and birthing process should not be valued or covered by whatever new health coverage system with which we end up. For those wanting to avoid pregnancy, it is much more affordable to invest in contraception.

If private or public insurance programs are truly to serve women well, they need to include coverage for pre-natal care, the birthing process, and abortion. Full funding of preventive reproductive health care will allow more women to have access to vaccines and information on avoiding sexually transmitted infections. Preventive care is critical for early detection of breast, cervical, and ovarian cancer. Early detection is the number one factor in cancer survival. It is the most cost effective form of health care and it will save women's lives.

Some of the public debate shows that President Obama is sliding to the middle in regard to the public option. We have a duty to ensure that he stays strong. The only way that a public option will remain on the table and in the final health care reform legislation is if we make it happen. Our voices must provide strength and support for our elected officials to take the power of the majority status they have and turn it into health care for the people. Our presence in the streets must provide the gusto to move the Democrats from the mushy middle to the power of policy-making with the majority in mind.

Now is the time to make your voice heard to both of your Senators. Be sure to demand from them that a broad array of reproductive health services from preventive care to abortion, from contraception to birthing—are included in any health reform measure. As lawmakers proceed in their discussions on health care reform there is much talk of compromise. Lets hope that women's health won't be that compromise.

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